Psychology Internship Program

VA Long Beach Healthcare System
Tibor Rubin Medical Center
5901 East 7th Street (06/116B)
Long Beach, CA 90822
(562) 826-5604
https://www.longbeach.va.gov/
https://www.longbeach.va.gov/careers/PsychologyTraining_.asp
https://www.psychologytraining.va.gov/

APPIC MATCH Numbers:
General Track 112911
Neuropsychology Track 112912

Applications Due: November 1, 2019

Accreditation Status

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

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979  e-mail: apaaccred@apa.org
Internet: http://www.apa.org/ed/accreditation

Application and Selection Procedures

Application Requirements and Process

We rely on the Association of Psychology Postdoctoral and Internship Centers’ (APPIC) portal for all application materials. We currently offer positions in two tracks: (1) General Track and (2) Neuropsychology Track (general internship with special emphasis in neuropsychology). Additional information about these tracks can be found below in the section titled “Program Structure.”

For the General Track internship applicants, we expect at least three years of doctoral level study with 450 hours of practica intervention and 100 hours of assessment experience accrued prior to the application deadline. For the Neuropsychology Track internship applicants (general internship with
special emphasis in neuropsychology), we expect at least three years of doctoral level study with 300 hours of practica intervention and 300 hours of assessment experience prior to the application deadline.

Along with the usual materials requested by the APPIC Application for Psychology Internships (AAPI Online), we request 3 letters of recommendation and ask that your cover letter specifically indicate if you are applying to the **General Track** or the **Neuropsychology Track** (general internship with special emphasis in neuropsychology). Applicants can only apply to one track. Cover letters should also state how you see our internship furthering your training in psychology, the rotations that you are most interested in, and how completing an internship with us will fulfill your career development goals and aspirations. No additional supplemental materials (e.g., writing sample) are required.

Please consider your interest in VA Long Beach carefully, because in 2018 we had 167 completed applications for only eight internship slots.

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

Stacy Reger, Ph.D.,
Director of Training, Psychology
VA Long Beach Healthcare System
Tibor Rubin Medical Center
5901 East 7th Street (06/116B)
Long Beach, CA 90822
Stacy.Reger@va.gov

**Phone:** (562) 826-8000 ext. 2-4915
**Fax:** (562) 826-5679

**Candidate Interviews**

All application materials will be reviewed by the Psychology training program staff. Candidates will be informed by e-mail by December 6th, 2019 as to whether or not they have been invited for a personal interview. This is typically about a third of the total applicant pool. Interview days will occur Jan 8th, 10th, 13th, and 15th of 2020. Please contact the Director of Training by Dec 13th, 2019 if you haven't heard from us.

Interviews will be offered on site at the VA Long Beach Healthcare System or via telephone or V-Tel. For applicants electing the on-site interview, your interview day will last from 8am until 1pm. The day will start with a general orientation by the Director of Training, followed by two 60-minute individual interviews with staff members (one structured interview with set questions and one unstructured interview). General track internship applicants will interview with two general staff psychologists. Neuropsychology track internship applicants will interview with a neuropsychologist (either Drs. Johnson or Kim) in addition to another general psychology staff member. We will make every effort to match you with two of your top choices for staff interviewers involved in internship training. Following interviews, candidates will hear rotation presentations from staff using a round robin structure and then have a pizza lunch (provided by VA Long Beach staff) with our current interns. While the staff round robin presentations and intern lunch are great ways to learn more about the internship training program, intern candidates are not required to attend them.

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

**Match Process**
We adhere strictly to the match policies established by APPIC. As noted in the “Program Structure” section below, we have two separate tracks with separate match numbers: **General track** (APPIC Match Number: 112911) and **Neuropsychology track** (APPIC Match Number: 112912). This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. The only information that we may communicate to applicants prior to the February deadline is whether they are still under consideration for admission.

Additional information regarding the match is available through the APPIC National Matching Program at [http://www.natmatch.com/psychint](http://www.natmatch.com/psychint).

### VA Eligibility Requirements

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

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

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

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

3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit [https://www.sss.gov/](https://www.sss.gov/). Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.

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

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

6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at [https://www.va.gov/oaa/agreements.asp](https://www.va.gov/oaa/agreements.asp) (see section on psychology internships).
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit [https://www.va.gov/OAA/TQCVL.asp](https://www.va.gov/OAA/TQCVL.asp)

   a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. * Declinations are EXTREMELY rare. If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.

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

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

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

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

   - [https://www.psychologytraining.va.gov/eligibility.asp](https://www.psychologytraining.va.gov/eligibility.asp)
   - [https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf](https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf)

**Financial and Other Benefit Support for 2020-2021 Training Year**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Interns</td>
<td>$29,613</td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Interns</td>
<td>N/A</td>
</tr>
<tr>
<td>Program provides access to medical insurance</td>
<td>Yes</td>
</tr>
<tr>
<td>for intern?</td>
<td></td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td>104 hours/yr</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>104 hours/yr</td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Other Benefits (please describe): Authorized Absence (AA) may be requested for off-site educational workshops/seminars, conferences, other approved training activities, graduation, and dissertation defense.

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

Our VA Long Beach Healthcare System includes the main medical center complex in Long Beach, as well as five community-based outpatient clinics (CBOCs) located in West Long Beach (Villages at Cabrillo), Anaheim, Laguna Hills, Santa Ana, and Santa Fe Springs. VA Long Beach is a part of the Veteran’s Integrated Service Network (VISN) 22, which also includes the New Mexico VA, Northern Arizona VA, Phoenix VA, Southern Arizona VA, San Diego VA, Loma Linda VA, and the Greater Los Angeles Healthcare System consisting of the West Los Angeles VA, the Sepulveda VA Ambulatory Care and Nursing Home, the Los Angeles Ambulatory Care Center, and outlying clinics. Our medical center has been undergoing extensive renovation with two large new buildings, and it is located adjacent to California State University Long Beach. Residents from the University of California at Irvine (UCI) Medical School rotate through Long Beach Memorial Medical Center, VA Long Beach, and UCI Medical Center, which is 13 miles east of us.

Established in 1947, the Psychology Training Program has always been considered a significant component of mental health services and it has been fully integrated into the VA Long Beach Healthcare System. Since 1980, we have trained 306 doctoral interns, representing over 100 graduate programs from around the country. The internship program was initially granted accreditation by the American Psychological Association in February 1980. Also, for many years we have been training practicum students, typically from local universities, and this year we will have our twelfth class of postdoctoral fellows in six specialty areas.

Most staff psychologists are members of the Mental Health Care Group and our Chief of Mental Health is psychiatrist, Lawrence Albers, M.D. Our Chief Psychologist is Nicholas Caskey, Ph.D., and our Assistant Chief Psychologist is Jessica Zuehlke, Psy.D. Our Director of Psychology Training is Stacy Reger, Ph.D, and Andrea Scott, Ph.D., is the Director of our Psychology Postdoctoral Training program, first funded in 2008. Gretchen Sholty, Ph.D. and Christine Kim, Ph.D. are the Assistant Directors of Psychology Training. Dr. Sholty coordinates the Pre-Internship practicum program and Dr. Kim is the Coordinator of our Neuropsychology Clerkship practicum program. The Directors of Training are advised by the Executive Training Committee. Over half of the total number of our training psychologists have been hired in the past 10 years, especially in the areas of neuropsychology, outpatient mental health, Combat PTSD program, and Primary-Care Mental Health Integration. Also, we have two psychology technicians who administer our psychological testing lab and our vocational counseling program.

Naturally, the generalist training that we provide is highly influenced by our being a VA healthcare facility. Like all VA training programs we serve primarily adult veterans and some active military service people, the majority of whom are male, although an increasing percentage of younger veterans and active duty service members are women. Because we are also a general medical and surgical facility as well as a broad provider of psychological and psychiatric services, several of the training opportunities that we provide have a health psychology focus.

**Training Model and Program Philosophy**

Our Psychology Internship Training Program at the VA Long Beach Healthcare System is committed to close supervision and competency-based training in a highly collegial setting. We endorse the scientist-practitioner model of psychology, and the internship training experience is organized accordingly. We are guided by both the original Boulder Model (Raimy, 1950) and the update of the scientist-practitioner model as articulated at the 1991 Gainesville conference (Belar & Perry, 1992). Interns are strongly encouraged to complete the defense of their dissertations prior to their internship start date in order to take full advantage of the rich training opportunities available throughout the internship year.
Prior to our internship, candidates are expected to have a solid grounding in the science of psychology. We can teach generalist psychology and evidence-based treatments, but we have to assume that our interns come with the underlying scientific rigor that can only be provided by their undergraduate and graduate programs. No differentiation is made between clinical and counseling interns with respect to the content of their clinical training experiences. Rather, we tailor our internship program to meet the individual training needs of each intern. Although our psychology staff provides a number of specialized services, we believe that training in health service psychology psychology at the doctoral level should be broadly based rather than narrowly focused so interns have one last chance to immerse themselves in new areas of clinical endeavor. Primary areas of skills are research, ethical and legal standards, individual and cultural diversity, professional values, attitudes, and behaviors, communication and interpersonal skills, assessment, intervention, supervision, as well as consultation and interprofessional/interdisciplinary skills.

**Program Goals and Objectives**

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

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

Sensitivity to diversity issues is an important objective in our training programs and among our staff. Because of the rich diversity of both our cohorts of veterans and our community, we are committed conveying the importance of diversity in all of our training experiences. This not only relates to our tailoring of treatment interventions, but also to our formal assessment approaches as well as our consultation with the rich diversity of our inter-professional staff in our treatment community.

**Program Structure**

Our internship program offers eight full-time funded internship positions for the 2020-2021 class. Seven of these positions are in the General Track and one is in the Neuropsychology Track (general internship with a special emphasis in neuropsychology).

**Clinical Tracks**

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

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

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

**General Track Rotation Schedule:**

<table>
<thead>
<tr>
<th>First 6-months (August – February)</th>
<th>Second 6-months (February – August)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1</td>
<td>Rotation 3</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>Rotation 4</td>
</tr>
</tbody>
</table>

**Neuropsychology Track Rotation Schedule:**

<table>
<thead>
<tr>
<th>First 6-months (August – February)</th>
<th>Second 6-months (February – August)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1: Neuropsychology</td>
<td>Rotation 3: Neuropsychology</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>Rotation 4</td>
</tr>
</tbody>
</table>

**Training Schedule and Rotations**

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

**Workload/Time Allocation**

All interns are expected to work 40 hours per week. This includes programmatic experiences and clinical rotation experiences. The 40 hours are typically spent on site at the VALBHCS campus, although it is possible that some time may be spent at one of our local Community Based Outpatient Clinics (CBOCs). All interns are required to complete 2,080 hours of training (including any granted annual leave, sick leave, and authorize absence).

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

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

| Programmatic Experiences: | Clinical Rotation Experiences: |
Supervision

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

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

Assessment

All interns are required to complete one comprehensive assessment case with an integrated report during the internship year. A second case may be assigned for interns who need additional assessment experience and this will be determined by the assessment supervisor. Group supervision of the intern assessment cases will occur in the assessment seminar (please see assessment seminar section below) and interns are allotted three hours of protected time per week to complete their assessments. Additional assessment opportunities may be available within clinical rotations and can cover a range of specialty areas, including: 1) psychodiagnostic, 2) neuropsychological, 3) brief cognitive screens (e.g., MoCA, MMSE), 4) pre-operative bariatric surgery psychological evaluations, 5) mental health assessments of readiness for bone marrow, stem cell, or kidney transplants, as well as CSHT (Cross-Sex Hormone Therapy), etc.

Intern Project

Our internship is based on the scientist-practitioner model and stresses the contribution of research to clinical practice. As such, interns are expected to complete a project of their choice during the year-long internship training year. This project may be conducted independently or in collaboration with other trainees or staff. Interns will work with the Director of Training to find a project advisor to develop and conduct their project. Generally, the project is done as part of one of the selected clinical rotations; however, the project advisor can be another VA Long Beach staff member. The goal of the project is for the intern to study or to develop some component of services that will be of utility to others in the field. This project may have a research focus (e.g., program utilization or effectiveness), an educational objective (e.g., training other staff, patients or their family members; developing a Continuing Education (CE) module), a program development aim (e.g., new peer-led service, or community re-integration program), or service provision goal (e.g., new treatment modality, or application of treatment to an underserved population). Other creative ideas are welcome.

This document may contain links to sites external to Department of Veterans Affairs. VA does not endorse and is not responsible for the content of the external linked websites.
All projects should have some form of measurable evaluation of their effectiveness and impact. Our goal is to offer the project for presentation at a professional forum such as submitting a paper to a peer-reviewed journal, presenting at a professional conference, or presenting a CE seminar at a community or VA Mental Health site. Interns will be required to present the details and results of their Intern Project at the end of year in the Mental Health Grand Rounds/Journal Club meeting. Interns are allotted three hours of protected time per week to complete this project.

Seminars and Other Meetings

Required Seminars:

Intern Seminar (weekly): Presentations for this seminar are coordinated by the Director of Training, Dr. Stacy Reger. These presentations are developed to be sequential in intern development while building upon the existing knowledge base of our interns. A combination of topics will be chosen that are relevant to the VA clinical setting, address innovations and trends in psychology as well as professional development.

Intervention - Evidence-Based Practice (EBP) Seminar (weekly): This seminar is coordinated by Dr. John Huang. Presentations will cover didactics on a wide range of EBPs offered throughout the VA as well as trainee and staff case presentations demonstrating application of these EBPs on clinical rotations.

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

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

Diversity Seminar (biweekly): This seminar is coordinated by Drs. Linda Baggett and Stacy Reger and will include didactic presentations, readings, experiential exercises, and case consultation covering a wide range of diversity issues. Please note that in addition to the biweekly diversity seminar, diversity-related topics are emphasized in ALL intern training experiences on a daily basis, including the other seminars, clinical rotations, supervision, etc.

Additional Opportunities:

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

Mentorship: In addition to supervision, interns have the option of receiving professional mentorship from psychology staff. A list of available mentors will be provided at the beginning of the training year. The role of a mentor is non-evaluative and flexible (CA-licensed is not required) and the mentor does not serve as a supervisor to the intern at any point in their training experience.
Chief Intern: The internship class selects a “Chief Intern” at the beginning of the training year. This can also be a rotating responsibility of two or three interns throughout the year. The Chief Intern attends the monthly Psychology staff meetings and keeps the internship class informed about issues in our professional group and in the healthcare facility in general. Other responsibilities of the Chief Intern include refining our interns’ interviewing process for each successive set of January interviews and serving as a general liaison between the internship class and the Directors of Training. If desired, there are opportunities to expand the duties of the Chief Intern if it fits into her or his current rotation schedules.

Mental Health Grand Rounds and Journal Club: These meetings are held most Tuesdays once the training year begins for all mental health disciplines. Interns will be required to present their intern projects at one of the Mental Health Grand Rounds/Journal Club meetings during their training year, typically in June and July.

Psychology Staff Meeting: A general Psychology Department staff meeting occurs once a month and includes the Chief Intern. These meetings are chaired by the Chief Psychologist and generally include provider contact data, peer review, new developments in the healthcare system, and issues specific to psychology as a profession.

Other Didactics: The internship program also includes educational opportunities such as lectures, on-site trainings (e.g., VA Long Beach hosts a yearly Polytrauma and Dialectical Behavioral Therapy training), as well as training opportunities through neighboring Southern California VA’s.

Training Experiences:

Below is a list of clinical rotations that are available for psychology interns at the VA Long Beach Healthcare System for the 2020-2021 training year. Please note that this list is subject to change due to changes in staffing or the development of new rotations.

1. Couples and Family Therapy
2. Geropsychology – Community Living Center (CLC) & Geriatric Evaluation & Management (GEM)
3. Geropsychology – Home Based Primary Care (HBPC)
4. Health and Wellness
5. Neuropsychology
6. Outpatient Mental Health – Behavioral Health Interdisciplinary Program (BHIP)
7. Outpatient Mental Health – Santa Ana Community Based Outpatient Clinic (CBOC)
8. Outpatient Mental Health – Santa Fe Springs Community Based Outpatient Clinic (CBOC)
9. Primary Care-Mental Health Integration (PC-MHI)
10. Program for Traumatic Stress (Combat PTSD)
12. Women’s Mental Health Clinic (WMHC) and Trauma

1. Couples and Family Therapy
Primary Supervisors: Michael Ganz, Ph.D. & Tatiana McDougall, Ph.D.

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

Psychology Training Provided: Dr. Ganz and Dr. McDougall are the two dedicated Couples Therapy psychologists at the Long Beach VA. EBP opportunities include Emotionally Focused Therapy (EFT) for Couples, Integrative Behavioral Couples Therapy (IBCT), as well as Cognitive Behavioral Conjoint Therapy (CBCT) for PTSD. Assessment opportunities are on a training-needs basis.

Dr. Ganz approaches his work from various evidence-based modalities depending on the clinical presentation and case conceptualization. Supervisees can expect to focus heavily on learning and/or
expanding skills in EFT with a minor emphasis in IBCT and CBCT. Communication skills psychoeducation is based on the Gottman approach as well as Scuka's Relationship Enhancement Therapy. Trainees in this rotation will have an opportunity to learn and give psychoeducational workshops based on the Scream-Free Parenting program. Dr. Ganz conceptually integrates from relational psychodynamic and attachment perspectives and uses these as a springboard to address psychopathology in time-limited treatment paradigms. Dr. Ganz is a former U.S. Army psychologist and combat veteran who also has a wealth of experience in treating PTSD with PE, CPT, and EMDR.

Dr. McDougall brings both research and clinical experience working with couples. She integrates attachment theory with research on stress/arousal and neurobiology to treat relationship distress from a holistic perspective. She is strongly influenced by mindfulness-based practices and incorporates this frequently into her work with couples. Trainees will receive supervision predominantly in EFT, with a strong emphasis on case conceptualization based in attachment theory with attention to cultural factors in the conceptualization of relational dynamics. Dr. McDougall is also trained in IBCT and CBCT-PTSD and enjoys integrating behavioral and trauma-focused treatment paradigms into couples work, always grounding conceptualization in attachment theory. Dr. McDougall also brings experience and training in DBT, which she uses in her treatment of high-conflict couples. For individual cases, Dr. McDougall takes an integrative approach emphasizing dynamic and attachment-based approaches to case formulation with short-term, evidence-based interventions. Dr. McDougall also leads the Intern Supervision of Supervision Seminar, based on her values of learning and teaching the craft of supervision. Trainees who work with Dr. Ganz and Dr. McDougall will receive both individual and group supervision. Group supervision occurs Mondays from 3-4:30pm

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

**Group Therapy Experiences:** Trainees can lead or co-lead any of the following groups, based on their interest and schedules.

- **Secure Foundations: Couples Growing Together (Couples Graduate Group):** Secure Foundations is a part-process, part-psychoeducation group therapy for couples who are no longer in acute distress but desire to continue improving their relationship. Supervisees will co-facilitate with Dr. Ganz to help couples build a deeper understanding of one another, improve communication skills, and give/receive support from other couples. Secure Foundations occurs Tuesdays 4:30pm-6pm.

- **Family Support Group (SAFE):** This is an open-ended group for family members and caregivers of Veterans who are looking for support, education, resources, and coping. The group is led by two trainees and meets on Mondays from 5-6:30pm. Dr. Ganz will provide an additional 30-minutes of group supervision to support trainees who lead this group.

- **Psychodynamic Process Group:** This is a Yalom-style process group for individual veterans with the focus on improving interpersonal functioning through increased contact with self. With Dr. Ganz, one trainee will have an opportunity to co-lead this group, which occurs Wednesdays from 2-3:30pm.

**Family Education, Treatment, and Community Outreach:**

- **Scream-Free Parenting:** Scream-Free is a psycho-educational workshop for parents that emphasizes emotional self-regulation, healthy boundaries, and parenting contingencies that foster individual responsibility. This class, led by Dr. Ganz, occurs on two successive Wednesday evenings, from 5-8pm, every other month. All trainees in the rotation are recommended to participate in at least one iteration of the class. Schedules will be accommodated.

- **Family Caregiver Program:** Trainees will have an opportunity to triage, diagnose, coordinate care, and individually treat family caregivers of veterans with mental health conditions.
2. **Geropsychology – Community Living Center (CLC) & Geriatric Evaluation and Management (GEM)**  
Primary Supervisors: Lauren Dill, Ph.D. & Stacy Reger, Ph.D. (We are currently hiring a third staff psychologist within the CLC, who will likely serve as a supervisor for the 2020-2021 training year).

**Program:** The CLC & GEM rotation offers training in the core competencies of Geropsychology in a skilled nursing and rehabilitation setting as well as in an interdisciplinary outpatient specialty/primary care clinic. The Geropsychology rotation provides interns with experiences to develop the knowledge, skill competencies, and attitude necessary for professional Geropsychology practice. Our training program is designed to be consistent with the Pikes Peak Model for Training in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualis, Duffy, 2009) and emphasizes supervised clinical experiences that are tailored to interns degree of prior training, experience, and competence in key Geropsychology domains. Training focuses on (1) helping interns to appreciate the diversity of experience of older adults; (2) the biopsychosocial and lifespan developmental perspectives necessary for understanding older adult clients; (3) the complex ethical dilemmas that can arise in geriatric care; (4) the importance of interdisciplinary collaboration; and (5) the utilization of evidence-based practices in Geropsychology practice.

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

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

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

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

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

3. **Geropsychology – Home Based Primary Care (HBPC)**  
Primary Supervisors: Megan Gomez, Ph.D. & Angela W. Lau, Ph.D.

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

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

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

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

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

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

**Assessment**

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

**Treatment**

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

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

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

4. **Health and Wellness**
Primary Supervisor: Andrea Scott, PhD, BCB

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

**Tobacco Cessation Program:** Smoking is one of the leading causes of preventable deaths in the United States. The program at Long Beach VA begins with an 8-week series (Tobacco Cessation Group) co-lead by psychology and pharmacy. Veterans learn about important lifestyle changes as well as receive NRT (nicotine replacement therapy). This program includes CVT (clinical video telehealth) to our neighboring CBOCs (community based outpatient clinics). Following the 8-week series Veterans can attend the monthly graduate group (Tobacco Relapse Prevention Group) for ongoing support to stay quit.

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

**CBT-I (Cognitive Behavioral Therapy for Insomnia):** CBT-I is a short-term EBP designed to help patients improve the quality and quantity of their sleep. This protocol focuses on sleep assessment, sleep efficiency, stimulus control, sleep consolidation, sleep guidelines, relaxation training and cognitive restructuring. It can be delivered as either group or individual treatment.
Tinnitus Management: Tinnitus Management Group is a 4-week group co-led by Audiology and Psychology. Veterans learn to cope with symptoms through a combination of sound therapy, relaxation training, behavioral activation and cognitive restructuring.

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

EBP opportunities: CBT-I

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

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

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

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

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

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

- Halstead-Reitan Battery
- Performance Validity Measures (TOMM, Victoria SVT, WMT, Dot Counting, Rey-15)
- Premorbid Intelligence Estimates (WTAR, TOPF, WASI)
- Intelligence Testing (WAIS-IV)
- Aphasia/ Dementia Screening Batteries (DRS-II, MoCA, RBANS, NAB, BDAE, MAE, WAB)
- Memory Testing (CVLT-II, HVLT-R, BVMR-R, WMS-IV Subtests)
- Executive Functioning (D-KEFS, WCST, Category Test)
• Social Reasoning/Behavioral Questionnaires (Iowa Gambling Task, Advanced Clinical Solutions, TOP-J, ILS, FRSBE, Brief-A)
• Psychological Functioning (BDI-II, BAI-II, GDS, PCL, CES, PHQ-9; GAD-7; Katz ADLs/IADLs; caregiver burden scales)
• Psychological and Personality Testing for select complex cases (MMPI-2RF, PAI, MCMI-IV)

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

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

Primary Supervisors: Nicholas Brown, Ph.D., Anna Consla, Psy.D., & Vanessa Hurwitz, Ph.D. (We are currently in the process of hiring a fourth BHIP psychologist, who will likely serve as an additional supervisor for the 2020-2021 training year).

Adjunct Supervisor: Jamie Yadavaia, Ph.D.

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

Psychology Training Provided: Trainees on this rotation can select Dr. Brown, Dr. Consla, or Dr. Hurwitz as rotation supervisors depending on her or his “goodness of fit” and the specific interests of the supervisors and trainees. Supervision will be individual as well as a weekly group case consultation meeting. Please note that the case consultation meeting encourages conceptualization skills as well as eliciting and providing targeted and concise consultation in a busy hospital setting. Trainees will also participate in the BHIP triage clinic two hours per week where they will hone in on brief assessment and triage skills within BHIP services.

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

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

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7. Outpatient Mental Health – Santa Ana Community Based Outpatient Clinic (CBOC)

Primary Supervisors: Juliet Hung, Ph.D., A.B.P.P. & Caroline Prouvost, Ph.D.
Adjunct Supervisors: Leigh Messinides, Ph.D. & Tara Nyasio, Psy.D

Program: The Santa Ana CBOC is 16 miles east of VA Long Beach, which is about a 30-minute drive. The clinic serves a diverse population of Veterans and trainees will be exposed to a variety of presenting problems including depression, anxiety, PTSD, chronic pain, acute and chronic medical conditions, relationship difficulties, and anger management. Drs. Hung, Messinides, Nyasio, and Prouvost are the clinical staff psychologists stationed there. While Drs. Hung and Prouvost will serve as the primary supervisors, there may be opportunities to consult with and co-lead groups with Drs. Messinides and Nyasio.

Psychology Training Provided: Trainees can select to work with either Drs. Hung or Prouvost as their primary supervisor for this rotation. Dr. Hung has completed VA requirements for training in the following: DBT, CBT-I, CBT – Depression (individual & group); CPT (individual and group), and PE. She is currently a VA national trainer/consultant for CBT Depression (individual and blended group model group). She also has a long-standing interest in psychodynamic psychotherapy combined with EBP and assessment and psychological testing in characterological disorders. Dr. Hung facilitates several EBP groups (i.e., CBT-I, CPT, CPAP, DBT) that are open for trainees to participate as well as a process-oriented psychotherapy group. Dr. Prouvost is the newest member of the Santa Ana CBOC Mental Health treatment team. Her primary theoretical orientation is Cognitive Behavioral Therapy, but has had intensive training in mindfulness based approaches (Mindfulness Based Stress Reduction and Mindful Self-Compassion). Dr. Prouvost facilitates a Mindful Self-Compassion and Chronic Pain Management class which are open for trainee participation.

Drs. Nyasio and Messinides will serve as adjunct supervisors for trainees on this rotation. Dr. Nyasio’s primary treatment theoretical orientation is Cognitive Behavioral Therapy. She has completed VA Requirements for training in CPT and PE for PTSD. Dr. Nyasio anticipates facilitating several groups during the upcoming internship year (CPT, non-Combat PTSD, Seeking Safety, Panic Disorder) all of which are open for trainee participation. Dr. Messinides has a long-standing interest in the integration of psychotherapy orientations, and currently is adapting past training in both CBT and psychodynamic psychotherapy to incorporate mindfulness based approaches, constructivism theory, and attachment theory. She runs a process-oriented psychotherapy group and a Mantram Repetition class. Dr. Messinides is also the Local Evidence-Based Psychotherapy Coordinator, part of a national initiative in VA to provide advanced training in selected psychotherapies to VA staff.

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

EBP opportunities: The staff psychologists are trained in CBT-D, CBT-I, Seeking Safety, PE, DBT, and CPT.

Assessment opportunities (with Dr. Hung): computer based tests (PAI, MCMI IV, MMPI 2) and performance based tests (i.e., Rorschach, TAT, HTP).

8. Outpatient Mental Health – Santa Fe Springs Community Based Outpatient Clinic (CBOC)

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Primary Supervisor: Elizabeth Welsh, Ph.D., BCB.
Adjunct Supervisor: Amy Potts, Ph.D.

Program: The Santa Fe Springs CBOC is located 14 miles north of VA Long Beach (via the 605 freeway), which is about a 25-30 minute drive. The psychology service at the CBOC functions as a general outpatient center with both group and individual psychotherapy training options available, serving Veterans with a wide variety of presenting problems and diagnoses. Unique training opportunities available at the CBOC include gaining experience assessing and triaging to care at the CBOC vs. the main hospital, depending on the level of patient severity and treatment needs. The psychologists at the Santa Fe Springs CBOC offer a variety of treatment options, including evidence-based psychotherapies on both a group and individual outpatient basis.

Psychology Training Provided: On this rotation, training is heavily influenced by supervisee’s training needs and interests. Because of the nature of a CBOC, trainees can expect to treat a wide array of presenting problems and diagnoses, thereby gaining a solid foundation in outpatient psychotherapy. Trainees will have the opportunity to provide both group and individual psychotherapy and gain ample experience in intake assessment. Unique training opportunities available at the CBOC include gaining experience assessing and triaging to care at the CBOC vs. the main hospital, depending on the level of patient severity and treatment needs, and interacting with an interdisciplinary team. Trainees will also gain experience in EBPs, including Cognitive Behavioral Therapy, Prolonged Exposure, Cognitive Processing Therapy, and Dialectical Behavioral Therapy. There will also be individual and group training opportunities available in behavioral medicine-focused interventions such as Cognitive Behavioral Therapy for Insomnia (CBT-I), chronic pain management, biofeedback, and issues surrounding medication compliance. Other group psychotherapy training opportunities available to trainees who would like to co-facilitate groups are: STAIR (for populations who have experienced trauma, with prominent emotion dysregulation), Anger Management, CBT for Anxiety & Depression, and Trauma Recovery Skills, among others. The clinic offers the opportunity to be part of a multidisciplinary team that includes psychologists, psychiatrists, social workers, nurses, and primary care physicians.

EBP opportunities: Cognitive Behavioral Therapy (CBT), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Dialectical Behavior Therapy (DBT), Skills Training in Affective and Interpersonal Regulation (STAIR), Stress Inoculation Training (SIT), and Seeking Safety.

Assessment opportunities: PAI, MMPI-2, CAPS, MoCA, PCL-5, BDI-II, BAI, BPD assessments (DERS, MSI-BPD, BSL-23)

9. Primary Care-Mental Health Integration (PC-MHI)
Primary Supervisors: Lara Barbir, Psy.D., Sara Gonzalez-Rivas, Ph.D., Stacy Hardin, Ph.D., & Corina Lopez, Ph.D.

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

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

- Develop/complete brief evidence-based assessment and treatment plans for patients within Primary Care
- Provide brief evidence-based interventions for a variety of mental health concerns, including depression, anxiety, anger management, stress management, grief, sleep disturbances, mild substance abuse and PTSD.
- Assist with developing ongoing mental health treatment plan and triage to appropriate mental health services as needed.
- Provide consultation to providers within the Primary Care and PCMHI programs including communication of assessment findings and collaborative treatment planning.

The following groups/workshops **based on EBPs** are available for trainees in the PCMHI rotation:

- CBT for Depression group
- CBT-Insomnia group
- Grief Support group
- Life Paths (transdiagnostic ACT) group
- Mindful Living with Chronic Illness group
- Motivational Interviewing workshop for primary care providers
- PAP Desensitization group
- Relaxation/Meditation drop-in group
- Sleep Class
- Stress Management Group
- TEACH Health workshop for providers

10. **Program for Traumatic Stress (Combat PTSD)**

*Primary Supervisors: Nathanial Hawkins, Ph.D., John Huang, Ph.D., Marissa Krimsy, Ph.D., & Jessica Naughton, Ph.D.*

**Program:** The Combat PTSD Program is an outpatient clinic serving Veterans with a primary diagnosis of combat-related PTSD. Our mission is to promote recovery from Posttraumatic Stress Disorder. Recovery does not mean forgetting past traumas, it means keeping the memories, but no longer suffering from them. Recovery means that the Veteran accepts and acknowledges the reality of past events, accepts all the feelings evoked by the past, and makes a commitment to a present-day focus and to improving the quality of his/her life.
The Combat PTSD Program consists of an interdisciplinary team including psychologists, psychiatrists, social workers, nurses, and support staff. The program places emphasis on evidence-based approaches, while offering flexibility and meeting each Veteran’s unique needs with a phase-based approach. Following intake evaluation and admission to the program, Veterans may participate in a variety of treatment approaches including psychopharmacology, trauma-focused therapy (individual and group formats), supportive group therapy, introductory/coping skills groups, relaxation and stress management groups, and additional adjunctive therapy options. The Combat PTSD Program follows a “whole health” model, with a goal of treating the body and mind following traumatic events. The majority of clients are male Veterans from either Vietnam era or post 9/11 (e.g. OEF/OIF/OND). While Veterans admitted to the program have a primary diagnosis of PTSD, many present with a variety of comorbid conditions (e.g. depression, alcohol/substance abuse, history of childhood trauma, etc.)

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

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

Training Opportunities may include:
- Cognitive Processing Therapy (CPT)
- Prolonged Exposure (PE)
- Acceptance and Commitment Therapy (ACT)
- Cognitive Behavioral Therapy for Alcohol and Substance Use Disorders (CBT-AUD/SUD)
- Seeking Safety for PTSD/SUD
- PTSD/SUD treatment at VVRC (off-site SUD treatment center)
- PTSD Coping Skills
- Mindfulness
- Adaptive Disclosure/Moral Injury
- Women’s Combat PTSD Group
- Cognitive Behavioral Therapy for Insomnia (CBT-i)
- Combat PTSD Program intake evaluations
- Interdisciplinary team consultation
- Processing Seminar and Case Conference for PTSD Providers

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

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

11. **Spinal Cord Injury/Disorder (SCI/D)**

Primary Supervisors: Sarah Brindle, Ph.D., Melissa Matos, Ph.D., & Linda Mona, Ph.D. (We are currently in the process of hiring a fourth SCI/D psychologist, who will likely serve as an additional supervisor for the 2020-2021 training year).

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

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

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

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

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

**EBP Opportunities:** CBT

**Group Opportunities:** Several opportunities to co-facilitate groups are available and trainees can participate in groups even if they not facilitated by their primary supervisor. ROLLS new injury group for acute rehabilitation patients, Spirituality group, and yoga/meditation group are all facilitated by Dr. Brindle. The Women with Disabilities group is facilitated by Dr. Mona.

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

**Primary Supervisor:** Gretchen L. Sholty, Ph.D.

**Program:** Founded in January 2005 through a VA Special Needs Grant, the Women’s Mental Health Clinic (WMHC) serves women Veterans by providing outpatient gender-specific and sensitive services. The WMHC is unique in that 1) it is one of only a few dedicated women’s mental health centers in the VA nationally, and, 2) it affords the opportunity for training as both a generalist and a specialist (trauma). Our treatment philosophy follows a holistic and evidence-based approach, which influences our conceptualization of patients as well as the types of interventions that we use. The WMHC utilizes the evidence-based phase-based model for treatment with the first phase focused on acquisition and mastery of coping skills, psychoeducation, and stabilization, the second phase is an intensive EBP, and the third phase is recovery oriented and assists patients with pursuing values-aligned living after symptom improvement. The WMHC is comprised of three psychologists, a licensed marriage and family therapist, a certified yoga therapist/mindfulness instructor, and a licensed clinical social worker. Though not formally staff of the WMHC, occupational therapist Dr. Allie Ross and peer support specialist Terry Williams work closely with WMHC staff to provide treatment and consultation. The team also regularly consults with psychiatry, primary care, and other specialty care staff outside the WMHC when appropriate in the service of patient-centered care.

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

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

- Trauma Skills Group (psychoeducation, distress tolerance skills, shared decision making)
- Mood Group (behavioral activation and additional CBT)
- CBT for Depression
- MeCover (recovery oriented phase III group targeting values-aligned living and self-esteem/compassion)
- Women’s Combat Support Group
- Dialectical Behavioral Therapy Skills Group
- Relationship Skills (beginner and advanced)
- Seeking Safety (PTSD and Substance Use Disorders)
- Coping Skills Practice groups (led by yoga therapist)
- Women’s Support in Recovery group led by Peer Support Specialist
- Wellness and Recovery (recovery oriented group for women with SMI/psychosis)
- Mantram Repetition
- Cognitive Behavioral Therapy for Insomnia (CBT-I)
- Imagery Rescripting and Exposure Therapy for nightmares (iRET)
- Anger Management (CBT-A)

**Psychology Training Provided:** On this rotation, training is heavily influenced by the intern’s training needs and interest and a strength of our program is that interns will get both generalist training, as well as specialty training in trauma treatment and gender-specific care. Interns will typically participate in 1-2 groups and carry a caseload of 3-4 individuals with a variety of presenting problems, including but not limited to Posttraumatic Stress Disorder, Depression, Panic Disorder, personality disorders, couples therapy, LGBT/sexuality/gender concerns, and relationship problems. Most of the patients on this rotation have a complex trauma history, often including childhood physical, emotional, and/or sexual abuse, and a large number of our referrals for therapy are for PTSD related to Military Sexual Trauma (MST). Depending on the case, interns may engage in crisis intervention, short-term focused psychotherapy, or longer-term psychotherapy. In addition to clinical work, the training rotation includes attendance at individual and group supervision/didactics (Monday 2-3pm), which are a combination of case presentations, didactic presentations, and journal club. Staff meeting is held on Mondays at 9am in which trainees may attend, but not required. Supervisors are flexible to coordinate with trainees’ schedule and their other rotations.

**EBP opportunities provided by all supervisors combined:** Cognitive Behavioral Therapy (CBT), Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Dialectical Behavior Therapy (DBT) interventions (not full program DBT training), Interpersonal Therapy for Depression (IPT), Acceptance and Commitment Therapy (ACT), Skills Training in Affective and Interpersonal Regulation (STAIR), Seeking Safety, Sex Therapy.

**Assessment opportunities:** Assessment battery for assessing borderline personality disorder via screen for DBT program, sexual health assessment, symptom measures, and some outcome assessment.

**Requirements for Completion of Internship**

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

1. **Supervised Professional Experience:**

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

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

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

   *It is expected that upon completion of the program all interns will demonstrate competence in the following nine profession-wide competency domains based on the APA’s Commission on Accreditation Standards of Accreditation in Health Service Psychology.*
A. Research
B. Ethical and Legal Standards
C. Individual and Cultural Diversity
D. Professional Values, Attitudes, and Behaviors
E. Communication and Interpersonal Skills
F. Assessment
G. Intervention
H. Provision of Supervision
I. Consultation and Interprofessional/Interdisciplinary Skills

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

Interns’ progress toward meeting these competencies will also be reviewed on a monthly basis during the intern supervisors’ meeting, where staff discusses issues pertaining to supervision, institutes incremental changes to our training program, and also reviews the progress of our interns. Following this meeting, each supervisor then provides a summary of the comments shared during this meeting with the intern to facilitate transparency and professional development. Feedback and discussion regarding strengths and areas for improvement is a routine, ongoing and expected process that is part of supervision throughout the training year.

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

3. Didactic Training:

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

4. Assessment Experience:

Interns are required to complete one comprehensive assessment case with an integrated report during the training year. These reports need to be submitted to the Assessment Seminar Coordinators, Drs. Lauren Dill and Christine Kim. Relevant competency elements of the General Competencies Evaluation Form will also be evaluated and reviewed with the intern by the assessment supervisors.

5. Supervision of Supervision:

Interns are required to demonstrate competence in clinical supervision by supervising at least one psychotherapy case performed by a psychology practicum student. Relevant competency elements of the General Competencies Evaluation Seminar Coordinators, Dr. Sara Gonzalez-Rivas and Tatiana McDougall. Interns will also receive written feedback from the practicum student that they supervise, although this
information is more for learning purposes and does not influence the intern’s successful completion of internship.

6. **Intern Project:**

Interns must complete their intern projects and present the details and results of their projects at the end of year in the Mental Health Grand Rounds/Journal Club meeting series. These projects will be evaluated by the project advisors on specific project criteria provided to interns at the beginning of the training year. Relevant competency elements of the General Competencies Evaluation Form will also be evaluated and reviewed with the intern by the project advisor.

**Facility and Training Resources**

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

**Administrative Policies and Procedures**

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

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

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

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

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

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

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

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

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

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

PSYCHOLOGY TRAINING STAFF CREDENTIALS AND INTERESTS

BARBIR, Lara A.
Current VA Position: Staff Psychologist, Primary Care Mental Health Integration
Training Rotation: Primary Care Mental Health Integration
Area of Specialization: Counseling Psychology
Degree: Psy.D., Radford University, 2018
VA hire: September 2019
E-mail address: lara.barbir@va.gov
Licensure: California (2019)
Theoretical Orientation: Integrative with conceptual influences from interpersonal, cognitive/contextual, and behavioral approaches. VA Certified in Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-I), and Cognitive Behavioral Therapy for Chronic Pain (CBT-CP [in progress]).
Areas of clinical specialization: assessment and treatment of mild to moderate mental health and health behavior change utilizing CBT, IPT, ACT, MI, PE for Primary Care, mindfulness, and strengths-based approaches; behavioral sleep medicine (CBT-I, IRT, CPAP desensitization); tobacco cessation; PTSD and posttraumatic growth; chronic pain; assessment of psychological/mental health candidacy for undergoing medical procedures (e.g., organ transplants, spinal cord stimulation, bariatric surgery). Publications: screening for obstructive sleep apnea risk in younger veterans with PTSD, mindfulness and posttraumatic growth in combat veterans, psychosocial adaptation to disability, intergroup contact and transphobia/discrimination, impact of elicit-provide-elicit on alcohol misuse among college students, employment discrimination regarding disability
Professional Organizations: Society for Health Psychology (Division 38), ABCT
Teaching/Training interests: PCMHI vs. traditional mental health; assessment and treatment of sleep disorders, tobacco use disorders, and PTSD; assessment of dementia in a primary care setting; evaluating psychological/mental health candidacy for medical procedures; professional development

BRINDLE, Sarah S.
Current VA Position: Staff Psychologist, Spinal Cord Injury/Disorder
Training Rotation: Spinal Cord Injury/Disorder
Area of Specialization: Counseling Psychology; Spinal Cord Injury (postdoc at Rancho Los Amigos)
Degree: Ph.D., University of Iowa, 2004
VA hire: 2005; in Iowa returning to VA Long Beach November 2009
E-mail address: sarah.brindle@va.gov
Licensure: California (2005)
Theoretical Orientation: Integrative, Cognitive-Behavioral
Areas of clinical specialization: Rehabilitation psychology, Disability Affirmative Therapy, Director of SCI Peer Mentor Program, Faith-based approaches
Publications/Research interests: women's health psychology, sexual coercion, sexuality and disability, women and SCI/disability
Professional Organizations: American Psychological Association
Teaching/Training interests: Rehabilitation psychology, vicarious traumatization/burnout, adaptive yoga, integrating spirituality in treatment.

BROWN, Nicholas B.
Current VA Position: Staff Psychologist, Behavioral Health Interdisciplinary Program (BHIP)
Training Rotation: Outpatient Mental Health at BHIP
Area of Specialization: Clinical Psychology
Degree: Ph.D., University of Missouri- St. Louis (UMSL) 2017
VA hire: September 2018
E-mail address: Nicholas.Brown8@va.gov
Licensure: California (2018)
Theoretical Orientation: Integrative (i.e., Cognitive-Behavioral, Interpersonal).
Areas of clinical specialization: Interpersonal trauma and PTSD; Evidence-based experience includes Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Dialectical Behavior Therapy (DBT), CBT for Anxiety, Unified Protocol for Emotional Disorders (UP)
Publications: Stigma and treatment-seeking among veterans, Telemental health
Professional Organizations: None (Formerly ABCT)
Teaching/Training interests: PTSD, using the therapeutic relationship in treatment, Socratic Questioning, professional development

CASKEY, Nicholas
Present VA Position: Chief Psychologist
Training Rotation: N/A
Additional Training Role: Member of Executive Training Committee
Area of specialization: Anger Management, Suicide, Mental Health administration
Degree: Ph.D., UCLA, 1987
VA hire: 1986, West Los Angeles VA Medical Center; transferred to VA Long Beach, 2017
E-mail address: nicholas.caskey@va.gov
Licensure: California (1983)
Theoretical orientation: CBT, crisis intervention, integrative/eclectic
Areas of clinical specialization: Anger Management, Suicide Risk Assessment and Prevention
Professional Interests: Program Development, Performance Measures, Leadership Activities
Publications/presentations: Psychopharmacology related to smoking and nicotine, suicide, psychotherapy research, homelessness in Veterans, violence in close relationships (dissertation)

CONSLA, Anna
Current VA Position: Staff Psychologist, Behavioral Health Interdisciplinary Program (BHIP)
Training Rotation: BHIP
Degree: Psy.D., PGSP-Stanford Psy.D. Consortium, 2018
Area of Degree: Clinical Psychology
VA hire: 2019
E-mail address: anna.consla@va.gov
Licensure: California (2019)
Theoretical Orientation: Integrative; third wave cognitive behavioral
Areas of Clinical Specialization: Mindfulness and compassion-focused treatments, trauma, anxiety disorders
Professional Organizations: American Psychological Association
Teaching/Training Interests: Integrative case conceptualization, trauma-focused treatment, mindfulness-based approaches, professional development

DILL, Lauren
Present VA Position: Staff Psychologist
Training rotation: Community Living Center (CLC) & Geriatric Evaluation and Management (GEM)
Additional Training Role: Co-coordinator of Assessment Seminar
Degree: Clinical Psychology (PhD) 2011, Fuller Graduate School of Psychology
VA hire: 2012
E-mail address: Lauren.dill@va.gov
Licensure: CA, 2012
Theoretical orientation: Behavioral, Cognitive-Behavioral, Third Wave
Areas of clinical specialization: Geropsychology, Neuropsychology, Health and Rehabilitation, Disability/Forensic Evaluation
Publications/Research interests: Cognitive screening, Verbal Fluency, Alzheimer’s disease
Teaching/training interests: Assessment (Neuropsychological, capacity, personality, disability), Spirituality and Mindfulness, Legal/Ethical Considerations with Aging population, Dementia education and interventions

GANZ, Michael
Present VA Position: Staff Psychologist
Training rotation: Couples and Family Therapy
Area of specialization: Clinical Psychology
Degree: Ph.D., Biola University/Rosemead School of Psychology, 2008
VA hire: December 2014
E-mail address: michael.ganz@va.gov
Licensure: California (2016)
Theoretical orientation: Presentation specific: EFT, IBCT, CBCT-PTSD, CBT, CPT, ACT, Psychodynamic
Areas of clinical specialization: Couples Therapy, Clinical Military Psychology
Publications/Research interests: Combat-specific coping and implications for treatment; Implementation of conjoint therapies to treat refractory PTSD symptoms; Connectedness as a modulator for resiliency
Teaching/training interests: Focus on EFT, IBCT, CBCT-PTSD, CBT, ACT, CPT, EMDR, and PE

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

GONZALEZ-RIVAS, Sara K.
Current VA Position: Staff Psychologist, Primary Care-Mental Health Integration Program (PC-MHI)
Training Rotation: Primary Care- Mental Health Integration (PC-MHI)
Additional Training Role: Co-Coordinator of the Intern Supervision of Supervision Seminar
Area of Specialization: Clinical Psychology
Degree: Ph.D., University of Missouri – St. Louis, 2017
VA hire: June 2018
E-mail address: sara.gonzalez-rivas@va.gov
Licensure: California (2018)
Theoretical Orientation: Integrative (Cognitive Behavioral Therapy, Interpersonal Process, Feminist)
Areas of clinical specialization: Women’s Mental Health, Sexual Health, Military Sexual Trauma (MST), Relationship issues/Couples Therapy, Life transition concerns
Research interests: Women’s sexual health, Trauma and sexual health, fertility
Teaching/Training interests: Women’s mental health, sexual health, issues of diversity in clinical work and supervision, trauma/PTSD, addressing ambivalence in treatment

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

HAWKINS, Nathaniel
Current VA Position: Staff Psychologist
Training Rotation: Program for Traumatic Stress (Combat PTSD)
Area of Specialization: Clinical Psychology
Degree: Ph.D, Pacific Graduate School of Psychology at Palo Alto University, 2014
VA hire: 2012
E-mail address: Nathaniel.Hawkins@va.gov
Licensure: California (2016)
Theoretical orientation: cognitive-behavioral
Areas of Clinical Specialization: Trauma, PTSD, Substance Use Disorders, Transgender Care
Publications/Research interests: Trauma and substance use
Teaching/Training Interests: treatment of other trauma related disorders, military and childhood sexual trauma, posttraumatic resilience, PTSD family support, substance use disorders, transgender care, and LGBT issues

HUANG, John S.
Current VA Position: Staff Psychologist, PTSD Programs
Training Rotation: Combat PTSD program
Additional Training Role: Evidence Based Practice (EBP) Seminar Coordinator
Area of Specialization: Clinical Psychology
Degree: Ph.D., University of California, Santa Barbara, 2003
VA hire: 2006
E-mail address: John.Huang2@va.gov
Licensure: California (2005)
Theoretical Orientation: Eclectic, Cognitive-Behavioral, Interpersonal Process
Areas of clinical specialization: Diversity issues, PTSD, meditation/relaxation
Publications/Research interests: Diversity and mental health; Healing Touch and PTSD.
Professional Organizations: Association for Contextual Behavioral Science
Teaching/Training interests: Diversity; Buddhism, Christianity
Hinduism, and Native American spirituality.

HUNG, Juliet
Present VA Position: Staff Psychologist, Santa Ana Community Based Outpatient Clinic (CBOC)
Training Rotation: Outpatient Mental Health at Santa Ana CBOC
Area of Specialization: Clinical Psychology, trauma, EBP, psychodynamic, and psychological testing
Degree PhD, 2000, California School of Professional Psychology (CSPP – LA Campus)
APA Accredited Postdoctoral Fellowship at the Menninger Clinic, Topeka, KS 2001
ABPP in Clinical Psychology, 2014

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VA Hire: 2006; 2015 (LB VAHCS)
E-mail address: Juliet.Hung@va.gov
Licensure: California, 2003
Professional Activities Outside the VA: ABPP
Professional Organizations: American Psychological Association, ABPP
Theoretical Orientation: Cognitive-behavioral and Psychodynamic (Attachment/Object Relations)
Teaching/Training Interests: EBP (CPT/CBT, PE, DBT, IRT, CBT I), psychodynamic psychotherapy, individual and group psychotherapy, professional training & development, multicultural and community psychology, assessment and treatment of characterological disorders, trauma-related disorders, depression, and sleep-related disorders.

HURWITZ, Vanessa
Current VA Position: Staff Psychologist, Behavioral Health Interdisciplinary Program (BHIP); Military Sexual Trauma (MST) Coordinator
Training Rotation: Outpatient Mental Health at BHIP
Area of Specialization: Clinical Psychology
Degree: Ph.D., Fuller School of Psychology, Pasadena 2016
VA hire: December 2017
E-mail address: vanessa.hurwitz@va.gov
Licensure: California (2017)
Theoretical Orientation: Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT).
Areas of clinical specialization: Trauma, Emotion Dysregulation
Professional Organizations: American Psychological Association
Teaching/Training interests: DBT, Case Conceptualization-driven CBT, CBASP for chronic depression, Professional Development

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

KERNER, David N.
Current VA Position: Staff Psychologist, Spinal Cord Injury/Disorder
Training Rotation: Adjunct Supervisor for Spinal Cord Injury/Disorder (supervisor for pre-interns only)
Area of Specialization: Clinical Psychology
Degree: Ph.D., Joint Doctoral Program, UC San Diego/San Diego State University, 1998
VA hire: 2001
E-mail address: david.kerner2@va.gov
Theoretical orientation: Cognitive-Behavioral
Areas of clinical Specialization: Medical psychology, rehabilitation psychology, chronic pain management
Publications: Outcome methodology, health psychology
Professional organizations: American Psychological Association
Teaching/training interests: Medical/health psychology, rehabilitation psychology, physiological psychology, pain management.

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

**KRIMSKY, Marissa**
Current VA Position: Staff Psychologist, Combat PTSD Program
Training Rotation: Combat PTSD program
Area of Specialization: Clinical Psychology
Degree: Ph.D, University of Miami (2018)
VA hire: 2019
E-mail address: marissa.krimsky@va.gov
Licensure: California (2019)
Theoretical orientation: Evidenced-Based (Prolonged Exposure Therapy (PE), Cognitive Processing Therapy (CPT, VA certified)), Integrative (Cognitive-behavioral, Exposure, Mindfulness/Acceptance-based approaches)
Areas of Clinical Specialization: PTSD, trauma, Women’s mental health, Nightmares and Sleep
Research interests: Mindfulness, the relationship of PTSD/Nightmares, individual differences predicting treatment outcomes
Teaching/Training Interests: Women’s Combat PTSD, CPT, Exposure therapies, Imagery Rehearsal Therapy, CBT for Insomnia, Mindfulness

**LAU, Angela W.**
Current VA Position: Staff Psychologist, Home-Based Primary Care
Training Rotation: Home-Based Primary Care
Area of Specialization: Clinical Psychology
Degree: Ph.D., West Virginia University, 2000
VA hire: November 2009
E-mail address: angela.lau@va.gov
Licensure: California (2003)
Theoretical Orientation: Behavioral, Cognitive-Behavioral
Areas of clinical specialization: Clinical geropsychology, behavioral medicine, anxiety disorders
Publications: Minority mental health, aging, anxiety, professional development
Professional Organizations: American Psychological Association, APA Div12/II (Clinical Geropsychology)
Teaching/Training interests: Diversity and mental health, clinical geropsychology, behavior and cognitive-behavioral therapies, professional development

**LOPEZ, Corina**
Present VA Position: Primary Care Mental Health Integration Psychologist, Co-Health Behavior Coordinator
Training Rotation: Primary Care-Mental Health Integration (PCMHI)
Area of specialization: Clinical Health Psychology
Degree: PhD, University of Miami, 2013
VA hire: January 2015
E-mail address: corina.lopez@va.gov
Licensure: California (2015)
Theoretical orientation: Integrative (Mindfulness, CBT, behavioral, insight oriented, existential, humanistic)
Areas of clinical specialization: Clinical and health psychology, consultation-liaison psychology, mindfulness and meditation, Psycho-oncology/end of life/hospice, adjustment to chronic illness
Publications/Research interests: Psychological and Physical effects of Cognitive Behavioral Stress Management Interventions in chronically ill populations, Ethnic Identity and Perceived Stress
Professional organizations: American Psychological Association, Division 38
Teaching/training interests: Health Psychology, Behavioral Medicine, mindfulness/meditation, brief psychotherapy, end of life

MATOS, Melissa M.
Current VA Position: Staff Psychologist, Spinal Cord Injury/Disorder
Training Rotation: Spinal Cord Injury/Disorder
Area of Specialization: Clinical Psychology; Rehabilitation Psychology
Degree: Ph.D., Alliant International University (CSPP-LA), 2016
VA hire: July 2019
E-mail address: melissa.matos@va.gov
Licensure: California (2018)
Theoretical Orientation: Integrative (Acceptance and Commitment Therapy, Biopsychosocial, Cognitive Behavioral Therapy, Humanistic approaches)
Areas of clinical specialization: Rehabilitation psychology, medical/health psychology, behavioral medicine
Publications/Research interests: Adjustment to disability and/or chronic health conditions, visible/invisible differences and stigma, health-related quality of life and wellbeing, psychoneuroimmunology.
Teaching/Training interests: Professional development, interdisciplinary treatment collaboration, diversity, rehabilitation psychology, behavioral medicine, mindfulness/meditation.

MCDOUGALL, Tatiana V.
Present VA Position: Staff Psychologist; Couples and Family Therapy
Training Rotation: Couples and Family Therapy
Additional Training Role: Co-Coordinator of the Intern Supervision of Supervision Seminar
Area of specialization: Clinical/Community and Applied Social Psychology
Degree: Ph.D., University of Maryland, Baltimore County, 2014
VA hire: 2015
E-mail address: tatiana.mcdougall@va.gov
Licensure: Maryland (2015), California (2016)
Theoretical orientation: Integrative with focus on interpersonal, attachment-based, and experiential approaches.
Areas of clinical specialization: Couples Therapy, Emotion-Focused Therapy, Dialectical Behavior Therapy, Diversity and multicultural psychology
Publications/Research interests: Attachment style and stress in intimate relationships, impact of family factors on psychological health
Teaching/training interests: Integrative case-conceptualization, attachment-based approaches (EFT), and enhancing competency in Clinical Supervision.

MESSINIDES, Leigh A.
Present VA Position: Staff Psychologist, Local Evidence-Based Psychotherapy Coordinator
Training Rotation: Adjunct Supervisor for Outpatient Mental Health at Santa Ana CBOC
Area of Specialization: Clinical Psychology, aging and trauma, health psychology
Degree: Ph.D., UCLA 1992
VA Hire: 1992

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E-mail address: leigh.messinides@va.gov
Licensure: California, 1993
Theoretical Orientation: Integrative, informed by attachment theory
Professional Activities Outside the VA: APA Division 48 (Society for the Study of Peace, Conflict, and Violence)
Professional Organizations: American Psychological Association
Teaching/Training Interests: developmental aspects of trauma, attachment theory, social justice issues in clinical psychology, how psychotherapy is informed by the empirical process

MONA, Linda R.
Current VA Position: Clinical Director, Spinal Cord Injury/Disorder Psychology
Training Rotation: Spinal Cord Injury/Disorder
Area of Specialization: Clinical Psychology
Degree: Ph.D., Georgia State University, 1998
VA hire: 2002
E-mail address: linda.mona@va.gov
Licensure: California (2000)
Theoretical Orientation: Integrative; Cognitive-Behavioral
Areas of clinical specialization: Rehabilitation psychology, Disability Affirmative Therapy, Multicultural and Diversity issues in Psychology, Sex therapy
Publications: Sexuality and Disability, Older adults and sexuality, Disability Cultural Competence in healthcare, Sexuality and Disability Cultural Competence
Professional Organizations: American Psychological Association
Teaching/Training interests: Psychology of disability, rehabilitation psychology, sexual expression and sex therapy, diversity issues and multicultural psychology

NAUGHTON, Jessica (Jessie)
Current VA Position: Staff Psychologist, Combat PTSD Program
Training Rotation: Combat PTSD (PTSD/SUD)
Area of Specialization: Clinical Psychology
Degree: Ph.D, Syracuse University (2012)
VA hire: 2017
E-mail address: jessica.naughton@va.gov
Licensure: California (2013)
Theoretical orientation: integrative (interpersonal/psychodynamic, cognitive-behavioral, mindfulness/acceptance-based approaches), Prolonged Exposure Therapy (PE), Cognitive Processing Therapy (CPT, VA certified)
Areas of Clinical Specialization: Trauma and PTSD
Research interests: therapeutic relationship within trauma work, integrative therapy for trauma, attrition reduction and systems improvement in treatment
Teaching/Training Interests: integrative therapy, exposure therapies, PTSD/SUD

NYASIO, Tara M.
Current VA Position: Staff Psychologist
Training Rotation: Adjunct Supervisor for Outpatient Mental Health at Santa Ana CBOC
Area of Specialization: PTSD, Primary Care-Mental Health Integration
Postdoctoral fellowship: Trauma/PTSD (VA Loma Linda)
Degree: PsyD, Fuller Graduate School of Psychology, Pasadena, CA, 2012
VA hire: October 2012; August 2015 (VA Long Beach)
E-mail address: Tara.Nyasio@va.gov
Licensure: California (2012)
Theoretical Orientation: Cognitive Behavior Therapy
Professional Organizations: California Psychological Association
Teaching/Training interests: Trauma/PTSD, anxiety spectrum disorders, depression, short-term therapy

POTTS, AMY A.
This document may contain links to sites external to Department of Veterans Affairs. VA does not endorse and is not responsible for the content of the external linked websites.
Current VA Position: Staff Psychologist, Santa Fe Springs CBOC
Training Rotation: Adjunct Supervisor for Outpatient Mental Health at Santa Fe Springs CBOC
Area of Specialization: Clinical Psychology
Degree: Ph.D., Fuller Graduate School of Psychology (2010)
VA hire: October 2011 (Atlanta VAMC), September 2015 (VA Long Beach HCS)
E-mail address: Amy.Potts@va.gov
Licensure: GA (2011)
Theoretical Orientation: Integrative (e.g., Cognitive Behavioral Therapy, Biopsychosocial, Interpersonal/Psychodynamic psychotherapy), VA-Certified Provider in both Cognitive Processing Therapy (CPT) and in Prolonged Exposure (PE) Therapy. Areas of clinical specialization: Trauma-focused treatments including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) Therapy, and other Evidence-Based Treatments including Stress Inoculation Training (SIT), Skills Training in Affect & Interpersonal Regulation (STAIR), CBT for Depression, Anxiety disorders, and chronic pain management; Diversity Variables and Multicultural Psychotherapy. Publications: First-episode Psychosis and Serious Mental Illness; PTSD and factors that impact the development of PTSD symptomatology; Exposure to Violence, Adjustment, Burnout, and Traumatic Loss among Humanitarian Aid Workers; Assessment of PTSD and Childhood Abuse Within Multicultural and International Contexts. Teaching/Training interests: PTSD assessment and treatment, Vicarious Traumatization and Burnout, Military Sexual Trauma, First-episode Psychosis and the prodrome, Social justice issues and treatment for underserved populations.

PROUVOST, Caroline
Current VA Position: Staff Psychologist, Santa Ana CBOC and VA Long Beach Interprofessional Pain Clinic
Training Rotation: Outpatient Mental Health – Santa Ana Community Based Outpatient Clinic (CBOC)
Area of Specialization: Clinical Psychology
Degree: Ph.D., Rosalind Franklin University of Medicine and Science, North Chicago (2017)
VA hire: November 2018
E-mail address: caroline.prouvost@va.gov
Licensure: California (2018)
Theoretical Orientation: Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Mindfulness-Based Stress Reduction (MBSR), Mindful Self-Compassion (MSC). Areas of clinical specialization: Chronic Pain, Anxiety, OCD, PTSD, Depression, Recovery-oriented treatment
Publications: OCD, jealousy
Teaching/Training interests: Professional Development, Mindfulness-based treatment, Chronic Pain Management, Recovery-oriented programming

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

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

SHOLTY, Gretchen L.
Current VA Position: Staff Psychologist, Women’s Mental Health Center
Training Rotation: Women’s Mental Health & Trauma
Additional Training Role: Assistant Director of Psychology Training (Pre-Internship Training Coordinator); Member of Executive Training Committee
Area of Specialization: Clinical Psychology
Degree: Ph.D., University of California, Los Angeles (UCLA) 2012
VA hire: September 2013
E-mail address: gretchen.sholty@va.gov
Licensure: California (2014)
Theoretical Orientation: Integrative (e.g., Interpersonal/Psychodynamic psychotherapy, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT). VA Certified in Dialectical Behavioral Therapy (DBT) and Cognitive Processing Therapy (CPT).
Areas of clinical specialization: Women’s Mental Health, Military Sexual Trauma (MST), Trauma and Sexual Health, LGBTQ community, Serious Mental Illness (SMI), Recovery-oriented treatment
Publications: schizophrenia, recovery-oriented programming, ACT for psychosis, sexual health
Professional Organizations: American Psychological Association
Teaching/Training interests: Women’s Mental Health, Military Sexual Trauma, DBT, Recovery-oriented programming, professional development

WELSH, Elizabeth
Current VA Position: Staff Psychologist; Santa Fe Springs CBOC
Training Rotation: Outpatient Mental Health at Santa Fe Spring CBOC
Area of Specialization: Clinical Psychology
Degree: Ph.D., Fuller Graduate School of Psychology, 2011
VA hire: 2012
E-mail Address: Elizabeth.Welsh@va.gov
Licensure: California (2013)
Theoretical Orientation: DBT, CBT
Areas of Clinical Specialization: Treatment of Borderline Personality Disorder (BPD) using Dialectical Behavior Therapy (DBT); CBT-E and DBT for eating disorders; biofeedback for anxiety and stress disorders; trauma-focused treatment including Prolonged Exposure (PE); transgender mental health care (evaluations for readiness to start cross-sex hormone therapy, undergo sexual reassignment surgery, and psychotherapy for gender transition)
Publications/Research interests: Women’s mental health treatment, transgender mental health
Teaching/training interests: DBT, transgender mental health, biofeedback, eating disorders
YADAVAIA, James (Jamie)
Present VA Position: Program Manager Psychologist for General Outpatient Psychology
Training Rotation: Adjunct Supervisor for Outpatient Mental Health at BHIP
Area of specialization: Clinical Psychology
Degree: PhD, University of Nevada, Reno, 2013
VA hire: 2014
E-mail address: James.Yadavaia@va.gov
Licensure: California, 2014
Theoretical orientation: Mindfulness/Acceptance-Based Cognitive-Behavioral Therapies (ACT, DBT), Traditional CBT (including CPT), Motivational Interviewing
Areas of clinical specialization: General Mental Health, including Serious Mental Illness, PTSD, and Borderline Personality Disorder
Publications/Research interests: Self-Compassion, Mental Health Recovery Movement, LGBT Concerns, Self-Stigma
Teaching/training interests: Group and Individual Psychotherapy, Issues of Diversity in Clinical Work and Supervision, Professional Development

ZUEHLKE, Jessica B.
Present VA Position: Psychologist/Local Recovery Coordinator/Assistant Chief of Psychology
Training Rotation: N/A
Additional Training Role: Member of Executive Training Committee
Area of specialization: Psychosocial Rehabilitation (PSR) and Recovery/Clinical Psychology
Degree: Psy.D. University of Hartford, CT, 2008
Internship: Edith Nourse Rogers Memorial VAMC, Bedford, MA, 2007-2008
Clinical Fellowship: University of Rhode Island College Counseling Center, 2008-2009.
VA hire: 2009, Providence VA; transferred to VA Long Beach August 6, 2012
E-mail address: jessica.zuehlke@va.gov
Licensure: Rhode Island (2009)
Theoretical orientation: Recovery-oriented, CBT, Mindfulness, Solution-Focused
Areas of clinical specialization: Psychosocial Rehabilitation and Recovery
Publications/presentations: Mental Health Recovery, System Redesign, Patient-Centered Care, Postpartum depression (dissertation)
Professional Interests: Program Development, System Redesign (trained as an SR Facilitator), Patient-Centered Care (Planetree model), Inpatient Recovery Transformation, Leadership Activities

Current and Former Psychology Interns

Class of 2019-2020

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

Neuropsychology Track
Jennifer Eastman Northwestern University

Class of 2018-2019

General Track
Lisa Baldini PGSP- Stanford Psy.D. Consortium
Hector De Los Santos Purdue University
Tiffany Grimes  
Amber Madden  
Laura Osborne  
Jessica Simonetti  
Amy Ustjanauskas  

**Neuroscience Track**  
Jenna Axelrod  
Rosalind Franklin University  

**Class of 2017-2018**  

**General Track**  
Lara Barbir  
Jason Cencirulo  
Kelsi Clayson  
Erin Margolis  
Elisa Miyake  
Danielle Spangler  
Molly Tucker  

**Neuroscience Track**  
Michelle McDonnell  
Loma Linda University  

**Class of 2016-2017**  

**General Track**  
Chantel Frazier  
Eddie Erao  
H’Sien Hayward  
Jeffrey Cohen  
Marget Thomas  
Sara Gonzalez-Rivas  
Sonika Ung  

**Neuroscience Track**  
William Hochberger  
Rosalind Franklin University  

**Class of 2015-2016**  

Taona Chithambo  
Ethan Eisen  
Jeniffer Ho  
Hannah Jones  
Jason Lee  
Denisse Tiznado  

**Class of 2014-2015**  

Aaronson Chew  
Sandra Diaz  
Nina Eisenberg  
Vita Felix  
Kayleigh Hale  
Jessica Salwen  

**Class of 2013-2014**
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Megan Gomez</td>
<td>Fuller School of Psychology</td>
</tr>
<tr>
<td>Shaina Katz</td>
<td>UCLA</td>
</tr>
<tr>
<td>Tatiana McDougall Weise</td>
<td>University of Maryland—Baltimore</td>
</tr>
<tr>
<td>Andrew (Drew) Petkus</td>
<td>SDSU/UCSD Joint Doctoral Program</td>
</tr>
<tr>
<td>Natalie Stroupe</td>
<td>University of Kansas</td>
</tr>
<tr>
<td>Camila Williams</td>
<td>University of Utah</td>
</tr>
</tbody>
</table>

**Class of 2012-2013**

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Natalie Castriotta</td>
<td>UCLA</td>
</tr>
<tr>
<td>Daniel Kim</td>
<td>Rosemead School of Psychology</td>
</tr>
<tr>
<td>Corina Lopez</td>
<td>University of Miami</td>
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<tr>
<td>Elisha Mitchell</td>
<td>Saint Louis University</td>
</tr>
<tr>
<td>Erica Simon</td>
<td>Southern Methodist University</td>
</tr>
<tr>
<td>James Yadavaia</td>
<td>University of Nevada—Reno</td>
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</tbody>
</table>

**Class of 2011-2012**

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Linda Baggett</td>
<td>University of Memphis</td>
</tr>
<tr>
<td>Lisa Finlay</td>
<td>Fuller School of Psychology</td>
</tr>
<tr>
<td>Jessica Heath</td>
<td>Syracuse University</td>
</tr>
<tr>
<td>Jody Leach</td>
<td>Rosemead School of Psychology</td>
</tr>
<tr>
<td>Anthony Rowley</td>
<td>Washington University</td>
</tr>
<tr>
<td>Gretchen Sholtty</td>
<td>UCLA</td>
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</tbody>
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**Class of 2010-2011**

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Aaron (A.C.) Del Re</td>
<td>University of Wisconsin—Madison</td>
</tr>
<tr>
<td>Christine Holland</td>
<td>University of Illinois—Chicago</td>
</tr>
<tr>
<td>Annie Lin</td>
<td>Columbia University</td>
</tr>
<tr>
<td>Jessica Lohnberg</td>
<td>University of Iowa</td>
</tr>
<tr>
<td>Lauren Lopez</td>
<td>Fuller School of Psychology</td>
</tr>
<tr>
<td>Marsha Sargeant</td>
<td>University of Maryland</td>
</tr>
</tbody>
</table>

**Class of 2009-2010**

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
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</thead>
<tbody>
<tr>
<td>Suzanne Hilleary</td>
<td>Fuller School of Psychology</td>
</tr>
<tr>
<td>Sherrie Kim</td>
<td>Columbia University</td>
</tr>
<tr>
<td>Mercedes LaVoy</td>
<td>Washington State University</td>
</tr>
<tr>
<td>David Pan</td>
<td>University of Southern California</td>
</tr>
<tr>
<td>John Williams</td>
<td>State University of NY—Binghamton</td>
</tr>
<tr>
<td>Dina Wirick</td>
<td>Washington State University</td>
</tr>
</tbody>
</table>

**Class of 2008-2009**

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colleen Clemency</td>
<td>Arizona State University</td>
</tr>
<tr>
<td>Heather Eisele</td>
<td>University of Missouri-St. Louis</td>
</tr>
<tr>
<td>Emily Fine</td>
<td>University of Southern California</td>
</tr>
<tr>
<td>Aletha Miller</td>
<td>University of North Texas</td>
</tr>
<tr>
<td>Adria Pearson</td>
<td>University of Nevada—Reno</td>
</tr>
<tr>
<td>Marya Schulte</td>
<td>SDSU/UCSD Joint Doctoral Program</td>
</tr>
<tr>
<td>Maggie Sym</td>
<td>Kansas University</td>
</tr>
</tbody>
</table>

**Class of 2007-2008**

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

Class of 2006-2007
C. Ashley Borders  University of Southern California
S. Karen Chung  University of Florida
Jennifer Fallon  Utah State University
Jed Grodin  University of Southern California
Jessica Link-Malcolm  University of North Texas
Anna McCarthy  University of Houston
Lauren Williams  University of Missouri—St. Louis

Class of 2005-2006
Deborah Chien  University of Southern California
Alyssa Epstein  Illinois Institute of Technology
Athena Hagler  SD State U/UC San Diego
Celine Ko  SD State U/UC San Diego
Christine Markow  Drexel University
Geoffrey Soleck  University of Iowa

** Psychology interns from previous years not listed due to space limitations

Directions to the VA Long Beach Medical Center and Psychology Department

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

Freeway access from the North on the San Diego Freeway (405)
- Take the Bellflower Blvd. exit going south.
- On Bellflower Blvd., after passing shopping areas and crossing Atherton Street, you will come upon CSU Long Beach on the left.
- Immediately after Beach Drive are the VA grounds, also on the left.
- Since you cannot make a legal left turn on Sam Johnson Road, you must go further to Palm Road where there is a left turn lane enabling you to enter the VA grounds through Gate 3.

Freeway access from the North on the San Gabriel Freeway (605)
- Take the Seventh Street (22 West) exit.
- After passing CSU Long Beach on the right on Seventh Street, you will come upon the VA, which is also on the right.
- Directions are easier if you pass the main VA entrance and make a right on Bellflower Boulevard.
- Take the second hospital entrance (Sam Johnson Road) and proceed straight (east) and park in the lots on your the left hand side after you pass the intersection with Canob Road.

Freeway access from the South on the San Diego Freeway (405)
- Take the Seventh Street (22 West) exit.
• After passing CSU Long Beach on the right on Seventh Street, you will come upon the VA, which is also on the right.
• Directions are easier if you pass the main VA entrance and make a right on Bellflower Boulevard.
• Take the second hospital entrance (Sam Johnson Road) and proceed straight (east) and park in lots on your the left hand side after you pass the intersection with Canob Road.

The Psychology main offices are located on hallway “A-2” on the second floor of Building 128.
• Proceed up the steps and cross the street and walk up the sidewalk to the right (west) of the Community Living Center.
• Voluntary services with a blue awning will be on your right.
• Keep walking straight until you enter through the double doors, make a right, and proceed down a long corridor. You’ll get to an intersection, and please turn left there.
• Go through the sliding glass door and then make a right, following the signs for A-2. Make your second left and you’ll see two elevators on the left.
• Take one up to the second floor, turn left, proceed down the hall to the end and check in with our Program Support Assistant in the Psychology office (A-200).
• If you need additional directions, please call us at (562) 826-5604.
• We'll have more information with acceptance announcements as to which building and room number we'll congregate in, and .pdf facility maps are available for email attachments upon request.