Psychology Internship Training Program

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

2024 - 2025

Table of Contents

Selecting a Psychology Internship

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

We assume you are thinking carefully about where you apply for internship. Do your interests fit the training philosophy, strengths, and values of the internship? Does this institution give you the kind of training you need for the career you want? Would you consider working for this institution? Would your knowledge generalize to other institutions or public service settings where you may want to work? Does the program provide the kind of environment that will allow you to thrive personally as well as professionally? Once you know what you are looking for, you will find that many internship sites could help you meet your goals.

The purpose of this brochure is to describe the internship program at the VA Palo Alto Health Care System and the training experiences offered. Our program has been continually accredited by the American Psychological Association (APA) since 1977 (our next accreditation site visit is scheduled for 2025). We have a complex, multi-faceted program, which can provide many kinds of training experiences. We believe it is one of the strongest internships in the country. At the same time, no internship program is perfect for everyone; you will be seeking the best match for your own interests and needs, just as we will be seeking the best matches for our program. We hope this brochure can help you decide whether you want to learn more about Palo Alto by being in more direct, personal contact with us.

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

Note on internship terminology: Starting in the 2023-2024 training year, our Training Program has changed the title for our internship trainees to "residents." The primary rationale for this change is that the title of resident more accurately conveys our trainees' advanced stage of clinical training and experience and provides more ascribed credibility and status to trainees in interdisciplinary settings. This change is also supported by the Executive Committee of the Academy of Psychological Clinical Science. To meet APA accreditation requirements, the internship program would still be called an "Internship" not a "Residency," but the title we assign to those trainees would be "resident," such as "residents in the Psychology Internship Training Program." Residents would still report on their CVs that they completed an "APA-accredited Internship."

Psychology Training Model and Philosophy

The VA Palo Alto Health Care System provides a particular kind of training, based on our view of the role of Psychology in the VA system. Specifically, we are committed to the **scientist-practitioner model** of psychology, and the internship training experience is organized accordingly. The internship program at VA Palo Alto is a member of the Academy of Psychological Clinical Science, which is a coalition of doctoral training programs and internship sites that share a common goal of producing and applying scientific knowledge to the assessment, understanding, and amelioration of human problems. Our membership in the Academy indicates that the Internship Program at VA Palo Alto is committed to excellence in scientific training and to using clinical science as the foundation for designing, implementing, and evaluating assessment and intervention procedures. We place a high emphasis on training in the flexible application of evidence-based therapies and a scientifically-based approach to the treatment of Veterans and active-duty service members with complex medical and psychological presentations.

Palo Alto has extensive strengths in training. We have a **large staff of distinguished psychologists** who represent a broad range of areas of expertise and are **dedicated to training and supervision** of our future psychology colleagues. Supervision at Palo Alto emphasizes a developmental approach, evidence-based practice, and overall professional development within a **supportive, training-focused environment**. Palo Alto supervisors represent a range of theoretical orientations, with a preponderance of CBT, "third-wave," and integrative approaches. Supervisors are highly invested in residents' professional development and provide a supportive yet challenging training environment. We are committed to providing **training that values connection and relationships** between supervisors and residents, among team members, and within the internship class.

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

Selected training program and staff awards and distinctions include:

- Director of Training Award, 2016 – VA Psychology Training Council (VAPTC) Antonette and Robert Zeiss Award for Outstanding Contributions to VA Psychology Training
- Outstanding Director of Training, 2008 – American Psychological Association, Division 18 (Veterans Affairs Section)
- Excellence in Behavioral Medicine Training Program Award, 2012 – Society of Behavioral Medicine
- Outstanding Training Program Award, 2000 – American Association of Behavioral Therapy (AABT, now ABCT)
- Recent and current presidents/chairs of the VA Psychology Training Council, Association of VA Psychologist Leaders, International Society of Traumatic Stress Studies, and Society of Clinical Geropsychology (APA Division 12, Section II)
- Other recent and current leadership roles in multiple national professional organizations, including the Academy of Psychological Clinical Science, Association of Behavioral and Cognitive Therapies (ABCT), APA Board of Directors, APA Board for Advancing Psychology in the Public Interest, APA Commission for the Recognition of Specialties and Subspecialities in Professional Psychology (CRSSPP), APA Committee for Sexual Orientation and Gender Diversity (CSOGD), APA Division of Psychologists in Public Service (Division 18), APA Division of Rehabilitation Psychology (Division 22), Society of Clinical Geropsychology (APA Division 12, Section II), Society for Clinical Neuropsychology (APA Division 40), National Academy of Neuropsychology (NAN), Academy of Rehabilitation Psychology, Council of Professional Geropsychology Training

Programs (CoPGTP), Council of Rehabilitation Psychology Post-Doctoral Training Programs (CRPPTP), Council of Chairs of Training Councils (CCTC), International Society of Traumatic Stress Studies, Society of Behavioral Medicine, and VA Psychology Training Council (VAPTC)

- National psychology roles also include serving as APA Accreditation Site Visitors, journal editors, and editorial board members
- Multiple national trainers in VA evidence-based psychotherapies dissemination (e.g., CPT, PE, CPT-CP, CBT-I, CBT-SUD, ACT for Depression, PST) and the Motivational Interviewing Network of Trainers (MINT)
- Fellow status in the American Psychological Association and the Gerontological Society of America
- Recent staff awards – Dr. Kimberly Hiroto, 2021 Society of Clinical Geropsychology Award for Distinguished Clinical Mentorship; Dr. Carey Pawlowski, 2021 Mentoring Award (Division 22, Rehabilitation Psychology), 2019 Outstanding Supervisor or Mentor (Division 18, Psychologists in Public Service, VA Section); Dr. Tiffanie Sim Wong, 2018 Outstanding Clinician (Division 18, Psychologists in Public Service, VA Section); Dr. Shannon Wiltsey Stirman, 2021 ABCT Dissemination and Implementation Career Achievement Award and 2018 Mid-Career Innovator Award; and Dr. John McQuaid, 2017 AVAPL Patrick DeLeon Advocacy Award
- Attainment of Board Certification in Clinical Psychology, Clinical Geropsychology, Clinical Neuropsychology, and Rehabilitation Psychology by multiple staff psychologists

"Palo Alto is indeed a special place, made so by so many who are dedicated and committed to training – but, more importantly, to serving Veterans. Personally, this has been a transformative year."
~Recent resident

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

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

In this introduction we describe the Training Program procedures such as application, selection, and how the program is organized. We also discuss our philosophy of training and expectancies about competencies that residents will acquire. The next sections describe the training sites, including specific details on program structure, patient population, theoretical orientation of the supervisor, and the nature of

supervision for each training site. The appendix includes a listing of all the psychologists in the training program, with brief biographical sketches. *Tip:* Rather than reading this document in its entirety, you may find it most useful to read the introduction of the brochure and then peruse specific track and rotation descriptions of interest to find out if VA Palo Alto is a good fit for your training goals.

This brochure also contains a brief section on Psychology Postdoctoral Training within Psychology Service which is more fully described in the complete Postdoctoral Training Brochure, which can be found on the Psychology Training website. Some information is included here because we know that the availability of postdoctoral options is often important information for internship applicants when considering ranking decisions.

VA Palo Alto Health Care System Facilities

VA Palo Alto is part of a national network of hospitals and clinics operated by the Department of Veterans Affairs to provide comprehensive health care to "those who have served in our nation's military and for their families, caregivers, and survivors" (VA mission statement, 3/16/2023). This health care system is responding to many national changes in the health care field; our training program changes in concert with the changing organization and emphases of health care.

The Veterans Affairs Palo Alto Health Care System (VAPAHCS) is a teaching hospital, providing a full range of patient care services across 7 different hospital/clinic sites, with state-of-the-art technology as well as education and research. As of July 2022, this health care system has over 6000 employees and volunteers, is located on more than 300 acres, and operates on a large annual budget of over $1B. Our health care facilities operate close to 800 inpatient beds, including three Community Living Centers (formerly known as nursing homes) and a 100-bed homeless domiciliary, and over 50 primary care and specialty outpatient clinics, serving over 67,000 enrolled Veterans. Internship training sites are available at four campuses within the health care system (Palo Alto, Menlo Park, San Jose, and Livermore), with the great majority concentrated in the Palo Alto Division and the Menlo Park Division. The Palo Alto and Menlo Park Divisions are separated by 7 miles (15 minutes by car or shuttle).

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

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

VAPAHCS maintains one of the top three research program in VA and is a national leader in research with annual funding of approximately $69M in Fiscal Year 2022. VA Palo Alto encompasses extensive research centers in geriatrics (GRECC), mental health (MIRECC), the National Center for PTSD (NCPTSD), Alzheimer's disease (Stanford/VA Alzheimer's Research Center), spinal cord regeneration, schizophrenia, and post-traumatic stress disorder (National Center for PTSD). VAPAHCS also manages several centers supported by the VHA Office of Research and Development, including the Rehabilitation Research and Development Service, Health Services Research and Development (HSR&D) Center for Innovation to Implementation (Ci2i), Program Evaluation and Resource Center (PERC), and Health Economics Resource Center (HERC). Training resources are available for research or consultation at these and other programs.

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

- ***In February 2020,*** VA Palo Alto Health Care System became ***the world's first fully 5G-enabled hospital***, helping to identify potential clinical uses for technology that combine emerging health care innovations with 5G capabilities.
- ***2016 VA Secretary's Award for Outstanding Achievement to Homeless Veterans.*** VAPAHCS Domiciliary Service received this nation-wide recognition from the Secretary of Veterans Affairs.
- ***2014 California Awards for Performance Excellence (CAPE)™ Eureka Award.*** The California Council for Excellence (CCE) awards the 2014 California Awards for Performance Excellence (CAPE) Eureka Award, the highest recognition for performance excellence in the state, to VA Palo Alto HCS for the silver level.
- ***2014 Most Wired.*** VAPAHCS was named "Most Wired" and is listed among HealthCare's 2014 Most Wired hospitals, by Hospitals and Health Networks.
- ***2013 "Leadership in Excellence" Secretary of Veterans Affairs' Robert W. Carey Performance Excellence Award.*** VA Palo Alto HCS was awarded the Secretary of Veterans Affairs 2013 "Leadership in Excellence" Robert W. Carey Performance Excellence Award for implemented management approaches that resulted in sustained high levels of performance.

Psychology Internship Program Funding, Benefits, and Eligibility

The Psychology Internship Program is funded by the Office of Academic Affiliations of the Department of Veterans Affairs Central Office as an annual, earmarked allocation to the medical center. The current annual internship stipend at VA Palo Alto is $41,113. This stipend requires a full calendar year of training; our start date is in late August each year. For the 2023-2024 year, the start date will be Monday, August 28, 2023. VA provides health care benefits for residents and postdoctoral fellows as for any other VA employee. Health benefits are also available to dependents and married spouses of residents and fellows, including to legally married same-sex spouses of residents and fellows. Unmarried partners are not eligible for health benefits, even those in legal civil unions or domestic partnerships. Insurance programs can be selected from a wide array of options.

Our training is geared to advanced level predoctoral students completing their doctoral degrees from an American Psychological Association (APA)- or Canadian Psychological Association (CPA)-accredited clinical, counseling, or combined psychology program or PCSAS-accredited Clinical Science program, or to students who previously obtained psychology doctoral degrees and are now obtaining training for re-specialization in clinical or counseling psychology. Eligibility requirements for VA internships are determined nationally and we have no authority to over-ride these requirements locally. All information about VA eligibility requirements is available at https://www.va.gov/oaa/hpt-eligibility.asp and www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf; please read these eligibility requirements carefully prior to applying to make sure you are eligible for a VA internship, including U.S. citizenship, health requirements, background investigations, and Selective Service registration. Individuals who are born male should check their Selective Service registration status at this website prior to applying to VA internship sites: Verify Selective Service Registration. The training program may be released from a Match with a candidate not meeting all pre-employment requirements for hiring.

In addition, please note that all Psychology residents are considered temporary employees of the Department of Veterans Affairs and, as such, are subject to laws, policies, and guidelines posted for VA staff members, including for required vaccinations (e.g., influenza, COVID-19) and random drug testing (see these references for more details: Vaccination Recommendations (immunize.org), VHA_HPTsDrug-FreeWorkplace (va.gov)). There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for Psychology residents. If employment requirements change during the course of a training year, residents will be notified of the change and impact as soon as possible and options provided. The Director of Training will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

The number of internship positions available at VA Palo Alto is 15. For the coming year (2023-2024), seven of the 15 funded slots are General track slots and provide broad training, usually with considerable emphasis on PTSD, serious mental illness, and/or substance use disorders. Three other positions emphasize training in Geropsychology (including one position reserved for the Geriatric Neuropsychology track), and four positions emphasize Behavioral Medicine experience. Finally, one more position is designated for an emphasis in Clinical Neuropsychology. Each of these programs has a unique APPIC Match Number (below). Please see next section for more details on VA Palo Alto training tracks.

114711	**General Internship**
114712	**Geriatric Neuropsychology**
114713	**Geropsychology**
114714	**Behavioral Medicine**
114715	**Clinical Neuropsychology**

"Overall, the internship experience at Palo Alto surpassed my expectations. I was surprised at the warm interpersonal relationships cultivated with supervisors and the extent to which intern interests/goals guided the work assigned." ~Recent resident

Psychology Internship Structure at VA Palo Alto

The internship consists of a calendar year of full-time, supervised training, beginning in the last week of August each year. Training is based on a 40-hour work week (8:00am – 4:30pm Monday through Friday), so the total hours over a year come to 2,080. Out of those 2,080 hours, there is time off for vacation (13 days), illness (up to 13 days), Federal holidays (11 days, plus unplanned holidays, e.g., national day of mourning), and authorized absence for professional activities (up to 10 days).

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

Fall Rotations (August- February)	**Spring Rotations (February-August)**
Rotation 1 – half-time	Rotation 3 – half-time
Rotation 2 – half-time	Rotation 4 – half-time

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

"This internship is an excellent training program, very well-organized and well-run. I feel so lucky to have been a VA Palo Alto intern. The internship provided me with a variety of clinical experiences that built upon my prior work and also challenged me to learn new areas. In addition, the research rotation has been very useful in giving me an understanding of what life as a VA researcher might look like." ~Recent resident

In addition to training assignments, residents have Wednesday afternoons set aside for an internship seminar series throughout the year. That takes 4 hours each week, so each "half-time" rotation is actually 18 hours. Our Psychology "Service" is not in name alone; we value being available to serve patients throughout working hours and sometimes beyond as the situation demands. It is not easy to complete everything in the time allotted, and your work may take a bit longer during the first 6 months as you adjust to internship and working at the VA. We encourage supervisors and residents to keep an open dialogue about your workload, schedule, training goals, and strategies for self-care. The Director of Training and your supervisors will help you plan a realistic program that balances taking advantage of training opportunities with time for a full, rich life outside of work. See below for a breakdown of a typical workweek for residents in clinical rotations (note that the focus on assessment and various therapy experiences will vary by rotation):

Supervision & Training	**10**
Individual (face to face) Super. with Primary Supervisor	2
Group Supervision with Primary Supervisor	1
Individual (face to face) Super. with Delegated Supervisor	
Group Supervision with Delegated Supervisor	1
Training Activities (e.g., Seminar, Case Conf., Didactics)	6
Professional Services Performed (Direct service)	**15**
Individual Psychotherapy	4+
Couples and/or Family Therapy	
Group Psychotherapy	3+
Testing & Assessment	(4+)
Intake assessment	2
Consultation/Education	1
Community meetings	
Treatment team planning	3
Case management	2
Providing supervision/teaching of trainees	
Other Work Performed	**15**
Staff Meeting	2
Administrative Duties (e.g., writing notes, documentation)	13
Research	
Other Prof. Activities _____	

Internship Training Tracks

As indicated previously, residents are matched to one of 5 training tracks (General, Geropsychology, Behavioral Medicine, Clinical Neuropsychology, Geriatric Neuropsychology). All residents in the *General training track* must spend at least 25% of their training time, or one rotation, focusing on work in a medically-based setting and/or with older adults. Typically, general track residents meet this expectation by selecting one half-time, six-month rotation in a site emphasizing health psychology and/or Geropsychology chosen from rotations described under "Geropsychology Training" or "Psychological Services for Medically-Based Populations." Residents in the *Geropsychology*, *Clinical Neuropsychology*, *and Behavioral Medicine* tracks spend fifty percent of their training time (2 of 4 rotations) throughout the year with the relevant emphasis area. Residents in the recently designed *Geriatric Neuropsychology* track spend fifty percent of their training time (2 of 4 rotations) with neuropsychological assessment including with older adults, and a third rotation emphasizing intervention and treatment with older adults. All residents are also required to choose one out of their 4 rotations in a site emphasizing work with serious or chronic mental illness chosen from rotations described under Outpatient Mental Health Treatment Programs," or "Inpatient and Residential Mental Health Treatment Programs." Outside of these requirements, all residents can choose from rotations in any area (e.g., a neuropsychology resident can choose to work in an Inpatient Psychiatry unit, a behavioral medicine resident can choose to work in a geropsychology rotation, a geropsychology resident can work in Addiction Treatment). In other words, regardless of training track, all training rotations are available to be chosen by any member of the resident class, and there can be considerable overlap in the rotation schedules of each member of the resident class. Thus, all residents get broad-based, generalist training that meets the program's training aims. In addition, the Geropsychology, Clinical Neuropsychology, Geriatric Neuropsychology, and Behavioral Medicine tracks prepare residents for clinical and/or research careers in geropsychology, neuropsychology, and health psychology, as well as for future Board Certification in these specialty areas. Please see subsequent sections

describing training rotations for more details on available rotations. The selection of specific rotations are discussed between the Director of Training and Matched residents in the spring before the internship begins.

Internship Seminars and Meetings

"I appreciated all of the seminars on professional development (e.g., career paths, financial planning, work-life balance). I also enjoyed the multi-day didactics in which I could really learn more deeply about a specific treatment modality." "Everything [in the seminar series] felt extremely useful. I thought the variety of topics presented and the range of formats kept things interesting and fun. It was a great learning experience." ~Recent residents

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

Basic Issues in Clinical Management

- Legal Issues – Tarasoff/risk management, child and elder abuse reporting, competency evaluations
- Suicide assessment and prevention
- Prevention and management of disruptive behavior
- Basics of firearms and evaluating for safety
- Dynamics of interpersonal violence
- Psychopharmacology

Diversity, Equity, and Inclusion

- Understanding military culture
- Overview of Liberation Psychology
- Decolonizing psychology and implications for practice
- Clinical issues with lesbian, gay, and bisexual clients
- Disability, diversity, and psychology
- Sexuality and disability
- Promoting women's sexual wellness
- Religion, spirituality, and mental health
- Aging and mental health issues in older adults
- Mental health care of transgender and gender-diverse individuals

Other Special Topics

- Ethical issues at the end of life

Professional Development

- Postdoctoral decision-making
- Postdoctoral panels – clinical, research
- Vita preparation and interviewing skills
- Licensing information and process
- Integrating personal and professional lives
- Becoming a supervisor
- Financial planning for early career professionals
- Business aspects of psychology
- Issues of early career psychologists
- Job search process and job negotiation skills

Clinical Models and Applications

- Motivational Interviewing (MI)
- Overview of Group Therapy
- Couple and Family therapy approaches
- Science and practice of mindfulness
- Dialectical Behavior Therapy (DBT)
- Acceptance and Commitment Therapy (ACT)
- Cognitive Processing Therapy (CPT)
- Prolonged Exposure (PE)
- Functional Analytic Psychotherapy (FAP)
- Integrative therapy approaches
- Compassion-focused therapies
- Behavioral interventions for sleep problems
- Assessment and interventions for substance use disorders
- CBT for Psychosis
- CBT for Insomnia

- Ethical issues in social media/internet ethics for psychologists
- Managing sexualized behaviors in the clinical environment
- Forensic issues in clinical psychology
- Policy and social justice advocacy
- Housing equity
- Using mobile apps in clinical practice
- Dissemination and implementation science

Careers in Psychology

- Academic jobs panel
- Clinical careers panel
- Perspective from an academic medical center career
- Non-traditional careers in psychology
- Career paths in digital health

California Psychology licensing law requires that psychologists have specific training in Human Sexuality, Child Abuse Assessment and Reporting, Partner/Spousal Abuse Assessment and Treatment, Aging and Long-term Care, Substance Dependence Assessment and Treatment, and Suicide Risk Assessment and Intervention. With the exception of Partner/Spousal Abuse training (requiring 15 hours), we provide the required training or classes during the year for you. More information about licensure in California can be found at https://www.psychology.ca.gov/. Licensed psychologists in California are required to have continuing education; we are accredited by APA to provide that training, and most CE training for staff is open to residents and postdoctoral fellows. Each year there are several full-day CE conferences at the VA Palo Alto Health Care System attended by interdisciplinary staff and open to residents and postdoctoral fellows; topics vary from year to year though typically include topics such as supervision and legal/ethical issues in the practice of psychology.

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

Research Opportunities and Mentoring

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

The internship program also facilitates a **Research Career Mentoring Program** that offers participating residents exposure to key elements of research through linkage to an established VA Palo Alto principal investigator and/or alumni. Potential mentors include researchers at VA Palo Alto (HSR&D Ci2i, MIRECC, NCPTSD), at Stanford, USF, and UCSF. Participation in this program is optional and is most relevant for residents pursuing academic careers or positions that involve a substantial research component. This

program is not a research rotation or a mini-rotation but, instead, focuses on research career development topics including, but limited to:

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

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

Internship Training Aims and Competencies

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

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

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

Training Aims and Competencies

To capture and expand on the principles described above, we define the following core training aims and professional competencies. Our two overarching training aims are to: 1) Prepare residents to become scientist-practitioner psychologists capable of working effectively in integrated health care systems with diverse populations across a wide array of clinical presentations; and 2) Facilitate the development of the full range of skills required for independent functioning in a broad spectrum of clinical and professional activities. In order to meet these two overarching training aims, residents are expected to demonstrate competence in each of the general professional competencies indicated below by the completion of internship.

Science-Practice Integration:

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

- Ability to compare and contrast EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning and/or research questions.
- Demonstrates independent, critical, scientific thinking in presentations (e.g., clinical case presentations, in-service presentations) or research projects.
- Effectively communicates scientific knowledge or research through presentations, professional papers, program implementation, or other avenues of dissemination.

Ethical and Legal Standards:

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

Individual and Cultural Diversity:

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

Professional Values, Attitudes, and Behaviors:

- Demonstrates professional responsibility and maintains professional presentation, including being on time for appointments and dressing appropriately to the clinical or research setting.
- Reliably manages clinical and/or research workloads and documents work in a timely way.
- Prepares for supervision and utilizes supervision time effectively.
- Demonstrates self-direction and initiative within resident's scope of competence.
- Shows emotional maturity in professional contexts by tolerating ambiguity/anxiety and considering the views of others, even in charged situations.
- Engages in self-reflection regarding own personal and professional functioning and accurately evaluates own level of competency and limitations when working with patients and other

recipients of professional services; knows when level of expertise is exceeded; seeks appropriate consultation.
- Demonstrates openness to feedback and consultation from supervisors and other professionals and responds to such with constructive action or changes.
- Demonstrates knowledge of self and the impact of personal characteristics, biases, and behavior on their professional practice.
- Views supervision as professionally enriching rather than primarily evaluative and uses supervision to expand awareness of personal strengths and limitations.
- Appropriately manages boundaries in professional contexts.
- Demonstrates willingness to challenge self and others for the sake of improving services provided and/or research conducted.
- Engages in activities to maintain and improve well-being and professional effectiveness.
- Responds professionally in increasingly complex situations with a greater degree of independence while progressing across levels of training.
- Understands professional roles and demonstrates development of emerging professional identity as a "Psychologist."

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

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

Intervention:

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

Supervision:

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

Consultation and Interprofessional Skills:

- Able to clarify and refine referral (or research) questions based on analysis/assessment of questions (or gaps in the literature) raised by a referring provider or colleague.
- Knowledge of and ability to select appropriate and contextually sensitive means of assessment/data collection that answers consultation referral question from providers or colleagues.
- Understands the structure of teams/research groups to which resident belongs or with which resident consults.
- Understands different team members' roles, including the psychology resident's role and function, and demonstrates respect for the roles and perspectives of other professions.
- Contributes to the team in each relevant training site, such as communicating important information about patients, being sensitive to and responding appropriately to the needs of other team members, and/or using skills as a psychologist to facilitate team/research group functioning.

- Provides constructive consultation to other psychology colleagues and/or effectively teaches colleagues and other trainees in areas of own expertise.
- Effectively communicates about psychological issues to non-psychology staff.
- Demonstrates ability to negotiate conflictual, difficult, and complex professional relationships.
- Recognizes opportunities for, and engages in, effective collaboration with other professionals toward shared goals.

"My internship year at Palo Alto VA helped to solidify my career goals. The top-notch training and supportive environment provided me the expertise and professional development tools to reach my early career goals. I am proud to say that I am a graduate of the program." ~Recent resident

Commitment to Cultural Competence, Cultural Humility, and Diversity Awareness

Our Psychology Training Program emphasizes the development of respect for and understanding of cultural and individual differences and diversity through both required and infused curricula, as well as a wide range of clinical experiences with diverse populations (see below for demographics of the VA Palo Alto patient population). Psychology Service and the Psychology Training Program are strongly committed to promoting a professional environment that is positive and supportive of individual and cultural differences and in which diversity is acknowledged and respected. We are fortunate to live in a very diverse geographical region that is commonly regarded as open and accepting of diverse ethnic and racial backgrounds, religious/spiritual practices, gender presentations and identities, and sexual orientations. We aim to reflect that level of respect and acceptance in the work environment. Specifically, Psychology Service and the Psychology Training Program actively seeks to maximize representation of different backgrounds on all committees or other professional subgroups, and to ensure that staff from different backgrounds are in visible leadership positions, participate in training-related activities, and involved in the hiring process. We believe that such visibility demonstrates to Psychology trainees, and to current and prospective staff, that the Service actively supports the professional development of staff and trainees from diverse backgrounds. Finally, Psychology Service expects staff to be dedicated to the ongoing process of enhancing cultural competence and demonstrating cultural humility across their professional activities. Psychology Service supports such continuing education by sponsoring and organizing several recent CE conferences and workshops on various diversity topics as well as on issues in multicultural supervision. In recent training years, our Psychology CE Committee sponsored CE events including a conference on "Healing Communities from Collective Trauma" and discussion forums for VA mental health professionals on "Social Justice Advocacy" and "Decolonizing Psychology."

Psychology Service has a strong history of retaining staff and supervisors for many years, including supervisors from a wide range of diverse backgrounds and intersectionalities, reflecting a positive working environment for all staff and trainees. Currently, 36% of Psychology internship supervisory staff self-identify as being from minoritized ethnic backgrounds; 71% are cisgender women, 26% are cisgender men, and 3% identify as nonbinary. In addition, 11% of supervisory staff are gay, lesbian, bisexual, and/or queer. Of the residents training in the Psychology Internship Training Program in the last 10 years (N=148), 40% self-identify as coming from minoritized ethnic backgrounds and 7% self-identify as lesbian, gay, bisexual, and/or queer. The majority of recent residents have been cisgender women (87%), with a smaller number of individuals identifying as cisgender men (13%).

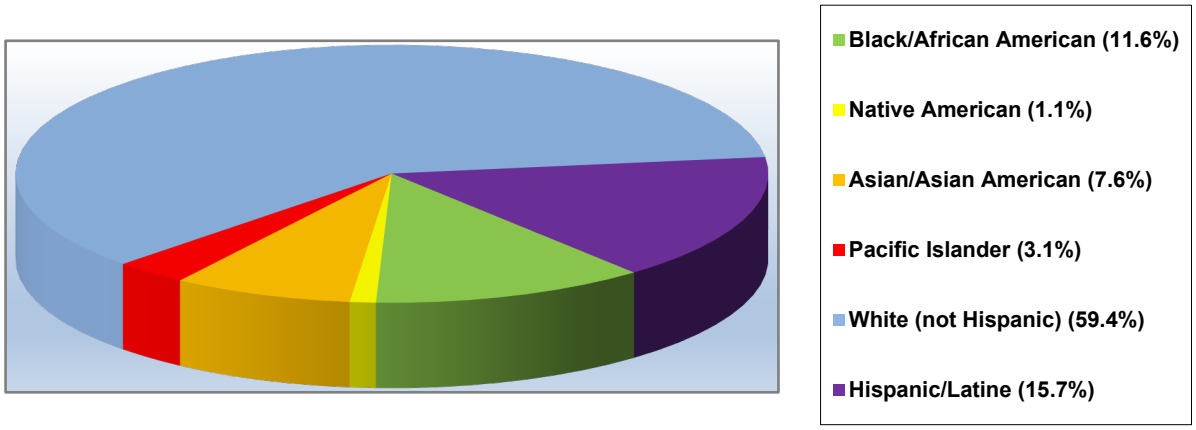
The internship seminar devotes a significant portion of the seminar series to directly addressing issues related to cultural competence, cultural humility, and diversity, as well as encouraging presenters for all topics to model critical thinking about diversity issues throughout the seminar series. Furthermore, supervisors address cultural competence and diversity issues in each rotation and during the course of supervision. The internship program also takes seriously the support of residents' professional development with regard to ethnic and racial identities, sexual orientation, gender identity, disability, and other significant identifications and intersectionalities. Towards this goal, our diverse supervisory staff and pool of alumni are available for mentoring of residents from a wide range of identities and backgrounds.

"VA Palo Alto's commitment to diversity training is clear; from multiple dedicated trainings to multicultural potlucks and a diversity committee with many trainee participants, I've found that the program offers structured and unstructured ways to explore diversity and culture, and that all my supervisors have been welcoming of (or solicit) these discussions in the context of patient care/conceptualization and professional development."
~Recent resident

In sum, our Psychology Training Program strives to foster a culture of humility and inclusivity wherein we value and support ongoing growth and development in issues of diversity, equity, and social justice. We acknowledge that we all have more to learn in these areas and will at times fall short, and will need to re-commit ourselves to ongoing learning. We invite residents to participate in this process with us, and to share your expertise and knowledge. We look forward to your contributions and the opportunity to engage in mutual learning experiences.

VA Palo Alto serves an ethnically diverse population of Veterans and active-duty personnel ranging in age from 19-90+. Older patients (age 55 and over) are still the predominant age demographic, but there are significant numbers of OIF/OEF/OND active-duty personnel and Veterans who are in the young-to-middle adult age range (ages 25-54). While most of the patients are cisgender male, VA Palo Alto has specific women's mental health programs drawing cisgender and transgender female Veterans and active-duty personnel from around the nation. Female patients now account for approximately 14% of the VA Palo Alto patient population. While accurate numbers of transgender Veterans are not available, VA Palo Alto has specific medical and mental health services for transgender and gender-diverse male and female Veterans. Patients also range in socio-economic status, from high-income employees of local technology companies to low-income and/or homeless Veterans. Excluding Veterans who declined to answer or for whom information was unknown (n=3,224), Veterans served by VAPAHCS in 2022 (n=55,466) self-reported the following racial and ethnic identities: 59.4% White (non-Hispanic), 15.7% Hispanic/Latine, 11.6% Black/African American, 7.6% Asian, 3.1% Native Hawaiian/Pacific Islander, 1.1% Native American, and 1.4% two or more races. The overall VA Palo Alto patient population reflects the distribution of self-reported ethnic/racial backgrounds in the pie chart below. There are many rotations which serve a larger proportion of patients from minoritized ethnic backgrounds, and several focusing specifically on women's mental health.

VA Palo Alto Demographics



Diversity Committee

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

The **Diversity Mentoring Program** offers residents and fellows the opportunity to discuss diversity-related issues with established VA Palo Alto staff psychologists and training alumni. Potential mentors include current psychology staff members and VA Palo Alto psychology alumni currently working in clinical or research staff positions at other institutions. Participation in this program is optional, private, and non-evaluative. The purpose of this program is to provide a safe, non-judgmental place for residents and fellows to discuss diversity-related issues including topics such as:

- adjusting to working with Veterans
- managing/responding to micro-aggressions
- discussing aspects of identity and intersectionality (e.g., race, ethnicity, gender, sexual orientation, etc.)
- managing work-life balance, including personal choices impacting career decisions
- professional development related to diversity concerns
- experiences of working in the VA, including environment, political climate, and other concerns

The arrangement between the mentor and resident is meant to be informal and flexible and structured according to the needs and interests of the resident. The mentor match is made at the start of training. Mentor-mentees are expected to meet (by phone or in person) at least once per month throughout the training year(s).

Trainee Self-Disclosure in Training and Supervision

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

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

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

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

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

Application Procedure and Selection Process

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

All applicants must register for the Match using the online registration system on the Match website. Each year, the newly updated internship training program brochure is available in September on the VA Palo Alto Psychology Training website. To apply for this internship, you must submit all your application materials via the APPIC online application system. Go to the APPIC website and click on the AAPI (APPIC Application for Psychology Internship) Internship Application Information link. Completed internship applications are due in November each year; this year the due date will be **Wednesday, November 1, 2023. All application materials must be submitted and received by us on or before 11:59pm (Eastern time) on this date.** Incomplete applications will not be read by the Selection Committee.

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

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

Application Requirements List

1. Cover letter, including VA Palo Alto training interests addendum (see below)
2. All elements of the AAPI Online general application
3. Curriculum Vita
4. Transcripts of graduate work. The transcripts should cover all post baccalaureate course work. Please follow directions at Transcripts - Liaison (liaisonedu.com) about how to send your graduate transcript(s) to the AAPI Transcript Processing Center to be included in your AAPI.
5. Verification of AAPI by your doctoral program through the DCT Portal of the AAPI Online system.
6. Three letters of recommendation from faculty members or practicum supervisors who know your clinical as well as your research work well. Please do not submit additional letters. Letter writers should upload an electronic copy to the Reference Portal of the AAPI Online system.

VA Palo Alto Training Interests Addendum

At the end of your cover letter, please **indicate to which of the 5 program training tracks you want to apply** (General, Behavioral Medicine, Geropsychology, Clinical Neuropsychology, Geriatric Neuropsychology). Do NOT rank order these tracks in your cover letter. We strongly recommend that you indicate no more than two tracks in your initial application. If you indicate three or more tracks, you must clearly describe in your cover letter how you envision our internship site meeting your training goals and interests for each track you select, with particular attention to how quite divergent tracks could fit your training interests and goals. Each of these VA Palo Alto training tracks is included the APPIC Match as a separate internship program site with its own Match number. If your interests change, please inform us.

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

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

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

Program Training Track Interest(s): _____

Preferred Training Rotations:

A. _____

B. _____

C. _____

D. _____

E. _____

Selection Criteria

At minimum, candidates for internship must have completed 3 years of graduate training by the start of internship, and have completed at least 300 intervention practicum hours, 50 assessment practicum hours, and 800 total practicum hours at the time of application. For your reference, the mean number of total practicum hours for the 2023-2024 matched residents was 1870.50 (range 1107-2480). Beyond these minimum requirements, selection of residents is based on the following criteria (list not in priority order):

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

Our program fits well with residents who have been trained as scientist-practitioners or clinical scientists at the graduate level. Applicants who are a particularly good match with VA Palo Alto are graduate students with a balance of research and clinical experience, and whose professional and research interests complement the areas of training our program offers. Such applicants typically demonstrate interest in future public service, including through clinical service provision to underserved or marginalized populations, program development, applied research, teaching and training, policy and advocacy, increasing treatment access through use of digital health technologies, and other methods of dissemination and implementation. Applicants who are not a good fit with our program are students with no training in evidence-based treatments, no experience with dissemination of scholarly work as represented by professional presentations or publications, or professional goals solely focused on independent practice.

The internship program follows a policy of selecting the most qualified candidates and is an Equal Opportunity Employer. We consider diversity factors in our selection process in order to foster a range of perspectives and lived experiences in our learning environments, and to support the development of scientist-practitioners ready to serve diverse populations. Our commitment to diversity includes attempting to ensure an appropriate representation of individuals along many dimensions, including (but not limited to) gender, sexual orientation, age, minoritized ethnic and racial backgrounds, persons with disabilities, and geographical and institutional diversity.

Selection Committee and Interview Process

> *"It was clear that the staff at the Palo Alto VA were very kind and considerate, and developed a warm, collegial atmosphere at the site. The environment at the Palo Alto VA was very warm and welcoming. That came across even during a virtual interview process." ~Recent internship candidate*

The Internship Selection Committee consists of the Director of Internship Training, Dr. Jeanette Hsu, and several other staff psychologists on a rotating basis representing different training tracks and emphasis areas. Currently, those staff members are Alexandra Grant, Ph.D., Kimberly Hiroto, Ph.D., Robert Jenkins, Ph.D., Lisa Kinoshita, Ph.D., and Priti Parekh, Ph.D.. Based on initial reading of internship applications by the Director of Training and Selection Committee members, some candidates will be invited to schedule an interview (usually, these invitations are sent in the first week of December). Typically, we receive around 200 applications each year from many highly qualified applicants, and must screen out over half of our applicants. When the Selection Committee has determined that an interview offer will not be made to a candidate, they will be notified by email by December 15th that they are no longer under consideration for our internship program.

In the past, internship interviews have typically been done as a face-to-face visit at VA Palo Alto or as a series of telephone interviews. However, the COVID-19 pandemic and considerations of equity and access have prompted our training program to decide to offer **virtual interviews only** for the foreseeable future, including in the 2023-24 interview season. All interviews and will be conducted via Zoom. No in-person interviews or visits will be offered to ensure all candidates have a level playing field and do not feel compelled to travel to visit our program in order to demonstrate interest or to receive a positive evaluation as a candidate. Our own post-selection survey and other feedback solicited by APPIC and APCS in 2021 and 2022 suggest that, while candidates may obtain less of a sense of the program, the region, and interactions among staff and residents without actually visiting the site, this is significantly offset by saving a substantial amount of money and time not having to travel to multiple interviews. Candidates also found that they were better able to focus on the interview itself rather than the logistics of getting to an internship site. Most candidates to our program since the 2020-21 interview season reported that they were able to get a good sense of the supportive and collegial atmosphere of our program during the virtual interview day. We also hope that our decision to offer virtual-only interviews communicates our program's commitment to the values of equity and social justice.

Interviews are scheduled for a full day between mid-December and late January. Interviews will include discussions with the Director of Training, Selection Committee members, and supervisors from the kinds of rotations the applicant is considering, a virtual "tour" of the facility and Bay Area, and an informational meeting over (virtual) lunch with at least two current residents. Requests to meet with specific staff will be considered but cannot be guaranteed, but candidates are welcome to contact staff or current residents whom they were not able to meet. The interview day is a full one, with multiple individual interviews and meetings that we hope provide a sense of the wide range of training opportunities available during internship and the individual attention each resident receives on internship at Palo Alto. However, please note that the logistics and the unavoidable stress of the interview day does not accurately reflect the experience of being on internship at Palo Alto, which past residents have consistently described as warm, supportive, and professionally and personally enriching.

> *"The clinical training at Palo Alto is very exceptional and I loved all of the supervisors I met with. It is clearly an incredible internship and the opportunities at this site are abundant. I just really enjoyed getting the opportunity to learn more about the site and meet with everyone." ~Recent internship candidate*

Graduate Programs of Current and Former Residents (2017-2024)

American University
Arizona State University
Boston University
City University of New York/John Jay College
DePaul University
Drexel University
Eastern Michigan University
Fordham University
Fuller Theological Seminary
Georgia State University
Idaho State University
Indiana University, Bloomington
Kent State University
Lehigh University
Loma Linda University
Michigan State University
Mississippi State University
New York University
Northern Illinois University
Northwestern University Medical School
Nova Southeastern University
Pacific Graduate School of Psychology-Stanford PsyD Consortium
Pacific University
Palo Alto University
Pennsylvania State University
Queen's University
Rosalind Franklin University
Rutgers University
Saint Louis University
San Diego State University/UC San Diego
Seattle Pacific University
State University of New York, Albany
State University of New York, Stony Brook
Teachers College at Columbia University
Temple University
Texas Tech University
University of Alabama, Birmingham
University of Alabama, Tuscaloosa
University of Arizona
University of Buffalo
University of California, Berkeley
University of California, Los Angeles
University of California, Santa Barbara
University of Cincinnati
University of Colorado, Boulder
University of Colorado, Denver
University of Denver
University of Florida
University of Hawaii
University of Houston
University of Kansas
University of Kentucky
University of Maryland, Baltimore County
University of Maryland, College Park
University of Miami
University of Missouri, Columbia
University of Nevada, Las Vegas
University of Nevada, Reno
University of New Mexico
University of North Carolina, Chapel Hill
University of Notre Dame
University of Oregon
University of Pittsburgh
University of South Dakota, Vermillion
University of South Florida
University of Southern California
University of Texas, Austin
University of Toledo
University of Utah
University of Vermont
University of Washington
University of Wisconsin, Madison
Utah State University
Virginia Commonwealth University
Washington University in St. Louis
Wayne State University
West Virginia University
Wright State University
Yeshiva University/Ferkauf

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 9/1/2023

Program Disclosures

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	N/A

Internship Program Admissions

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

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

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

Our program fits well with residents who have been trained as scientist-practitioners or clinical scientists at the graduate level. Applicants who are a particularly good match with VA Palo Alto are graduate students with a balance of research and clinical experience, and whose professional and research interests complement the areas of training our program offers. Such applicants typically demonstrate interest in future public service, including through clinical service provision to underserved or marginalized populations, program development, applied research, teaching and training, policy and advocacy, increasing treatment access through use of digital health technologies, and other methods of dissemination and implementation. Applicants who are not a good fit with our program are students with no training in evidence-based treatments, no experience with dissemination of scholarly work as represented by professional presentations or publications, or professional goals solely focused on independent practice.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:	
Total Direct Contact Intervention Hours	Yes, Amount = 300
Total Direct Contact Assessment Hours	Yes, Amount = 50
Describe any other required minimum criteria used to screen applicants:	
To be invited for an interview, applicants must have at least one professional publication or presentation.	

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	$41,113
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	192
Hours of Annual Paid Sick Leave	104
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): Up to 10 days of paid professional development leave may be granted for conference attendance, job or postdoc interviews, dissertation defense and graduation ceremony. Up to $1000 can be approved for reimbursement of conference attendance registration and other educational course fees. Free parking, and available public transit subsidy benefit. For more details on VA benefits, see https://www.psychologytraining.va.gov/benefits.asp.	

*Note: Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2020-2023
Total # of interns who were in the 3 cohorts	45
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=1, EP=0
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=16, EP=0
Veterans Affairs Health Care System	PD=23, EP =1
Psychiatric facility	PD=0, EP=0
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice settin	PD=1, EP=0
Other	PD=2, EP=1

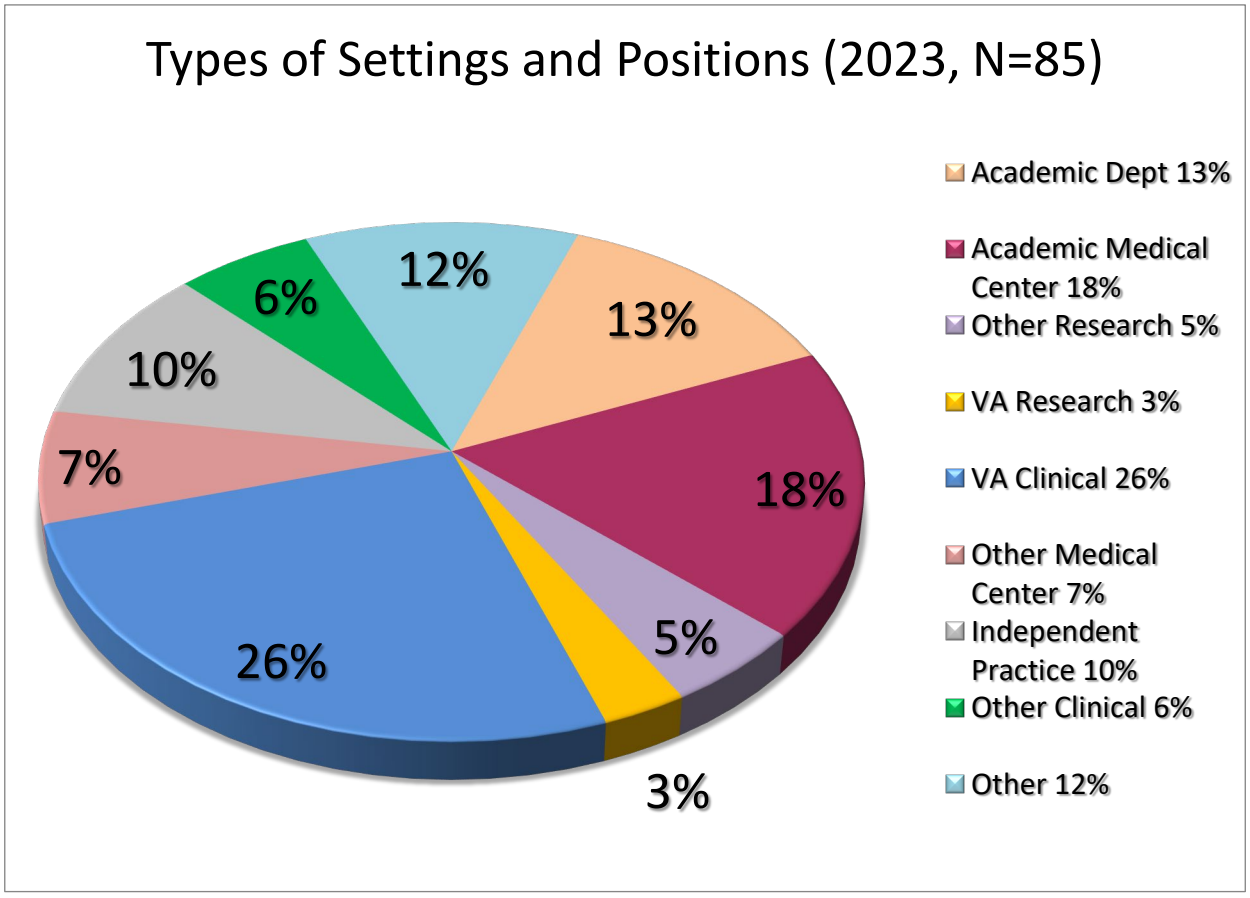
Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table was counted only one time. For former trainees working in more than one setting, the setting indicated represents their primary position.

Professional Outcomes for Former Residents

Where do VA Palo Alto Residents Go?

VA Palo Alto residents choose a wide range of professional positions and work settings. Consistent with the table above, approximately 95% of residents over the past 7 years (2015-2022) have gone on to postdoctoral fellowships, with the overwhelming majority within medical centers (approx. VA=52%, academically-affiliated medical center/medical school=30%, other medical center=6%). About 33% of these are research-based fellowships, while 67% are more clinically-focused fellowships (although both types of fellowship typically have some combination of research and clinical responsibilities). Typically, more than 60% of residents choose one of the numerous postdoctoral positions available in the San Francisco Bay Area in the year following internship. Of those former residents not going on to postdoctoral fellowship programs (5%), all accepted job offers, such as VA staff clinical positions, research positions in a research center or institute, or in industry.

Following internship and/or a postdoctoral fellowship, residents from the 2015-2022 years are currently in the following types of jobs: 39% are in academic teaching, academic medical centers, or primarily research positions, and 49% of residents are in positions emphasizing clinical work but typically includes some combination of clinical, administrative, teaching/supervision, and/or research responsibilities. A growing number of former residents are employed in digital health areas (e.g., virtual care industry, mental health startup, data science) which make up the majority of the "Other" category.



Psychology Postdoctoral Training

Since the availability of postdoctoral options is often important information for internship applicants when considering ranking decisions, we have included this brief section on Psychology Postdoctoral Training at VA Palo Alto. Psychology Service at VA Palo Alto has an APA-accredited general clinical postdoctoral fellowship program with nine funded 1-year postdoctoral training positions that are primarily clinically-focused, as well as two specialty APA-accredited 2-year postdoctoral fellowship programs in Clinical Neuropsychology and Rehabilitation Psychology. For more details of these full-time postdoctoral fellowship positions, please see the VA Palo Alto Psychology Training Program website. Final updates for the following training year will be posted by October 1st each year; however, while some information will change from year-to-year, please note that the majority of the training program information on this website remains the same and can inform you about the training opportunities available at Palo Alto even before the final updates are posted for the next postdoctoral training year. In addition, the Mental Illness, Research, and Education Center (Sierra Pacific MIRECC) and the National Center for PTSD have funded 2-year postdoctoral positions that are focused on clinically-relevant research and prepare fellows for academic and clinical research careers. The MIRECC Fellowship program and the NCPTSD fellowship program are each separately accredited by APA.

Applicants for postdoctoral positions within VA must be U.S. citizens who have attended a doctoral program accredited by the American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology, or Psychological Clinical Science Accreditation System (PCSAS) in Clinical Science. In order to be eligible to begin the Fellowship, the selected applicant must have completed the dissertation and all other doctoral degree requirements before September 1. The training program may rescind offers of postdoctoral positions for applicants selected for the postdoctoral fellowship, but who have not completed all doctoral degree requirements by September 1. Information about required application materials and the selection process can obtained by visiting the VA Palo Alto Psychology Training website or by contacting the Director of Postdoctoral Training, Jessica Lohnberg, Ph.D., at Jessica.Lohnberg@va.gov, or the Postdoctoral Coordinator, William Faustman, Ph.D., at William.Faustman @va.gov. Application materials need to be submitted by the deadline of December 26, 2023. Please specify which focus or specialty area(s) you are considering when you make inquiries about the fellowship program and when you submit your application materials.

"What a full and exciting two years these have been! I cannot tell you how much I enjoyed my time at the VA and what wonderful training I received. I feel that I have grown so much, both personally and professionally. I will miss the VA, all of the extraordinary people, and the lovely California weather!" ~Recent resident & postdoctoral fellow

In addition to clinical and research postdoctoral positions at VA Palo Alto, the greater Bay Area offers a plethora of postdoctoral training positions that Palo Alto residents have been offered and/or accepted, including at San Francisco VA, VA Northern California, UCSF, Kaiser Medical Centers, and Stanford University. Postdoctoral positions at Stanford include those within the Department of Psychiatry and Behavioral Sciences (both clinical and T32-funded research positions), the Stanford Prevention Research Center (SPRC), and the Stanford Clinical Excellence Research Center (CERC). While the majority of residents have stayed in the Bay Area for postdoctoral training, Palo Alto residents have been successful in national searches as well, with recent residents (2018-2023) training at VA facilities in San Diego, Portland, Boston/Boston University, Connecticut/Yale School of Medicine, Ann Arbor/University of Michigan Consortium, Baltimore, Washington DC, and Durham, as well as medical centers such as Brown University,

Weill Cornell Medical College, Memorial Sloan Kettering Cancer Center, Cambridge Health Alliance/Harvard Medical School, Medical College of South Carolina, University of Pennsylvania School of Medicine, University of Pittburgh Medical Center, and University of Massachusetts Medical School.

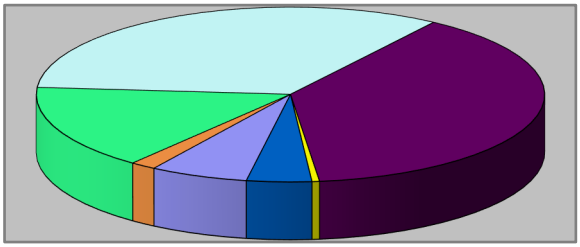
Living in the San Francisco Bay Area

The San Francisco Bay Area is a geographically and ethnically diverse area surrounding the San Francisco Bay in Northern California. Home to world-class universities such as Stanford University, UC San Francisco, and UC Berkeley as well as the headquarters of leading Silicon Valley high-tech companies such as Google, Apple, LinkedIn, Zoom, Intel, Hewlett-Packard, Facebook, Twitter, Uber, Netflix, 23andMe, eBay, Nest, and YouTube, the Bay Area is one of the most culturally, intellectually, and economically dynamic areas of the country. Palo Alto is located on the San Francisco Peninsula about 35 miles south of San Francisco, which is referred to as "The City" and is the cultural center of the Bay Area.

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

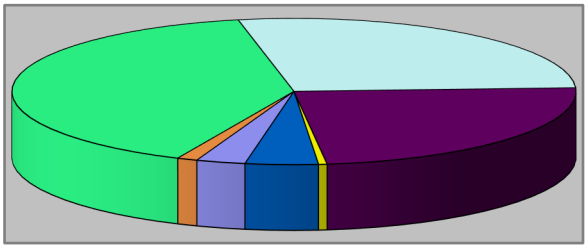
The Bay Area is the fifth most populous metropolitan area in the United States (7.55 million people), with high levels of international immigration. Palo Alto is part of Santa Clara County which has slightly different demographics than the Bay Area and the state overall, with greater numbers of Asians and Asian Americans and fewer numbers of African Americans. Also, 39.9% of the people living in Santa Clara County were born outside the U.S. There are 46,591 Veterans living in Santa Clara County. See pie charts below for specifics on state and county demographics from U.S. Census data (retrieved July 24, 2023), from https://www.census.gov/quickfacts/fact/table/santaclaracountycalifornia/PST045216 and https://www.census.gov/quickfacts/fact/table/CA/PST045216).

California Demographics



- African American/Black (6.5%)
- Native American (1.7%)
- Asian/Asian American (16.3%)
- White (not Hispanic) (34.7%)
- Hispanic/Latine (40.3%)
- Pacific Islander (0.5%)
- Two or more (4.3%)

Santa Clara County Demographics



- African American (2.9%)
- Native American (1.2%)
- Asian/Asian American (41.4%)
- White (not Hispanic) (28.3%)
- Hispanic/Latine (24.7)
- Pacific Islander (0.5%)
- Two or more (4.3%)

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

Most residents live within a 30-40 minute drive to Palo Alto, with the majority of residents living in towns on the west side of the San Francisco Bay (e.g., San Mateo, Redwood City, Menlo Park, Palo Alto, Mountain View, Sunnyvale, Santa Clara). Some residents choose to live in San Francisco to take advantage of the urban lifestyle available in the city. Internship classes have typically been enthusiastic about planning regular (sometimes weekly) get-togethers as well as periodic day trips and holiday parties. During the pandemic, there has been a plethora of outdoor dining and activities available, and residents have taken advantage of these as well as virtual get-togethers (e.g., game nights).

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

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

Palo Alto	www.cityofpaloalto.org/
Stanford University	https://visit.stanford.edu/
Monterey Bay National Marine Sanctuary	www.montereybay.noaa.gov/

California travel; click on San Francisco Bay Area	https://www.visitcalifornia.com/region/san-francisco-bay-area/
Bay Area news and information	www.sfgate.com/

The VA Palo Alto Internship program values practicing balance in one's professional and personal life, which our supervisors strive for and hope to be good models for our residents. If you come to VA Palo Alto for internship, we hope you will have many opportunities to explore and enjoy living in this great area!

Contacting Psychology Service

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

Psychology Training Program (116B)
Palo Alto VA Health Care System
3801 Miranda Avenue
Palo Alto, CA 94304
Telephone: (650) 493-5000, ext. 64743
Fax: (650) 852-3445
Email: Jeanette.Hsu@va.gov
Website: Psychology Training Program | VA Palo Alto Health Care | Veterans Affairs

Thank you for your interest in our program. Feel free to be in touch with the Director of Internship Training at Jeanette.Hsu@va.gov if you have additional questions.

Jeanette Hsu, Ph.D., ABPP
Director of Internship Training

John R. McQuaid, Ph.D.
Chief, Psychology Service

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

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

Reviewed by: Jeanette Hsu, Ph.D., ABPP
Date: 7/31/2023

Outpatient Mental Health Treatment Programs

Primary Clinical Rotations:

Addiction Consultation & Treatment (ACT) (Building 520, PAD)

Supervisor: Kimberly L. Brodsky, Ph.D.
Nicholas Filice, Ph.D.
Kevin McKenna, Ph.D.
Melissa Mendoza, Psy.D.
Melissa O'Donnell, Psy.D.
Daniel Ryu, Psy.D.
Joshua Zeier, Ph.D.

Patient population: Veterans struggling with substance use, substance-related and addictive illnesses, comorbid trauma and stressor-related illnesses, mood and anxiety spectrum illnesses, severe mental illness, etc. Veterans are demographically diverse, with a significant portion identifying as unhoused and/or OIF/OEF/OND.

Psychology's role: Dr. Brodsky serves as the Program Director for the inter-professional team leading the Addiction and Consultation Treatment (ACT) service and as the Program Director of Addiction Treatment Services. Dr. Mendoza is a staff psychologist in our ACT clinic who specializes in dual diagnosis, trauma based interventions, and Dialectical Behavioral Therapy. Dr. Zeier is a staff psychologist in our ACT clinic who specializes in motivational interviewing and enhancement, syndromes of disinhibition, group psychotherapeutic interventions and has a particular interest in common factors in psychotherapy and how these facilitate effective clinical interventions. Dr. O'Donnell is also a staff psychologist in our ACT clinic, specializing in evidence-based treatment for addiction and trauma-related disorders, with a special interest in the role of shame and stigma. Dr. Ryu is a staff psychologist in our ACT clinic who has a special interest in multicultural dialogue, systems- and community-focused interventions, traumatic stress in the context of oppression, and the role of social justice advocacy in mental healthcare. Dr. Wharton is a staff psychologist in our ACT clinic, who specializes in Acceptance and Commitment Therapy, Dialectical Behavior Therapy, and their integration for treating substance use disorders, and who has a special interest in trauma, moral injury, and women's mental health. Dr. McKenna is also a staff psychologist in our ACT clinic who specializes in motivational interviewing, serious mental illness, complex PTSD, and attachment in the context of addiction, and has a special interest in policy, homelessness, and harm reduction approaches. Dr. Filice is a staff psychologist in our ACT clinic who specializes in dual diagnosis, trauma-informed work, motivational interviewing, self-compassion interventions, and helping veterans navigate the transition from military to civilian life. In these roles, the ACT psychology team provides liaison and training within the hospital, our medicine service, our residential treatment programs and our inpatient psychiatric service. Dr. Brodsky and Dr. Zeier also serve as affiliated faculty with Stanford Medical School, working together with Dr. Filice, Dr. Mendoza, Dr. O'Donnell, Dr. Ryu, Dr. Wharton, and Dr. McKenna to provide training to our psychiatry residents and addiction fellows in addiction medicine and treatment. Psychologists within the ACT team provide consultation and supervision to our LCSWs regarding evidence-based treatments and complicated cases. ACT psychologists liaise with our ACT, Foundations of Recovery (FOR) and First Step psychiatrists in working with Veterans to provide Opioid Replacement Therapy (ORT) through our Pharmacotherapy of Addictions Resident Clinic (PARC), psychoeducation for families and Veterans, motivational interviewing to enhance engagement and treatment planning to meet Veterans' goals.

Psychologists within ACT help to create cohesion within in the interprofessional team and build community with Veterans in the treatment program. Psychologists also provide group therapy and serve as individual therapists for our Intensive Outpatient Program (IOP), which serves Veterans from a harm

reduction standpoint, as an outpatient, step-down, and step-up service with our residential treatment programs. Psychologists lead case conferences discussing complicated cases and enhancing team collaboration to facilitate case conceptualization and derive individualized treatment plans for Veterans. In addition, psychologists collaborate in various multicultural dialogue spaces, including monthly multicultural consultation, Veteran-led IOP community diversity committee, and staff multicultural mornings. Psychologists are involved in consult triage for the hospital, for our Community Based Outpatient Clinics (CBOCs), with our Veterans Justice Outreach and HUD-VASH teams. Psychologists also assess for and implement emergent and planned hospitalization surrounding suicidality, homicidality, grave disability, and medically supervised withdrawal. Psychologists work with the team to provide ambulatory, medicine and psychiatric detoxification, respond to and triage consults within and outside the hospital VISN, and coordinate inter-facility services. Psychologists also provide telehealth services, including groups, individual sessions, and evaluations.

Other professionals and trainees:

- Psychologists
- Psychiatrists
- Licensed Clinical Social Workers
- Nursing Staff
- Recreation Therapists
- Veteran Peer Specialists
- Addiction Therapists
- Addiction Medicine Fellows
- Chaplaincy
- Post-doctoral Fellows
- Psychiatric Residents (2nd year)
- Medical students

Nature of clinical services delivered: Clinicians provide group and individual psychotherapy as part of our Intensive Outpatient Program, comprehensive evaluations and case management for individuals entering residential treatment, consultation, liaison and motivational interventions for Veterans receiving treatment within our hospital systems, through Veterans Justice Outreach and within other VA hospital systems. Interventions and theoretical orientation reflect evidence-based and scientifically-driven modalities. Current groups are focused on ACT, DBT techniques for emotional regulation, mindfulness, and distress tolerance, Motivation Enhancement Therapy, CBT techniques, Seeking Safety, Relapse Prevention and Harm Reduction, anger management, military sexual trauma, and groups to manage PTSD and the sequelae of traumatic experience including in-vivo exposure, Writtern Exposure Therapy and psychoeducational modalities. Residents also have the opportunity to provide manualized Cognitive Processing Therapy as part of VA provider certification training for CPT.

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

Amount/type of supervision: Residents receive 1 hour of individual supervision each week and are often frequently engaged in ad hoc supervisory discussions, co-therapy, and shadowing. Residents receive 2 or more hours of group supervision, including a supervision focused specifically on group process and facilitation. Residents also participate in a weekly psychotherapy consultation group, which explores evidenced based and effective interventions within SUD and comorbid care. Group supervision and team spaces emphasize understanding group dynamics and processand encourage practice in giving and receiving consultation within interdisciplinary teams. Residents work collaboratively with the ACT team in providing evaluation and treatment of all Veterans and function as co-therapists, with the psychologist, for the daily psychotherapy groups offered through our ACT team within our wraparound community reinforcement programming.

Didactics: Residents are encouraged to participate in and present in interdisciplinary team spaces, the FOR Continuing Education Series, occurring at 3PM on Mondays, and the Thursday didactic series for psychiatry residents through Stanford Medical School.

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

Use of Digital Mental Health tools: Consistent with ACT's integration of evidence-based treatments for addiction and co-occurring disorders, we integrate mental health mobile apps and online programs that compliment individualized treatment plans. These include applications developed by the National Center for PTSD and Stanford researchers (e.g., PE Coach, CPT Coach, Virtual Hope Box, Mindfulness Coach, Vet Change, and Motivational Enhancement assessment tools). Residents use telehealth and video connect to provide evaluations, individual and group therapy to remote clinics and Veterans' homes.

"One of the things that is most effective [about Dr. Brodsky's supervision is her ability to create]…space for trainees' competency while also providing scaffolding for learning and exploration." ~Recent resident

Addiction-related issues affect a massive proportion of our Veterans across all ages and demographics. Our team is passionate about advocacy and combating stigmatization and marginalization of individuals with histories of substance use and comorbidly occurring conditions through direct work with Veterans and dissemination within our healthcare system and in the community at large. Much of our work involves interaction with the justice system and historically criminalized individuals. While rotating through ACT, residents have the opportunity to hone their general clinical skills while gaining experience in the treatment of substance use disorders and frequently co-occurring illnesses, practice in respecting the autonomy of the individuals with which we work, and enhancing motivation towards Veterans' goals through effective collaboration . ACT is also an ideal rotation for professional development through liaison, management of systems-related issues, consultation with professionals from various backgrounds, and cultivation of opportunities to provide evidenced-based training and perspectives. The successful trainee will learn to function skillfully in a large, interprofessional team, enhance the skills of other professionals through mutual learning, participate in program development, advocate for Veterans across systems as needed to reduce addiction stigma, respond functionally to emergent situations, and creatively navigate systemic roadblocks while providing evidence- based treatment, evaluations, and assessments.

Reviewed by: Kimberly L Brodsky, Ph.D
Date: 8/14/2023

Mental Health Clinic, Menlo Park (Outpatient MHC, Building 321, MPD)

Supervisors: Kelley Busjaeger, Psy.D.
John McQuaid, Ph.D.

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

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

Other Professionals and Trainees: In addition to staff noted above, trainees may include: Psychology Postdoctoral Fellows, Psychology Practicum Students, Psychiatry Residents, Social Work interns, or other staff.

Nature of Clinical Services Delivered:

- Individual, group psychotherapy, and psychoeducational classes that may include a variety of therapeutic modalities including cognitive-behavioral, psychodynamic interpersonal, humanistic, and existential models. Supervision is available in 'classic' CBT, CBT-I, Acceptance & Commitment Therapy, Cognitive Processing Therapy, Problem-Solving Therapy, Motivational Interviewing, Interpersonal Therapy, Time-Limited Psychodynamic Therapy, and other evidence-based approaches.
- Mental health treatment coordination
- Intake evaluations and treatment planning
- Medication evaluation and follow-up
- Liaison/consultation with other programs and staff.
- Assessing and managing emergencies and hospital admissions as necessary

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

Amount/Type of Supervision: Residents receive at least one hour of individual and one hour of group case consultation/supervision each week. Supervision can also include co-leading a therapy group or psychoeducation class with the supervisor, video/audiotaping sessions for later review in supervision, and observation during team meetings. Individual supervision addresses intake assessments and the resident's clinical caseload of individual and group therapy clients, including case conceptualization, treatment planning, and familiarization with new therapies. Supervision also covers diversity, professional development, treatment team functioning, and program development and systems issues. Group supervision includes readings on a variety of topics and issues, watching video of therapists from differing theoretical orientations, and opportunities for case consultation. It is meant to foster discussion about treatment, theory, issues around professional identity, systems problems, ethical concerns, etc.

The MHC Psychologists' theoretical orientations include cognitive-behavioral, psychodynamic, interpersonal psychodynamic, systems, psychosocial recovery, and integrative perspectives. Residents often receive informal supervision as needed.

Didactics: The weekly hour-long group supervision meeting includes readings on a variety of topics and issues, and watching video of therapists from differing theoretical orientations, and clinical case presentations. It is an open format, meant to foster discussion about treatment, theory, issues around professional identity/development, systems problems, ethical concerns, etc. There is also a joint didactic/consultation group with Psychiatry residents once a month, which can include discussions of Psychiatry/Psychology roles, case conceptualization, discussions of treatment approaches, current topics in mental health, etc.
Pace: Moderate and steady. The resident must be able to organize and prioritize time required to fulfill role requirements.
Use of Digital Mental Health tools: Mental Health apps are used as a supplement to therapy (as appropriate). During COVID-19, telehealth formats (e.g., telephone and audio-visual formats) have been the primary mode of service delivery. As such, trainees have the opportunity to become familiar with the practical and conceptual skills needed to deliver interventions via telehealth modalities.
Additional Information: Trainees have paired this rotation with mini-rotations. There are also ample opportunities to receive supervision in CPT, ACT, couples therapy, TLDP, etc., even if a formal mini-rotation is not requested (depending on supervisor expertise).

Reviewed by: John McQuaid, Ph.D.
Date: 8/21/23

Posttraumatic Stress Disorder Clinical Team (Building 321, MPD)

Supervisor: Madhur Kulkarni, Ph.D.

Patient population: Veterans struggling with PTSD, many of whom have additional comorbid diagnoses. Traumatic experiences may include events from combat, training incidents, military sexual trauma, childhood, and civilian experiences.
Psychology's role in the setting: To provide individual and group psychotherapy using evidence-based assessments and treatments for PTSD.
Other professionals and trainees in the setting: Psychology postdoctoral fellows, psychiatry residents, social workers, art therapists, nurses, and psychiatrists. The PCT team consists of psychologists, social workers, and an Art therapist/recreation therapist. Trainees include medical residents and social work residents. Psychologists also work closely with the Mental Health Clinic staff, coordinating care with mental health treatment coordinators, nursing staff, and psychiatrists.
Nature of clinical services delivered: The PCT places a strong emphasis on providing empirically-supported treatments for PTSD, but also integrates treatment interventions from a variety of modalities. There are opportunities to provide individual psychotherapy (e.g., Prolonged Exposure Therapy**,** Cognitive Processing Therapy, coping Skill-Building/CBT, Skills Training in Affective and Interpersonal Regulation, Motivational Interviewing) and group psychotherapy (e.g., STAIR). Residents will work in coordination with MHC and Substance Abuse Treatment Program staff.
Resident's role in the setting: Residents will primarily provide individual psychotherapies. Depending on level of interest and skill, as well as clinic schedule, residents can also choose to lead a PTSD-relevant group of interest to them. Residents are also involved in the triage, assessment, and treatment planning of PCT patients. Participation in team meetings, consultation groups, and didactic trainings is also part of this rotation.
Amount/type of supervision: At least one hour of individual supervision will be provided and residents will participate in one hour of group supervision with other psychology trainees. Residents will also attend PCT team meetings. Supervision will include review of session recordings, role play, and presentation of case conceptualization.

Pace: The PCT clinic has a steady workload with a significant amount of direct clinical care. Because of the nature of trauma-focused therapy, the work can be emotionally intense. Expectations around number of assessments, individual clients, and groups per week will be set collaboratively at the start of the rotation. Residents will be expected to write individual, group, and assessment notes in a timely and professional manner. Given the emotional intensity of some of the psychotherapies provided (e.g., trauma-focused treatments) there is also a strong emphasis on self-care.
Use of Digital Mental Health tools: PCT staff, including trainees, integrate the use of mobile applications (i.e. PTSD Coach, Mindfulness Coach, PE Coach, CPT Coach, STAIR) in their work with Veterans to maximize treatment benefit, as well as deliver therapy via telehealth to outlying CBOCs and to home via clinical video telehealth (CVT).

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

Reviewed by: Madhur Kulkarni, Ph.D.
Date: 8/28/2023

PTSD Intensive Outpatient Program (Building 352, MPD)

Supervisors: **Hong Nguyen, Ph.D.**
TBD

See description in the Specialty Mental Health Treatment Programs section.

Telemental Health Clinic, Menlo Park (Specialty Outpatient MHC, Building 321, MPD)

Supervisors: **Jessica Cuellar, Ph.D.**
Stephanie N. Wong, Ph.D.

Rotation Types Offered: Half-time when paired with Couples/Family Therapy Mini Rotation (12 hours in TMH + 4-6 hours in Couples/Family); Minor as standalone mini rotation (4-8 hours)
Patient Population: Veterans with a wide variety of psychiatric diagnoses, psychosocial issues, and co-morbid substance use, personality, and medical concerns. Veterans' ages tend to cluster around Vietnam-era and OIF/OEF/OND era. Veterans' racial/ethnic identities are diverse and represent an array of cultural backgrounds.
Psychology's Role: Psychologists in the Telemental Health Clinic provide individual, time-limited, culturally-aware, evidence-based psychotherapy to Veterans referred for a broad array of concerns (e.g., anxiety, depression, ADHD, complex trauma, grief, OCD, panic, relational distress). Psychologists in this clinic collaborate with Mental Health Treatment Coordinators (i.e., psychologists, social workers,

psychiatrists, nurses). Psychologists conduct intake assessments, create treatment plans specific to specialty mental health concerns, provide individual psychotherapy, and offer consultation to other team members or services. Psychology trainees will be full members of the team and will be invited and expected to provide all services that core team psychologists offer.

Other Professionals and Trainees: Psychology Postdoctoral Fellows, Psychology Residents, and Psychology Practicum Students.

Nature of Clinical Services Delivered:

- Individual and group psychotherapy in telehealth setting
- Mental health treatment coordination
- Intake evaluations and treatment planning
- Liaison/consultation with other programs and staff.

Resident's Role: Residents have the opportunity to function and contribute much as the Psychologist does, simply under supervision, and with variations depending upon experience and learning needs. Thus, Residents will have the opportunity to provide treatment for Veterans with a wide variety of diagnoses and disorders from mild to severe; lead or co-lead psychotherapy or psychoeducational groups; provide individual psychotherapy; conduct initial assessments; create treatment plans; and liaise with other programs, such as the PTSD Clinical Team (PCT), Trauma Recovery Services (TRS), Addiction Consultation & Treatment Services, and Behavioral Medicine.

Amount/Type of Supervision: Residents receive one hour of individual supervision each week. Fellows might co-lead a therapy group with the supervisor, or video/audiotape their sessions for later review in supervision. The Telemental Health Clinic's theoretical orientations include cognitive-behavioral, dialectical-behavioral, acceptance and commitment-based, psychodynamic, interpersonal psychodynamic, systems, psychosocial recovery, and integrative. Supervision utilizes a feminist, multicultural and anti-oppressive approach.

Use of Digital Mental Health tools: Mental Health apps (as applicable)

Pace: Residents typically carry a caseload of about 4-5 weekly individual psychotherapy cases and conduct 1-2 intake assessments per month. This rotation is an excellent fit for fellows who would like experience in an outpatient telemental health setting and enjoy functioning as a part of a small, collaborative clinical team.

The Telemental Health Clinic is a specialty outpatient clinic at the Menlo Park campus that serves individuals with a wide range of emotional, social, and psychiatric problems. The Veterans served in this clinic often carry multiple and co-occurring diagnoses and experience a range of psychosocial stressors. As such, trainees will develop skills in differential diagnoses, treatment coordination, and implementing culturally-aware, evidence-based treatment. Trainees will have opportunities to hone skills in a variety of integrative therapeutic modalities – CBT (for ADHD, Anxiety, Depression, Insomnia, OCD, and Panic), DBT, ACT, PE, CPT, Time-Limited Psychodynamic Therapy, and other evidence-based treatments. Additionally, trainees will become familiar and proficient with the unique circumstances of providing telehealth-based outpatient psychotherapy. Trainees often pair this mini-rotation with Couples/Family Therapy and/or with major rotations.

Weekly individual supervision utilizes a feminist, multicultural, and anti-oppressive approach that is devoted to the resident's clinical caseload, case conceptualization, treatment planning, professional development, and personal development. The goal of supervision is to empower the resident to develop an understanding of their capacities and challenges in the frame of intersectional identities present in the supervisory relationship, the provider-patient relationship, and the broader VA system.

Reviewed by: Stephanie N. Wong, Ph.D., Jessica Cuellar, Ph.D.
Date: 09/14/23

Family Therapy Training Program (Mini-Rotation Only)

Supervisor: Elisabeth McKenna, Ph.D., Co-Director
Jessica Cuellar, Ph.D., Co-Director

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

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

Patient Population: Couples and families are directly referred to the Family Therapy Training Program's clinic for consultation and treatment from Mental Health Clinics within the VA Palo Alto Health Care System. During their mini-rotation, each psychology resident can expect to treat one couple or family with live supervision, and observe at least two other cases. There is also the possibility of treating more cases outside of the live-supervision clinic, should the resident be interested. Residents will see a range of cases, varying across presenting problem, couple and family composition, and family developmental stage.

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

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

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

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

Pace: The usual caseload for psychology residents and postdoctoral fellows is one couple or family in the live-supervision clinic. More cases may be assigned outside of live-supervision if the resident is interested in extending their training experience.

Use of Digital Mental Health tools: Virtual services will be provided via telehealth as clinically indicated and consistent with health and safety recommendations of VA.

Summary. Specialized family therapy skills are highly valued in VA and academic medical centers, academic departments, and community-based mental health clinics throughout the country. Although we are supportive of trainees' efforts to continue their training in family therapy and family research, residents participating in the program need not plan to spend the majority of their professional time

specializing in this area. However, at the completion of the rotation, we do expect that trainees will leave the program with greater proficiency in engaging couples and families, family assessment and consultation, formulating and executing systemic interventions, evaluating treatment progress, and planning termination. In addition, we hope to stimulate residents' creativity, intelligence, and resourcefulness in their ongoing development as clinical psychologists.

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

Reviewed by: Elisabeth McKenna, Ph.D.; Jessica Cuellar, Ph.D.
Date: 8/22/2023

Inpatient and Residential Mental Health Treatment Programs

Inpatient Psychiatry Units 520B & 520C (Building 520, PAD)

Supervisors: **Karen Deli, Ph.D.**
William O. Faustman, Ph.D.
Claire Hebenstreit, Ph.D.
TBD

Patient population: Veterans of all ages and gender identities experiencing serious mental illness in acute crisis, including Veterans of diverse ethnic and cultural backgrounds, and underserved populations who may not present to traditional outpatient services. Presenting disorders range from bipolar disorder to schizophrenia, to severe depression, to PTSD, to drug and alcohol addiction and suicidal ideation. All services are provided on site and in person.

Philosophy and goals: Exposure to the inpatient mental health setting provides valuable training experiences for residents from any emphasis area. The goal of the inpatient MH service is to provide high quality, mental health diagnosis and treatment using an interdisciplinary team approach focusing on a biopsychosocial and cultural formulation. Treatment includes incorporating evidence-based treatments which can be individualized to meet the specific needs of the client experiencing serious and persistent mental health issues. By working on an inpatient treatment setting, residents will have the opportunity to develop expertise applicable to their future professional roles in a variety of settings.

Psychology's role: All psychologists on the inpatient units serve as attending care providers, integral members of the interprofessional treatment teams, and provide group therapies, individual therapy, assessment, and supervision and training of psychiatry residents and medical students in psychological interventions. Psychology provides group and individual therapies, assessment facilitate family meetings when indicated, and collaborate with regards to discharge/disposition and coordination of ongoing treatment. Psychologists also complete clinical and forensic evaluations, and testify as fact and expert witnesses in court, for involuntary psychiatric treatment and conservatorship under Lanterman-Petris-Short (LPS) law.

Other professionals and trainees: Psychiatrists, Psychiatric Residents from Stanford University School of Medicine, Medical Consultants, Pharmacists, Social Workers, Recreation Therapists, Nursing Staff (RNs, LVNs, and Nas), Chaplain, Nursing students, Stanford Medical students, and Psychology postdoctoral fellows and practicum students (may not be present on all units).

Nature of clinical services delivered: Inpatient Psychiatry has continued to provide all services in person throughout the COVID-19 pandemic while following CDC and hospital safety guidelines. The treatment teams provide comprehensive inpatient assessment and treatment for psychiatric illnesses that place a person or the community at risk. Concomitant medical problems are also addressed. The approach to treatment is biopsychosocial and cultural. Each patient meets daily with the treatment team to evaluate progress, address problems, and to review the treatment plan. Careful attention is paid to medications, psychosocial factors, interpersonal behavior on the unit, medical problems, and practical circumstances. The typical day includes several hours of meeting with patients with attending psychologists and psychiatrists present. Treatment is focused on brief, evidence-based interventions. Groups incorporate a range of treatments, including ACT, DBT techniques for emotional regulation, mindfulness, and distress tolerance, Motivational Interviewing, Social Skills Training, CBT for Psychosis, sleep and relaxation, CBT techniques, Seeking Safety, Relapse Prevention and Harm Reduction, and groups to manage PTSD and the sequelae of traumatic experience.

Resident's role: The Inpatient Psychiatry rotation is open to all residents, including those with an identified interested in, and /or previous experience working with, patients with SMI, as well as those with little or no previous SMI or inpatient experience. Each resident works with their supervisor to shape their rotation experiences to meet the resident's specific training goals. The resident attends daily interdisciplinary team treatment rounds, leads and co-leads groups, follows three to four individual

psychotherapy cases, and (for interested residents) conducts neuropsychological evaluations as needed. Residents are full members of the interprofessional treatment teams and actively participate to the extent that they are clinically ready. By working on an interdisciplinary team, residents will have the opportunity to learn how other disciplines view and interact with patients with SMI, and to use this team approach to provide a more holistic treatment for Veterans. Residents will learn skills in assessment, treatment planning, documentation, individual and group psychotherapy, and managing acute illness and suicidal ideation. Flexibility in adapting existing interventions is a key component of this training rotation; residents learn to select and adapt components of appropriate evidence-based treatments in order to meet the specific needs of a short-term inpatient population, identifying and building upon the patient's strengths to help them move towards their goals. Residents are expected to integrate science and practice, being aware of current literature supporting their work and assist in the training and education of professionals from other disciplines. Residents receive didactic training on procedures related to LPS psychiatric short-term holds and conservatorship, and also engage in regular discussion of clinical, ethical, and legal considerations in involuntary psychiatric treatment. Psychologists on 520 testify regularly in probable cause hearings, and periodically testify as expert witnesses in LPS court hearings, and residents are invited to observe these hearings.

Amount/type of supervision: Residents receive at least 1 hour of individual supervision each week (more as needed). Residents receive 2 or more hours of group supervision weekly and participate in weekly supervision on group psychotherapy. Theoretical orientation varies with the individual supervisor, but a cognitive-behavioral, social-learning theory perspective is predominant. There is also an opportunity to obtain extensive learning in psychopharmacology.

Didactics: Residents are encouraged to participate in Stanford Psychiatry Grand Rounds as well as didactic opportunities provided by the inpatient rotation.

Pace: Acute inpatient programs are very busy units, operating at nearly full capacity at most times. Inpatient work is inherently fast paced, with patients being admitted in acute crisis. Managing your workload requires development of skills necessary to organize time efficiently. Caseloads have frequent turnover, requiring the interprofessional teams to work quickly and intensively with their patients. Inpatient Psychiatry has safely maintained in-person services following CDC guidelines.

Use of Digital Mental Health tools: Videoconferencing platforms (Microsoft Teams)) are utilized for some meetings of interdisciplinary team members. All clinical care is provided in person with patients on the units.

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

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

Training Opportunities

Training in working with individuals with severe psychopathology provides and important opportunity for those psychologists whose academic programs have not exposed them to the diagnosis, management, and treatment of acute psychiatric crisis in its many manifestations. Inpatient treatment explores the medical, biological, psychological, social and cultural factors that can influence a Veteran's mental health.

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

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

"Having ample opportunities to lead groups has helped increase my comfort with uncertainty and improved my ability to improvise clinically." ~Recent resident

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

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

Goals of training for resident rotations in inpatient psychiatry include:

1. Develop skills in performing comprehensive psychiatric evaluations, with emphasis on psychosocial issues and case formulation, as well as developing proficiency with DSM-5.
2. Develop familiarity with various types of major psychopathology.
3. Perform neuropsychological screening.
4. Develop crisis assessment and intervention skills, as with suicide risk.
5. Develop group therapy skills with groups having rapid turnover and shifting group dynamics.
6. Learn EBTs and how to adapt them to the short-term inpatient environment.
7. Develop skill in brief psychotherapy with pragmatic outcomes.
8. Learn case management skills requiring an understanding of all aspects of treatment, including the biologic. Elicit patient cooperation and participation in treatment and discharge planning. Make timely decisions regarding treatment. Prepare comprehensive discharge summaries.
9. Gain familiarity with other VAPAHCS programs, so as to be able to make appropriate referrals and to coordinate treatment with other units.
10. Gain knowledge of legal procedures in which the psychologist is engaged (e.g., placing patients on holds, filing for conservatorships, and testifying in court).

11. Develop comfort and increased competence working collaboratively with an interdisciplinary team, including developing theoretical and behavioral understanding of factors that facilitate and hinder effective teamwork.
12. Develop skills in providing informational and supportive family therapy.
13. Develop general knowledge of ethical and legal issues surrounding work with suicidal or assaultive patients and develop comfort in making decisions about involuntary commitments.
14. Develop basic familiarity with psychopharmacology.

"One of my biggest accomplishments [on the inpatient rotation] has been to design evidence-based interventions for groups and individual sessions, which has increased my confidence and skills."
~Recent resident

Reviewed by: William Faustman, Ph.D.
Date: 09/07/2023

Domiciliary Residential Rehabilitation Treatment Program (DRRTP)
Domiciliary Service (Building 347, Menlo Park Division)

**Note: The two residential programs under Domiciliary Service merged in 2021 into a single program with two different tracks; interested applicants should note that there are opportunities for involvement in everything outlined under both tracks since there is now only one program.*

DRRTP is colloquially referred to as "the Dom." It is a well-known and beloved residential treatment program with a strong reputation among graduates of our program, and VA DRRTP programs nationwide. The Dom generally has a census of anywhere from 50-70 residents at any given time, and the program offers comprehensive wrap around treatment consisting of the following components: comprehensive psychosocial assessment, individual therapy, group therapy, case management, recreation therapy, peer support, and community/social support. The concept of a therapeutic milieu is emphasized throughout. Within the Dom, residential patients are admitted to one of two tracks, described briefly below.

A. Recovery Track (formerly First Step Program) – 90-day residential Substance Use Disorders treatment program

The Recovery Track is a 90-day residential treatment program that provides ongoing assessment, recovery planning, individual and group therapy, and social support within a residential treatment setting. Residential patients admitted to this track often present with active substance use disorders that they are hoping to work on during treatment. Their length of stay is 90 days because residents in the recovery track often present to the program with stable housing and an employment plan, The majority of residential patients in the recovery track also have co-occuring mental health disorders – ranging from mood disorders and PTSD to personality disorders.

B. Housing Track (formerly Homeless Veterans Rehabilitation Program) – 180-day residential National Program of Clinical Excellence

Supervisors: Timothy Ramsey, Ph.D.
Sara Krasner, Psy.D.

The Housing Track serves Veterans who have been homeless or experiencing housing instability for periods ranging from less than one month to over 10 years. Nearly 100% have active, chronic SUDs , and the majority meet criteria for at least one other psychological condition. Residential patients receive the same services as the 90-day track (evidence based treatment, recreation therapy, peer support, etc) however they are also concurrently working toward housing and employment goals – which includes things like securing HUD-VASH housing and obtaining full time employment.

DRRTP is a setting in which trainees may expect to see a variety of comorbid psychological and medical conditions. You will have the opportunity to treat PTSD, psychotic disorders, personality disorders, mood disorders and substance use disorders. In addition to mental health goals, many of our residential patients are justice-involved and actively working toward housing and employment goals. As a result, trainees are expected to work among a large interdisciplinary team consisting of: social work, psychology, psychiatry, medicine, nursing, peer support, recreation therapy, and veterans justice outreach; and simultaneously to work collaboratively with other programs such as HUD-VASH, CWT, and VJO.

Patient population: The population includes Veterans of all genders with substance use disorders (SUDs). Residential patients range in age from early 20s to 80 and usually present with chronic and severe SUDs, often complicated by histories of social and occupational impairment along with concurrent moderate, though stable, psychiatric and/or medical disorders.

Services: All Veterans receive individual psychotherapy from program staff or trainees. In addition, Veterans are engaged in programming Monday – Friday which consists of evidence based group therapy, recreation therapy, case management, and milieu treatment. Milieu treatment includes things such as community meetings, psychoeducational skills-building classes, recreational and leisure activities, and weekly aftercare outpatient groups. Veterans receive wrap-around services consisting of individual psychotherapy, case management, psychiatric treatment and medical care. Program staff are involved in supporting residential patients on regular outings or hosting BBQs for invited family members as part of learning to socialize without substances under normal circumstances.

Therapeutic Modalities: Including but not limited to MI/MET, CBT-SUD, DBT, STAIR, 12-Step facilitation, emotion regulation/coping, relationship/communication, cognitive-behavioral skills, ACT, sexual health education, CBT for insomnia/chronic pain/psychosis, IRT for nightmares, interpersonal process groups, and problem solving Therapy. Trainees who have an interest in delivering other treatment modalities are often able to find support to launch such initiatives.

Staff and Trainees: The interdisciplinary DRRTP team is comprised of Psychologists, Physicians, one Psychiatrist, Social Workers, Recreational Therapists, Chaplains, Addiction Therapists, Health Technicians, Peer Support Specialists, Nurses, Nurse Practitioners, LVNs, and Medical Support Assistants. Trainees have included Psychology residents, Recreation Therapy and Social Work interns, psychology practicum students, as well as Chaplain and Nursing students. There are approximately 4-6 trainees at a time in this setting including Practicum Students, Residents, and Postdoctoral Fellows.

Psychology's Role: Psychologists manage the program, and, along with the other staff, design the community groups and interventions based on empirically supported methods, assess and provide therapy for patients, participate in individualized treatment planning, co-lead psychoeducational groups/classes, and provide consultation and training for staff. Psychologists are also heavily involved in program management initiatives.

Resident's Role: The resident functions as a regular clinical staff member:

- Residents maintain a caseload of 4-5 clients for individual psychotherapy to address issues that arise in the treatment setting and provide treatment for the commonly associated mental health issues in this population (PTSD, MDD, Anxiety Disorders, Bipolar Disorder, Psychotic Disorders, Cognitive Impairments, and Personality Disorders).
- Residents serve as mental health consultants to the para-professional substance use treatment staff. Residents meet with the Veterans on their case load and create a mental health treatment plan to address the Veteran's goals and needs.
- Depending on the resident's schedule, residents may also be responsible for facilitating intake psychosocial assessments and comprehensive risk assessments/safety planning, in addition to diagnostic interviews and other assessments.
- Trainees participate in all milieu activities, including co-leading community meetings and psychoeducational groups/classes [e.g., relapse prevention (CBT-based),, emotion regulation/coping (STAIR/DBT), relationship/communication, and general cognitive-behavioral skills]. Documentation requirements include documenting clinical activities such as treatment plans, suicide safety plans, individual therapy and group/class progress notes, provider admission/intakes, and discharge summaries.
- Additional program improvement activities depend on interests of the resident (e.g., designing psychoeducational interventions, conducting clinical research, facilitating or co-facilitating specialty groups to address specific clinical issues often associated with substance use, program evaluation and development, etc.). Residents may also participate in Outreach and Screening and connect with Veteran's Justice Outreach (VJO), HUD-VASH, and Compensated Work Therapy (CWT) to learn about VA-provided services for assisting Veterans with community reintegration.

Supervision: One hour of weekly individual supervision, one hour of group supervision, and one hour of didactics for consultation for topics such as Cognitive Processing Therapy and/or CBT for Substance Use Disorders; daily staff meetings, co-facilitation of groups, reviewing notes, and frequent informal contacts.

Didactics: Psychology trainees meet weekly for didactics. The list of topics covered in the didactics seminar throughout the year is decided upon by the trainees, with staff input. In the past, didactics have covered topics such as ACT for depression, CPT for PTSD, CBT-SUD, Time Limited Psychodynamic Therapy, EFT for couples, and other therapeutic approaches.

Pace: Typical resident workday:

- Attend and eventually lead staff meetings (twice daily)
- Co-lead community meeting (weekly)
- Co-lead psychoeducational group (1-3x/week)
- Provide individual psychotherapy (5-6 hours per week).
- Write electronic notes (treatment plans, progress notes, provider admission/intakes, and discharge summaries, comprehensive suicide risk evaluation, and suicide safety plans) .
- Timely documentation is expected following clinical contact with residential patients in the program. DRRTP is a fast-paced training environment and supervisors will collaboratively work with Residents on developing and titrating workload appropriately.

"I appreciate Dr. Ramsey's care and attention to supervision. He was very warm while also challenging me to demonstrate my skills, explain my rationale, and take risks." ~Recent resident

Use of Digital Mental Health tools: Opportunities to assist Veterans with VA-approved apps for substance use, PTSD, memory assistance, and other mental health/wellness concerns. We utilize telehealth modalities for psychiatry coverage and encourage trainees to sit in on initial assessments. During the COVID-19 pandemic, we also expanded our treatment to include more than 20 weekly telehealth outpatient groups, and telehealth sessions for individual psychotherapy, case management, and nursing assistance. We have been able to work more extensively with Veterans who are continuing some form of substance use and practice MI and harm reduction strategies which are not practical in a residential setting.

Substance use disorders (SUDS) are the most prevalent of all psychiatric disorders. Most residential patients use multiple substances, with alcohol, nicotine, cannabis, methamphetamine, cocaine, fentanyl and heroin being the most common. Most residential patients have co-occurring mental health concerns and benefit from individual psychotherapy in addition to the general classes, groups and therapeutic community. Therapeutic interventions are drawn from numerous modalities (e.g., CBT/CPT, DBT, STAIR, psychodynamic, systems-oriented, solution focused, and interpersonal models, etc.).

"I think the biggest strength about doing a rotation with the First Step program is the exposure that you can get to so many different treatment modalities, including individual psychotherapy, group therapy (process groups and skills-based groups), community meetings and milieu treatment, and consultation work with other professionals." ~Recent resident

By the end of the rotation, a resident can expect to be familiar with the full continuum of empirically supported treatment and rehabilitation services for patients with SUDs of varying severities and co-morbidities, become skilled in assessments, counseling, and facilitating large groups, understand the operation of a therapeutic milieu, and develop effective methods of managing personal reactions that may arise when working with complex and challenging patients. The overall goal of the internship rotation at DRRTP is to provide trainees with a variety of experiences in an applied setting, using a scientist-practitioner framework, and stressing the importance of building an effective, comfortable, professional identity. Trainees are encouraged to participate in the full array of treatment approaches, ranging from the traditional (e.g., group therapy) to the nontraditional (e.g., participation in other program outings and activities). In addition to acquiring and refining clinical skills, goals for residents include the following: developing competency as a member of an interdisciplinary team; acquiring a sense of professional responsibility, accountability, and ethics; becoming aware of how one's experience and interpersonal style influence various domains of professional functioning; and developing abilities necessary for continuing professional

development beyond the internship year (e.g., ability to assess one's own strengths and limitations, and seek supervision/consultation as needed). DRRTP is also dedicated to supporting residents in seeking Post-Doctoral Fellowships and ultimately professional careers in Psychology.

Reviewed by: Timothy Ramsey, Ph.D.; Sara Krasner, Psy.D.
Date: 8/21/2023

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

Supervisors: **Jean Cooney, Ph.D.**
Stephanie Houk, Psy.D.
Robert Jenkins, Ph.D.
Hong Nguyen, Ph.D.
Kendra Ractliffe, Ph.D.
Shannon Reese, Psy.D.

Patient population: The Trauma Recovery Services (TRS) serves Veterans diagnosed with Posttraumatic Stress Disorder (PTSD) and co-occurring conditions who have been exposed to a wide range of traumatic experiences, including but not limited to war zone and combat-related trauma, military sexual trauma (MST), and/or traumatic events experienced in childhood. We see a diverse group of Veterans with a wide range of intersecting identities, including diversity in age, disability, religion and spiritual orientation, ethnicity/race, socioeconomic status, sexual orientation, and gender. Residents will also become familiar with military culture and impact on the process of clinical service provision.

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

Other professionals and trainees in the setting: One of the strengths of the TRS program is the commitment and expertise of members of our interdisciplinary team which includes: Psychologists, Psychiatrists, Medical Providers, Nurses, Social Workers, Psychology Technicians, Recreational Therapists, Chaplains, Art Therapists, Peer Support Specialists, Service Dog Trainers, and trainees from other disciplines.

Nature of clinical services delivered: TRS utilizes both individual and group therapy modalities and prioritizes evidence-based psychotherapies (EBPs) for PTSD, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Written Exposure Therapy (WET), Cognitive Behavioral Therapy (CBT), and CBT for Insomnia (CBT-I). There is also an emphasis on providing concurrent evidence-based treatment for co-occurring substance use disorders, including Motivational Enhancement Therapy (MET), CBT for Substance Use Disorders (CBT-SUD), Dialectical Behavior Therapy (DBT) for SUDs, and Nicotine Cessation Therapy. An additional area of treatment emphasis includes third-wave interventions, such as DBT, Acceptance and Commitment Therapy (ACT), and mindfulness. Finally, TRS is in the process of further developing/implementing aspects of the Whole Health program to promote behavioral activation, social connectedness and reintegration.

Distinctions between the Residential Men's and Women's Trauma Recovery Programs and Telehealth PTSD IOP: Conceptually, the MTRP and WTRP are very similar; they share the same clinical mission to address military-related PTSD using cognitive-behavioral approaches in the context of a therapeutic residential community. The WTRP currently treats a greater proportion of residential patients with MST and, conversely, the MTRP treats a greater proportion of residential patients with combat-related trauma. However, often within the MTRP, 50-65%% of residential patients have experienced MST.

Additionally, the women's program carries a smaller daily census and places a greater emphasis on gender-specific service delivery. The Telehealth PTSD IOP is a time-limited (8-week) program that provides intensive and frequent trauma-focused psychotherapy (PE,CPT or Concurrent Treatment of PTSD and SUD using Prolonged Exposure [COPE]) with Veterans for whom residential treatment is not indicated (i.e., Veterans who are working or attending school, have home commitments, or who are ambivalent about abstaining from substance use). The PTSD IOP emphasizes concurrent evidence-based treatment for SUDs and/or emotion dysregulation (i.e., DBT) to facilitate successful completion of intensive trauma- focused psychotherapy. The PTSD IOP is a fully Telemental Health Care program, which means that all treatments (groups and individual) are provided virtually.

OF NOTE: All TRS programs strive to provide comprehensive support for Veterans who identify as members of the LGBTQ+ community, and we work closely with other clinics and our Healthcare System to address the specific needs of LGBTQ+ Veterans. Although the residential programs are categorized in a somewhat binary way, we support Veterans in participating in the community that best fits their identity, increases a sense of security, and assists them in meeting their treatment goals.

Resident's role in the setting: Residents often provide services across all three programs. Each Resident will function as an important member of the interdisciplinary team and will assist with intakes/admissions, caseconceptualizations, diagnoses, treatment planning and reviews, treatment coordination, transfers/discharges, and direct provision of clinical services, including individual and group psychotherapy. It is expected that Residents will learn and deliver CPT and/or PE and/or COPE and facilitate or co-facilitate one or more additional psychotherapy group(s) of their choice. The Resident's role will be commensurate with their experience and training goals. TRS welcomes Resident's input for program development based on areas of expertise and interest as the opportunity arises.

Amount/type of supervision: At least one hour per week of individual supervision, an additional one to two hours of group supervision (for those providing DBT services), one hour weekly of DBT team consultation, and many opportunities for in-vivo supervision within the therapeutic community. Our setting is unique in that it is the norm for both providers and trainees to conduct treatment openly in front of each other, which allows for incredible learning and feedback opportunities. Residents often comment that a unique aspect of this rotation is the opportunity to participate in co-therapy with their supervisors and observe various members of the interprofessional team conducting a variety of interventions. Additionally, trainees are provided with the opportunity to participate in the CPT Implementation Program to become certified as a CPT provider, which includes a 2–3-day training and weekly consultation calls for at least six months.

Didactics in the setting: Regular in-service trainings on PTSD-related topics by our clinical staff and invited experts. Additional group supervision may be offered depending on availability of trainees and staff.

Pace: TRS is a fast-paced setting where flexibility and teamwork are crucial.

Use of Digital Mental Health tools: Due to COVID-19 precautions, TRS is providing treatment in a mixed modality format. Many of our larger core clinical groups are being implemented via telemental health (e.g., VA Video Connect and/or Webex) with some of our smaller, gender specific groups being offered in-person. We collaborate with the National Center for PTSD (NCPTSD) and implement mental health mobile apps based on Veterans' preference. Some current apps in use include PE Coach, CPT Coach, ACT Coach, Virtual Hope Box, CBT for Insomnia, and Mindfulness Coach.

The TRS rotations are ideal training sites for trainees interested in developing and expanding their general clinical skills, as well as, developing and refining their expertise in PTSD and other stress-related

disorders. The residential Trauma Recovery Programs are affiliated with NCPTSD and are the first and longest-standing residential treatment programs for Veterans with PTSD in VA.

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

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

Reviewed by: Kendra Ractliffe, Ph.D.; Hong Nguyen, Ph.D.
Date: 8/21/23

Psychological Services for Medically-Based Populations

Introduction and Overview

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

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

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

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

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

1. Learn to use assessment tools designed for non-psychiatric patients. Focus on strength and coping resources of the individual, using a biopsychosocial framework for conceptualization, and learn to adapt traditional assessment techniques where appropriate.
2. Demonstrate knowledge of psychological adaptation to illness and disability and appropriate interventions for non-psychiatric patients. Be able to identify the differences between the effects of trauma, maladaptive functioning, and normative coping. The resident must learn to provide short-term treatment and targeted interventions for patients and integrate their work within a team treatment plan.
3. Learn specific psychological interventions for this population. Some examples are: CBT for Insomnia, relaxation training and CBT for pain, cognitive-behavioral interventions for management of problematic use of food, alcohol, tobacco, and other substances, therapy for sexual dysfunction, and social skills training for the patients with disabilities to manage the social and interpersonal effects of disability.

4. Learn the role of a psychologist on interdisciplinary and multidisciplinary settings. Develop an understanding of the work other disciplines do in treating the illness or disability of your patients.
5. Learn to collaborate effectively with other disciplines in interdisciplinary and multidisciplinary settings, especially in outpatient medical settings where continuity and prompt response to patient needs are a focus.
6. Become aware of the possible pre-existing positive and/or negative prejudices about illness or disability and how to deal with personal feelings of vulnerability and anxiety.
7. Learn the resources available to assist the client after treatment, provide regular follow-up to promote maintenance of treatment gains, and refer to other appropriate psychosocial and psychological resources when you are beyond your limits of expertise.

Reviewed by: Jeanette Hsu, Ph.D., ABPP
Date: 8/24/23

Behavioral Medicine Program (Building MB3, PAD)

Supervisors: **Jessica Lohnberg, Ph.D.**
James Mazzone, Ph.D.
Priti Parekh, Ph.D.
Eric H. Lee, Psy.D.
Chantel Ulfig, Ph.D.

Patient Population: Medical and surgical patients from culturally diverse backgrounds
Psychology's role: Provide consultation, assessment, and intervention to medical patients.
Other professionals and trainees: Medical Attending Physicians, Fellows, Medical Residents, Nurse Specialists, Nurse Practitioners, Pharmacists, Dietitians, Physical Therapists, Social Workers.
Nature of clinical services delivered: Psychological assessment and intervention of behavioral issues related to illness; treatment of anxiety, depression and other DSM-5 diagnoses related to medical problems.
Resident's role: Provide consultation, assessment, and treatment for individuals, couples, groups in specialty medical clinics and the behavioral medicine outpatient clinic.
Amount/type of supervision: One hour individual and one hour group supervision per week, audio and/or videotaping of sessions expected.
Didactics: 75-minute Behavioral Medicine seminar weekly September thru May.
Pace: Moderate to fast pace, time is structured, fast turn-around on most notes, more time for comprehensive assessments (e.g., transplant evaluations)
Use of Digital Mental Health tools: Use of video telehealth-to-home technology for assessment and therapy sessions is an option for Veterans. Each resident office is outfitted with a webcam for telehealth services and video meetings. Use of mobile applications to supplement psychological therapies.

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

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

Resident Schedule: Residents opting for the *Behavioral Medicine track* spend a full year, half-time on this rotation. Residents from other training tracks may choose a 6-month, half-time experience on this rotation in the first half of the internship year only. Residents carry a caseload of patients referred directly to Behavioral Medicine from medical specialty clinics. Residents also have the opportunity to co-facilitate group treatment within the Behavioral Medicine Clinic for patients with chronic pain, obesity, cancer, and/or insomnia.

For more specialized experience, residents are also expected to select two different Focus Clinics (4 hours each) every six months. Within Focus Clinics, residents are provided with relevant research articles and/or summaries of psychological issues, medical procedures, and pharmacological information specific to the clinic population. For an overview of each of those clinics, please see the listing below.

For additional information regarding this rotation/training track, please see our website at:

BehavioralMedicine (4).pdf

Focus Clinics:

PAIN CLINIC**:** Assessment and brief treatment of patients with chronic pain from a multidisciplinary perspective. The Pain Clinic is primarily an interventional pain clinic and consists of Pain Attending Physicians, Nurse Practitioners, and fellows, along with our Behavioral Medicine team. From a Behavioral Medicine perspective, the focus in clinic is primarily on assessment with some brief intervention (e.g., sleep management, use of pacing, relaxation strategies), although there are opportunities for follow-up outside of clinic. Residents gain familiarity with a broad range of pain syndromes and medical interventions, learn brief in-clinic psychological assessment/intervention with this population, gain skills in doing some pre-surgical evaluations (e.g., spinal cord stimulator placement), and learn strategies for integrating into a multidisciplinary team. Patients will primarily be seen in-person in conjunction with the medical clinic, but there may also be some opportunities for telehealth. Residents may also be able to observe a live interventional pain procedure (e.g. epidural steroid injection) if scheduling allows.
4 hrs/week; usually see 2-4 patients/week
On-site Supervisors: Priti Parekh, Ph.D. & Chantel Ulfig, Ph.D.

HEMATOLOGY/ONCOLOGY CLINICS: Assessment and brief treatment of patients diagnosed with Hematological and/or Oncological malignancies from a multidisciplinary perspective. Behavioral Medicine is currently embedded in three primary Hem/Onc Clinics: Oncology, Urology-Oncology, and Hematology. For residents, the focus in clinic is on introduction of Behavioral Medicine services, psychosocial distress screening in accordance with the American College of Surgeon's Commission on Cancer Standards for Care, identification of behavioral medicine concerns, triaging patient needs, and conducting brief interventions (e.g., pain management, sleep hygiene, behavioral activation, relaxation strategies) or longer-term interventions (e.g., adjustment to life-threatening illness, addressing end of life issues) for patients at different timepoints along the illness trajectory. Clinical services are primarily done in-person within clinic (e.g. medical clinic, infusion room), and there may also be opportunities for follow-up outside of clinic for ongoing therapy which may be in-person or via telehealth. Residents gain familiarity with a broad range of Hematological and Oncological disorders/disease, medical interventions, treatment side effects, and related sequelae; learn brief in-clinic and longer-term psychological assessment/intervention with this population; and develop strategies for effectively integrating into a multidisciplinary team (medical oncology/hematology, surgeons, nurse practitioners, fellows, nursing staff). Residents may also conduct bone marrow transplant (BMT) and/or Chimeric Antigen Receptor T-Cell (CAR-T) treatment evaluations.
4 hrs/week; usually see 2-4 patients/week
On-site Supervisor: Chantel Ulfig, Ph.D.

MOVE TIME CLINIC (INTENSIVE WEIGHT MANAGEMENT AND BARIATRIC SURGERY): MOVE! is the stepped-care, nationwide VA program aimed at helping Veterans with overweight and obesity lose weight and improve comorbid health conditions. The MOVE TIME Clinic is a unique interdisciplinary intensive weight management clinic at the top of a stepped care model that provides intensive assessment and treatment for patients who continue to struggle with weight loss and associated health concerns despite multiple attempts, and for patients who are medically/psychologically complicated. The clinic includes psychologists, physicians, physical therapists, dietitians, surgeons, and often medical

students or residents.. This clinic serves both patients within the VA Palo Alto HCS as well as patients from other VA hospitals in neighboring VISNs (e.g., from Montana, Idaho, Washington, Oregon, and Nevada). The patients are seen every 3-4 months and clinic appointments typically last 2-4 hrs. Most patients are considering bariatric surgery or bariatric endoscopic procedures, but some come for medical management of obesity, including consideration of weight loss medications. The team works closely with the bariatric surgery team. Psychology residents will gain experience working on an interdisciplinary team and conducting assessments with new patients focused on the relationship between obesity and their psychological health. Residents may also provide brief interventions for obesity, depression, anxiety/stress, sleep difficulties, and pain management. Residents will gain experience participating in the weekly interdisciplinary team meetings and with conducting triage and coordination of services with other members of the team and/or providers at other VAs. There is also an interdisciplinary journal club integrated into the clinic that provides the opportunity for residents to learn from and teach to providers from multiple disciplines. Residents may also conduct pre-bariatric surgery evaluations, join the monthly bariatric team meeting, and observe a live bariatric surgery, if scheduling allows. The clinic mostly operates virtually, but team meetings and clinical services may be done in-person, via telephone, and/or via telehealth.
4 hrs/week; usually see 2-4 patients/week
On-site Supervisors: Jessica Lohnberg, Ph.D. & Eric Lee, Psy.D.

LIVER CLINICS: Individual assessment and brief intervention with patients in Liver and Liver Transplant Clinics in the context of a multidisciplinary team, including hepatologists, nurse practitioners, and medical trainees. In the Liver Clinic, residents work with patients diagnosed with alcoholic cirrhosis, non-alcoholic fatty liver disease, Hepatitis C, and other liver conditions, identifying psychological or behavioral factors that may interfere with effective management of liver disease and providing motivational interviewing (MI) interventions to target health behavior changes, such as reducing alcohol use, improving diet, or increasing medical adherence. Residents assist patients with Hepatitis C to achieve psychosocial readiness for antiviral treatment and intervene as needed during treatment to assist with coping and adherence. In the Liver Transplant Clinic, residents work with patients who are pre-liver transplant and those who have already undergone transplant, with goals of improving patients' psychological adjustment to and management of their medical condition. Patients in the liver clinics tend to have significant drug and/or alcohol histories. Assessments and interventions may therefore include MI and relapse monitoring and prevention strategies. Patients may be seen in-person or via telehealth (video or phone.) Residents learn how to work effectively within a multidisciplinary team.
4 hrs/week; usually see 2-3 patients/week
On-site Supervisor: Priti Parekh, Ph.D.

PULMONARY SLEEP CLINIC*:* Assessment and brief treatment of patients with sleep-related complaints. Behavioral Medicine works the various sleep clinics at the VAPAHCS and is embedded within the Pulmonary Sleep clinic for Veterans presenting with a breathing-related sleep disorder (i.e. sleep apneas). The role of Behavioral Medicine residents is to provide initial psychosocial assessments for individuals endorsing sleep-related difficulties to assist with treatment planning, with insomnia being the primary presenting concern. When appropriate, residents provide brief intervention to Veterans, including treatments such as Cognitive Behavioral Therapy for Insomnia (CBT-I) and PAP adherence; residents also participate in a psychoeducation class on insomnia. The goal of this rotation to understand the medical, psychological, and behavioral factors that impact sleep, and to learn to assess and intervene while working within a multidisciplinary team. Patients are seen primarily through telehealth modalities (i.e. VVC), with the option of in-person follow-ups when requested.
4 hrs/week; usually see 2-4 patients/week
On-site Supervisor: Eric Lee, Psy.D.

Supervision: Supervision consists of a minimum of one hour of individual and one hour of group meetings each week. Additional, often impromptu, individual sessions are scheduled as needed.

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

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

Seminar: We have a Behavioral Medicine seminar that meets each week for 75 minutes. It starts the first week residents are on service and usually ends at the end of May. The early topics deal with how to function in a medical setting, including: assessing lethality, how psychiatric symptoms can be manifest by medical illness and medication, abbreviations used in charts, and how to negotiate the hospital computer system, write progress notes, and respond to electronic consults. Later we move on to seminars on medical problems, such as: pain, diabetes, cancer, obesity, liver disease, tobacco dependence, HIV, organ transplantation, sleep disorders, visual impairment, adherence, spinal cord injury (SCI) and death and dying. Seminars typically include: focus on evidence-based treatment, review of relevant topic-specific assessment measures, relevant research articles, and reference to additional recommended texts or articles.

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

Contact:
Jessica Lohnberg, Ph.D. (x67004 or Jessica.Lohnberg@va.gov)
Priti Parekh, Ph.D. (x64130 or Priti.Parekh@va.gov)
Eric H. Lee, Psy.D. (x62132 or Eric.Lee93@va.gov)
Chantel Ulfig, Ph.D. (x64132 or)
James Mazzone, Ph.D.

Reviewed by: Jessica Lohnberg, Ph.D.; Priti Parekh, Ph.D; Chantel Ulfig, Ph.D.
Date: 8/9/23; 8/9/23

Community Living Center (CLC, Building 331, MPD) – Short-Stay/Rehab & Long-Term Care Units

Supervisor: Margaret Florsheim, Ph.D.

Patient population: Patients with complex medical problems requiring either short-term or long-term skilled nursing care with interprofessional team support.
Psychology's role: Clinical services to patients and their families, clinical consultation with other disciplines, psychology-related education of staff and trainees, and participation in the management of team dynamics.
Other professionals: Medicine, Psychiatry, Nursing, Pharmacy, Social Work, Occupational Therapy, Physical Therapy, Recreational Therapy, and Dietetics. Trainees from these disciplines may be present. As indicated, the Palliative Care Consult team also works collaboratively with CLC staff.
Clinical services: Screening for cognitive functioning and psychological disorders; neuropsychological and capacity assessment; individual, family and group therapy; behavioral interventions to address problematic behavior; consultation with other disciplines; and psychology education of staff.
Resident's role: Serves as team psychologist for either the short-stay/rehab or long-term care unit.
Supervision: At least one hour of individual supervision per week with additional informal supervision obtained from working side-by-side with the staff psychologist. Opportunities exist for observation during team meetings as well as audiotaped review of patient therapy sessions.
Didactics: Opportunity to participate in a bi-monthly geropsychology seminar for PAVA trainees, VA central office webinar/CLC mental health provider calls and to participate in educational presentations for CLC staff.
Pace: 4-6 contacts a week (patients and families). Progress notes for each contact. Progress notes should be drafted within a day of patient contact. Assessment reports should be written within a week of completing the evaluation.
Use of Digital Mental Health tools: Use of telephone apps, such as Mindfulness Coach, to support healthy coping and enhance psychological interventions.
Unit Assignment: Residents are assigned to either the short-term/rehab or the long-term care unit. No prior experience working with elders or in medical settings is required for either unit.
Pikes Peak Competencies: Training at the CLC offers exposure to clinical work utilizing a biopsychosocial perspective for understanding patients' physical, social and psychological experiences within the setting. Trainees learn about normal and illness-related changes in late life including cognitive, functional changes and end-of-life concerns. Training offers experience in developing rapport with frail elders coping with illness, cognitive and sensory impairments, and institutional placement. The setting offers opportunities to provide assessment and intervention services to medically frail older adults and to learn about modifications to clinical practice needed due to sensory, cognitive and physical limitations. Treatment is provided within an interprofessional context. Trainees learn about the scope of practice and work styles of other CLC disciplines. Trainees develop their ability to work collaboratively with team members representing these other disciples. The setting also provides multiple opportunities to consider issues related to geropsychology professional practice. These include exposure to ethical and legal issues, such as decision-making capacity and elder abuse reporting, and cultural and individual diversity influences on CLC resident functioning and care.

Building 331 CLC is a medically-focused, 60-bed skilled nursing facility located at the Menlo Park Division. The building is divided into two units. Each unit has a specialty focus – Short-Stay Unit, or long-term care. Patients must be eligible Veterans requiring skilled nursing or intermediate care services, but not intensive medical care. The population is comprised primarily of patients with multiple medical problems, neurological conditions (e.g., stroke, dementia, Parkinson's disease, multiple sclerosis and spinal cord injury) and cancer. Trainees choose to work on one of the two units. Psychological services to both units include assessment of cognitive status and mood, psychotherapy (individual, family and/or group) and consultation to other team members on behavioral issues impacting care. Training in the

setting offers opportunities to provide psychological services at bedside and in other non-traditional settings, and to adapt traditional psychological interventions to suit the physical, cognitive and sensory challenges faced by residents. Trainees learn about the experience of receiving nursing care and its impact on mood and quality of life, work closely with other disciplines to address challenging behaviors that interfere with care, address end-of-life concerns, and provide practical support and education to building staff.

The CLC **Short Stay Unit** bridges the gap between hospital and home. The unit is designed for individuals who no longer need hospitalization in the acute care setting but still require additional medical, nursing, rehabilitative and/or supportive services that cannot be provided in the home. The goal is to assist patients to function more independently at home and in the community. Patient stays can range from weeks to months, with an average stay being 30 days. Training offers residents an opportunity to work in an inpatient medical setting as a member of an effective and collaborative interprofessional team including with medical providers, nursing staff, physical therapy, occupational therapy, social work, recreation therapy, chaplaincy, dietary, and pharmacy. The age range of unit residents are between 30's-90's, although residents typically are in their 60's and 70's. Many also present with psychiatric and social concerns, such as depression, PTSD, substance abuse, and homelessness. Psychology interventions support the Veteran's rehabilitation needs, adjustment to current medical concerns, and hospitalization, as well as support the interprofessional staff in meeting the Veteran's goals of care. Psychological interventions include screening for cognitive functioning, psychological disorders, and neuropsychological and capacity assessment using instruments including the Montreal Cognitive Assessment, the Hamilton Depression Rating Scale, and the Hopemont Capacity Assessment Interview. Empirically-validated psychotherapy interventions are adapted to cognitive, sensory, and physical limitations, and are used to assist residents with their emotional response to health concerns (e.g., pain and sleep problems) and hospitalization. Trainees consult with other team members regarding problematic behaviors and may offer behavioral interventions to increase medical compliance. Opportunities also exist to work with CLC staff and palliative care staff to address end-of-life concerns, particularly with Veterans receiving supportive care during cancer treatments.

The **Long-Term Care Unit** strives to create a sense of community for Veterans to whom the CLC is a permanent home. Training offers experience with multidisciplinary teamwork with medically frail elders. As they offer psychological interventions, trainees develop a detailed understanding of daily care as experienced by both staff and residents. Psychological interventions support adjustment to disability and institutional living, and include grief counseling, management of negative emotions, and interventions to address problem behaviors. In addition to individual and family psychological interventions, opportunities exist for residents to co-facilitate psychotherapy groups. Assessment experiences can include assessment of cognitive functioning and psychological disorders, and neuropsychological and capacity assessment. There are also opportunities to work collaboratively with CLC staff to support end-of-life care, since Veterans entering the terminal phase of an illness may request to remain in this familiar environment to receive palliative services.

Reviewed by: Margaret Florsheim, Ph.D.
Date: 8/22/23

GRECC/Geriatric Primary Care Clinic (GRECC-Bldg 4, Clinic-5C2, PAD)

Supervisor: Christine Gould, Ph.D., ABPP-Gero

See description under Geropsychology section.

Home Based Primary Care Program (Building MB3, PAD, and San Jose Clinic)

Supervisors: TBD

See description under Geropsychology section.

Hospice and Palliative Care Center/Sub-Acute Community Living Center

(Building 100, 2C, PAD)

Supervisor: Kimberly E. Hiroto, Ph.D.

See description under Geropsychology section.

Integrated Primary Care and Medical Psychology

(Building 5, 2nd Floor, PAD)

Supervisor: TBD

Patient Population: Medically based populations from culturally diverse backgrounds and geographical locations (Community-based outpatient clinics; CBOCs).

Psychology's role: Provide Primary Care-Mental Health Integration (PCMHI) informed consultation, assessment, triage and bridging, and treatment to primary care and specialty care medicine populations.

Other professionals and trainees: Medical attendings, Physicians, Fellows, Residents, Nurse Specialists, Nurse Practitioners, Pharmacists, Dieticians, Physical Therapists, Social Workers.

Nature of clinical services delivered: Psychological assessment and brief intervention of behavioral issues related to physical illness/injury and chronic diseases (e.g., Diabetes, Hypertension); treatment of anxiety, depression, and other DSM-5 diagnoses related to medical problems; triage, bridging, treatment planning, and care coordination for health psychology and general mental health concerns; consultation with interdisciplinary team members regarding diversity-informed care.

Resident's role: Provides consultation, assessment, triaging, and treatment for individuals and groups in integrated medical clinics. Residents may have opportunities to attend primary care team huddles, case conferences, and monthly team meetings.

Amount/type of supervision: One hour individual and one hour group supervision per week; video and/or audio recording, and live supervision may be expected. Use of remote options for supervision and/or team meetings will be determined, as appropriate, collaboratively with residents.

Didactics: One hour of didactics each week

Use of Digital Mental Health tools: Use of video telehealth-to-home technology and/or telephone for assessment and treatment sessions is an option for Veterans. Use of mobile applications to supplement psychological therapies.

Focus of Training: This rotation is a hybrid of traditional PCMHI and health psychology. It specifically utilizes best practices from the PCMHI model to medically based populations. Supervisors will work with residents to tailor training experience based on their interests.

Patient Aligned Care Team (PACT) Psychology works in conjugation with an interdisciplinary team that consists of attending physicians, resident physicians, nurses, LVNs, and social workers. Residents will learn to work closely in an integrated care model and to provide support to team members working with primary care patients in both a direct and in-direct manner. There are several opportunities for trainees to participate

in team-based care (e.g., shared medical appointments, individual joint medical visits). Trainees can also have opportunity to learn best practices in curbside consultation with physicians and allied health providers.

PACT Psychology follows the best practices of the VA Primary Care-Mental Health Integration (PCMHI) model of care. The majority of clinical time for residents in this rotation will be dedicated to providing evidence-based brief treatment to individuals (30-minute sessions, up to 6 sessions, biweekly-monthly). There is significant overlap between the services offered by PCMHI and Behavioral Medicine, however, a unique experience of PCMHI is the opportunity to learn to conceptualize and provide mental health support to patients under this brief model of care. This model aims to improve access of mental health care to patients in medical settings, and thus, is often fast-paced, and requires on-the-spot interventions. Skills acquired in this rotation can be generalized to a variety of medical and non-medical settings. In addition to providing brief care, trainees will have the opportunity to learn and provide full evidence-based psychotherapies, such as Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) and Cognitive Behavioral Therapy for Insomnia (CBT-I), to adapt evidence-based psychotherapies (CBT-CP, CBT-I, ACT, Problem Solving Therapy) to fit within a brief model of care. There are also opportunities for cognitive screening and psychological assessment. Lastly, PCMHI utilizes measurement-based care to assess clinical need and to guide treatment planning. Residents will learn to select, administer, and integrate appropriate measures to create and implement a treatment plan.

Resident Schedule: Residents from all tracks may spend 6 months, 18 hours/week, on this rotation for either the first or second half of the internship year. Residents carry a caseload of patients referred from primary care and specialty medicine clinics from across campuses (Palo Alto and CBOCs). Residents also have the opportunity to co-facilitate psychoeducational and Shared Medical Appointment (SMA) groups for insomnia and/or chronic pain. PACT Psychology is a fast paced and dynamic clinical environment in which most of one's day is not pre-booked. Patients referred via face-to-face or virtual warm handoff are to be seen same-day as referrals, and documentation is expected to be completed with 24 hours; more comprehensive health psychology-focused assessment (e.g., behavioral pain assessments) are to be completed within 5 business days.

Supervision: Residents will receive a minimum of one hour of individual supervision and one hour of group supervision meetings each week. Given the nature of integrated care, impromptu supervision and consultation may be added, as needed. Supervision will include, but are not limited to, reviewing of cases, and discussions regarding personal issues related to clinical and/or professional development. Residents may be asked to video or audio tapes to be reviewed during individual or group supervision.

Seminar: Didactic seminars will be provided through this rotation. Topics presented will be relevant to health psychology and primary care psychology, including evidence-based brief and health psychology interventions, relevant medical and mental health conditions, and working within integrated care settings.

Contact:
TBD

Reviewed by: Skylar Hanna, Ph.D.
Date: 08/31/2022

Neuropsychology Assessment and Intervention Clinic (Building 6, PAD)

Supervisor: John Wager, Ph.D., ABPP-CN

See description in the Clinical Neuropsychology section.

Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (Building 500, PAD)

Supervisors: Alexandra Jouk, Ph.D.
Alexandra Grant, Ph.D.
Elisabeth McKenna, Ph.D.

See description in the Clinical Neuropsychology section.

Polytrauma Transitional Rehabilitation Program/Intensive Evaluation and Treatment Program

(Building 500, PAD)

Supervisors: Carey Pawlowski, Ph.D., ABPP-RP
Jennifer Loughlin, Ph.D.

See description in the Clinical Neuropsychology section.

Spinal Cord Injury and Disorders Outpatient Clinic

(Building 7, F wing, PAD)

Supervisor: Madison Mackenzie, Psy.D.

Patient population: Persons with spinal cord injury (SCI) or disorders that affect the spinal cord, ages 18 to 90, but predominantly older adults; duration of injury from a few days to 70 years, living in Northern California, Hawaii, the Philippines, American Samoa, Guam, and parts of Nevada. Seen primarily through annual evaluations, however frequently followed for ongoing clinical therapy and/or assessment needs.

Psychology's role: Clinical services to patients, consultation with other disciplines, psychoeducation for staff and trainees, and participation in the management of team dynamics. In the VA, once one has sustained a spinal cord injury or disorder, the SCI Service treats complications and performs health care maintenance. When Veterans live close enough, we also serve as their primary health care team. Therefore, the psychology resident sees a variety of medical and psychiatric presentations, including psychological antecedents and sequelae of medical/surgical problems, substance use disorders, adjustment-related concerns, grief/loss, sleep disorders, pain, and cognitive impairment. There is flexibility in selection and application of psychological interventions and/or assessments based on the individual need of the Veteran and/or consultation question from the team. We follow our patients at least once a year for life, so there is an opportunity to observe how people adapt to disabilities over time and how adult development and aging interact with disability-identity.

Other professionals and trainees: Inter-professional team consisting of medicine, nursing, occupational therapy, physical therapy, recreation therapy, social work, and other disciplines. There is also the opportunity to work with the SCI medical fellows, as well as trainees from a variety of other disciplines.

Nature of clinical services delivered: Annual evaluations for cognitive, social, and emotional functioning; neuropsychological and personality assessment (often modified based on the sensorimotor abilities of the patient); individual brief and long-term therapy with some family therapy; sexuality/sexual functioning counseling; behavioral medicine interventions, (sleep, pain, treatment adherence, etc.), frequent consultation with other disciplines, patient education, psychological education of staff, and participation in the management of team dynamics.

Resident's role: Conduct psychological annual evaluations for outpatient Veterans served by the Spinal Cord Injury Service. Provide independent treatment, assessment, psychoeducation, and consultation as an integrated member of an interdisciplinary team.
Amount/type of supervision: Co-treatment and live supervision of new skills, individual supervision (at least one hour/week), one hour group supervision, significant informal consultation/curbside supervision time. In addition, one hour per week of SCI Psychology didactics and case conference with both inpatient and outpatient psychology providers and associated trainees. The resident and supervisor will discuss and mutually agree upon training goals at the beginning of the rotation.
Didactics: Attendance at SCI Grand Rounds, SCI in-services, Rehabilitation Psychology Professional Development Series, and Patient Education Classes is encouraged. The SCI Psychology didactics and case conference will provide orientation to SCI/D, disability identity, systemic issues, rehabilitation psychology, and specific trainee topics of interest.
Pace: Residents will conduct 1-3 annual evaluations per week. Depending on training goals, trainees may also carry an assessment case and/or provide ongoing psychological treatment. The pace on clinic days is frequently fast and our evaluation is time-limited, so an organized and efficient approach will be necessary. Appropriate documentation time will be provided, however timely report writing will be encouraged.
Use of Digital Mental Health tools: In order to protect our Veterans with SCI during the COVID-19 pandemic, Veterans were given the option to conduct their annual evaluations via VA Video Connect. We continue to see about 30-40% of our Veterans virtually in order to meet the needs of our vast catchment area, provide care for patients on bedrest, and prioritize Veteran health. We also frequently utilize mental health applications developed by the VA.
Time requirement: Three- or six-month rotations, full or half time. Interdisciplinary assessments are usually done Mondays from 10:00 to 4:00, Tuesdays from 9:00 to 4:00 and Fridays from 10:00 to 3:00. Further psychological interventions and assessment are dependent on resident and Veteran availability.

Specialty Competencies Emphasized in Training Rotation: Rehabilitation Psychology, Geropsychology, Neuropsychology.

The major goal of the rotation is to learn how to function in a medical setting as a member of an integrated health care team, providing services for the prevention and treatment of psychological distress, coping with cognitive and physical disability, and managing chronic medical conditions across the lifespan.

Reviewed by: Madi Mackenzie, Psy.D.
Date: 8/17/23

Spinal Cord Injury Center (Building 7, PAD)

Supervisors: Daniel Koehler, Psy.D.
Kacey Marton, Ph.D.

Patient population: Persons with spinal cord injury/dysfunction, ages 18 to 90, mean age 55; duration of injury from a few days to 60 years. Admitted for rehabilitation, medical/surgical problems/complications, neurologic, psychiatric co-morbidities and annual evaluations.

Psychology's role: Assessment and treatment of cognitive, psychological, and social functioning for all patients admitted for acute rehabilitation, annual evaluation, or medical/surgical problems. All patients admitted are screened for SCI Psychology services. Emphasis is on utilizing assessment-informed intervention to support immediate and ongoing coping effectiveness with SCI and associated medical and psychiatric conditions. This includes psychological intervention to address issues of adjustment, mood, coping, pain, treatment adherence, behavior, sleep, etc. SCI Psychology frequently consults and cotreats with the other treatment disciplines as part of a close interdisciplinary treatment approach to address barriers to treatment participation and optimize recovery. Brief neuropsychological evaluations and assessment of patients' functional cognition are often completed to provide recommendations to the IDT and patients regarding strategies to enhance the recovery process. Capacity assessments are also common. SCI Psychology provides psychoeducation and training to staff, patients, and families/caregivers to address cognitive and behavioral considerations associated with immediate and long-term adjustment and coping with SCI/D and complex medical needs.

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

Nature of clinical services delivered: Cognitive and psychological assessments are modified to the sensorimotor limitations of the patient and more focused on functional relevance. Treatment and consultation are often brief and focus on supporting patients' mood, adjustment, and coping, individual/family system support, management of pain, sleep, fatigue, cognitive remediation/rehab, enhancing treatment adherence, patient education, and team consultation.,

Resident's role: Coordinate and participate in the provision of psychological services; assist with team functioning for a designated part of the Service. Residents are assigned a caseload for which they assume full responsibility for all aspects of the patient's psychological care.

Amount/type of supervision: Individual supervision (at least one hour/week) as well as one hour of group supervision focuses not only on patient and team interaction but also on systems issues. Additionally, one hour per week of SCI Psychology didactics and case conference (with both SCI inpatient and outpatient teams). Early in the rotation, goals are mutually agreed upon and set by the resident and supervisor. In addition, an open door policy ensures frequent opportunities to drop in and discuss specific situations.

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

Pace: Approximately 5-10 patients are admitted weekly, so that residents will be asked to see 2 or 3 for initial evaluation, participate in treatment planning and write appropriate documentation. Number of patients seen per week for follow-up depends on clinical decisions made jointly with residents and supervisor, but has averaged approximately 5 per week. Residents interested in assessment will carry 1-2 brief neuropsychological cases at a time (or one comprehensive case). The evaluation is encouraged to be timely in order to provide necessary recommendations to the team and patient. The pace is relatively fast, requiring the resident to be self-initiating and self-structured.

Use of Digital Mental Health tools: Active use of various Mindfulness Meditation apps as well as other mental health-based smart phone apps. Additionally, working with our assistive technologist for apps to augment speech, environmental control, and more.

Time requirement: Full-time 3 months or half-time, 6-month rotation

PPE/COVID-19: Given the medical fragility of our patient population, staff continue to use surgical masks during close face-to-face interactions, though these requirements are subject to change.

Specialty Competencies Emphasized in Training Rotation:
Rehabilitation Psychology
Neuropsychology
Geropsychology

"I absolutely loved Spinal Cord Injury. I loved learning about SCI, associated health/medical/ psychosocial problems, and being part of a very well-rounded interdisciplinary team. The work was dynamic – individual therapy, case consultation, some supervision, co-treatment with PT and OT, and an opportunity to participate in a home visit. I found the supervisors to be extremely supportive of me as an individual intern and Psychology as an integral part of the SCI team." ~Recent resident

The Spinal Cord Injury Center is a 48-bed facility located in Building 7 at the Palo Alto Division. The SCI Center is internationally recognized for providing excellent, state-of-the art care to newly injured Veterans as well as long-term follow-up. In the VA, once one has sustained a spinal cord injury or dysfunction, the SCI service treats any complications as well as performs health care maintenance. Therefore, many different problems are seen by the Psychology resident during this inpatient rehabilitation and medical/surgical rotation. Although spinal cord injury is a serious medical condition, people often become more functional and socially active as a result of their rehabilitation experience. SCI rehabilitation patients are often hospitalized for a number of months, and the staff has an opportunity to get to know them and their families quite well. Usually patients are not admitted for psychological reasons, so providing psychological services may require the resident to function informally and casually, while maintaining a professional, helpful demeanor.

The major goal of the rotation is to learn how to function in an inpatient rehabilitation and medical/surgical setting as a member of an interdisciplinary team, providing services for the assessment, prevention, and treatment of adjustment-related difficulties as well as neuropsychological and psychological symptoms.

Reviewed by: Daniel Koehler, Psy.D.
Date: 8/14/2023

The Western Blind Rehabilitation Center (Building 500, PAD)

Supervisor: Laura J. Peters, Ph.D.

Patient population: Primarily geriatric Veterans coping with visual impairment and other health issues. A subset of Active Duty, younger and older Veterans who have brain injuries and sight loss for our Comprehensive Neurological Vision Rehabilitation Program.
Psychology's role: The psychologist provides direct care to Veterans and serves as a consultant to rehabilitation therapists and other supportive services.
Other professionals and trainees: Other staff members are Masters and Baccalaureate level trained Blind Rehabilitation Therapists focusing on orientation and mobility, visual skills, manual skills, living skills and technology. Orientation and Mobility, Living Skills, Visual Skills and Computer Access Trainees are often present, as are Psychology Fellows. Other staff present include Medical Provider, Nursing, Recreation Therapy and Social Work.
Clinical services provided: Intake Evaluations and Cognitive Screens of Veterans on admission; participation in treatment planning meetings; provision of short-term psychotherapy; Psychoeducational and Relaxation group leader; and interventions with staff working with the Veterans. A Telehealth outpatient group is also facilitated by Psychology. The Psychology Resident could also meet with Veterans' family members through Family Training in-person or virtually.
Resident's role: Residents participate in evaluations of Veterans, provision of short-term individual psychotherapy, running a large Psychoeducational support group and Relaxation Group, Telehealth Group, presenting at treatment planning meetings, and interventions with staff working with patients.
Amount/type of supervision: Two hours of formal supervision would be offered for a half-time rotation. Informal supervision would be readily available as the supervisor is on site. Fulltime three-month rotations might also be available.
Didactics in the setting: Residents are given didactic and hands-on Blind Rehabilitation Training. Trainees are sensitized to the issues of working with Veterans with acquired disabilities.
Pace: For a half-time Resident, working-up one to two patients a week with written report with turn-around of one to two working days is required. The Resident may also carry two to three patients for short-term psychotherapy as available. Group facilitation may be possible depending on Resident's schedule. Progress notes are written on each psychotherapy session as soon as possible. Attendance at patient treatment planning meetings and consultation with staff would also be part of the residents' weekly duties as possible.
Use of Digital Mental Health tools: Have used Mental Health Apps for smart phones and tablets.
Pikes Peak Competencies: Cognitive Psychology and Change; Social/Psychological Aspects of Aging; Biological Aspects of Aging; Psychopathology Issues Relevant to Aging; Problems in Daily Living; Sociocultural and Socioeconomic Factors; Specific Issues in Assessment of Older Adults; Assessment of Therapeutic and Programmatic Efficacy; Treatment Modalities adapted for those who are aging with sensory deficits: Individual Psychotherapy (Psychoeducational, Cognitive-Behavioral, Mindfulness, Motivational Interviewing, Acceptance and Commitment Therapy, Relaxation, Pain Management, Sleep Interventions; Smoking Cessation) ; Group Psychotherapy (Psychoeducational and Peer Support); Family Psychoeducation; Risk Management: Suicide and Elder Abuse and Self-Neglect Screening; Suicide Safety Plans; Coordinating Mental Health Follow-up Care; Decisional Capacity; ; Consultation with Psychiatry as appropriate; Daily interaction with an interprofessional team; Special Ethical Issues: Confidentiality is at the Team Level.

The Western Blind Rehabilitation (WBRC) is recognized as a leader in rehabilitation services, training, and rinnovation. WBRC is a 32-bed residential facility, which provides intensive rehabilitation to legally blind Veterans learning to adjust to and cope with sight loss. It is staffed by 30 blind rehabilitation specialists and over 200 Veterans go through the program each year.

The typical client is approximately 75 years old and is legally blind due to a progressive, age-related disease, although the age range is from the 20's through the 90's. The individual whose vision becomes impaired often must face a variety of losses. Those with partial vision, as opposed to those who are totally blind, often must learn to live with a "hidden disability," that is a disability not readily identifiable by others. Such hidden disabilities often elicit suspicion and discomfort in others, and lead to interactions in which the visually impaired individual is "tested". Finally, many of the individuals who are admitted to WBRC, in addition to losses and changes associated directly with vision loss, face losses associated with retirement from employment and from chronic illness. Fortunately, losses and changes experienced by those with vision impairment are offset by the acquisition of adaptive skills and personal reorganization. The psychologist's role at WBRC is to facilitate the process of adaptive adjustment to sight loss through the provision of assessment, psychotherapy, and staff consultation. The orientation of the supervisor is Cognitive-Behavioral. The focus is on brief psychotherapy since Veterans are in the program for four to eight weeks on average. Both concrete actions Veterans can take to improve their lives as well as changes in thinking patterns related to how to go on in the face of a catastrophic disability are addressed. Initially Residents observe the supervising psychologist. Residents then move toward being observed while on the job and then working autonomously with supervision.

Reviewed by: Laura J. Peters, Ph.D.
Date: 8-6-23

Women's Health Psychology Clinic (Building 5, A-wing, PAD)

Supervisor: Dorene Loew, Ph.D.
Dara Shapiro, Psy.D.

Patient Population: Self-identified women Veteran medical and mental health patients from culturally diverse backgrounds.
Psychology's role: Triage, treatment planning, assessment, individual and group psychotherapy, opportunities for collaboration with women's health psychiatrist, collaboration with medical providers, consultation to interdisciplinary Women's Health Pain Clinic team.
Other professionals and trainees: Attending Physicians, Attending Psychiatrist, Medical trainees (medical students, residents and residents), Primary Care Behavioral Health Psychologists, Peer Support Specialist, Psychology Technician, Nurse Practitioners, RNs, LVNs, Pharmacists, Dieticians, Social Workers, Clerical Staff.
Nature of clinical services delivered: Clinical services provided range from brief behavioral health interventions and/or problem solving sessions, to 8-12 sessions of psychotherapy focused on meeting specific goals identified during assessment. Integration of technology and referral to specialty mental health are utilized.
Resident's role: Triage, assessment, treatment planning, psychotherapy, consultation to interdisciplinary team. Consultation opportunities in Women's Health Center Oncology Clinic, Gynecology Clinic and Women's Chronic Pain Clinic.
Amount/type of supervision: One hour individual supervision plus "on the fly" supervision during triage. One hour of group supervision when there are multiple residents on rotation.
Pace: Moderate pace. Progress notes and triage assessments should be drafted within 24 hours. Evaluations should be written within one week of initial meeting.
Use of Digital Mental Health tools: Encourage and support use of VA mobile apps, as appropriate, as well as VA Video Connect (telehealth) appointments.

Women's Health Psychology (WHP) can be conceptualized as a hybrid of Primary Care Behavioral Health, Behavioral Medicine, and Women's Mental Health. The clinic is co-located in the Women's Health Center (the General Medical Clinic for women) so as to address barriers to mental health treatment

engagement among patients. Via consults initiated by the patients' medical providers, especially primary care providers, we increase the likelihood that patients will engage in care and if warranted, facilitate the transfer of patients requiring higher level treatment to other clinics. The WHC psychologist's primary responsibilities can be summarized as detection, prevention, and stabilization. *Detection:* We provide follow-up to positive alcohol, depression, IPV and PTSD screenings administered in the primary care clinic and respond to referrals from primary care and other medical providers. *Prevention:* We offer primary or secondary prevention interventions to stave onset or forestall worsening of mental health disorders and/or medical conditions. We administer brief behavioral health interventions targeting unhealthy behaviors such as overeating, smoking, sedentary lifestyle, and poor sleep hygiene to promote wellness among our patients. *Stabilization:* We offer evidence-based psychotherapies to help stabilize patients with acute psychiatric issues, such as PTSD, depression, and anxiety disorders.

Individual treatment ranges from very brief behavioral health-oriented interventions (2-4 sessions) to 8-12 sessions of evidence-based psychotherapies such as CBT, IPT for Reproductive Mental Health, CPT (Cognitive Processing Therapy), Prolonged Exposure (PE), Acceptance & Commitment Therapy (ACT), or Dialectical Behavior Therapy (DBT). Currently, treatment is provided in person and via Telemental Health.

Residents have the potential to function as part of a multidisciplinary team providing triage assessment during primary care and Women's Health subspecialty clinics. They also engage in treatment planning, intake evaluations, and time-limited individual treatment interventions. They provide consultation to medical providers within the VA system regarding women's mental health and collaborate with the women's health psychiatry clinic. Residents have the potential to co-lead groups with the postdoctoral fellow or supervisor and are encouraged to develop new groups based on their clinical interests. Current group offerings include the Sexual Health and Intimacy Group for Women, Mindful Self-Compassion, VA CALM, and Courage Group for MST. Residents may serve as part of the Women's Pain Clinic , collaborating with a medical pain specialist (anesthesiologist) and physical therapist. Structured supervision is a minimum of 2 hours each week and also occurs within the context of the primary care setting.

Reviewed by: Dara Shapiro, Psy.D..
Date: 8/25/2023

Geropsychology Training

Introduction

Residents in the Geropsychology track will have at least 50% of their internship training in Geropsychology with the remaining time in rotations with a broader or different clinical focus. Currently we have two slots reserved for broad Geropsychology training and one slot reserved for a residentwith both Geropsychology and Neuropsychology interests and training goals (please see the "Geriatric Neuropsychology" section for more information about this internship track training opportunity). Residents in the Geropsychology track will work with the Director of Training and Geropsychology supervisors to determine rotation experiences in their track from those listed in this section. *Residents in any track may choose to train in any of the rotations described below*; however, residents in the Geropsychology track have preference in the assignment of these rotations.Most of the rotations listed here may be selected for a six-month, half-time training experience (in some cases, three-month, full-time rotations may be possible).

Most of the Geropsychology rotations occur in interprofessional treatment settings, an approach to care deemed especially effective for older adults with complex needs (Partnership for Health in Aging Workgroup on Interdisciplinary Team Training in Geriatrics, 2014). Interprofessional teams, in which professionals from many disciplines work collaboratively, can respond to the multiple and often interactive needs of older adults. For a psychology resident, this experience offers the opportunity to learn about the physical and mental health care needs of older adults, creative use of VA resources to meet their needs, and how to represent a psychological point of view effectively to physicians, nurses, pharmacists, social workers, rehabilitation therapists and other health care professionals. In addition, interprofessional team members develop skills for effective group communication, problem solving, conflict resolution, developing interprofessional team treatment plans, and sharing of leadership roles.

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

As mentioned earlier, residents are expected to participate in a training experience focused in geropsychology or in a medically-based setting. Many internship applicants wonder whether working with older adults might be boring, depressing, or morbid. We think just the opposite. We view aging as a privilege and an experience that differs widely based on a person's developmental experiences, access to resources, cultural beliefs/expectations and other factors both within and beyond a person's control. Working with older adults requires a high dose of cultural humility, a strong commitment to diversity and awareness of intersectionality, an appreciation for how historical experiences affect chronic health outcomes, and a desire to engage in self-reflective practice given the topics that can often surface when working with this population (e.g., one's view of aging, illness and disability; being seen by a patient as a grandchild). Older adults constitute a highly diverse population of individuals with a range of life experiences across multiple sociohistorical and political eras (e.g., various Civil Rights movements, the Vietnam War). They often deal courageously and resiliently with problems posed by changes to their health, sensory abilities, and mobility, multiple losses (e.g., retirement, death of loved ones), and the need to adapt to environments that challenge or support their functioning. Older adults bring a wealth of lifetime experiences to these endeavors and often hold broader perspectives about themselves and life that come with advanced age and cohort experiences (e.g., evolving views of LGBTQ+ identities). Given the aging

demographics of theVeteran population, residents interested in working with Veterans benefit from some Geropsychology training. When residents approach older adults with an attitude of respect and dignity, as well as compassion and a desire to provide care, they find that they can learn about themselves and their own lives, as well as offering valuable psychological services to older patients.

Pikes Peak Competencies

The Geropsychology track is designed to offer training experiences consistent with the Pikes Peak Model for Training in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009). The VA Palo Alto internship program uniquely offers the opportunity to deliver geriatric services in a number of settings (e.g., outpatient mental health, outpatient medicine, inpatient medicine, inpatient psychiatry, long-term care, rehabilitation, hospice, in-home, and research; see Table 1 below). In these settings, trainees work on interprofessional teams and provide conceptualizations from a psychological perspective while collaborating with providers from a number of disciplines. In addition, trainees may also educate other providers on these teams about psychological and/or aging issues. Rotations also help trainees solidify assessment (e.g., psychological, cognitive, neuropsychological, decision-making and capacity, risk) and intervention skills commonly used with older adults to address a multitude of topics (e.g., grief, end-of-life, caregiving, chronic health problems, healthy aging). Older adult care often is complex and includes the broader family unit; trainees often have opportunities to work with families on various rotations or through the Family Therapy mini-rotation. Finally, trainees solidify their understanding of biopsychosocial conceptualizations, specific ethical and legal issues (e.g., informed consent, capacity and competency, elder abuse and neglect), and cultural/individual diversity issues in individual supervision with staff geropsychologists and through the various didactics offered.

Geropsychology Didactics

The Geropsychology Seminar and Geropsychology journal club are required for geropsychology trainees. The Geropsychology Seminar meets on the first and third Thursdays of each month from 2:30-4:30pm and occurs in tandem with the Neuropsychology seminar which meets at the same time on the alternate Thursdays of the month. Both seminar series present topics that may be of interest to trainees with geropsychology and/or neuropsychology interests. The seminar provides an opportunity for geropsychology trainees (practicum students, residents, fellows) to gather as a peer group and meet with clinical and research geropsychologists in addition to their clinical supervisors. The seminars start each year in September and end the last week of July or early August. Seminars typically include a presentation from an invited speaker from within or outside of our VA system. Trainees also have the opportunity to present clinical cases from their rotations as well as their own research. The seminars address a wide range of topics in neuropsychology and geropsychology, as well as many topics which bridge these connected areas of interest such as dementia, substance abuse, psychopathology, and working with caregivers. Recent topics have included medication use and polypharmacy in older adults, ethical issues in geriatrics, loneliness, elder abuse, intimate partner violence, role of culture in evaluating decision making ability, and older adults in forensic settings. Professional development topics, such as working on interdisciplinary teams, board certification, and roles of geropsychologists are also discussed. The Geropsychology journal club occurs monthly. This series is also required for Geropsychology residents and focuses on addressing the foundational knowledge, attitudes, and skills needed for competent geropsychological practice.

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

Another optional didactic for residents is the Geriatric Psychiatry and Neuroscience Grand Rounds series showcasing the work of distinguished Geriatric Psychiatry researchers. This series features experts who have informed and pioneered the field of geriatric psychiatry using innovative frameworks, tools, and techniques from neuroscience, cognitive psychology, clinical psychology, genetics, and more. Depending

on availability, speakers typically present monthly on Mondays from 4-5pm. As this series serves to facilitate discussions between Stanford and VA Palo Alto researchers, experts from both systems often present and attend. This Grand Rounds attracts researchers from both institutions ranging from trainees to senior faculty. Esteemed presenters have included Mary Mittelman, PhD from NYU who presented on caregiver stress interventions; Nancy Pachana, PhD from the University of Queensland in Brisbane, Australia who spoke about her geriatric anxiety assessment from an international perspective; and Bill Seeley, MD from UCSF who presented on brain imaging and other biological markers of frontotemporal dementia spectrum disorders. The schedule for this didactic is posted on the Stanford website at https://med.stanford.edu/psychiatry/education/gpngrandrounds.html.

Table 1: Pikes Peak Competencies by Geropsychology Rotation

	CLC	GRECC	GCLC	HBPC	Hospice & PC	Mem Clinic	MIRECC	SCI Outpt	SCI Service	WBRC
Research and Theory		X				X	X	X	X	
Cognitive Psychology & Change	X	X	X	X	X	X	X	X	X	X
Social/psychological Aspects	X	X	X	X	X	X	X	X	X	X
Biological Aspects	X	X	X	X	X	X	X	X	X	X
Psychopathology	X	X	X	X	X	X	X	X	X	X
Problems of Daily Living	X	X		X	X	X		X	X	X
Sociocultural &Socioeconomic Factors	X	X	X	X	X	X	X	X	X	X
Assessment	X	X	X	X	X	X	X	X	X	X
Treatment	X	X	X	X	X	X	X	X	X	X
Prevention & Crisis Intervention	X	X		X					X	X
Consultation	X	X	X	X	X	X	X	X	X	X
Interfacing with other Disciplines	X	X	X	X	X	X	X	X	X	X
Special Ethical Issues	X	X	X	X	X	X	X	X	X	X

Reviewed by: Christine Gould, PhD, ABPP
Date: 8/8/23

Community Living Center (CLC, Building 331, MPD) – Short-Stay/Rehab & Long-Term Care Units

Supervisor: Margaret Florsheim, Ph.D.

Patient population: Patients with complex medical problems requiring either short-term or long-term skilled nursing care with interprofessional team support.
Psychology's role: Clinical services to patients and their families, clinical consultation with other disciplines, psychology-related education of staff and trainees, and participation in the management of team dynamics.
Other professionals: Medicine, Psychiatry, Nursing, Pharmacy, Social Work, Occupational Therapy, Physical Therapy, Recreational Therapy and Dietetics. Trainees from these disciplines may be present. As indicated, the Palliative Care Consult team also works collaboratively with CLC staff.
Clinical services: Screening for cognitive functioning and psychological disorders; neuropsychological and capacity assessment; individual, family and group therapy; behavioral interventions to address problematic behavior; consultation with other disciplines; and psychology education of staff.
Residents role: Serves as team psychologist for either the short-stay/rehab or long-term care unit.
Supervision: At least one hour of individual supervision per week with additional informal supervision obtained from working side-by-side with the staff psychologist. Opportunities exist for observation during team meetings as well as audiotaped review of patient therapy sessions.
Didactics: Opportunity to participate in a bi-monthly geropsychology seminar for PAVA trainees, VA central office webinar/CLC mental health provider calls and to participate in educational presentations for CLC staff.
Pace: 4-6 contacts a week (patients and families). Progress notes for each contact. Progress notes should be drafted within a day of patient contact. Assessment reports should be written within a week of completing the evaluation.
Unit Assignment: Residents are assigned to either the short-term/rehab or the long-term care unit. No prior experience working with elders or in medical settings is required for either unit.
Use of Digital Mental Health tools: Use of telephone apps, such as Mindfulness Coach, to support healthy coping and enhance psychological interventions.
Pikes Peak Competencies: Training at the CLC offers exposure to clinical work utilizing a biopsychosocial perspective for understanding patients' physical, social and psychological experiences within the setting. Trainees learn about normal and illness-related changes in late life including cognitive, functional changes and end-of-life concerns. Training offers experience in developing rapport with frail elders coping with illness, cognitive and sensory impairments, and institutional placement. The setting offers opportunities to provide assessment and intervention services to medically frail older adults and to learn about modifications to clinical practice needed due to sensory, cognitive and physical limitations. Treatment is provided within an interprofessional context. Trainees learn about the scope of practice and work styles of other CLC disciplines. Trainees develop their ability to work collaboratively with team members representing these other disciples. The setting also provides multiple opportunities to consider issues related to geropsychology professional practice. These include exposure to ethical and legal issues, such as decision-making capacity and elder abuse reporting, and cultural and individual diversity influences on CLC resident functioning and care.

Building 331 CLC is a medically-focused, 60-bed skilled nursing facility located at the Menlo Park Division. The building is divided into two units. Each unit has a specialty focus – Short-Stay Unit, or long-term care. Patients must be eligible Veterans requiring skilled nursing or intermediate care services, but not intensive medical care. The population is comprised primarily of patients with multiple medical problems, neurological conditions (e.g., stroke, dementia, Parkinson's disease, multiple sclerosis and spinal cord injury) and cancer. Trainees choose to work on one of the two units. Psychological services to both units include assessment of cognitive status and mood, psychotherapy (individual, family and/or group) and consultation to other team members on behavioral issues impacting care. Training in the

setting offers opportunities to provide psychological services at bedside and in other non-traditional settings, and to adapt traditional psychological interventions to suit the physical, cognitive and sensory challenges faced by residents. Trainees learn about the experience of receiving nursing care and its impact on mood and quality of life, work closely with other disciplines to address challenging behaviors that interfere with care, address end-of-life concerns, and provide practical support and education to building staff.

The CLC **Short Stay Unit** bridges the gap between hospital and home. The unit is designed for individuals who no longer need hospitalization in the acute care setting but still require additional medical, nursing, rehabilitative and/or supportive services that cannot be provided in the home. The goal is to assist patients to function more independently at home and in the community. Patient stays can range from weeks to months, with an average stay being 30 days. Training offers residents an opportunity to work in an inpatient medical setting as a member of an effective and collaborative interprofessional team including with medical providers, nursing staff, physical therapy, occupational therapy, social work, recreational therapy, chaplaincy, dietary and pharmacy. The age range of unit residents are between 30's-90's, although residents typically are in their 60's and 70's. Many also present with psychiatric and social concerns, such as depression, PTSD, substance abuse, and homelessness. Psychology interventions support the Veteran's rehabilitation needs, adjustment to current medical concerns, and hospitalization, as well as support the interprofessional staff in meeting the Veteran's goals of care. Psychological interventions include screening for cognitive functioning, psychological disorders, and neuropsychological and capacity assessment using instruments including the Montreal Cognitive Assessment, the Hamilton Depression Rating Scale, and the Hopemont Capacity Assessment Interview. Empirically-validated psychotherapy interventions are adapted to cognitive, sensory, and physical limitations, and are used to assist residents with their emotional response to health concerns (e.g., pain and sleep problems) and hospitalization. Traineess consult with other team members regarding problematic behaviors and may offer behavioral interventions to increase medical compliance. Opportunities also exist to work with CLC staff and palliative care staff to address end-of-life concerns, particularly with Veterans receiving supportive care during cancer treatments.

The **Long-Term Care Unit** strives to create a sense of community for Veterans to whom the CLC is a permanent home. Training offers experience with multidisciplinary teamwork with medically frail elders. As they offer psychological interventions, trainees develop a detailed understanding of daily care as experienced by both staff and residents. Psychological interventions support adjustment to disability and institutional living, and include grief counseling, management of negative emotions, and interventions to address problem behaviors. In addition to individual and family psychological interventions, opportunities exist for residents to co-facilitate psychotherapy groups. Assessment experiences can include assessment of cognitive functioning and psychological disorders, and neuropsychological and capacity assessments. There are also opportunities to work collaboratively with CLC staff to support end-of-life care, since Veterans entering the terminal phase of an illness may request to remain in this familiar environment to receive palliative services.

Reviewed by: Margaret Florsheim, Ph.D.
Date: 8/22/23

GRECC/Geriatric Primary Care Clinic (GRECC-Bldg 4, Clinic-5C2, PAD)

Supervisor: Christine Gould, Ph.D., ABPP-Gero

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

Psychology's role in the setting: Clinical services to patients both as a part of the team clinic and outside of clinic, consultation with other disciplines, psychology education of staff and trainees from different disciplines, participation in the management of team dynamics, and participation with ongoing clinical demonstration projects (quality improvement).

Other professionals and trainees: Medicine, Nursing, Pharmacy, Optometry Physical Therapy, and Social Work; all disciplines may have trainees at various levels (students, interns, residents, and fellows).

Nature of clinical services delivered: Services are delivered both in the context of the team clinic as well as outside of the clinic for patients who require more in-depth assessment and treatment.

In clinic: Assessment of cognitive functioning and psychological disorders, brief interventions for behavioral medicine issues (adherence, sleep, pain, etc.), depression, anxiety, family/caregiving issues, and dementia-related behavioral problems. Consultation with other disciplines, psychology education of staff and trainees, and participation in the management of team dynamics.

Outside of clinic: Individual psychotherapy for Veteran or caregiver; couple or family therapies (when cases arise); coaching Veterans to use mobile apps to meet mental health and wellbeing goals (Geri-Mobile Health Project); partake in other educational and clinical demonstration projects/quality improvement projects; lead didactics.

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

Resident's role in the setting: Integrated interdisciplinary team member as the psychology representative. Resident also will participate in education, program evaluation, or quality improvement projects. There is some opportunity for research with Dr. Gould as well. The resident is expected to deliver one clinical/educational presentation.

Amount/type of supervision: Live supervision of new skills, 1-2 hour(s) individual supervision. Group supervision provided if multiple trainees and usually done as part of team clinic. Informal supervision involving working side-by-side on cases with the staff psychologist, particularly in the clinical setting. Level of autonomy is individually negotiated according to training goals.

Didactics: Attendance is required at the GRECC weekly Tuesday seminar (3-4pm). Seminars cover topics in geriatric medicine and interdisciplinary topics in geriatrics. Monthly Journal Club seminars are also available and psychology residents and fellows are encouraged to participate. Informal teaching from every discipline. Assigned readings.

Pace: Varied, depending upon the needs of the patients. Frequently fast and demanding in clinic, with plenty of time for writing reports and notes on other days. Progress notes should be drafted within a day of patient contact. Assessment reports should be written within a week of completing the exam. Workload can be managed within the allotted time.

Use of Digital Mental Health tools: Use of VA apps to help Veterans meet mental health and wellbeing goals,, program evaluation of tele-geropsychiatry consultation program. Some primary care clinic appointments or psychotherapy visits are conducted by telephone or audio-visual conference; the entire interdisciplinary team meets together with the Veteran and caregiver, as appropriate, utilizing the telehealth modality. This allows for continuity of care and observation/learning across disciplines. In the context of COVID-19, individual therapy is also offered via telephone and audio-visual conferencing modalities.

Pikes Peak Competencies: The psychology resident will have opportunities to see patients with medically, psychosocially, mentally and emotionally complex issues in an interdisciplinary team setting. The trainees will gain knowledge and skills in using culturally and individually appropriate assessments and interventions that consider the bio-psycho-social and environmental factors that may impact the health and well-being of older adults. Particular emphasis will be placed on team-based approaches, modifying

evidence-based interventions to accommodate chronic and acute medical problems, cognitive abilities, and late life developmental issues, and learning appropriate ways to partner and consult with families, team members, and other health care professionals. At the beginning of the rotation, trainees will be expected to review the Pikes Peak Evaluation Tool to highlight specific training goals for this rotation.

This is a primary medical care program run by the Geriatric Research Education and Clinical Center (GRECC). Residents work in close collaboration with the interdisciplinary team and learn about age-friendly health care. Trainees provide individual, time-limited psychotherapies (including cognitive behavioral therapy, acceptance and commitment therapy, problem solving therapy, and reminiscence therapy), caregiver support, behavioral medicine interventions, cognitive and mental health assessments/screenings and focused neuropsychological assessment. Many of the patients in the clinic have some level of cognitive impairment and many are diagnosed with dementia. Therefore, it is likely that the resident will work with patients with these impairments and/or with their caregivers to assist with coping and stress. We also provide coping techniques for a variety of medical conditions and work closely with the team to help improve patients' adherence with treatments offered by social work, nursing, and medicine.

Clinic hours for GRECC Geriatric Primary Care Clinic are Mondays from 1:00 pm to 4:00 pm and Tuesdays from 8:00 a.m. to 1:00 p.m. Further psychological interventions and assessment are done at times convenient to the resident. This clinic has trainees from multiple disciplines, which affords an excellent opportunity to learn from and teach across disciplinary boundaries. There are opportunities to observe assessments and interventions by all disciplines and to be observed directly.

Reviewed by: Christine Gould, Ph.D., ABPP
Date: 8/8/2023

Geropsychiatry Community Living Center (Livermore)

Supervisor: Geoffrey W. Lane, Ph.D., ABPP (ABGERO)

Patient population: The Livermore CLC population consists of primarily White, male Veterans hailing modally from the California Central Valley region, averaging in their 70s. Overwhelmingly (around 70% or more) of our Veterans have some form of major neurocognitive disorder and many have co-occurring psychiatric illness. Behavioral and psychiatric symptoms of dementia are not uncommon in our Veterans. Most are here for long-term care, but a small subset at any time are here for short stay rehabilitation or palliative / hospice care.

Psychology's role and nature of clinical services delivered: The Livermore CLC Psychology Service is the primary, first-line mental health consultation service for the Livermore CLC. As such we strive to attend 100% of all routine, weekly interdisciplinary care plan meetings and advise the team on mental health and psychological best practices. We also provide brief and more extensive neuropsychological, psychiatric, and personality assessment for staff for purposes of psychodiagnostics and dementia diagnostic, functional, and capacity assessments. Psychology also provides 1:1 psychotherapy services and at times provide family therapy services. Psychology has also provided group therapy (typically utilizing CBT and psychoeducational approaches) for our Veterans.

Other professional services: Livermore CLC has three in-house, geriatric physician internists, two social workers, three recreational therapists, occupational therapy, physical therapy, dietician and diet tech staff, and a variety of clinical and administrative nursing staff. Livermore CLC Psychology supervises typically 1-2 practicum students year-round.

COVID-19 Risk Mitigation: Currently, there are temperature checks daily at the door prior to entry into the building, and universal masking / PPE, social distancing practices are routine. There is a mandatory employee COVID vaccination requirement for VA employees at this time. Note that all CLC employees are also routinely COVID tested, regardless of vaccine status.

Resident's role: Except for some of the more administrative duties specific to the supervisory role, the goal is for the resident to fairly quickly be able to mirror and actively practice most of the clinical functions served by the supervisor, and be able to offer consultative and clinical intervention and assessment services to staff and residents on an as needed basis.

Amount/type of supervision:

- 1 hour of weekly face-to-face supervision
- Informal supervision involving working side-by-side on cases with the staff psychologist
- Psychologist may have the resident do an audio recording of at least one therapy session.

Didactics: Opportunity to participate in educational programs (both professional CE and otherwise) offered to clinical staff (Psychology and Extended Care)

Pace: Highly variable and dependent on the flow of admissions and discharges, and presenting resident (and staff) issues, also dependent on clinical and research interests of trainee.

Supervisory philosophy: Writer's clinical orientation is strongly influenced by Cognitive-Behavior Therapy and Prescriptive Psychology (e.g., Beutler & Clarkin et al.), although I am comfortable supervising students who are informed by other theoretical orientations. Note that strategic development of Pike's Peak competencies are an explicit focus in supervision.

Examples of referral issues for CLC Psychology:

- "Disruptive behavior events": e.g., verbal / physical assaults / threats towards staff or other residents
- Medication or treatment refusals / noncompliance with care
- Evaluation and treatment of late-life mood disorder (may be first experience of mood disorder)
- Dementia diagnostic assessment and/or assessment of cognitive strengths and weaknesses
- Personality / psychiatric assessment for the purposes of generating recommendations

- Capacity assessment for purposes of establishing or activating a surrogate decisionmaker (e.g., conservatorship, representative payee, etc.)
- Behavioral consultation (using STAR-VA) with staff on a resident with Behavioral and Psychiatric Symptoms of Dementia (BPSD), such as disruptive vocalizations, resistiveness to ADL care, etc.

Reviewed by: Geoffrey W. Lane, Ph.D., ABPP
Date: 8/31/22

Geropsychiatry Community Living Center (GCLC, Building 360, MPD)

Supervisor: TBD

Patient population: The Geropsychiatry Community Living Center encompasses 5 wards in the same building (A – Secure Dementia or Probate Conserved Ward; B – Locked Psychiatric or LPS Conserved Ward; D, E and F – Mixed Medical Psych Open Wards). Residents have serious medical problems and:

- dementia or cognitive impairment
- long-standing psychotic-spectrum disorders
- less severe psychiatric problems, e.g., substance abuse, PTSD, depression
- behavioral problems

Psychology's role: The psychologist acts as a clinician and consultant to the interdisciplinary team, including:

- Evaluation and management of behavioral problems
- Neuropsychological screening, including assessment of capacity and conservability
- Individual and family psychotherapy on a limited basis
- Technology supported psychological services
- Providing a psychological perspective at interdisciplinary care meetings and nursing reports

Other professionals & trainees: Nurses, geriatricians, psychiatrists, social workers, RNPs, recreation therapists, occupational therapists, physical therapists, pharmacologist, dietician, and trainees in recreation therapy, occupational therapy, psychiatry, and nursing.

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

COVID-19 Risk Mitigation: During the pandemic, everyone entering the VA campus is screened for symptoms of COVID-19. Entrance to our building is restricted to staff, trainees and patients who reside in the building. Family or other visitors are currently admitted to the building on a limited basis and everyone is screened again, plus has their temperature taken at the building entrance. Attempts are made to maintain physical distancing when possible (i.e. > six feet apart). Trainees will be expected to follow hand hygiene and infection control protocols. Masks are required for everyone in the building. Face shields are also required for encounters when seeing patients. Additional precautions are taken around COVID-19 testing. Prior to starting the rotation, trainees will need to test negative before coming to the building and participate in episodic testing when requested. Given the COVID-19 pandemic is evolving, mitigation strategies may get adjusted as needed.

Resident's role: The rotation focuses on learning to provide a wide range of mental health services on a multidisciplinary team treating older adults with dementia, long- standing psychotic-spectrum disorders, and various medical problems. Direct clinical activities involve: facilitating evaluation & management of behavioral problems elicited by clients; conducting neuropsychological screening focused on decision making capacity & conservability; psychotherapy and technology enhanced care. Additional activities include meetings, staff education, and training.

Amount/type of supervision:

- 1 hour of weekly face-to-face supervision

- Informal supervision involving working side-by-side on cases with the staff psychologist
- Psychologist may have the resident do an audio recording of at least one therapy session.

Didactics: Opportunity to participate in educational programs offered to Extended Care Service staff.

Pace:

- Varied, depending upon the needs of the residents. Over course of rotation will be expected to follow residents for ongoing behavioral management and intervention in conjunction with episodic consultation assessment referrals. Although workload will fluctuate it can be managed within the allotted time.
- Attend applicable interdisciplinary care meetings.

Use of Digital Mental Health tools: Assistive technology services are routinely used in this rotation to extend traditional psychology interventions. Trainees will learn about **I**ndividualized **N**on-pharmacological **S**ervices **I**ntegrating **G**eriatric **H**ealth **&** **T**echnology **(INSIGHT),** a technology integration model. INSIGHT evolved out of process improvement and program development activities in the GCLC. The INSIGHT process has been officially recognized as a national promising practice by the VA's National Office of Mental Health and Suicide Prevention (OMHSP). Through this model trainees will learn about how to add various technologies within the environment of care, how to use various technologies, & how outcomes or successes are being monitored. Trainees will also have an opportunity to participate in ongoing process improvement and program development activities in this area.

Pikes Peak Competencies: The psychology trainee will gain exposure to a population with complex medical, mental, and cognitive concerns. The trainee will learn to incorporate unique cultural factors such as military experience and combat exposure to evaluate, assess, and treat a geriatric population with a significant pathology. The trainee will be expected to work within a multidisciplinary team to serve the Biological, Psychological, and Social needs of the patient. The trainee will use formal and incidental assessment to guide treatment recommendations and interventions. Lastly, the trainee will learn to adapt and augment services to promote dignity, quality of life, and positive well-being.

Psychology evaluation and interventions at the 360 CLC are drawn from cognitive-behavioral spectrum approaches. For patients with behavioral problems and cognitive ability, behavioral contracts may be used. In addressing behavioral problems, the psychologist usually evaluates the patient; proposes to the interdisciplinary team a plan for assessment and intervention; revises the plan based on feedback; helps the team to communicate the plan to the patient and to other staff; and evaluates the results on an ongoing basis.

Examples of clinical problems for which psychology has been consulted:

- Verbal and physical abuse of staff or anger outbursts during care
- Non-compliance with prescribed or recommended care
- Assessing for delirium versus dementia in an elderly female patient with recent hip fracture and hip surgery.
- Capacity evaluation of a severely ill patient who demanded to discharge immediately "against medical advice"
- Providing family psychotherapy to a quadriplegic patient and her daughter, who were having heated conflicts during visits.
- Adjustment issues for a patient recently diagnosed with advanced cancer
- Hoarding behavior

A highlight of working at the Geropsychiatric CLC is the privilege of working with a highly skilled multidisciplinary team as it struggles to assess and treat a very complex and challenging group of patients. In this context residents benefit from hearing the enriching perspectives of other disciplines, while seeking to integrate their own psychological perspective into the team's decision-making process.

Reviewed by: James Mazzone, Ph.D.
Date: 8/16/23

Home Based Primary Care Program (Building MB3, PAD, and San Jose Clinic)

Supervisors: TBD

Patient population: The HBPC program serves primarily older Veterans (over the age of 65) with multiple chronic medical conditions and their caregivers/families.
Psychology's role: Direct service to patients and families; consultation with the HBPC interdisciplinary team and other hospital providers as needed; member of the interdisciplinary team.
Other professionals: An interprofessional team including medicine, occupational therapy, nursing, nutrition services, pharmacy, and social work. Interns, residents, & fellows from all disciplines may participate.
Clinical services: Home-based interview assessments; cognitive screenings and capacity evaluations; brief individual & family therapy for a variety of emotional disorders; caregiver support and psychoeducation; interventions for pain and weight management, smoking cessation, and adherence to medical regimens; palliative care psychology, staff consultation.
Resident's role: Serves as the team psychologist.
Supervision: 1-2 hours individual supervision per week. Observation during team meetings and occasional observation during patient meetings. Audiotape review of patient therapy sessions, when taping is feasible. Theoretical orientation emphasizes social learning, relational, and cognitive behavioral perspectives within a brief treatment model.
Didactics: Short in-services provided to team during team meetings. Trainees provide one in-service to team during the rotation.
Pace: 4-5 home visits to patients per week. Brief progress note for each visit. One morning-long team meeting. About 1-2 hours of follow-up contact with staff, patient's families, other providers, etc.
Use of Digital Mental Health tools: Mindfulness Coach, PTSD Coach, CBT-I app; Pacifica. Opportunities to provide psychotherapeutic interventions using HIPAA compliant telehealth platforms (WebEx, Zoom.gov, and Virtual Video Connect) will be offered.
Pikes Peak Competencies: Many of the Pikes Peak Core Competencies will be addressed during this rotation. Residents will receive training in the following areas: cognitive psychology and change using standardized testing measures to differentiate between normal age related cognitive changes and cognitive impairment; Social/psychological aspects of aging (for example, changing roles, coping with losses in function, bereavement of loved one, friends, social status, and options to foster emotional well-being); Biological aspects of aging, including training in specific considerations for interventions for older adults (e.g., pharmacological issues, sensory losses, specific disease presentations, physical decline, etc.); Psychopathology issues relevant to aging; Problems in daily living and the identification of environmental adaptations and accommodations to facilitate maintenance of, or increased, independence; Sociocultural and socioeconomic factors with training opportunities that highlight the heterogeneity of the racial, ethnic, and socioeconomic factors of the Veterans served; Assessment of older adults including assessment of decision making capacity, treatment, prevention and crisis intervention; Consultation, providing opportunities to interface with other disciplines, including interactions with both community based providers and other disciplines within VA. Residents will also gain an increased understanding of the special ethical issues that can often arise (i.e., balancing autonomy and safety).

The Home Based Primary Care (HBPC) program provides in-home primary medical care and psychosocial services for Veterans whose chronic medical conditions have made it difficult or impossible for them to access the outpatient clinics for the medical care they need. The HBPC program has three interdisciplinary teams that include a physician, nurse practitioners, occupational therapist, social worker, pharmacist, dietician, and psychologist. Trainees tend to work with only one team. A wide variety of psychological services are provided to HBPC clients by Psychology Trainees. These services include:

- Psychological assessments of patients and caregivers.
- Cognitive screenings and Capacity evaluations

- Individual and caregiver/family interventions for depression, anxiety, caregiver stress, end of life concerns and other forms of emotional distress.
- Training in behavioral medicine interventions, e.g., behavioral sleep management, pain management, weight management, and smoking cessation techniques.
- Consultation with other program staff about methods of enhancing patient adherence to treatment regimens.

Supervision includes 1-2 hours of individual supervision per week and observations during team meetings. Joint clinical visits are made during orientation and upon request of the trainee. Theoretical orientations include cognitive-behavioral theory and relational therapy with an emphasis on shorter-term treatment for individuals and couples. Training and supervision about health care team dynamics is included as part of supervision.

Reviewed by: Elaine S. McMillan, Ph.D.; Jennifer Ho, Psy.D.
Date: 08/27/21

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

Patient population: The VA Hospice and Palliative Care Center and sub-acute Community Living Center (CLC) are two separate units dedicated to serving Veterans with serious and at times life-limiting illness. Patients on both units are admitted for various lengths of times ranging from short-term (3-months) to end-of-life care. The average length of stay usually ranges between 1-3months, but some patients have stayed with us for over 1yr; duration often depends on their medical needs and illness status along with their functioning and psychosocial situation (e.g., housing, availability of caregivers). Our hospice patient population includes those living with chronic or acute serious, life-limiting illness with 6-months or less time remaining (see below for a description of palliative and hospice care). Common medical diagnoses for patients receiving hospice care includes metastatic cancer, advanced heart failure, chronic lung diseases, end-stage organ failure, neurocognitive disorders and progressive neurological diseases (e.g., ALS). Those on our short-stay CLC unit receive rehabilitation and are often recovering from amputations and/or undergoing treatment (e.g., chemotherapy, dialysis). While these patients are often not yet eligible for hospice care, they often have chronic and/or life-limiting illnesses and frequently discharge home or to another residential setting (e.g., skilled nursing home) depending on their functional and medical needs. On several occasions the subacute medical patients discharge with home hospice or move over to our hospice wing. Within our unit, patient demographics vary significantly by sociodemographic characteristics, disease states, mental health diagnoses, military era, and life experience. Our units also has a facility dog, Chapman, provided through Paws for Purple Hearts. Chapman serves to offer supoport to Veterans, their family members, and staff. The psychologist on the unit is the primary handler of this dog and accompanies her for most if not all work/clinical activities. Residents are welcome to interact with the dog to the extent they feel comfortable.
Psychology's role: Direct clinical service, consultation, interdisciplinary team participation, staff support.
Other professionals and trainees: Our interprofessional team consists of psychology, physicians, nursing, social work, occupational and physical therapy, massage therapy, chaplaincy, recreation therapy, pharmacy, dietary services, and community volunteers. Palliative medicine fellows rotate throughout the year as part of the Interprofessional Palliative Care Fellowship. We frequently have residents and fellows from other specialties rotate through as well (hematology/oncology, psychosomatic medicine, geriatrics, pharmacy, occupational therapy).
Nature of clinical services delivered: Psychotherapy with patients and emotional support to their families, opportunities for grief therapy; cognitive and mood assessments; multiple theoretical orientations (cognitive-behavioral, existential, family systems) and clinical interventions are used (problem-solving therapy, motivational interviewing, dignity/meaning-centered therapy); interprofessional consultation and psychoeducation.
Resident's role: Direct clinical service provider, consultant, interdisciplinary team member, liaison with other services; potential involvement in program development.
Supervision: At least one hour of individual supervision per week with additional supervision received as often as needed as well as tiered supervision by the Palliative Care Psychology Fellow. One hour group supervision per week. Observation during team meetings and occasional observation during joint therapy sessions.
Didactics: Weekly group supervision; Monthly Interprofessional Hospice and Palliative Care journal club and grand rounds (optional for residents dependent on their schedule); daily interdisciplinary treatment team meetings with informal education offered; opportunities to participate in additional educational events (e.g. Geropsychology/Neuropsychology seminar topics; relevant webinars).
Pace: 3-5 contacts a week (patients and families). Progress notes for each contact.

Use of Digital Mental Health tools: There are some opportunities to work with our Recreation Therapist and other team members to use Virtual Reality (VR) headsets with hospice patients for comfort-oriented interventions (e.g., using VR technology to help a Veteran reconnect with nature).

Pikes Peak Competencies: The resident will gain exposure and experience working with medically frail older adults living with advanced illness and their families. Working within an interprofessional team, residents will learn about the physical, cognitive, emotional, spiritual and existential aspects of living and dying with advanced illness and the unique ways military and Veteran cultures can affect patient experiences. Particular emphasis is placed on the cultural context of Veteran's experiences. Residents will learn to assess for mental health symptoms in the presence of chronic, life-limiting, and terminal illness, develop case conceptualizations that integrate the bio-psycho-social-spiritual aspects of each person's life, and provide clinical interventions appropriate to each patient's/family's individual and cultural needs. Residents will also participate in interprofessional team meetings and gain experience providing consultation and communicating psychological concepts to other disciplines. Particular emphasis is placed on self-reflective practice, professional development, ethical/legal issues, social justice and cultural diversity given the nature of this work and the population.

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

'Palliative care' is an umbrella term that includes but is not limited to hospice care. Palliative Care focuses on comfort and is provided at any point in the illness trajectory to alleviate physical and psycho-social-spiritual suffering, enhance quality of life, effectively manage symptoms, and offer comprehensive, interdisciplinary support to the patient and family. This type of care is offered throughout the illness course regardless of disease status. Hospice care is a type of palliative care offered to those with less than 6 months of life remaining who choose to focus on comfort and forgo disease-directed curative treatment. This philosophy of care focuses on alleviating symptoms and maximizing quality of life. While the goal of hospice is not to cure an illness, it does aim to facilitate healing.

In addition to meticulous symptom management and attention to easing signs of physical, psychosocial, spiritual, and existential suffering, hospice care also includes maximizing a person's total comfort, highlighting their resiliencies, facilitating their adjustment to end-of-life, processing through anticipatory grief, and helping patients find meaning in their life and their death. Hospice and palliative care also involves attending to the needs of the patient's family and facilitating their process of anticipatory grief and preventing complicated bereavement.

The psychology resident works collaboratively with other professionals in assessing the patients and their support network, prioritizing problems, and defining and implementing psychological interventions. Psychological issues addressed include pain and symptom management; psychiatric problems (e.g. depression, anxiety, PTSD, serious mental illness); adjustment to chronic/acute illness and/or acquired disability, end-of-life; attending to grief reactions, existential and spiritual distress, questions of meaning, guilt, interpersonal problems; facilitating communication difficulties; crisis management; and addressing legal and ethical issues (e.g. abuse, physician aid-in-dying). However, psychological issues addressed also include a sense of well-being, spiritual comfort, forgiveness, gratitude and post-traumatic growth. The resident will learn how to modify therapy in this non-traditional setting, with a strong focus on case conceptualization, cultural humility, documentation, and honing one's clinical ear to listen for underlying signs of distress as well as resilience and hope. Additionally, by helping Veterans and their families find meaning in life, illness, and death, residents will hopefully examine the meaning of their own lives and develop an even deeper appreciation for the humanity of others, and themselves.

"I had several profound experiences [on this rotation] that have impacted both my professional and personal views. I learned a lot about the subtle and vital interventions I can provide in a therapy session. Personally, I am more mindful of how I spent my time and my relationships with family and friends."
~Recent resident

Reviewed by: Kimberly E. Hiroto, Ph.D.
Date: 8/27/23

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

Neuropsychology Assessment and Intervention Clinic (Building 6, PAD)
Supervisor: John Wager, Ph.D., ABPP-CN
See description in the Clinical Neuropsychology section.

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

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

Spinal Cord Injury Center (Building 7, PAD)
Supervisors: Daniel Koehler, Psy.D.
Kacey Marton, Ph.D.

See description in the Psychological services for Medically-based Populations section.

The Western Blind Rehabilitation Center (Building T365, MPD)

Supervisor: Laura J. Peters, Ph.D.

See description in the Psychological Services for Medically-Based Populations section.

Clinical Neuropsychology Training

Overview: Clinical Neuropsychology Internship Track Training

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

- Memory Clinic (Lisa Kinoshita, Ph.D.)
- Neuropsychological Assessment and Intervention Clinic (John Wager, Ph.D., ABPP-CN)
- Psychological Assessment Unit (James Moses, Jr., Ph.D., ABPP-CN)
- Polytrauma Network Site, Palo Alto Division (TBD)
- Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (Alexandra (Sasha) Jouk, Ph.D., Alexandra Grant, Ph.D.)
- Polytrauma Transitional Rehabilitation Program (Jennifer Loughlin, Ph.D.)
- Inpatient Spinal Cord Injury Unit (Daniel Koehler, Psy.D.; Kacey Marton, Ph.D.)
- Outpatient Spinal Cord Injury Clinic (Madison Mackenzie, Psy.D.)

In addition, a few residents in recent years have chosen outpatient neuropsychology training experiences at the San Jose and Livermore Clinic sites:

- Neuropsychological Assessment Clinic – San Jose Outpatient Clinic (Kristina Agbayani, Ph.D., ABPP-CN)
- Outpatient Neuropsychology Clinic – Livermore Division (Joshua McKeever, Ph.D.)

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

Training Goals

The training goals for the Clinical Neuropsychology Internship track are:

A. Diagnosis

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

- Expand knowledge/experience with severe psychopathology and associated cognitive deficits Mastery of Wechsler scales (WAIS & WMS) for differential diagnosis, syndrome analysis.
- Mastery of personality assessment scales and profile interpretation.
- Exposure to projective tests in certain rotations (i.e., Psychological Assessment Unit), if desired.

B. Rehabilitation/ Intervention

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

Neuropsychology Didactics

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

The seminar will address a wide range of topics in neuropsychology, as well as many topics which such as dementia, traumatic brain injuries, strokes, cognitive rehabilitation, and psychopathology. Neuropsychology-focused topics may include the basics of brain organization and assessment, differential

diagnoses of cognitive impairment and dementia, neurological syndromes (e.g., aphasia, neglect), neuroimaging, neurological exams, assessment and therapy challenges in outpatient, inpatient and long-term care settings, assessment and treatment of psychopathology across the lifespan, working with interdisciplinary teams, evaluation of mental capacity, and psychotherapy with caregivers and cognitively impaired patients. The seminar coordinator, Jennifer Loughlin, Ph.D., will send out schedules for the seminar throughout the year.

For neuropsychology residents only, there are optional educational experiences available which meet requirements for Board Certification in Clinical Neuropsychology. Residents can participate in Stanford Grand Rounds via video teleconferencing or view videorecorded sessions:

1) Stanford Neurosurgery Ground Rounds every Friday from 7:00-8:00am at Stanford Li Ka Shing Center, Room LK130.
2) Stanford Neurology Grand Rounds every Friday from 8:00-9:00am at Stanford Li Ka Shing Center, Room LK130. See the current schedule of presentations at: http://med.stanford.edu/neurology/education/grandRounds.html.
3) Brain cutting sessions every other Friday in PAD Bldg. 100 from 10-11:30am with a neuropathologist. This experience can be arranged on an individual basis by Lisa Kinoshita, Ph.D., in conjunction with Dr. Sobel, Neuropathologist.
4) Neuropsychology Multi-Site Didactic every Monday from 9am-11am at the PM&R conference room in building 7 in conjunction with several other VA sites through video teleconferencing. The seminar will consist of an hour of case conference and one hour of a reading seminar focused on a variety of topics and will be in a panel discussion format.

Reviewed by: Kristina Agbayani, Ph.D., ABPP-CN; Lisa Kinoshita, Ph.D.
Date: 08/25/2020; 8/28/2020

Memory Clinic (Building 6, PAD)

Supervisor: Lisa M. Kinoshita, Ph.D.

See description in the Geriatric Neuropsychology section.

Neuropsychological Assessment and Intervention Clinic (Building 6, PAD)

Supervisor: John Wager, Ph.D., ABPP-CN

Rotation Description: Rotation Description: The VA Neuropsychology Assessment and Intervention Clinic (NAIC) is specialty outpatient consultation clinic at the VAPAHCS which receives referrals from the General Medicine Clinic, Home Based Primary Care, Mental Health Clinic, Neurology, Oncology, Hematology, and other specialty medicine clinics. The NAIC focuses on assessment and differential diagnosis of complex cognitive and psychiatric disorders. Common disorders include Parkinson's, Alzheimer's, vascular, dementia with Lewy body, frontal temporal, attention-deficit/hyperactivity, autism spectrum, and tumors. Trainees provide diagnostic impressions and treatment recommendations to providers and provide feedback to the patient. Trainees learn neuropsychological and psychological assessment and treatment using a scientist-practitioner model in which the empirical literature and clinical experience guide case conceptualization. Furthermore, the training rotation is embedded in a bio-psycho-social model of case conceptualization. Residents receive training in assessment and intervention delivery via primarily video tele-neuropsychology with opportunities for in-person modalities. Trainees gain experience with medical, financial, and legal capacity evaluations and conservatorship evaluations.

Patient population: The patient population includes medical and psychiatric outpatients. Patients are Veterans with medical and psychiatric co-morbidities and changes in cognitive functioning, memory concerns, or dementia. Trainees also work with the patient's family and caregivers.
Psychology's role: Provide direct clinical service (neuropsychological and psychological comprehensive assessment, cognitive rehabilitation, family interventions); consultation with providers, patients, family; case presentation.
Other professionals and trainees: The NAIC consultation staff consists of an interprofessional clinical team, including psychologists, neurologists, geriatricians, practicum students, and postdoctoral fellows and medical residents.
Nature of clinical services delivered: Trainees conduct clinical interviews, neuropsychological screening, comprehensive neuropsychological and psychological assessments, provide feedback to patient, referral sources,and caregivers. Trainees provide cognitive rehabilitation, caregiver education, and interprofessional consultation.
Resident's role: Direct clinical service provider for all aspects of the neuropsychological evaluation. Supervision of practicum students. They will lead didactic and case conference. The opportunity to learn to manage a clinic and all administrative aspects.
Supervision: A minimum of 1 hour of individual supervision per week and 1 hour of group supervision per week, with additional supervision individual and/or group supervision as needed. Supervisor will observe trainee during sessions with patients (live supervision) as well as review verbal and written reports and case presentations.
Didactics: Trainings include a variety of opportunities within the clinic and the larger neuropsychology didactics and journal clubs, occurring monthly.
Pace: Moderate to rapid pace expected. Full-time Trainees will have two assessment patients per week and 1-2 cognitive rehabilitation patients per week.
Use of Digital Mental Health tools: Smart phones and electronic tablets are used when available in cognitive rehabilitation.
Competencies Met on this Rotation: a) neuropsychological assessment b) intervention, c) consultation, supervision, and teaching, c) scholarly inquiry and research, d) organization, management, program development, and program evaluation, e) professional issues/development, f) ethical, and legal issues, and g) cultural and individual diversity.

Reviewed by: John Wager, PhD., ABPP-CN
Date: 8/22/2023

Polytrauma Network Site (Building 500, PAD)
Supervisor: TBD

Rotation Description and Patient Population: The Polytrauma Network Site (PNS) training rotation in Palo Alto Division is an interdisciplinary outpatient acquired brain injury evaluation and treatment clinic. The patient population primarily includes Veterans with a history of traumatic brain injury (approximately 80% mild TBI) or other acquired brain injury (e.g., stroke hypoxia/anoxia, post-surgical tumor resection), often with comorbid psychiatric conditions (e.g., PTSD, depression) and comorbid medical conditions (e.g., chronic pain, migraines, insomnia).
Psychology's Role in the Setting: Provide neuropsychological and psychological screening and/or comprehensive assessment, individual psychotherapy and/or cognitive rehabilitation, patient and family education, and interdisciplinary team consultation. The psychologist functions on a large interdisciplinary team of physicians, PTs, SLPs, OTs, RTs, Vision Specialists, Social Workers, Case Managers, and other specialty providers.
Other Professionals and Trainees in the Setting: PNS is comprised of a physiatrist, neuropsychologist, speech pathologist, physical therapist, occupational therapist, recreational therapist, vision rehabilitation specialist, nurse case manager, and social work case managers. Specialty disciplines are recruited to work with patients on a case-by-case basis (nutrition, polytrauma optometry, etc.)
Nature of Clinical Services Delivered: Brief and comprehensive neuropsychological assessment, providing feedback to Veterans and family members on neuropsychological assessments (including psychoeducation on the role of non-neurological contributions to cognitive difficulties). Opportunities for intervention and cognitive rehabilitation (brain injury support groups, cogSMART group and individualized interventions for patients with history of mild TBI/concussion), Working closely with the treatment team during comprehensive TBI evaluations (CTBIEs) to determine when a referral to neuropsychology is appropriate. Individual, time-limited psychotherapy and cognitive rehabilitation.
Resident's Role in the Setting: Competencies to be developed will include medical chart review and use of the VA's computerized patient record system (CPRS); learning of clinical interviewing skills appropriate for neuropsychological and mental health intake evaluations; administration, scoring, and interpretation of neuropsychological assessment procedures (especially as they relate to the assessment of mild TBI); administration, scoring, and interpretation of assessment procedures for mood disorders; clinical neuropsychological report writing; and clinical management and treatment of patients with comorbid mild TBI history and active mood disorders. Assessment will focus on neuropsychological testing procedures (administration, scoring, and interpretation) appropriate for mild TBI/concussion, clinical interviewing, neuropsychological report writing, with the possibility of psychotherapeutic interventions for TBI and mood disorders. Psychotherapy competencies, with a medically complex population wherein intervention is often cognitively modified, also available.
Amount/Type of Supervision: At least two hours of individual supervision per week. Co-treatment, shadowing, and observation during team meetings. Intermittent audio-recording of sessions may also be utilized depending on clinical supervisor.
Rotation-Specific Meetings and Trainings: Tuesday morning interdisciplinary team meetings, monthly all-staff meetings, monthly Integrative Rehabilitation Psychotherapy for Brain Injury (IRPBI) continuing education seminars
Pace: A moderate to rapid pace is to be expected.
Use of Digital Mental Health tools: Residents have the opportunity to conduct clinical interviews feedback sessions, and therapeutic interventions via video through VA Video Connect when telehealth modalities are clinically indicated and patient agrees with that format. Otherwise, clinical services will be provided in-person utilizing COVID19 safety precautions.
Competencies Met on this Rotation: a) neuropsychological and psychological assessment, b) intervention, c) consultation and interprofessional skills, c) scholarly inquiry and research, d) organization, management, program development, and program evaluation, e) professional issues/development, f) ethical, and legal issues, and g) cultural and individual diversity

Reviewed by: Joelle Broffman, Psy.D.
Date: 08/31/2022

Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center

(Building 500, PAD)

Supervisors: Alexandra Grant, Ph.D. (Rehabilitation Neuropsychologist)
Alexandra (Sasha) Jouk, Ph.D. (Rehabilitation Neuropsychologist)
Elisabeth McKenna, Ph.D. (Family Psychologist)

Rotation Description and Patient Population: The PRC/CRC is an 18-24 bed acute, inpatient rehabilitation unit within the Polytrauma System of Care (PSC). The PRC/CRC is one of 5 facilities in the country designed to provide intensive rehabilitative care to Veterans and Active Duty Service Members who experienced severe injuries to more than one organ system, including all levels of severity of TBI (mild, moderate, severe, disorders of consciousness). Other neurological and physical injuries include stroke, anoxia/hypoxia, brain tumors, encephalitis, cardiac conditions, amputations, orthopedic injuries, or general medical deconditioning. Approximately 80% of patients are male ranging in age from 18-90s. The average length of stay is typically 4-8 weeks with variation depending upon severity and acuity of injury and patient-centered care. This is a 100% in-person rotation.

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

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

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

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

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

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

Pace: Rapid pace with background in Neuropsychological assessment/Rehabilitation expected

Use of Digital Mental Health tools: iPhone use for mental heath apps and cognitive rehabilitation
COVID-19 Pandemic Precautions: Optional masking (provided by Psychology service) for staff, patients, and visitors. Testing required for all patients prior to admission. Masking is required when patient requests. Hand hygiene stations available. Plexiglass barriers available for testing.
Competencies Met on this Rotation: a) neuropsychological and psychological assessment, b) intervention, c) consultation and interprofessional skills, d) science-practice integration , e) professional values, attitudes, and behaviors, f) ethical and legal standards, g) individual and cultural diversity, h) communication and interpersonal skills, and i) supervision.

The VA Palo Alto Health Care System houses the Polytrauma System of Care, with Palo Alto being one of five comprehensive facilities in the country designed to provide intensive rehabilitative care to Veterans and service members with polytrauma (i.e., those who have experienced severe injuries to more than one organ system, including the central nervous system). The four main programs under this Polytrauma System of Care umbrella at VA PAHCS are: (1) the Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (PRC/CRC, housed in 7D, which provides acute and sub-acute in-patient care); (2) the Polytrauma Transitional Rehabilitation Program (PTRP, residential/milieu-based treatment); (3) the Polytrauma Network Site (PNS, which provides outpatient treatment); and (4) the OIF/OEF program (primarily providing case management and outreach). In 2023, the Polytrauma System of Care moved into a new, state-of-the-art facility on the Palo Alto campus.

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

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

Psychology training focuses on patient care and consultation services. Emphasis is placed on neuropsychological and psychological evaluation and treatment of medically ill patients and psychological adjustment to disability/illness for patients and their family. Residents will participate in the full spectrum of psychological services offered on this unit, as described above. Residents conduct psychological evaluations and psychotherapeutic interventions for the patients in this program. As these patients often stay for some time, and may be seen by psychology several times per week, the resident has an opportunity to compare the patient's everyday behavior with the results of their testing, to observe functional change across time, and actively implement patient-centered treatment interventions. The emphasis on longitudinal exposure to neuropsychologically involved patients is in direct contrast to the cross-sectional approach of

consulting and liaison assessment rotations. Residents will have the opportunity to work on an interdisciplinary team and provide consultation to team members regarding treatment planning, behavioral management, and provide psychoeducation as appropriate. The staff psychologist provides 2 to 4 hours of supervision per week for a full-time rotation.

Reviewed by: Alexandra Grant
Date: 8/4/2023

Polytrauma Transitional Rehabilitation Program/Intensive Evaluation and Treatment Program (Building 500, PAD)

Supervisors: Carey Pawlowski, Ph.D., ABPP-RP, Rehabilitation Psychology emphasis
Jennifer Loughlin, Ph.D., Neuropsychology emphasis

Rotation Description and Patient Population: The Polytrauma Transitional Rehabilitation Program (PTRP) is a 12-bed post-acute residential rehabilitation unit within the Polytrauma System of Care (PSC) for active duty Service Members and Veterans with a recently acquired moderate to severe brain injury or Polytrauma designed to transition patient with a brain injury from acute inpatient rehabilitation to living in the community or return to military duty . Medical and neurologic diagnoses include but are not limited to traumatic brain injury, cerebrovascular accidents (strokes), complex medical histories, amputations, tumor resection, encephalopathy and other CNS neurological disorders, and complex psychiatric history including PTSD, depression, anxiety, and bipolar disorder Type I and II. Focus is on the neurocognitive rehabilitation and re-integration back to the community, return to work, school, and/or meaningful activity.

Housed within PTRP (but completely separate programming) we also provide the Intensive Evaluation and Treatment Program (IETP) where we have the unique opportunity towork with high performing, active duty Special Operations Forces Service Members to promote operational readiness and optimize health. These patients typically have a history of multiple deployments and mild TBI/multiple concussions, often with concomitant PTSD, depression, and/or anxiety. IETP is an intensive 3-week program that starts with a comprehensive evaluation and quickly moves into interventions and treatments.

The resident would work with either the neuropsychologist or the rehabilitation psychologist as their primary supervisor. Residents working with the neuropsychologist are expected to have prior neuropsychological assessment experience and an interest in cognitive rehabilitation. Residents working with the rehabilitation psychologist would be expected to have an interest in rehabilitation, health challenges, or trauma.

Psychology's role in the setting:

Neuropsychology's role is to serve as diagnostic and treatment consultants to the interdisciplinary team, complete evaluations to describe a patient's cognitive strengths and challenges, comment on short and long-term cognitive prognosis, develop and implement cognitive rehabilitation treatment plans, complete decision-making capacity evaluations, provide psychoeducation to patients and their families, and co-treat with other rehabilitation staff, as needed.

Rehabilitation Psychology's role is to be an integral member of the interdisciplinary team involved in diagnosis, treatment planning and implementation, behavioral management, providing psychoeducation to patients and families, consultation to other team members and teams, and individual and group psychological intervention to patients who sustained a recent life-altering physical and neurological trauma.

Other professionals and trainees in the setting: Interdisciplinary team including Physiatrist (medical specialty of physical medicine and rehabilitation), occupational therapists, physical therapists,

nurses, social workers, speech and language pathologists, psychiatrists, recreation therapists, low-vision specialists, and military liaisons, as well as psychology residents, fellows, and other discipline-specific trainees.

Nature of clinical services delivered:

Neuropsychology: Comprehensive neuropsychological assessment with feedback to the patient and family members (as available), as well as to the interdisciplinary team; provide cognitive rehabilitation in individual sessions; psychoeducation on brain-behavior relationships to patients, family, and staff; and provide consultation to staff as the "cognitive lead." Neuropsychological assessments are typically administered at admission and/or at discharge, depending on the recency of the patient's last evaluation and/or clinical need.

Rehabilitation Psychology: Individual and psychotherapy; behavioral management planning and implementation; psychoeducation to the interdisciplinary treatment team, patients, and their families on the effects of neurological impairment on behavior and emotions, as well strategies for and emotional regulation; psychosocial adjustment and wellness group treatment; and psychological assessment (rehabilitation psychology, behavioral medicine, and/or personality-based instruments as a supplement to clinical interview and behavioral observations in both clinical and community settings).

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

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

Rotation-Specific Meetings and Trainings: Patient/family admission and discharge meetings; daily team huddle; weekly IDT meeting; educational and interdisciplinary PM&R/PSC meetings; assigned by supervisor readings; and PTRP resident in-service presentation at the end of the rotation for residents working with Rehabilitation Psychology.

"PTRP offers a unique opportunity to see Neuropsych profiles "come to life" as patients learn to adapt to their areas of difficulty in real world settings. The treatment team is warm and welcoming, and the supervision is both comprehensive and extremely supportive." ~Recent resident & postdoctoral fellow

Pace:

Neuropsychology: Number of PTRP neuropsychological assessments (typically a 4 hour battery) completed over the course of the rotation varies based on census and the patient's rehabilitation process, but typically are done at admission or discharge from PTRP. Residents will carry a caseload of 2-4 PTRP patients for individual cognitive rehabilitation (typically 2x weekly per patient) depending on resident's IETP evaluation interest; 2-4 IETP brief neuropsychological evaluations per month depending on patient need and resident's IETP interest; 1 optional case of individual psychotherapy with Rehabilitation Psychology depending on resident's interest with full admission intake, psychological assessment, and treatment planning; attendance at weekly interdisciplinary meetings; and participation in family meetings (1-2 over the patient's rehabilitation course).

Rehabilitation Psychology: Varies based on census and the patient's rehabilitation process, with typical caseload of 3 to 4 individual psychotherapy patients (including treatment planning and implementation, providing individual treatment 1 to 4 x weekly per patient, consultation with staff as needed, and keeping current with all electronic charting); lead psycho-social adjustment and wellness group; attendance at weekly interdisciplinary meetings; and participation in family meetings.

Use of Digital Mental Health tools: Encourage and support use of VA mobile apps, as appropriate.
COVID-19 Pandemic Precautions: Increased hand hygiene and disinfection of surfaces, including neuropsychological test materials. Formal team meetings held in-person and through tele-comunication.
Competencies Met on this Rotation: a) neuropsychological and/or psychological assessment, b) intervention, c) consultation, supervision, and teaching, c) scholarly inquiry and research, d) organization, management, program development, and program evaluation, e) professional issues/development, f) ethical, and legal issues, and g) cultural and individual diversity.

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

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

"The large staff to patient ratio allows for in-depth clinical experiences with individual clients and the ability to see how polytrauma is addressed from an interdisciplinary format. The team functions together in a very professional and collegial manner."
~Recent resident

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

Reviewed by: Jennifer Loughlin, Ph.D.; Carey Pawlowski, Ph.D., ABPP-RP
Date: 8/22/2023; 8/28/2023

Psychological Assessment Unit (Building 6, PAD)

Supervisor: James A. Moses Jr., Ph.D., ABPP-CN

Patient population: Mixed neuropsychiatric and medical patients. Most patients are multiply- diagnosed with medical, psychiatric, and substance abuse problems. Neuropsychiatric diagnosis often is uncertain at time of referral. The patient population is diagnostically and demographically diverse.
Psychology's role: We serve as diagnostic consultants to interdisciplinary staff throughout the medical center.
Other professionals and trainees: Psychology practicum students, residents, and fellows.
Nature of clinical services delivered: We evaluate patients' cognitive and mental status strengths and deficits, to make differential diagnoses between neurologic and psychiatric components of cognitive deficit or psychiatric disorder, and to make recommendations for management when appropriate.
Resident's role: Residents take primary responsibility for diagnostic evaluation of cases that they choose from referrals made to the unit. They select, administer, score, and interpret a battery of tests that is appropriate to address the referral question. Reports are written for the referring clinician based on the test results, the history, and interview data. Very occasionally an advanced resident with a well-defined question may choose to collaborate with Dr. Moses to formulate a psychometric research study that makes use of extensive archival psychometric data. Every attempt is made to integrate new developments in empirically based assessment with clinical practice. We evaluate our clinical procedures empirically on an ongoing basis. Research results are the basis of our clinical guidelines.
Amount and type of supervision: Individual supervision is provided on a weekly basis, drop-in consultation is encouraged.
Didactics: Attendance at Grand Rounds in psychiatry, neurology and/or neurosurgery is encouraged.
Pace: Residents typically take one case at a time to evaluate. Time to test a patient and do the write-up optimally would be 5-7 working days, but more time may be required for complex cases. Cases that require only actuarial assessment may be done in less time. Preliminary feedback notes to the referral source are encouraged. Rate of writing is adjusted to optimize the quality of the analysis and to conform to the experience level of the resident.
Use of Digital Mental Health tools: Automated test scoring for almost all assessment procedures is used to optimize valid test scoring and to minimize clerical workload.

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

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

Residents who choose this training assignment may conduct assessments of cases from the Psychological Assessment Unit or from their own treatment caseload from other training sites. The number of cases seen depends on the resident's schedule, motivation, experience, and case complexity. We emphasize quality over quantity of experience in skill building and professional service delivery. Basic assessment of intellectual functioning, memorial functions, neuropsychological screening and personality/mental status assessment are the core skill areas to be mastered. The tests used to achieve these goals will vary with the assets and limitations of the patient. Goals for training will be set individually for each resident in consultation with the supervisor at the outset of the training period and are modified as is necessary.

We provide each resident with exposure to a wider range of clinical experience than is available at a university clinic. Experiences with psychotic, brain damaged, geriatric, and physically impaired patients usually are new to residents who train on this unit. Training in assessment on the Psychological Assessment Unit always is provided on a part-time basis for residents.

Individual supervision is provided weekly by the supervising neuropsychologist.

Reviewed by: James A. Moses, Ph.D., ABPP-CL & CN
Date: 8/16/2023

San Jose Outpatient Neuropsychology Clinic (5855 Silver Creek Valley Pl, San Jose Division)

Supervisor: Kristina Agbayani, Ph.D., ABPP-CN

Patient population: Broad-ranging, general outpatient population consisting of community-dwelling Veterans aged 18 to 90+ with suspected cognitive concerns/complaints, often with neurological conditions, psychiatric co-morbidities (particularly anxiety, depression, PTSD), and considerable medical complexity. The majority of patients are older adults, but younger Veterans are also seen (often with concerns related to educational/occupational functioning). A small minority of patients are women. Veterans are seen at the San Jose Community-Based Outpatient Clinic to allow for Veterans living further South to more easily access care.

Psychology's role: Provision of neuropsychological and psychological comprehensive and/or brief assessment/screening, patient and family feedback and education, and interdisciplinary team consultation.

Other professionals and trainees: Neuropsychology/Psychology residents and postdoctoral fellows may rotate in this setting. Interdisciplinary consultation involves communication with a range of disciplines, most typically physicians (particularly neurologists, psychiatrists, geriatricians, primary care MDs), psychologists, nurse practitioners, and social workers.

Nature of clinical services delivered: Brief and comprehensive neuropsychological and psychological assessment, provision of feedback to referral sources, patients, and caregivers (including psychoeducation on the role of non-neurological contributions to cognitive difficulties), and interdisciplinary consultation and collaboration.

Resident's role: Trainees conduct clinical interviews and select, administer, score, and interpret test batteries appropriate to address the referral question. Reports are written for the patient and referring clinician based on the test results, history, chart review, and interview data with patients and (if applicable) collateral informants. Feedback is given to patients and/or their loved ones. Trainees will likely communicate regularly with referring providers and other relevant providers as needed. Opportunities for clinical encounters via telehealth will almost certainly be available.

Amount and type of supervision: Minimum 1-2 hours of individual supervision is provided on a weekly basis (minimum 1 hour if the number of rotating trainees facilitates group supervision or virtual group supervision across VA campuses is simultaneously available; minimum 2 hours if exclusively individual), with additional drop-in consultation encouraged as needed.

Didactics: Trainees are strongly encouraged to attend biweekly VAPAHCS Neuropsychology didactics (discussing a wide range of topics) and Neuropsychology/Rehabilitation Psychology journal clubs, as well as monthly Geropsychology seminars if an area of interest. Additional group-based didactic trainings may be available if facilitated by the number of trainees rotating at a given time.

Pace: Moderate to rapid; trainees will typically evaluate 1-3 cases weekly. Report turn-around is targeted at one week. Preliminary feedback reports to the referral source are standard. Rate of writing is adjusted to optimize the quality of the analysis and to conform to the experience level of the trainee.

Use of Digital Mental Health tools: A small number of evaluations or feedback sessions may occur via telehealth , and trainees may facilitate provision of VA-provided "digital divide" tablets to increase accessibility to care, as needed .
Competencies Met on this Rotation: a) neuropsychological assessment, b) consultation and interprofessional skills, c) scholarly inquiry and research, d) organization, management, program development, and program evaluation, e) professional issues/development, f) ethical and legal issues, and g) cultural and individual diversity

Reviewed by: Kristina Agbayani, Ph.D., ABPP-CN
Date: 8/21/2023

Spinal Cord Injury and Disorders Clinic (Building 7, F wing, PAD)

Supervisor: Madison Mackenzie, Psy.D.

See description in the Psychological services for Medically-based Populations section.

Spinal Cord Injury Center (Building 7, PAD)

Neuropsychology/ Neurorehabilitation Assessment and Intervention
Spinal Cord Injury and Disorders (inpatient and home care)
Supervisors: Daniel Koehler, Psy.D.
Kacey Marton, Ph.D.

Rotation Description and Patient Population: The Spinal Cord Service follows Veterans from the time of their injury (spinal cord injury) or diagnosis (multiple sclerosis, amyotrophic lateral sclerosis, Friedreich's spinocerebellar ataxia, and neuromyelitis optica) throughout their life span. Cognitive screening is completed to assess for barriers to treatment engagement or in the context of potential neurocognitive impairment. Modified comprehensive and targeted neuropsychological evaluations are completed to assess for neurocognitive disorders which may include traumatic brain injury, vascular dementia, stroke, Alzheimer's dementia, frontal temporal dementia, and multiple sclerosis.

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

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

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

Amount/type of supervision: Individual supervision (at least one hour/week) as well as one hour of group supervision focuses not only on patient and team interaction but also on systems issues. Additionally, one hour per week of SCI Psychology didactics and case conference (with both SCI inpatient and outpatient teams). Early in the rotation, goals are mutually agreed upon and set by the resident and supervisor. In addition, an open door policy ensures frequent opportunities to drop in and discuss specific situations.

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

Pace: Moderate to Rapid.

Use of Digital Mental Health tools: None.

Competencies in Clinical Neuropsychology (per the Houston Guidelines) will be emphasized during this rotation: a) neuropsychological assessment, b) intervention, c) consultation, supervision, and teaching, c) scholarly inquiry and research, d) organization, management, program

development, and program evaluation, e) professional issues/development, f) ethical, and legal issues, and g) cultural and individual.

Reviewed by: Daniel Koehler, Psy.D.
Date: 8/14/2023

Geriatric Neuropsychology Training

Overview: Geriatric Neuropsychology Internship Track Training

One internship slot is reserved for the Geriatric Neuropsychology Internship training track. This track will meet the Pikes Peak Geropsychology competencies and also prepare the resident to be highly competitive for a Division 40 two-year neuropsychology fellowship. This track is especially beneficial for those interested in assessment of aging-related disorders including neurodegenerative diseases. Those who wish to pursue Board Certification in Clinical Neuropsychology and/or Geropsychology are especially encouraged to consider this emphasis area.

The following sites are primary training rotations for Clinical Geriatric Neuropsychology, which includes a combination of both clinical neuropsychology and geropsychology rotations:

- Memory Clinic (Lisa Kinoshita, Ph.D.) – ***required rotation in this track***
- Neuropsychological Assessment and Intervention Clinic (John Wager, Ph.D., ABPP-CN)
- Psychological Assessment Unit (James Moses, Jr., Ph.D., ABPP-CN)
- Polytrauma Network Site (TBD)
- Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (Alexandra Grant, Ph.D.; Alexandra Jouk, Ph.D.)
- Polytrauma Transitional Rehabilitation Program (Carey Pawlowski, Ph.D. ABPP-RP; Jennifer Loughlin, Ph.D.)
- Inpatient Spinal Cord Injury Unit (Daniel Koehler, Psy.D.; Kacey Marton, Ph.D.)
- Outpatient Spinal Cord Injury Clinic (Madison Mackenzie, Psy.D.)
- Community Living Center - Short-stay/Rehab & Long-term care units (Margaret Florsheim, Ph.D.)
- GRECC/Geriatric Primary Care Clinic (Christine Gould, Ph.D. ABPP-Gero)
- Geropsychiatry Community Living Center (TBD)
- Home Based Primary Care Program (TBD)
- Hospice and Palliative Care Center/Sub-Acute Medicine Unit (Kimberly Hiroto, Ph.D.)
- MIRECC (Sherry Beaudreau, Ph.D., ABPP-Gero; J. Kaci Fairchild, Ph.D., ABPP-Gero; Lisa Kinoshita, Ph.D., Allyson Rosen, Ph.D., ABPP-CN)
- Western Blind Rehabilitation Center (Laura Peters, Ph.D.)

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

- Neuropsychological Assessment Clinic – San Jose Outpatient Clinic (Kristina Agbayani, Ph.D., ABPP-CN)
- Outpatient Neuropsychology Clinic – Livermore Division (Joshua McKeever, Ph.D.)

All eighteen Clinical Neuropsychology and Geropsychology rotations are described in their respective sections. For the resident in the Geriatric Neuropsychology track, one rotation of the 4 primary rotations will be the Memory Clinic, another will be in neuropsychology, and at least one will be in geropsychology with a focus on intervention. The other training rotation can be selected from other clinical areas according to training needs and interests. Please note that *any of the rotations above are open to residents from any other tracks*; however, the process of choosing and assigning rotations is based on the resident's specific track and training goals. The resident in the Geriatric Neuropsychology track will share preferences in the assignment of these rotations with residents in related tracks (Clinical Neuropsychology and Geropsychology).

See below for sample combinations of rotations completed by recent residents:
Example A:
Rotation 1: Memory Clinic
Rotation 2: Community Living Center (short-term/rehab and long-term care)
Rotation 3: Neuropsychological Assessment and Intervention Clinic
Rotation 4: Inpatient Psychiatry Unit

Example B:
Rotation 1: Memory Clinic
Rotation 2: Outpatient Spinal Cord Injury Clinic
Rotation 3: Polytrauma Transitional Rehabilitation Program
Rotation 4: Men's Trauma Recovery Program

The resident in the Clinical Geriatric Neuropsychology track is expected to attend required didactics for both Neuropsychology and Geropsychology, which are described in their respective sections.

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

Rotation Description: The VA Memory Clinic is an outpatient consultation clinic at the VAPAHCS which receives referrals from the General Medicine Clinic, Home Based Primary Care, Mental Health Clinic, GRECC, Neurology, Oncology, Hematology, and other specialty medicine clinics. The Memory Clinic focuses on assessment and differential diagnosis of complex cognitive and psychiatric disorders. Common disorders include dementia, mild cognitive impairment, stroke syndromes, age-associated cognitive impairment, sequelae related to neurodegenerative disorders, TBI, and neurological and vascular disorders. The clinic patient population primarily includes Veterans from Gulf War I, Vietnam War, Korean War and World War II eras who have cognitive complaints related to memory loss and other cognitive function changes. Trainees provide diagnostic impressions and treatment recommendations to providers and provide feedback to the patient and family. Residents in the Memory Clinic assess and treat complex patients with cognitive, medical and psychiatric co-morbidities. Trainees learn neuropsychological and psychological assessment and treatment using a scientist-practitioner model in which the empirical literature and clinical experience guide case conceptualization. Furthermore, the training rotation is embedded in a bio-psycho-social model of case conceptualization. Residents receive training in assessment and intervention delivery via in person and video teleneuropsychology modalities. Trainees gain experience with medical, financial, and legal capacity evaluations and conservatorship evaluations. All assessments provide referring clinicians with differential diagnosis and treatment recommendations that impact the patient's quality of life and future planning.
Patient population: The patient population includes medical and psychiatric outpatients and medical inpatients. Patients are primarily older adult Veterans with medical and psychiatric co-morbidities and changes in cognitive functioning, memory concerns, or dementia. Trainees also work with the patient's family and caregivers.
Psychology's role: Provide direct clinical service (neuropsychological and psychological comprehensive assessment, cognitive rehabilitation, family interventions); consultation with providers, patients, family; interdisciplinary team participation, case presentation. Conduct research.
Other professionals and trainees: Residents receive training in interdisciplinary teams. One training opportunity at the Memory Clinic includes the Cognitive Assessment Clinic (CAC) in which residents work within an interdisciplinary team that includes providers in neurology. The CAC interdisciplinary team clinic is on Thursday mornings from 8-12:30. The Memory Clinic's consultation staff consists of an interprofessional clinical team, including psychologists, neurologists, practicum students, and residents and postdoctoral fellows in clinical psychology, psychiatry, geriatric medicine, and neurology.

Nature of clinical services delivered: Trainees conduct clinical interviews, neuropsychological screening, comprehensive neuropsychological and psychological assessments, provide feedback to interdisciplinary team members, referral sources, patient, and caregivers. Trainees provide cognitive rehabilitation, individual, couples and family psychotherapy, caregiver education and psychotherapy, and interprofessional consultation. Training in cognitive rehabilitation and interdisciplinary team clinic is available to residents.

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

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

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

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

Use of Digital Mental Health tools: Smart phones and electronic tablets are used when available in cognitive rehabilitation.

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

Pikes Peak Competencies: The psychology trainee will gain training in the following Pikes Peak Competency areas: research and theory; cognitive psychology and change; social/psychological aspects of aging; biological aspects of aging; psychopathology issues relevant to aging; problems in daily living; sociocultural and socioeconomic factors; assessment of older adults; treatment; prevention and crisis intervention; consultation; interface with other disciplines; and special ethical issues.

Reviewed by: Lisa Kinoshita, Ph.D.
Date: 09/08/2023

Clinical Research Programs

HSR&D
VA Health Services Research & Development Service

Health Services Research & Development

Center for Innovation to Implementation (Ci2i, Building 324, MPD)

Supervisor(s): Daniel Blonigen, Ph.D.
Jessica Breland, PhD
Adrienne Heinz, Ph.D.
Keith Humphreys, Ph.D.
Rachel Kimerling, Ph.D.
Eric Kuhn, Ph.D.
Amanda Midboe, Ph.D.
Elizabeth Oliva, Ph.D.
Craig Rosen, Ph.D.
Jodie Trafton, Ph.D.
Ranak Trivedi, Ph.D.
Julie Weitlauf, Ph.D.
Shannon Wiltsey Stirman, Ph.D.
Lindsey Zimmerman, Ph.D.

Patient population: Veterans enrolled in the VA and receiving a wide variety of care including primary care, specialty mental health care (e.g., substance abuse treatment and chronic disease management), and Veterans enrolled in research studies.
Psychology's role: Ci2i Core and affiliated researchers, many of whom are psychologists, play a critical role in development, dissemination, delivery, implementation, and evaluation of clinical services. At Ci2i, psychologists conceive and answer important questions about outcomes, quality, and costs of publicly funded mental health services.
Other professionals and trainees: The Ci2i community includes a variety of experts in health services research areas, including health economics, epidemiology, public health, medical sociology, and biostatistics.
Nature of clinical services delivered: No direct clinical services are provided.
Resident's role: In consultation with a research mentor, residents develop and implement a research project related to one of the Center's several ongoing or archival studies. Over the course of the rotation, residents are expected to develop a report of their project that is suitable for presentation at a scientific conference and/or publication in a peer-reviewed journal.
Amount/type of supervision: One or two research mentors are assigned to each resident. Supervision will be as needed, typically involving several face-to-face meetings per week.
Didactics: The Center sponsors a weekly forum on a variety of relevant health services research topics; attendance is required. The research mentor and resident may choose to incorporate additional seminars, e.g., Grand Rounds, presentations at Stanford, study groups, etc. The resident and mentor will determine readings relevant to the chosen research project and areas of interest.
Pace: The goal of completing a research project from conception to write up within six months requires skillful time management. Rotation supervisors help the resident develop a rotation plan. Residents at Ci2i benefit from a coherent rotation focus with minimal additional requirements.
Use of Digital Mental Health tools: Ci2i investigators conduct research on mobile applications such as an app for self-management of drinking problems, an app for weight management, and an app for cognitive training for Veterans with co-occurring PTSD and alcohol use disorder, as well as research on

video telehealth for Veterans with barriers to in-person care. Ci2i investigators collaborate with investigators from NCPTSD's Mobile Apps Team to study the usability, effectiveness, and implementation of various mobile health tools. Ci2i investigators have also developed mult-component behaivoral interventions that are being delivered via the web and tested via RCTs.

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

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

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

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

Residents will develop as professional health science researchers by clarifying their own health science research interests, developing collaborative communication skills within interdisciplinary clinical research settings, seeking consultation when appropriate, defining and achieving their own professional goals, and functioning as a productive member of an intellectual community. Residents should be able to attend to issues of race and culture in research conceptualization and

implementation, including understanding the influence of one's own racial/ethnic background and those of research participants.

Residents will acquire relevant research competencies, including selecting and employing appropriate quantitative and/or qualitative data analytic methods, completing presentations suitable for presentation at a professional conference/submission to a professional journal, and/or understanding the basic mechanics of grant proposal writing and project management.

Broad domains of research for which rotation supervisors have datasets that could be made available to residents include:

- Longitudinal studies on the course and outcomes of Veterans and non-Veterans in treatment for substance use and/or other psychiatric disorders.
- Longitudinal studies on the course and outcomes of Veterans with co-occurring PTSD and substance use disorders.
- Telephone monitoring to increase care engagement for Veterans with substance use and/or other psychiatric disorders.
- Implementation and effectiveness of integrated services for adults with co-occurring substance use and psychiatric disorders in routine care settings.
- Implementation and effectiveness of treatments for Veterans and non-Veterans with opiate use disorders (e.g., medication-assisted treatment).
- Implementation of evidence-based psychotherapies (depression, anxiety, and PTSD) in VA and community settings.
- Evaluation and QI projects related to substance use and mental health treatment programming (e.g., opioid safety, naloxone distribution, suicide prevention).
- Unmet emotional and home and community-based services for caregivers of Veteran.
- RCT of a combined web- and telephone-based program designed to support Veterans with chronic health conditions and their family caregivers in improving self-management through improving communication, collaboration, and stress management. .
- Personal health record use of Veterans with co-occurring psychiatric disorders and medical conditions (e.g., HIV).
- Understanding Veterans' views and use of weight management programs.
- Health outcomes and experiences of care for women Veterans.
- Health care access and outcomes of criminally justice-involved and/or homeless Veterans.

Recent projects that residents have worked on during this rotation include:

- Secondary analysis of a national dataset to examine whether family caregiving is associated with mortality.
- Systematic review to identify characteristics of culturally-tailored interventions for caregivers of adults with chronic health conditions.
- Secondary analysis of qualitative datasets to examine the role of communal coping in how patient-caregiver dyads manage heart failure.
- Secondary analysis of data from a multisite trial of justice-involved Veterans in residential mental health treatment to examine risk factors for legal problem severity over time.
- Secondary analysis of a longitudinal dataset of Veterans in substance use residential treatment that examined how different dimensions of psychopathic personality predict different treatment processes and outcomes.
- Linear mixed modeling and cluster analysis to evaluate user engagement and health behavior change over time among Veterans using an mHealth intervention.

Further information on the Center's activities is available by request, and on the website at http://www.ci2i.research.va.gov/. Interested residents should contact Dr. Breland at least three months prior

to the beginning of the rotation to discuss the possibilities of a rotation in the Center. This rotation is available only as a full half-time rotation (6 months @ 18 hours/week).

Reviewed by: Jessica Y. Breland, Ph.D.
Date: 08/23/23

National Center for Post Traumatic Stress Disorder

Dissemination and Training Division (Building 334, MPD)
Supervisors:

Marylene Cloitre, Ph.D.
Rachel Kimerling, Ph.D.
Eric Kuhn, Ph.D.
Maggi Mackintosh, Ph.D.
Shannon McCaslin-Rodrigo, Ph.D.
Carmen McLean, Ph.D.
Sarra Nazem, Ph.D., Deputy Director and Fellowship Training Director
Jason Owen, Ph.D., M.P.H.
Craig Rosen, Ph.D., Director
Robyn Walser, Ph.D.
Shannon Wiltsey Stirman, Ph.D.
Steve Woodward, Ph.D.
Lindsey Zimmerman, Ph.D.

Patient population: NCPTSD conducts research with and dissemination information to Vietnam-era Veterans, Iraq and Afghanistan Veterans, Veterans exposed to military sexual trauma (MST), and Veterans of other conflicts (Korean War, the first Gulf War) who are living with the effects of psychological trauma. Research has been conducted on hospital patients with traumatic injuries and family members of gravely injured hospital patients. The Dissemination & Training Division also creats, maintains, and disseminating a suite of mobile applications mental health initiatives aimed at Veterans (and their family members) enrolled in inpatient or outpatient VA care, those receiving services in the community, and those not currently connected to mental health services. NCPTSD is also involved in implementation science research with clinicians and other VA staff to facilitate use of evidence-based practices. NCPTSD is also actively involved in developing and testing outreach and engagement strategies for Veterans who remain underserved such as rural Veterans, student Veterans, and women who have experienced MST.
Psychology's role: NCPTSD researchers and educators, most of whom are psychologists, play a nationwide leadership role in disseminating state-of-the-art treatments for PTSD, including a portfolio of widely-disseminated mobile apps (PTSD Coach, Mindfulness Coach, Family Coach, etc.), national VA initiatives to train clinicians in evidence-based treatments, and video and web-based trainings for clinicians and web-based educational materials for trauma survivors. NCPTSD researchers conduct evaluations of VA mental health services, clinical intervention trials, implementation science, digital mental health including mobile apps and web interventions, assessment development studies, biological research, and neuroimaging studies.
Other professionals and trainees: Psychiatry, Research, Social Work, Public Health, Psychology Practicum Students.
Nature of clinical services delivered: Limited clinical services are delivered as part of specific research trials or user experience studies.
Resident's role: The training needs and interests of the resident define the mix of dissemination and research activities. Residents interested in dissemination work with National Center staff to develop PTSD-related products and services with potential for wide dissemination, or to take on a significant role in an ongoing implementation science or dissemination project. Residents interested in research work with a mentor to develop and implement a research project related to one of NCPTSD's ongoing studies or archival

datasets. Residents are expected to develop a report of their project that is suitable for presentation at a scientific conference and/or publication in a peer-reviewed journal. Residents may also have an opportunity to participate in delivery of interventions in ongoing clinical trials. Residents interested in mobile mental health are expected to participate in mobile app development (content writing, wireframing, or user testing), analysis of data from mobile app trials, and user experience testing with Veterans.

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

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

Use of digital mental health tools: The National Center for PTSD rotation provides unique opportunities for working with mentors who are responsible for developing, disseminating, and researching many of VA's widely used mobile apps. Mobile applications for iOS and Android developed and maintained by NCPTSD include PTSD Coach, PTSD Family Coach, COVID Coach, PE Coach, CBT-I Coach, Insomnia Coach, Mindfulness Coach, CPT Coach, Stay Quit Coach, AIMS, STAIR Coach, Mood Coach, ACT Coach, Couples Coach, and Beyond MST. A new Safety Plan app will also be released in FY24. NCPTSD staff are also involved in researching web-based interventions including AIMS (anger management), Moving Forward (problem solving therapy), VA CRAFT (family support for treatment), webSTAIR (emotion regulation and coping skills), a digital mental health tool for healthcare workers impacted by COVID-related stressors, and exposure therapy. A messaging-based version of CPT for PTSD is also being tested.

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

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

Trainees at the National Center for PTSD have the opportunity to:

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

The National Center for PTSD has strong collaborative relationships with several other clinical and research programs at the Palo Alto VA, including the Men's Trauma Recovery Program, the Women's Trauma Recovery Program, the PTSD Clinical Team, the Sierra-Pacific Mental Illness Research, Education

and Clinical Center (MIRECC), the Center for Innovation to Implementation (Ci2i), the Program Evaluation and Resource Center (PERC), and the Health Economics Research Center (HERC).

Reviewed by: Sarra Nazem, Ph.D.
Date: 8/11/2023

Sierra Pacific Mental Illness Research Education and Clinical Center (MIRECC)

Dementia Core (Building 5, Palo Alto Division)

Supervisors: **Sherry A. Beaudreau, Ph.D., ABPP-Gero**
J. Kaci Fairchild, Ph.D., ABPP-Gero
Lisa Kinoshita, Ph.D.
Allyson Rosen, Ph.D., ABPP-CN

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

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

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

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

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

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

Didactics: The VA Advanced Fellowship Program in Mental Illness Research and Education offers weekly didactics on Wednesdays from 10am to noon on academic survival, professional development, manuscript and grant writing, methodology, and biostatistics; attendance by residents is encouraged but not

required. The research supervisor and resident may choose to incorporate additional seminars, e.g., Geriatric Psychiatry and Neuroscience Grand Rounds, presentations at Stanford, or study groups. The resident and mentor will determine readings relevant to the chosen research project and areas of interest.
Pace: Rotation supervisors help the resident develop a training plan integrating their clinical and research goals for this rotation. Pace of clinical contact and research progress will be based on these overarching goals.
Use of Digital Mental Health tools: None

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

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

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

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

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

Residents will develop advanced clinical skills relevant to assessment or treatment of older adults by participating in direct clinical research services. These services integrate the residents' experience by allowing them to directly apply knowledge gained from clinical duties on the rotation

to a clinical research question developed in consultation with their supervisor. Residents will develop a training plan based on their clinical aging interests, their training needs with respect to the Pike's Peak Model, and the supervisor's clinical research program. Typically, direct clinical services and the residents' independent research project will be an integrated clinical research experience utilizing larger ongoing projects at the MIRECC.

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

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

Recent and ongoing Dementia Core studies at the MIRECC:

Evidence-Based Treatments

- Brief Behavioral Interventions, especially Problem Solving Therapy for Suicide Prevention and Safety Planning Interventions for Treating Late-Life Mental Health Disorders: Sherry Beaudreau
- Physical Exercise and Cognitive Training for Persons with Mild Cognitive Impairment: Kaci Fairchild
- Physical Exercise and Caregiver Skills Training for Caregivers: Kaci Fairchild
- Biological, Psychological, and Cognitive Mediators of Treatment Response: Kaci Fairchild & Sherry Beaudreau
- Innovative Statistical and Methodological Techniques for Clinical Aging Research including Randomized Control Trials: Kaci Fairchild & Sherry Beaudreau

Neuroscientific Methods and Neurocognitive Outcomes

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

Reviewed by: Sherry Beaudreau, Ph.D.
Date: 08/17/2023

Psychology Training Staff

Psychology Service

Kristina Agbayani, Ph.D., ABPP-CN University of Houston, 2014. Internship: VA Boston Healthcare System 2013-2014 (rehabilitation psychology and neuropsychology). Postdoctoral fellowship: VA Northern California Health Care System 2014-2016 (clinical neuropsychology). Licensed in the state of California, PSY28060. Board Certified in Clinical Neuropsychology (2019) through the American Board of Professional Psychology/American Board of Clinical Neuropsychology. On staff at the VA Palo Alto HCS since 2016. Professional Organizations: American Academy of Clinical Neuropsychology, American Psychological Association (Divisions 22 and 40) and the International Neuropsychological Society. Professional and research Interests: clinical neuropsychology of mild TBI and PTSD, cognitive rehabilitation.

Kimberly L. Brodsky, Ph.D. (she/her) University of Colorado, Boulder, 2008. Internship VA Northern California HCS, 2007-2008. Licensed PSY 22956 State of California since 2009. Faculty appointments: Clinical Associate Professor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine and Co-director of Mental Health Continuing Education Series. Stanford University "Teacher of the Year" Award, 2013. Professional Organizations: American Psychological Association, Association for Behavioral and Cognitive Therapies, International Society for Traumatic Stress Studies. Clinical Interests: Group treatment modalities and interventions, leadership, program development, motivational interviewing and enhancement, ACT, DBT, evidence-based treatments for PTSD and substance use disorders, military sexual trauma, mindfulness-based interventions, women focused interventions for interpersonal violence, trauma and addictions, supervision, interprofessional mentorship.

Jean H. Cooney, Ph.D. Pacific Graduate School of Psychology, 2001. Minneapolis VA Internship 1999-2000; VA Palo Alto HCS Post-Doctoral Training 2001-2002; on staff 2000 to present. Licensed (PSY18279), State of California since 2002. Clinical Interests and Background: Evidence Based Treatments for PTSD (PE and CPT), anxiety disorders, developmental trauma, group psychotherapy, Cognitive Behavioral Treatment.

Jessica Cuellar, Ph.D. (she/her) University of North Carolina at Chapel Hill, 2014. Internship: Medical College of Georgia/Charlie Norwood VA Medical Center, 2013-2014. Postdoctoral Fellowship: VA Palo Alto HCS 2014-2015. VA Palo Alto HCS staff since 2015. Licensure: State of California (PSY27633) since 2015. Professional Organization: American Psychological Association (Divisions 43 & 45). Professional/Research Interests: Couple and family therapy, trauma and the family context, parenting/caregiving issues, developmental psychopathology, culturally sensitive and liberation-based treatment, psychology training and supervision.

Nana A. Dawson-Andoh, Ph.D. (she/her) The Pennsylvania State University, 2016. Internship: San Francisco VA Medical Center, 2014 -2015. Postdoctoral Fellowship in Substance Use/Homelessness Rehabilitation at the VA the Palo Alto Health Care System, 2015 - 2016. Licensed, State of California, PSY33290. Currently a psychologist in Compensated Work Therapy (CWT) program focusing on matching and supporting work-ready Veterans in competitive jobs. Professional Organizations: American Psychological Association (Division 45, Society for the Psychological Study of Culture, Ethnicity and Race). Professional interests: Culturally informed treatment for ethnic minorities and underserved clients, multicultural competence and proficiency, evidence-based treatments for substance use disorders.

Karen Deli, Ph.D. Seton Hall University, 2005. Internship: Trenton State Psychiatric Hospital, 1998 – 1999; Licensed, New York State 019114-1. Professional Organizations: American Psychological Association (APA), International Society of Interpersonal Psychotherapy (ISIPT); Motivational Interviewing Network of Trainers (MINT), Kappa Delta Pi (KDP). Professional interests: Psychosocial rehabilitation, behavior change, Motivational Interviewing (MI), Dialectical Behavioral Therapy (DBT), Interpersonal Psychotherapy (IPT), diversity and group relations.

William O. Faustman, Ph.D. University of Mississippi, 1983. Internship: VA Palo Alto HCS, 1983, on staff since 1984. California license PSY8777, since 1985. Faculty appointment: Clinical Professor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Professional organizations: American Psychological Association (Fellow, Division 28, Psychopharmacology and Substance Abuse), British Psychological Society (Chartered Psychologist in Great Britain, Registry #88137), American Psychological Society, Society of Biological Psychiatry, Sigma Xi. Research Interests: Biological basis of schizophrenia, neuropsychological impairments in psychotic disorders, clinical drug development of atypical antipsychotic medications.

Nicholas J. Filice, Ph.D. Palo Alto University, 2021. Internship Chillicothe VAMC 2020-2021. Postdoctoral Fellowship: Kaiser San Rafael, Addiction Medicine and Recovery Services 2021-2022. Professional Organizations: American Psychological Association. Clinical Interests: dual diagnosis, trauma-informed work, motivational interviewing, self-compassion interventions, helping veterans navigate the transition from military to civilian life, group treatment modalities and interventions, program evaluation, ACT, DBT, evidence based treatments for PTSD and substance use disorders, mindfulness based interventions, supervision.

Margaret Florsheim, Ph.D. Wayne State University, 1988. VA Palo Alto HCS Internship, 1987. Licensed, California PSY11727 since 1990. Professional Organizations: Gerontological Society of America. Research Interests: Older Adult Neuropsychological Functioning, Caregiver stress.

Alexandra Grant, Ph.D. (she/her) Saint Louis University, 2021. Internship: VA Palo Alto Health Care System 2020-2021 (Geriatric Neuropsychology track). Postdoctoral fellowship: VA Palo Alto Health Care System 2021-2022 (Rehabilitation Psychology emphasis area). Licensed, State of California PSY34077. Professional Organizations: American Psychological Association (Divisions 22 and 40) and International Neuropsychological Society. Professional and Research Interests: Neurorehabilitation and neuropsychology, aging, adjustment to disability, and posttraumatic stress disorder.

Claire L. Hebenstreit, Ph.D. University of Denver, 2013. Internship: VA Palo Alto HCS, 2012-2013. Postdoctoral fellowship: VA Advanced Fellowship in Women's Health Research, San Francisco VA Medical Center and the University of California San Francisco, 2013-2016. Licensed, State of California PSY28980. Professional Organizations: International Society for Traumatic Stress Studies, Women in Cognitive Science, Association for Psychological Science. Interests: Evidence-based treatments for PTSD, interpersonal and intimate partner violence against women, substance use disorders.

Kimberly E. Hiroto, Ph.D. (she/her) University of Colorado at Colorado Springs, 2010. Internship VA Palo Alto HCS (Geropsychology emphasis area) 2009-2010. Postdoctoral Fellowship VA Palo Alto HCS (Hospice/Palliative Care focus area) 2010-2011. Licensed, State of California PSY 25320, since 2012. Clinical Associate Professor (Affiliated), Stanford University School of Medicine. Professional Organizations: American Psychological Association (Society of Clinical Geropsychology). Professional Interests: training in geropsychology and cultural humility, meaning-making in advanced illness, end-of-life care, the effect of cultural diversity and sociohistorical context in the lives of older adults.

Stephanie D. Houk, Psy.D. (she/her/ella) Alliant International University, Fresno. Internship: VA Loma Linda Health Care System, , 2021-2022. Postdoctoral Fellowship: Psychosocial Rehabilitation Focus Area at the VA Palo Alto Health Care System, 2022-2023. Licensed, State of Iowa, PSY 121032. On staff since 2023. Professional Organizations: American Psychological Association (Division 45, Society for the Psychological Study of Culture, Ethnicity and Race; Division 35, Society for the Psychology of Women; Division 56, Trauma Psychology), Association of VA Psychology Leaders. Professional interests: Conducting assessments and interventions related to psychosis, suicide risk, and other legal considerations; facilitating group and individual therapies related to co-occurring trauma and psychosis, including CBT for Psychosis (CBT-P), Cognitive Processing Therapy (CPT), Dialectical Behavior Therapy (DBT), and Social Skills Training (SST); providing bilingual (English/Spanish) mental health services and culturally informed supervision and clinical training.

Jeanette Hsu, Ph.D., ABPP (she/her) University of California, Berkeley, 1995. Internship, VA Palo Alto HCS 1994-1995. Postdoctoral fellowship, The Children's Health Council, Palo Alto, 1995-1996. VA Palo Alto HCS staff since 1996. Licensed, State of California PSY15008, since 1997. Board Certified in Clinical Psychology (2020) through the American Board of Professional Psychology/American Board of Clinical Psychology. Clinical Professor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. 2016 VA Psychology Training Council (VAPTC) Zeiss Award for Outstanding Contributions to VA Psychology Training. Professional Associations: American Psychological Association (Fellow, Division 18; former Executive Committee member, Division 35), Association of Psychology Postdoctoral and Internship Centers (APPIC; former Board Member), Association for Behavioral and Cognitive Therapies, VA Psychology Training Council (former Chair). Professional Interests: Psychology training administration, behavioral medicine/health psychology, teaching and supervision of multicultural competence.

Emily Hugo, Psy.D. PGSP-Stanford Psy.D. Consortium, 2007. Internship Duke University Medical Center, Cognitive Behavioral Track, 2006-2007. Postdoctoral training Stanford University Department of Psychiatry. Licensed PSY 23245 State of California since 2009. Clinical Professor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Clinical Interests: Treatment of PTSD and the delivery of associated evidence-based treatments including Prolonged Exposure, Cognitive Processing Therapy, and Eye Movement Desensitization Training, and Acceptance and Commitment Therapy.

Robert Jenkins, Ph.D. University of Nevada, Reno, 1985. VA Palo Alto HCS Internship and Postdoctoral Training, 1984-1986; on staff since 1986. Licensed, State of California, PSY10345 since 1988. Professional Organizations: Association of Black Psychologists, California Psychological Association. Clinical Interests: Cross-Cultural issues in treatment, evidence-based treatment for posttraumatic stress disorder, psychosocial adaptation and functioning, relapse prevention.

Alexandra (Sasha) Jouk, Ph.D. (she/her/hers) University of Victoria, British Columbia, Canada, 2015 (Clinical Neuropsychology). Internship (Geropsychology emphasis area): VA West Los Angeles Healthcare System, 2014-2015. Postdoctoral Fellowship (Rehabilitation Psychology emphasis area): VA Palo Alto Healthcare System, 2015-2017. Licensed in the State of California PSY29275 since 2017. Professional Organizations: American Psychological Association, Division 22 – Rehabilitation Psychology. Professional Interests: Rehabilitation after disability, aging, family support and caregiving, and training/supervision.

Lisa Kinoshita, Ph.D. Pacific Graduate School of Psychology, 2001. Internship: VA Palo Alto Health Care System, 1999-2000. Postdoctoral Fellowship: Mental Illness Research, Education and Clinical Center, Dementia Research Emphasis, 2001-2003. Licensed, State of California, PSY21916. Professional Organizations: Asian American Psychological Association, American Psychological Association,

International Neuropsychological Society. Professional and Research Interests: neuropsychology, geropsychology, Asian American psychology, predictors of cognitive decline, cognitive disorders, dementia, posttraumatic stress disorder, sleep disorders.

Dan Koehler, Psy.D. The Wright Institute, 2017. Internship: VA North Texas Health Care System 2016-2017 (medical psychology track). Postdoctoral fellowship: VA Palo Alto Health Care System 2017-2019 (Rehabilitation Psychology). Licensed in the State of California PSY30854 since 2019. Professional Organizations: American Psychological Association (Divisions 22, 40, and 47), Academy of Spinal Cord Injury Professionals (ASCIP). Professional and Research Interests: Neurorehabilitation, lifestyle medicine, exercise as medicine, adjustment to disability, coping effectiveness, performance psychology, and community reintegration following stroke, TBI, and SCI/D (including MS and ALS); Enhancing treatment outcomes via interdisciplinary cotreatment interventions.

Madhur Kulkarni, Ph.D. (she/her) University of Michigan, 2010. Internship: VA Palo Alto Healthcare System (VAPAHCS), 2010. Joint Postdoctoral Fellowship: Center for Innovation to Implementation, Health Services Research and Development, VAPAHCS and Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, 2012. California License: PSY 26959 since 2015. Currently a psychologist on the PTSD Clinical Team. Clinical and Professional Interests: Treatment of PTSD through treatments including Prolonged Exposure, Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, and Acceptance and Commitment Therapy, as well as treatments for cooccurring PTSD-Substance use disorders. Also intensively trained in Motivational Interviewing, Interpersonal Therapy, and Skills Training for Affective and Interpersonal Regulation (STAIR). Co-authored STAIR patient manual for Veterans. Strong interest in providing culturally-sensitive treatment to ethnic minorities and underserved clients and developing multicultural competence and proficiency in supervisees.

Geoffrey W. Lane, Ph.D., ABPP-Gero Pacific Graduate School of Psychology, 2004. Geropsychology internship: University of Medicine and Dentistry of New Jersey, 2004-2005. Geropsychology postdoctoral fellowship, University of Rochester Medical Center, 2005-2006. Licensed, state of California PSY20829. Consultant, Institute on Aging, San Francisco CA, 2006-present. Neuropsychologist, Rehab Without Walls, San Jose CA, 2009-2015, Psychological Consultant, Avenidas Adult Day Health Program. Professional Organizations: American Psychological Association, Psychologists in Long Term Care. Professional and research interests: Neuropsychological assessment in geriatric populations, long term care psychology, technological innovations in long term care, program development and program evaluation in long term care settings, behavior management in dementia care.

Eric H. Lee, Psy.D. (he/him) PGSP-Stanford Psy.D. Consortium, 2018. Internship: Cincinnati VA Medical Center (Health Psychology Emphasis), 2017-2018. Postdoctoral Fellowship: San Francisco VA Health Care System (Primary Care Psychology Focus Area), 2018-2019. On staff at VA Palo Alto HCS since 2020. Licensed, State of California PSY31657. Clinical Interests and Background: Behavioral medicine/health psychology, HIV and other chronic illnesses, primary care psychology, integrated care, LGBTQ health care, evidence-based treatments. Professional Organizations: American Psychological Association (Division 38, Health Psychology; Division 44, Society for the Psychology of Sexual Orientation and Gender Diversity), Asian American Psychological Association, Society of Behavioral Medicine.

Dorene Loew, Ph.D. (she/her) University of Vermont, 1987. Internship VA Palo Alto HCS 1986-87. Post-internship employment at the San Francisco VA and UCSF prior to returning to VA Palo Alto in 1989. Licensed, State of California PSY11325, since 1997. Professional Organizations: American Psychological Association; International Society for Traumatic Stress Studies. Professional Interests: The intersection of acceptance and change, particularly in working with individuals with a history of trauma,

and/or assisting individuals with identifying and developing a life worth living. Preferred interventions include: Mindfulness and compassion skills development; Prolonged Exposure and Cognitive Processing Therapy; and Dialectical Behavior Therapy, all within the context of a Whole Health recovery-oriented, and trauma-informed model of care.

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

Jennifer Loughlin, Ph.D. Palo Alto University, 2012. Internship: Minneapolis VA, 2010-2011. Postdoctoral fellowship (neurorehabilitation emphasis): Barrow Neurological Institute (Phoenix), 2012-2014. Neuropsychologist at the Barrow Neurological Institute from 2014-2016. On staff at the Palo Alto VA since 2016. Licensed, State of Arizona since 2014. Professional Organizations: American Psychological Association (Divisions 22 and 40) and the National Academy of Neuropsychology. Professional and Research Interests: neurorehabilitation, post-TBI adjustment, community reintegration, and outcomes.

Kacey Marton, Ph.D. (she/her) Pacific Graduate School of Psychology/Palo Alto University, 2018. Internship: VA Palo Alto HCS (Neuropsychology Track), 2017-2018. Postdoctoral Fellowship: VA Palo Alto HCS (Neuropsychology, APA Specialty-Accredited), 2018-2020. Licensed in California, PSY 31241. On staff at VAPAHCS since 2020. Professional Organizations: American Psychological Association (Divisions 40 and 22), International Neuropsychological Society, National Academy of Neuropsychology, Northern California Neuropsychology Forum. Professional and Research Interests: neurorehabilitation, functional assessment and ecological validity, use of technology to increase access to care, program development.

Madison Mackenzie, Psy.D. (she/her) University of Denver Graduate School of Professional Psychology, Denver, 2020. Internship: VA Northeast Ohio HCS (Rehabilitation Psychology Focus) 2019-2020. Postdoctoral Fellowship: VA Palo Alto HCS (Rehabilitation Psychology, APA Specialty-Accredited), 2020-2022. Licensed in California, PSY33613. On staff at VAPAHCS since 2022. Professional Organizations: American Psychological Association (Divisions 22 and 40), Academy of Spinal Cord Injury Professionals (ASCIP). Professional and Research Interests: spinal cord injury/disorder, sexuality/sexual functioning, post traumatic growth, adjustment to injury, disability identity, advocacy, and interdisciplinary team care.

James Mazzone, Ph.D. (he/his) Pacific Graduate School of Psychology, Palo Alto, 2007. Internship, Central Arkansas VA Healthcare System 2006-2007. Postdoctoral fellowship, The VA Palo Alto Health Care System, 2007-2008. VA Palo Alto Health Care System staff since 2008. Licensed, State of California PSY22067, since 2008. Professional Affiliations: American Psychological Association and Sigma Xi, The Scientific Research Society. Professional Interests: Integrated medical and mental health treatment; alcohol and substance abuse; physical and psychological trauma; high-risk and disabled populations and; lifestyle, health risk behaviors, and aging.

Joshua McKeever, Ph.D. Drexel University, 2014. Internship: University of Washington 2013-2014 (Behavioral Medicine/Neuropsychology track). Postdoctoral fellowship: VA Palo Alto Health Care System 2014-2016 (Rehabilitation Psychology emphasis area). Licensed in the State of California PSY28168 since 2016. Professional Organizations: American Psychological Association (Divisions 22 and 40), Northern California Neuropsychology Forum, International Neuropsychological Society. Professional and Research Interests: Memory disorders, neurocognitive rehabilitation, adjustment to disability following neurological and physical illness and injury, post-traumatic growth, primary and specialty care integration.

Elisabeth McKenna, Ph.D. Palo Alto University (formerly Pacific Graduate School of Psychology) Palo Alto, CA, 1997, VAPAHCS since 2010. Licensed, State of California PSY 16746 since 2000. Psychology Internship: University of Virginia (1995-96), Postdoctoral Fellowship: Kaiser Santa Clara Child & Adolescent Psychiatry (1997-98). Professional Interests Include: PTSD, TBI, Behavioral Medicine, Family Therapy, and Adoption.

Kevin McKenna, Ph.D. Palo Alto University, 2021. Internship: University of Mississippi Medical Center. Postdoctoral Fellowship: VA Palo Alto health Care System 2021-2022 (Continuum of Care of Addictions, Trauma, and Co-occurring Disorders). Licensure pending. Professional interests: Evidenced based approaches for SUD, PTSD, SMI, harm reduction, program development, and dissemination of EBPs for SUD across disciplines.

John R. McQuaid, Ph.D. University of Oregon, 1994. Internship and postdoctoral fellowship: University of California, San Francisco, 1993-1995. California License (#PSY14922) since 1996. Staff Psychologist, San Diego VA Health Care System (SDVAHCS), 1995-2004 (concurrent faculty appointment with the University of California, San Diego through 2009). Associate Chief of Psychology, SDVAHCS, 2004-2009. Deputy Chief of Mental Health, San Francisco VA Health Care System, (SFVAHCS), 2009-2017 (concurrent faculty appointment at University of California, San Francisco through the present). Associate Chief of Staff for Mental Health, SFVAHCS, 2017-2021. Associate Chief of Staff for Health Equity, SFVAHCS, 2021-2022. Chief of Psychology, VA Palo Alto Health Care System (VAPAHCS), 2022-present. Professional Organizations: Fellow, Academy of Cognitive Therapy; Member, American Psychological Association, Division 18; Association of Behavioral and Cognitive Therapies; Association of VA Psychologist Leaders. Clinical and research interests: Cognitive behavioral therapy, mindfulness, psychotherapy outcome trials for psychological and behavioral health conditions.

Melissa A. Mendoza, Psy.D. University of La Verne, 2015. Internship: Boston Consortium, 2014-2015. Postdoctoral Fellowship (Psychosocial Rehabilitation emphasis area) VA Palo Alto HCS 2015-2016. Professional Organizations: American Psychological Association (Division 56, Trauma Psychology; Division 41, Law Society), Association for Behavioral and Cognitive Therapies, International Society for Traumatic Stress Studies. Professional Interests: Implementation of evidence-based interventions for individuals recovering from severe and persistent mental illness, traumatic stress exposure, substance abuse, and pervasive emotion dysregulation deficits; promotion of recovery-oriented principles to facilitate positive psychosocial outcomes, resilience, and successful community reintegration; consultation to interdisciplinary treatment teams to inform systemic changes that promote recovery.

Susan Mirch-Kretschmann, Ph.D. Yale University, 2004. Internship: VA Palo Alto Health Care System (Behavioral Medicine emphasis) 2002-2003. Post-doctoral Psychosocial Rehabilitation Fellow: VA Palo Alto HCS, 2003-2004. Consultant for VA Palo Alto HCS 2004-2005. Licensed State of California PSY2256, Certified Psychiatric Rehabilitation Provider since 2004, National Master Trainer for CBT-SUD and Consultant for VA MI training initiative. Professional Organizations: Association of Behavioral and Cognitive Therapies, Association of VA Psychology Leaders, Association for Psychological Science, Motivational Interviewing Network of Trainers. Clinical Interests: Dissemination and Implementation Science for evidence-based practices in mental health and substance use disorders, teaching and training

staff in EBPs, program development and outcome measurement, empirically based treatments for co-occurring disorders Research Interests: Care provider factors in health/mental health disparities, development of staff trainings to reduce these disparities, multicultural training and competency, stigma, motivation, emotion, recovery-oriented interventions and treatment planning, program outcome, and implementation science.

James Moses, Ph.D., ABPP-CN University of Colorado, Boulder, 1974. Dual internship at Fort Miley (San Francisco) VAMC and Palo Alto VAMC, 1973-74; VA Palo Alto HCS since 1974. Licensed California PSY4428 since 1975. Licensed New Mexico #1053, since 2008. Diplomate, American Board of Professional Psychology in Clinical Psychology (2003) and Clinical Neuropsychology (2006). Diplomate, American Board of Professional Neuropsychology, 1990. Adjunct Clinical Professor Emeritus of Psychiatry and Behavioral Sciences, Stanford University School of Medicine (since 2005). Editorial Board Member, Archives of Clinical Neuropsychology. Professional Organizations: American Psychological Association, American Association for the Advancement of Science, Society for Personality Assessment, International Neuropsychological Society, National Academy of Neuropsychology. Research Interests: Diagnostic clinical neuropsychology, cognitive psychology, psychopathology of depression, schizophrenia.

Hong Nguyen, Ph.D. University of Washington, 2014. Clinical internship VA Palo Alto HCS, 2013-2014. Post-doctoral fellowship San Francisco VA HCS, 2014-2015. Licensed Clinical Psychologist, state of Washington since 2015. Professional organizations: International Society for Traumatic Stress Studies, American Psychological Association, Association for Behavioral and Cognitive Therapies, and International OCD Foundation. Clinical and research interests: training and dissemination of Dialectical Behavior Therapy, complex PTSD, partner violence, substance use, anxiety disorders, and issues of diversity in research, treatment provision, and training.

Melissa O'Donnell, Psy.D. PGSP-Stanford Psy.D. Consortium, 2018. Internship VA Los Angeles Ambulatory Care Center, 2017-2018. Postdoctoral training VA Palo Alto HCS (Continuum of Care for Addictive Behaviors, Trauma, and Co-occurring Disorders), 2018-19. Licensed PSY 31277 State of California since 2019. Professional Organizations: American Psychological Association (Division 50, Society of Addiction Psychology), Clinical Interests: Evidence-based practices for addiction treatment, trauma, risk and resilience, shame and self-stigma for addiction and other marginalized populations including advocacy across systems, Acceptance and Commitment Therapy, as well as Mindfulness and Self-Compassion interventions.

Priti Parekh, Ph.D. (she/her) Duke University, 2001. Internship, Durham VAMC 2000-2001. Postdoctoral fellowship, Duke University Medical Center in the Division of Behavioral Medicine, 2001-2003. Licensed, state of Maryland #04098 since 2004 and state of California #26189 since 2014. Professional affiliations: Division 38 of the American Psychological Association, Society of Behavioral Medicine. Professional and research interests: psychological and behavioral factors in medical illness, presurgical psychological assessment, chronic pain, liver disease, and diabetes.

Carey Pawlowski, PhD, ABPP-RP University of Nebraska-Lincoln, 2002. Internship VA New Mexico HCS, 2001-2002. Postdoctoral fellowship VA Pittsburgh HCS, 2002-2003. Licensed since 2003, state of Missouri (#2003030099) and state of California since 2012 (#25268). Neurorehabilitation psychologist at The Rehabilitation Institute of Kansas City 2003 – 2008. Staff Rehabilitation psychologist with the Polytrauma Transitional Rehabilitation Program (PTRP) at the VA Palo Alto HCS since 2008. Board Certified Rehabilitation Psychologist through the American Board of Professional Psychology (ABPP)/American Board of Rehabilitation Psychology (ABRP); Certified Brain Injury Specialist Trainer. Professional Organizations: American Psychological Association, Divisions 18, 22, and 40. Clinical and research interests: rehabilitation psychology; functional outcomes after acquired or traumatic brain injury;

adjustment to disability; post-traumatic growth; behavioral pain management; cognitively modified, evidence-based approach to treating combat stress/PTSD.

Laura J. Peters, Ph.D. (she/her) University of Utah 1988. VA Palo Alto HCS internship, 1986; VA staff member since 1986. Licensed State of California PSY11247 since 1989. Professional Organizations: American Psychological Association. Research Interests: Family Caregiver Stress, Cognitive Screening of Blind Veterans. Member of VAPAHCS Clinical Bioethics Committee, WBRC Education Committee and Leadership Team.

Kendra Ractliffe, Ph.D. (she/her) University of South Dakota, 2013. Clinical internship VA Palo Alto HCS, 2012-2013, Post-doctoral fellowship San Francisco VA HCS, 2013-2014. Licensed Clinical Psychologist, State of California PSY 27201 since 2015. Professional organizations: Anxiety Disorders Association of America, International Emergency Management Association, International Society of Traumatic-Stress Studies. Clinical and research interests: Evidence-Based Treatments for PTSD (PE, CPT, EMDR,), developmental/complex trauma, resiliency, disaster mental health, and program evaluation/development.

Shannon Reese, Psy.D. (she/her) California Lutheran University, 2022. Clinical Psychology Internship: Sacramento VA Medical Center, 2021-2022. Psychology Postdoctoral Fellowship, PTSD Focus Area: VA Palo Alto HCS, 2022-2023. On staff since 2023. Professional Organizations: International Society for Traumatic Stress Studies, American Psychological Association. Clinical and Research Interests: evidence-based treatments for PTSD (CPT, PE), holistic approaches to health and well-being, anger management, process improvement, first responders, and sensation seeking.

Daniel Ryu, Psy.D. PGSP-Stanford PsyD Consortium, Clinical Psychology, 2019. Psychology Internship: Cambridge Health Alliance/Harvard Medical School (Primary Care Behavioral Health Integration/Adult Outpatient), 2018-2019. Postdoctoral fellowship VA Palo Alto HCS (Continuum of Care for Addiction, Trauma, and Co-Occurring Disorders), 2019-2020. Currently serving as a member of APA's Committee on Sexual Orientation and Gender Diversity. Professional Interests: The intersection of marginalization, psychological suffering, social justice, intersubjectivity, and cultural resilience through a systems- and community-based lens.

Dara Shapiro, Psy.D. (she/her) Roosevelt University, 2019. Internship: Regional Mental Health Center 2018-19. Postdoctoral Fellowship: Miami VA HCS, Veterans Justice Program 2019-20. Licensed, State of Florida PY 10908. On staff at Miami VA HCS 2020-2022 and VA Palo Alto HCS since 2022. Professional Interests: Women Veterans mental health, gender-specific interdisciplinary treatment, interpersonal trauma treatment, women's reproductive mental health, working with marginalized populations and social justice, mindfulness-based approaches including Dialectical Behavior Therapy.

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

Chantel M. Ulfig, Ph.D. (she/her) University of Florida, 2020. Internship, VA Palo Alto HCS (Behavioral Medicine Track) 2019-2020. Postdoctoral Fellowship, VA Palo Alto HCS (Behavioral Medicine Focus Area) 2020-2021. On staff at VA Palo Alto HCS since 2021. Professional Organizations and Committees:

American Psychological Association (Division 38), Psychosocial Representative to the VA Palo Alto HCS Cancer Care Committee. Professional Interests: Behavioral medicine/health psychology, psycho-oncology, fear of cancer recurrence, hospice/palliative care, coping with chronic illnesses, health behavior change, chronic pain, sleep disorders, training and supervision, and group psychotherapy.

John Wager, Ph.D., ABPP-CN Pacific Graduate School of Psychology, 2008. Internship (Neuropsychology Track): Baylor College of Medicine, 2007-2008. Postdoctoral fellowship (Neuropsychology): VA Palo Alto HCS 2008-2010. University of Rochester Medical School staff neuropsychologist, 2010-2012. Kaiser Foundation Rehabilitation Center staff neuropsychologist, 2012-2013. VA Palo Alto Spinal Cord Injury staff neuropsychologist, 2013-2019. Director of the Neuropsychological Assessment and Intervention Clinic since 2019. Licensed, State of California since 2009. Professional Organizations: American Psychological Association; International Neuropsychological Society; National Academy of Neuropsychology; The American Academy of Clinical Neuropsychology, American Board of Professional Psychology. Professional and Research Interests: Clinical neuropsychology and cognitive rehabilitation.

Tiffanie Sim Wong, Ph.D., ABPP-RP University of Maryland, Baltimore County, 2007, VAPAHCS since 2008. Licensed, State of California PSY22759 since 2009. Psychology Internship: VAPAHCS (2006-2007), Postdoctoral Fellowship (Rehabilitation Psychology emphasis area): VAPAHCS (2007-2008). Professional Organizations: American Psychological Association, Division 22 – Rehabilitation Psychology and National Academy of Neuropsychology. Professional/Research Interests: Neuropsychology and Rehabilitation, including TBI, PTSD, Substance Use Disorders, and cognitive adaptations to treatment.

Stephanie N. Wong, Ph.D. (she/her) New York University, 2019. Licensed: State of California (PSY 32223), State of New York (025602), State of Washington (61326798). Psychology Internship: VAPAHCS (2018-2019). Postdoctoral Fellowship (Trauma Recovery Services emphasis area): VAPAHCS (2019-2020). On staff at VAPAHCS since 2021. Professional Organizations: Asian American Psychological Association, APA Division 17 Section for the Professional Practice of Counseling Psychology (Treasurer). Clinical interests: Cognitive Behavioral Therapy (for Anxiety, Panic, and Depression), Cognitive Processing Therapy, Dialectical Behavior Therapy, Emotionally Focused Therapy, Prolonged Exposure, evidence-based and culturally-responsive treatment of PTSD and complex trauma, mindfulness-based interventions, integrative psychotherapy, and cultural adaptations of evidence-based treatments. Research interests: decolonizing mental health interventions with marginalized populations, sexual trauma, body image, eating disorders, complex trauma.

Joshua D. Zeier, Ph.D. University of Wisconsin-Madison, 2013. Internship VA Palo Alto HCS, 2012-2013. Licensed PSY 26553 State of California since 2014. Professional Organizations: Association for Psychological Science, Society for the Scientific Study of Psychopathy. Clinical Interests: Treatment of addiction, externalizing disorders/syndromes of disinhibition, treatment of personality disorders, multicultural competence, therapeutic interventions for SMI, motivational interviewing, integrative psychotherapy and common factors as mechanisms of change in psychotherapy.

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

Sherry A. Beaudreau, Ph.D., ABPP-Gero Washington University in St. Louis, 2005. VA Palo Alto Health Care System Internship 2004-05. Post-doctoral fellowship MIRECC/Stanford University School of Medicine, 2005-2008. On staff since 2008. Licensed PSY21414 State of California since 2007. Faculty appoint: Clinical Professor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Honorary Associate Professor, University of Queensland, Brisbane, Australia. Fellow, Gerontological Society of America (Behavioral and Social Sciences Section). American Psychological Association (Division 20 Adult Development and Aging). Journal Editorial Boards: American Psychologist, Clinical Gerontologist, and Clinical Psychology: Science and Practice. Professional Organizations: American Psychological Association (Society of Clinical Psychology (Division 12), Adult Development & Aging (Division 20), Society of Clinical Geropsychology (12 Section II) and Gerontological Society of America. Professional interests: Interventions for late life suicide, anxiety, and depression, problem-solving therapy, suicide risk and other health disparities in older LGBTQ+ Veterans, neurocognitive moderators of treatment outcome, reciprocal relationship between mental health symptoms and neurocognitive functioning in older adults.

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

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

Afsoon Eftekhari, Ph.D. Kent State University. Internship: VA Puget Sound Health Care System. staff VAPAHCS. Licensed State of Washington. Professional Organizations: Association for Behavioral and Cognitive Therapies, International Society for Traumatic Stress Studies, American Psychological Association. Professional/Research Interests: Posttraumatic stress disorder, treatment outcome trials, implementation and dissemination of evidence-based treatments.

J. Kaci Fairchild, Ph.D., ABPP-Gero University of Alabama, 2007. Internship VA Palo Alto HCS, 2006-2007. Post-doctoral fellowship MIRECC/Stanford University School of Medicine, 2007-2009. On staff since 2009. Licensed PSY23116 State of California since 2010. Faculty appointment: Clinical Instructor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Professional Organizations: American Psychological Association, Gerontological Society of America. Professional interests: establishment of efficacious treatments for cognitive impairment; identification of demographic, cognitive, psychosocial and biological moderators and mediators of treatment response.

Christine Gould, Ph.D., ABPP-Gero (she/her) West Virginia University, 2011. Internship VA Palo Alto HCS 2010-2011. Postdoctoral Fellowship VA Fellowship Program in Advanced Geriatrics, 2011-2014

and Stanford Postdoctoral Research Fellow in Psychiatry & Behavioral Sciences, 2012-2014. Licensed PSY25502, California, 2013, and on staff since 2014. Faculty appointment: Clinical Associate Professor, Stanford University Department of Psychiatry & Behavioral Sciences. Professional Organizations: America Psychological Association (Divisions 20 and 12, Section II), American Association of Geriatric Psychiatry, Gerontological Society of America. Professional Interests: late-life anxiety, medical and psychiatric comorbidity, technology use in older adults, digital mental health.

Daniel Gutkind, Ph.D. University of Southern California, 2002. Internship: Didi Hirsch Community Mental Health Center, Los Angeles, CA 2000-2001. California License PSY20889 since 2006. On staff at VAPAHCS since 2007. Professional Interests: Psychosocial Rehabilitation for seriously mentally ill individuals, co-integrated mental illness/substance use disorder treatment.

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

Rachel Kimerling, Ph.D. The University of Georgia 1997. Clinical Internship, VA Palo Alto HCS, 1995-1996. Research Fellowship, Stanford University School of Medicine, 1997-1998. Licensed, State of California, PSY19188. National Center for PTSD, VAPAHCS since 2003. Professional Organizations: American Psychological Association, American Public Health Association, International Society for Traumatic Stress Studies, Academy Health. Research Interests: Posttraumatic Stress Disorder, Gender & Intersectional Effects, Women's Health, Patient Engagement, Psychometrics.

Sara Krasner, Psy.D. (she/her) PGSP-Stanford Psy.D. Consortium, 2020. Internship: VA Loma Linda Health Care System (2019-2020). Postdoctoral Residency: San Francisco VA Health Care System (2020-2021; Substance Use, PTSD, and Co-occurring Disorders Treatment). California License: PSY33225. Professional Organizations: American Psychological Association (including Div. 18 and 50), California Psychological Association, Association for Contextual Behavioral Sciences, San Francisco Psychological Association, and San Mateo County Psychological Association. Clinical Interests: Interdisciplinary treatment of substance use and co-occurring disorders, delivery of evidence-based treatments for PTSD (including CPT and ACT), advocacy in SUD treatment access, caregiver/provider stress and burnout, grief and loss in SUD treatment (including supporting providers in coping with patient death).

Maggi Mackintosh, Ph.D. University of Southern California, 2009. Internship: VA Portland Medical Center, 2007-2008. Postdoctoral fellowship: National Center for PTSD/VA Pacific Islands Healthcare System: 2009-2011. Licensed, State of Colorado, CO3539. National Center for PTSD, Pacific Islands Division (2009-2016) and Dissemination & Training Division (2016–present). Professional organizations: American Psychological Association, American Statistical Association, Gerontological Association of America, International Society for Traumatic Stress Studies. Research Interests: Digital technologies for care of PTSD and related-conditions, dysregulated anger, mechanisms of action in psychotherapy, and statistics in mental health research.

Shannon McCaslin-Rodrigo, Ph.D. The University of South Dakota, 2003; APA Doctoral Certificate - Disaster Psychology, 2003. Internship: San Francisco VA Medical Center, 2001-2002. Postdoctoral fellowship: San Francisco VA Medical Center/University of California San Francisco (UCSF), 2003-2007; VA Mentored Career Development Award (CDA-2), 2007-2012. Licensed, State of California (PSY20578). Current position: D&T Division of NCPTSD at VAPAHCS and Clinical Professor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine.

Professional Organizations: American Psychological Association (APA), International Society for Traumatic Stress Studies (ISTSS). Professional and research interests: posttraumatic stress disorder and psychosocial functioning, trauma and sleep, digital mental health.

Carmen McLean, Ph.D. (she/her) University of Nebraska – Lincoln, 2008. Internship: University of Chicago Medical Center, 2007-2008. Postdoctoral fellowship: NCPTSD at the Boston VA Healthcare System, 2008-2010. California license PSY31599. D&T Division of NCPTSD at VAPAHCS and Clinical Professor (Affiliate) at Stanford University (previously at the University of Pennsylvania). Professional Organizations: Association for Behavioral and Cognitive Therapies, International Society for Traumatic Stress Studies. Associate Editor: *Journal of Anxiety Disorders* and Editor Elect: *Cognitive and Behavioral Practice*. Research interests: PTSD treatment, digital interventions, implementation science.

Sarra Nazem, Ph.D. (she/her) West Virginia University, 2013. Internship: VA Palo Alto HCS, 2012-2013. Postdoctoral fellowship: VA Advanced Fellowship in Mental Illness Research and Treatment in Suicide Prevention, Rocky Mountain Regional VA Medical Center and the University of Colorado School of Medicine, 2013-2015. Licensed, State of Colorado PSY0004228, since 2015. Professional Organizations: American Psychological Association (APA), Association of VA Psychologist Leaders (AVAPL), Military Suicide Research Consortium (MSRC). Associate Editor: *Journal of Clinical Psychology.* Professional and research interests: Suicide prevention (including suicide risk mechanisms, behavioral assessment of suicide, sleep and suicide, postvention), digital mental health, PTSD.

Jason Owen, Ph.D. University of Alabama at Birmingham, 2003. Internship: University of California, Los Angeles, 2002-2003. Postdoctoral fellowship: National Cancer Institute, fellow in cancer prevention & control, University of California, Los Angeles 2003-2004. MPH, Healthcare Organization & Policy. Licensed, California #20699. Professional interests: Use of digital health technologies to improve access and delivery of mental health treatments to underserved Veterans.

Timothy Ramsey, Ph.D. University of Colorado, Boulder 1997. Licensed in California since 2001. Internship at VA Palo Alto HCS. Worked in community mental health from 1998 -2008, at a clinic serving primarily African Americans from the surrounding neighborhoods and the largest LBGT focused clinic in San Francisco. Professional Interests: Working with underserved clients, working cross-culturally, therapeutic communities, trauma work, group therapy, supervision and substance abuse treatment. Research Interests: Substance abuse treatment, outcome research.

Allyson C. Rosen, Ph.D., ABPP-CN. Case Western Reserve University, 1993. Internship Long Island Jewish-Hillside Hospital, 1993-4. Clinical neuropsychology post-doctoral specialization Medical College of Wisconsin 1994-97. Research post-doctoral fellowships in neuroimaging National Institute on Aging (1998-9), Stanford University (F32:1999-2002). Mentored fellowship brain stimulation (K01: 2006-2011). On staff since 2002. Licensed California (2001, #17777), Wisconsin (1996, #1975), Massachusetts (1996,#7083). Professional Organizations: Society for Neuroscience, International Neuropsychological Society, Cognitive Neuroscience Society. Cognitive neuroscience of aging and dementia. Functional and structural MRI. Vascular cognitive impairment related surgical interventions. Brain stimulation including transcranial magnetic stimulation (TMS) and transcranial direct current stimulation (tDCS).

Craig Rosen, Ph.D. Yale University, 1998. Licensed, State of California PSY 16786, 2000. Assistant Professor of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Professional Organizations: International Society for Traumatic Stress Studies, American Psychological Association. Research Interests: Posttraumatic stress disorder, mental health services research, telemedicine, disaster mental health, dementia, implementation of evidence-based practices.

Matthew A. Stimmel, Ph.D. Fordham University, 2013. Internship: University of Massachusetts Medical School/Worcester Recovery Center and Hospital, 2012-2013. Postdoctoral fellowship: VA Palo Alto HCS, Trauma Emphasis, 2013-2014. Professional Organizations: International Society for Traumatic Stress Studies, American Psychology-Law Society, American Psychological Association. Clinical/research interests: Posttraumatic stress disorder, justice-involved Veterans, Moral Reconation Therapy, gender specific treatment in justice settings, impact of Veterans treatment courts.

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

Robyn D. Walser, Ph.D. University of Nevada-Reno, 1998. VA Portland Oregon Internship, Licensed, State of California PSY17744, since 2001. Professional Organizations: Association for Behavioral and Cognitive Therapies, Association for Contextual and Behavioral Sciences, International Society for Traumatic Stress Studies, American Psychological Association. Professional and Research Interests: acceptance-based interventions, Acceptance and Commitment Therapy, PTSD, substance abuse, early intervention, PTSD and the elderly, translating science into practice, emotional avoidance.

Shannon Wiltsey Stirman, Ph.D. University of Pennsylvania, 2005. Internship: VA Palo Alto HCS 2004-2005. Postdoctoral Fellowship: University of Pennsylvania. VA Palo Alto HSC staff since 2015 (Previously VA Boston Healthcare System). Associate Professor, Stanford University School of Medicine (as of 11/2015), Department of Psychiatry and Behavioral Sciences. Licensure: State of Pennsylvania (PS016344) since 2009. Professional Organizations: Academy of Cognitive Therapy, Anxiety and Depression Association of America, Association for Behavioral and Cognitive Therapies, Association for Psychological Sciences, International Society for Traumatic Stress Studies, Society for Implementation Research Collaboration. Research Interests: Implementation and Sustainment of Evidence-Based Psychosocial Treatments, Digital mental health and messaging-based interventions, Fidelity to EBPs, Effectiveness and Hybrid research Methodologies, Cognitive Processing Therapy, PTSD, Depression, and Suicide Prevention

Steven Woodward, Ph.D. University of Southern California, 1985. Internship VA Palo Alto HCS 1986. VA Palo Alto HCS staff since 1989. California Licensure PSY11306 since 1989. Faculty appointment: Clinical Professor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Professional Organizations: Society of Psychophysiology Research, Sleep Research Society, International Society for Traumatic Stress Studies. Research Interests: Assessment and treatment of PTSD-related sleep disturbances, low-burden and remote sleep recording, sleep and suicidality, technological enhancements in telemental health, wearables, structural neuroimaging.

Lindsey Zimmerman, Ph.D. Georgia State University, 2012. Internship: VA Palo Alto HCS 2011-2012. Postdoctoral Fellowship: University of Washington School of Medicine and VA Puget Sound. VA Palo Alto HCS staff since 2014. Affiliate Instructor, University of Washington School of Medicine, Department of Psychiatry and Behavioral Sciences. Licensure: State of Washington (PY60416258) since 2013. Professional Organizations: American Psychological Association (Divisions 27 & 56), Society for Community Research and Action, Research Society on Alcoholism, International Society for Traumatic

Stress Studies, Society for Implementation Research Collaboration. Research Interests: Implementation Science, Systems Science, Operations and Quality Improvement, Mental Health and Addiction Health Services Research, Participatory Research Methods.