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
http://www.longbeach.va.gov/
https://www.longbeach.va.gov/careers/PsychologyTraining_.asp

APPIC MATCH Numbers:
General Track 112911
Neuropsychology 112912

Applications Due: October 30, 2017

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

Criteria for Acceptance into the Program

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. Additionally, certification of U.S. citizenship is required and all interns will have to complete a Certification of Citizenship in the U.S. prior to beginning internship. Applications from non-citizens will not be considered. Also, the federal government requires that male applicants to VA positions born after 12/31/1959 sign a Pre-Appointment Certification Statement for Selective Service Registration before they begin internship.

Our training programs are committed to creating a supportive learning environment for individuals of diverse backgrounds, and as a federal agency, we abide by the U.S. Government Equal Employment Opportunity (EEO) and Reasonable Accommodation policies. The Internship Program follows a policy of selecting the most qualified candidates and is an Equal Opportunity Employer. Our commitment to diversity includes attempting to ensure an appropriate representation of individuals along many dimensions, including (but not limited to) gender, sexual orientation, age, ethnic/racial minorities, and persons with disabilities.
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. 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**, 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 3-4 letters of recommendation and ask that your cover letter specifically indicate if you are applying to the **General Track** or the **Neuropsychology Track**. 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.

Please consider your interest in VA Long Beach carefully, because in 2016 we had 217 completed applications for only eight internship slots. 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.

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

**Gretchen Sholty, 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
gretchen.sholty@va.gov

*Phone: (562) 826-8000 ext. 2753*
*Fax: (562) 826-5679*

**Candidate Interviews**

All application materials will be reviewed by the training staff. Candidates will be informed by e-mail by December 15th, 2017 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 3rd, 8th, 10th, and 17th** of 2018. Please contact the Director of Training by Dec 16th, 2017 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 start at 8am with a general orientation by the Director of Training (Dr. Gretchen Sholty), followed by two individual interviews with staff members. We will make every effort to match you with two of your top five choices for staff interviewers. Following interviews, candidates will hear rotation presentations from staff using a round robin structure and then have 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. We adhere strictly to the selection process guidelines established by the APPIC.

**Match Process**

We follow 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.

**Entering into the VA as an Intern**

Prior to beginning the internship year, incoming interns will need to complete a variety of paperwork required by the U.S. Department of Veterans Affairs and the Office of Academic Affiliations. This includes the Certification of Citizenship form and the pre-employment certification statement for selective service registration (if applicable) noted in the “Criteria for Acceptance into the Program” section above as well as fingerprinting and background checks. The VA conducts drug screening exams on randomly selected trainees and employees as well.

Additionally, incoming interns are required to have their Directors of Clinical Training (DCTs) of their graduate programs complete the Trainee Qualifications and Credentials Verification Letter (TQCVL). In this letter, DCTs will need to certify that interns have satisfactory physical and mental health to perform the duties of the training program they are participating in with the VA as well as have had Tuberculin testing, Hepatitis B vaccination as required by the Centers for Disease Control (CDC) and/or VA standards or have signed a declination waiver. If the intern's DCT requires specific medical tests to certify these items, it will be the intern's responsibility to receive these medical tests from an outside provider.

**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 Whittier. 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 290 doctoral interns, representing 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 tenth class of postdoctoral fellows in seven specialty areas.

All 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 Directors of Training are Gretchen Sholty, Ph.D. (Training Director) and Deirdre Lopez, Ph.D. (Assistant Training Director), who are advised by the Executive Training Committee. Andrea Scott, Ph.D., is the Director of our Psychology Postdoctoral Fellowship program, first funded in 2008. Over half of the total number of our training psychologists has been hired in the past 10 years, especially in the areas of neuropsychology, spinal cord injury, PTSD, Women’s Mental Health, Behavioral Health Interdisciplinary 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 Doctoral 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 clinical and counseling 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 in clinical assessment and intervention, consultation, supervision, research and other scholarly inquiry, and awareness of and sensitivity to professional, ethical, legal, and diversity issues.

**Program Goals and Objectives**

The overarching mission of our Psychology Internship Training Program is to train psychology students who will attain general entry level practice competencies and can function effectively as professional psychologists in a broad range of interprofessional settings. The primary goal of our internship program is to train interns to provide an array of psychological services within a general healthcare facility in order to gain the requisite competencies to go on to academia or postdoctoral fellowships in psychology. 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. Our Mental Health Multicultural Diversity Committee has had a strong influence on our training programs over the past five years, and it is composed of staff, postdoctoral fellows, and interns, gradually including staff from other disciplines. This committee’s vision is “To serve as a resource for multiculturally competent Veteran-centered care within psychology service, to VALBHCS, and to the local community.” Because of the rich diversity of both our cohorts of veterans and our community, we are conveying the importance of diversity in all of our rotations. 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 interprofessional staff in our treatment community.

**Program Structure**

Our internship program offers eight full-time funded internship positions for the 2018-2019 class. Seven of these positions are in the General Track and one is in the Neuropsychology Track.

**Clinical Tracks**

Interns in the General Track will select four 6-month clinical rotations using the method described below in the “Training Schedule and Rotations” section.

Interns in the Neuropsychology Track are required to complete a year-long rotation in the neuropsychology clinic in addition to two 6-month general clinical rotations. Neuropsychology training opportunities available within the neuropsychology clinic are described in detail in the “training experiences” section below. The Internship program at the VA Long Beach Healthcare System is part of the Association for Internship Training in Clinical Neuropsychology (AITCN) and offers training opportunities consistent with the Houston Conference on Speciality Education and Training in Clinical Neuropsychology. 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). While the interns in the Neuropsychology track will receive priority in working with neuropsychology clinic supervisors, these rotations may also be open to interns in the General Track for the 2018-2019 training year.

**Training Schedule and Rotations**

After hearing presentations by all 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 Training Directors 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. We also afford the opportunity to blend training in both health psychology and more traditional psychiatric and substance abuse settings. Please note that while the Training Directors will do their best to accommodate intern preferences, no specific supervisor or rotation is guaranteed.

Interns will complete four 6-month rotations, with two rotations co-occurring at each time. A visual depiction of the training year schedule for both general and neuropsychology track 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 Clinic</td>
<td>Rotation 3: Neuropsychology Clinic</td>
</tr>
<tr>
<td>Rotation 2</td>
<td>Rotation 4</td>
</tr>
</tbody>
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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:

<table>
<thead>
<tr>
<th>Programmatic Experiences:</th>
<th>Clinical Rotation Experiences:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didactic seminars: ~5 hours/week</td>
<td>Clinical Work: 18 – 20 hours/week (across both rotations)</td>
</tr>
<tr>
<td>Supervision of pre-intern/Assessment cases: ~3 hours/week</td>
<td>Administrative Time: 8 -- 10 hours/week (across both rotations)</td>
</tr>
<tr>
<td>Intern Project: ~2 hours/week</td>
<td></td>
</tr>
<tr>
<td>Misc. Administrative Time: ~2 hours/week</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL = 12 hours</strong></td>
<td><strong>TOTAL = 28 hours</strong></td>
</tr>
</tbody>
</table>

Supervision

Receiving supervision: Interns will schedule a total of four hours of supervision per week (10% of the interns’ supervised professional experience time). With two concurrent rotations, interns can expect at least two hours being direct 1:1 supervision with supervisors. Interns may also receive additional supervision from delegated supervisors within their 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 (general and neuro tracks) 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**

Assessment training is provided via didactic seminars (please see assessment seminar section below) and through supervision of testing cases on rotations. Interns are required to complete a minimum of **two** comprehensive assessment batteries with integrated reports during the internship year in addition to the routine testing that they do as part of their rotations. Assessment opportunities are provided across 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. Interns are allotted three hours of protected time per week to complete these assessments outside of clinical rotations.

**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 Training Directors to find a project adviser to develop and conduct their project. Generally, the project is done as part of one of the selected clinical rotations; however, the project adviser 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. 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 result of their Intern Project at the end of year. Interns are allotted two hours of protected time per week to complete this project.

**Didactics and Other Meetings**

**Required Didactic Seminars:**

**Intern Seminar (weekly):** Presentations for this seminar are coordinated by the Director of Training, Dr. Gretchen Sholty. 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 our 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 and is held in conjunction with the postdoctoral fellows. 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.

**Assessment (biweekly):** This seminar is coordinated by Dr. Juliet Hung. Presentations will cover didactics on a wide range of assessments (e.g., personality, cognitive, health-related, etc.) offered throughout the VA and will complement the intern requirement of completing 2 comprehensive assessment batteries and integrative reports on clinical rotations throughout the training year.

**Supervision of Supervision Seminar (weekly):** This seminar is coordinated by Drs. Tatiana McDougall and Shelly Crosby. 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 of supervision for interns who will be providing supervision to advanced practicum students on individual psychotherapy cases.

Diversity Seminar (monthly): This seminar is coordinated by Dr. Yasmeen Yamin0Benjamin and is held in conjunction with the other psychology trainees. This seminar will include didactic presentations, readings, and case presentations covering a wide range of diversity issues. Please note that issues of individual and cultural diversity are emphasized in ALL of the intern training experiences, including all of the didactic seminars described above as well as discussed regularly throughout the intern’s clinical rotations and supervision meetings.

Additional Opportunities:

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 two current rotation schedules.

Mental Health Care Group 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 Care Group Grand Rounds 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.

Mental Health Multicultural Diversity Committee (biweekly): The committee plans seminars, training, and activities to support this goal and is composed of staff and trainees. The committee meets the 3rd Wednesday of the month and is coordinated by Drs. Tatiana McDougall and Shelly Crosby.

Vision Statement: To serve as a resource for multiculturally competent Veteran-centered care within mental health service, to VA Long Beach Healthcare System, and to the local community.

Mission Statement: To promote multicultural competence in various dimensions of human diversity at the individual, service, team, and organizational levels through education and training, consultation, research, and outreach activities.

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), seminars, and case conferences.

TRAINING EXPERIENCES

Below is a list of clinical rotations that are available for psychology interns at the VA Long Beach Healthcare System for the 2018-2019 training year. Please note that his list is subject to change due to changes in staffing or the development of new rotations.

1. Behavioral Health Interdisciplinary Program (BHIP)
2. Blind Rehabilitation Center (BRC)
3. Couples and Family Therapy
4. Geropsychology -- Community Living Center (CLC) & Geriatric Evaluation & Management (GEM)
5. Geropsychology – Home Based Primary Care (HBPC)
6. Health and Wellness
7. Neuropsychology (may not be available to general track interns during 2018-2019 training year)
8. Outpatient Mental Health at Community Based Outpatient Clinics (CBOCs)
a. Santa Ana CBOC
b. Whittier CBOC
9. Primary Care-Mental Health Integration (PC-MHI)
10. Psychosocial Rehabilitation and Recovery Program (PRRC)
11. Program for Traumatic Stress (Combat PTSD)
13. Women's Mental Health Center (WMHC) and Trauma

Behavioral Health Interdisciplinary Program (BHIP)
Primary Supervisors: Lauren Lovato Jackson, Psy.D. Elizabeth Welsh, Ph.D., & Jamie Yadavaia, Ph.D.
(A fourth BHIP psychologist is in the process of being hired and may be an available supervisor for the 2018-2019 training year).

Program: This rotation is part of a redesign of Mental Health services in which interprofessional teams provide coordinated care for patients in Outpatient Mental Health. It offers experience with a wide range of presenting problems including PTSD, Anxiety Disorders, Mood Disorders, Adjustment Disorders, interpersonal and relational difficulties, pervasive emotion dysregulation, substance abuse, disordered eating, cognitive impairments, gender dysphoria and gender transition issues, and co-morbid medical complications. Patients are referred to this rotation by psychiatrists and nurses from the BHIP mental health teams, Primary Care-Mental Health Integration program, and the Mental Health Treatment Center. As such, trainees will have the opportunity to actively collaborate and consult with a variety of other disciplines and programs during their training. 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, efforts to train clinicians in adherence to evidence-based treatment protocols while also incorporating individual differences is strongly valued. Both individual and group experiences will be available based on trainee interests. Please see below for specific training experiences offered.

Psychology Training Provided: Trainees on this rotation can select Dr. Jackson, Dr. Welsh, or Dr. Yadavaia 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 as well as providing targeted and concise consultation in busy hospital settings. Trainees will also participate in the BHIP triage clinic 2 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, Dialectical Behavior Therapy (DBT) for BPD, Cognitive Behavioral Analysis System of Psychotherapy (CBASP) for chronic depression, Acceptance and Commitment Therapy (ACT), Interpersonal Therapy (IPT) for depression, Exposure and Response Prevention Therapy (ERP), CogSMART for traumatic brain injury (TBI) and mild cognitive impairment (MCI), and Motivational Interviewing (MI). Group treatments include CBT for Depression and Anxiety, Stress Management, Trauma Skills, Anger Management, Managing Emotions, Mindfulness and ACT, DBT for Emotional Eating.

Assessment Opportunities: MMPI, PAI, RBANS, MoCA

Blind Rehabilitation Center (BRC)
Primary Supervisor: Elizabeth V. Horin, Ph.D., ABPP

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**Program:** The Major Charles Robert Soltes, Jr. Blind Rehabilitation Center at the Long Beach VA is a 24 bed residential rehabilitation program. Veterans who are visually impaired (often meeting criteria for legal blindness) are referred to the center for vision or blind rehabilitation training from five hospitals and 29 community clinics within Southern California and Southern Nevada. Patients range in age from their late teens to early 90s but the majority of patients are older veterans in their 60s to 80s with vision loss and other health conditions. The most common causes of blindness are Macular Degeneration, Glaucoma, and Diabetic Retinopathy. A smaller subset of younger returning veterans with brain injuries and vision loss participate in the training program. Similarly, veterans with visual impairment secondary to neurological issues, such as stroke and Multiple Sclerosis, may participate in the program. The comprehensive rehabilitation training program is comprised of staff members from a variety of disciplines including Blind Rehabilitation, Dietetics, Nursing, Optometry, Psychology, Recreation Therapy, and Social Work. Blind Rehabilitation specialists provide training in the areas of: Living Skills, Low Vision Skills, Manual Skills, and Orientation and Mobility as part of programming that lasts between 6-8 weeks. In addition, Advanced Way Finding (e.g., use of GPS technologies) Computer Access training, Power Mobility (i.e., use of power chair or scooters as mobility aides) and training in I-devices (e.g., IPhone, IPad) are additional programs available for veterans.

The psychologist and intern work closely with the above-noted interdisciplinary team members as part of the development of each veteran’s individualized rehabilitation treatment plan. All new patients are assessed by Psychology for their adjustment to vision loss/blindness, their cognitive status, and their overall mental and behavioral health, with previously admitted patients being re-assessed for any changes over time. Most commonly encountered diagnostic groups include: mood disorders, ranging from adjustment reactions to major depression, anxiety disorders, PTSD, and substance abuse. A smaller portion of patients with more serious mental illness such as bipolar disorder, schizophrenia, psychotic disorder, and personality disorders are encountered. Interventions that address a wide range of adjustment, mental and behavioral health concerns through different modalities are provided. Psychology provides the following intervention approaches: individual counseling, individual and group psychoeducation, psychotherapy, pain management, relaxation training, and family education programming as well as psychosocial support to members of the veteran’s support group. Also, more comprehensive neurocognitive testing is completed as clinically indicated and feedback provided to patients, family, and staff members. In addition, close consultation with the interdisciplinary team forms a key component of the psychologist’s responsibilities. As such, the blind rehabilitation psychologist plays an important role in helping maintain the overall “health” of the rehabilitation environment. There are no set days for the trainee to be on the unit but Tuesday, Wednesday, and Thursday tend to be the busiest days and preferred.

**Psychology Training Provided:** Interns obtain experience in reviewing medical records and observing and evaluating veterans participating in the blind rehabilitation training program. As part of the assessment, interns will assess the psychological functioning of each patient as well as their adjustment to vision loss/blindness and coping mechanisms, including social support. In addition, during the initial assessment, interns will conduct mental screening exams. Training will include use of modified or alternative assessment tools appropriate to visually impaired and blind persons. Following the initial assessment, interns will be expected to produce a written product that will be shared with interdisciplinary team members working with the veteran in a timely fashion and written in a manner that is suitable for a rehabilitation setting. Furthermore, interns will have the opportunity to assist veterans to identify or develop coping strategies and deliver brief, evidence-based interventions focused on promoting rehabilitative gains and self-efficacy. Similarly, interns will have the opportunity to deliver group and family education programming as well as didactics to interdisciplinary team members. Interns also gain considerable experience working with interdisciplinary medical teams utilizing the consultation-liaison framework as well as develop a specialty knowledge base with regard to blindness, rehabilitation psychology, health psychology, and geropsychology. The knowledge and skills learned on this rotation are not unique to blind rehabilitation and can be generalized to other medical and rehabilitative populations. As such, this rotation can be particularly valuable in helping increase marketability for individuals hoping to work in a medical or rehabilitation setting.

**EBP opportunities:** Cognitive Behavioral Therapy for Insomnia; Problem Solving Therapy

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Assessment opportunities: Neurocognitive screening (MoCA for the Blind) and testing using adapted batteries

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. Patients are referred to this rotation by other providers from throughout the healthcare system.

Psychology Training Provided: Dr. Ganz and Dr. McDougall are the two dedicated Couples Therapy psychologists at the Long Beach VA. EBP opportunities include EFCT, IBCT, CBCT-PTSD, IPT, ACT, CBT, CPT, EMDR, and PE. 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 Emotionally Focused Couples Therapy as well as Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-PTSD). 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 psycho-educational workshops based on the Scream-Free Parenting approach. For individual cases, Dr. Ganz conceptually integrates from relational psychodynamic and attachment perspectives and uses these as a springboard to address psychopathology in short-term treatment paradigms including CBT and ACT. Dr. Ganz is a former U.S. Army psychologist and combat veteran who also has a wealth of experience in treating PTSD with CPT, EMDR, and PE.

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 EFCT, with a strong emphasis on case conceptualization based in attachment theory. 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 emphasizes understanding and attention to cultural factors in the conceptualization of relational dynamics.

Trainees who work with Dr. Ganz and Dr. McDougall will receive both individual and group supervision.

EBP Opportunities: Emotionally Focused Couples Therapy (EFCT), Integrative Behavioral Couples Therapy (IBCT), Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-PTSD), CBT, ACT, DBT, IPT.

Group Therapy Experiences: Trainees can co-lead any of the following groups, based on their interest and schedules. Trainees would typically co-lead with Dr. Ganz or Dr. McDougall, although there are generally opportunities for trainees to take a central role from the beginning and may have the opportunity to lead the group on their own after a few sessions.

- **Secure Foundations: Couples Growing Together (Couples Therapy Group):** Secure Foundations is a part process, part psycho-education group therapy for couples. 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 meets Mondays from 5-6:30pm and is supervisee-led and supervised by Dr. Ganz.

- **Mindfulness Group for Couples:** This is a 6-week experiential class designed to teach mindfulness skills in a relational context. The group meets on Wednesdays from 5-6pm.

### 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.
- **Family Caregiver Program:** Trainees will have an opportunity to triage, diagnose, and individually treat family caregivers of veterans with mental health conditions.

### Geropsychology - Community Living Center (CLC) & Geriatric Evaluation and Management (GEM)

**Primary Supervisors:** Jennifer Geren, Ph.D. & Lauren Dill, Ph.D.

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

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

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.

**Geropsychology – Home Based Primary Care (HBPC)**

*Primary Supervisor: Angela W. Lau, Ph.D.* (A second HBPC psychologist is in the process of being hired and may be an available supervisor for the 2018-2019 training year).

**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 compliance with and adjustment to treatment regimens; and working with caregivers to improve patient well-being and treatment compliance, and/or to reduce caregiver stress.

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

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

- Attending weekly HBPC team meetings.
- Providing psychodiagnostic interviews, 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 dementia; 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 integrative 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.

Health and Wellness
Primary Supervisor: Andrea Scott, PhD, BCB

Program: Dr. Scott primarily works as a health psychologist in a variety of specialty areas including Tobacco Cessation, MOVE! (weight management program), CBT-I (Cognitive Behavioral Therapy for Insomnia), Tinnitus Management, biofeedback, and mental health readiness evaluations for bariatric surgery, hormone replacement therapy and gender reassignment 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 weekly 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 intake 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.

**Biofeedback:** Biofeedback Therapy uses non-invasive electronic monitoring equipment to help Veterans observe and understand their physiological responses to acute and chronic stress, and learn how to change those responses to improve physical and psychological health/wellness. Trainees can learn how to educate Veterans about what biofeedback is, types of biofeedback (e.g., respiration, heart rate variability, skin conductance, skin temperature and muscle tension) and indications for using biofeedback. Teach Veterans how to improve their heart rate variability, decrease sympathetic nervous system overactivation and increase parasympathetic activity.

**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. Interns will gain diverse interdisciplinary experiences.

**EBP opportunities:** CBT-I, CBT-D

**Assessment opportunities:** Mental health readiness evaluations for bariatric surgery, hormone replacement therapy and gender reassignment surgery (AUDIT-C, DAST-20, QEWP-R, MHLC, MBMD, MoCA, BDI-II, PCL-5)

**Neuropsychology (may not be available to general track interns during 2018-2019 training year)**

*Primary Supervisors:* Christine Kim, Ph.D., & Vanessa Zizak, Ph.D. (A third neuropsychologist is in the process of being hired and may be an available supervisor for the 2018-2019 training year).

**Program:** The overarching goal is for students to obtain entry-level broad-based skills as a Clinical Psychologist, with specialization training in Neuropsychology that prepares them for applying to advanced post-doctoral training in medical and/or academic settings. This is accomplished through selecting interns with specialized interest and an academic foundation in neuropsychology, providing clinic services under an apprenticeship model, and holding a year-long didactic seminar.

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. This Neuropsychology Clinic provides clinical neuropsychological consultation to the entire healthcare facility, including Psychiatry, Neurology, Geriatric and Evaluation Management (GEM)/Geropsychology and Rehabilitation Medicine. Such consultation usually consists of the assessment of neuropsychological and psychological functioning using a broad range of quantitative and qualitative approaches. In addition, the intern gains experience with the Traumatic Brain Injury...
(TBI)/Polytrauma program, including evaluating patients for traumatic brain injury and holding monthly cognitive education groups for mTBI patients. Interns will have opportunities to supervise practicum level students on cases and treatment.

**Clinical Neuropsychology Seminar and Case Conference:** 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; neuroanatomy (brain-behavior relationships), pathology (Brain Cuttings), and review of radiological findings, diagnostic syndrome analysis (e.g., aphasia, dementia etc.), cultural consideration for test selection and interpretation, and ABPP board certification. Case conferences and journal article review will also be conducted during the seminar.

**Psychology Training Provided:** The intern can expect to be exposed to a wide variety of test batteries for neuropsychological assessment, utilizing different approaches (i.e., screening, process, flexible and structured batteries). By the time the intern has completed the rotation, 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. Interns may also have the opportunity to conduct cognitive retraining with brain-injured patients.

**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, BVMT-R, WMS-IV Subtests)
- Executive Functioning (D-KEFS, WCST, Category Test)
- Social Reasoning/ Behavioral Questionnaires (Iowa Gambling Task, 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-RF, PAI, MCMI)

**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 geriatric, general and mTBI patient 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), TBI, Stroke (vascular risk factors), and PBA.

**Outpatient Mental Health at Community Based Outpatient Clinics (CBOCs)**

*Primary Supervisors:* Juliet Hung, Ph.D., A.B.P.P., Amy Potts, Ph.D., & Suzanne Hilleary, Ph.D.

*Adjunct Supervisors:* Leigh Messinides, Ph.D. & Tara Nyasio, Psy.D

**Program:** Trainees can choose a specific emphasis area within the Outpatient Mental Health CBOC program based on the emphases provided by supervisors’ descriptions below.
Santa Ana CBOC (Juliet Hung, Ph.D., A.B.P.P, Leigh Messinides, Ph.D., & Tara Nyasio, Psy.D.): The Santa Ana CBOC is 16 miles east of VA Long Beach, which is about a 30-minute drive. Drs. Hung, Nyasio and Messinides are the clinical staff psychologists stationed there. 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. While Dr. Hung will serve as the primary supervisor, there may be opportunities to consult with and co-lead groups with Drs. Messinides and Nyasio.

EBP opportunities: The staff psychologists are trained in CBT-D, CBT-I, Seeking Safety, PE, and CPT. Trainees would work closely with an interdisciplinary team consisting of Psychiatry, Psychiatric Nurse Practitioner, RN, addiction therapist and our Addictions Therapist. We are co-located with primary care allowing ease of coordination for medical and mental health issues. This is also an opportunity to provide services using clinical video-teleconferencing (CVT).

Assessment opportunities (Dr. Hung): PAI, MMPI-2, MCMI, CAPS, ADHD evaluation, neuropsych evaluation, dissociative disorder evals, SCID, TAT, Rorschach, etc.

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 for CBT Depression (blended group model group). She also has a long-standing interest in psychodynamic psychotherapy, forensic psychology and assessment and psychological testing in characterological disorders. Dr. Hung facilitates several EBP groups (i.e., CBT I, CPT, CPAP, CBT Dep) that are open for trainees to participate. Dr. Nyasio is the most recent psychologist to join the mental health team at the Santa Ana CBOC. Her 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. 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. 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. 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 a multidisciplinary team of psychologists, social worker, nurses, primary care physicians, and an addiction therapist.

Whittier CBOC (Suzanne Hilleary, Ph.D. & Amy Potts, Ph.D.): The Whittier CBOC is 14 miles north of VA Long Beach (via the 605 freeway), which is about a 25-30 minute drive. Drs. Hilleary and Potts are the clinical staff psychologists stationed there. The psychology service at the CBOC functions as a general outpatient center with both group and individual therapy options available, serving Veterans with a 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 Whittier CBOC offer a variety of treatment options, including evidence-based psychotherapies on both a group and individual outpatient basis.
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), and Stress Inoculation Training (SIT).

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

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. 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, and issues surrounding medication compliance. The clinic offers the opportunity to be part of a multidisciplinary team that includes psychologists, psychiatrists, social workers, nurses, and primary care physicians.

Primary Care-Mental Health Integration (PC-MHI)
Primary Supervisors: Elizabeth Chereji, Ph.D., Stacy Hardin, Ph.D., Corina Lopez, Ph.D., & Shaquita Tillman, Psy.D.
Adjunct Supervisor: Lia Kraemer, Ph.D.

Program: The mission of Primary Care-Mental Health Integration (PC-MHI) is to detect and address the broad spectrum of behavioral health needs among primary care patients, with the aims of early identification, quick resolution of identified problems, long-term problem prevention, and healthy lifestyle support. A major 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 focus is on resolving problems within the primary care service context. In this sense, 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. The referring primary care provider is the chief “customer” of the service and, at all times, remains the overall care leader. 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 PCMH 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). PCMH 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. Upon initial referral, patients meet with a co-located mental health provider and complete a brief clinical interview, self-report measures, and a semi-structured clinical interview. Based on their level of impairment and interests in treatment, patients are offered a medication consultation with a PCMH psychiatrist and/or brief evidence-based psychotherapy with a PCMH psychologist or social worker. Within this program, interns will be trained in a wide range of clinical activities, including brief evidence-based psychotherapy, integration of behavioral health practices into psychotherapeutic approach, 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, mindfulness-based
interventions, cognitive behavioral therapy, health coaching, and relaxation training. Patients with more severe psychopathology and/or impairment are referred directly to more intensive interventions in the mental health department based on a case-by-case clinical judgment (e.g., bipolar disorder, personality disorders, and psychotic symptoms). Program development is also a possibility depending on interns’ time and needs. 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, and 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 VA 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:

- Anger Management group
- CBT for Depression group
- CBTI group
- Chronic Pain Class
- Grief support group
- Mantram Repetition group
- Mindful Living with Chronic Illness group
- Motivational Interviewing workshop for primary care providers
- MST support group
- Old guys rule transition group
- Relationships in Recovery group
- Relaxation/Meditation drop-in group
- Sleep Class
- Stress Management Group
- TEACH Health workshop for providers

**Psychosocial Rehabilitation and Recovery Program** (aka MH Pathways Recovery Center)

*Primary Supervisor: Richard Tingey, Ph.D.*

**Program**: The MH Pathways Recovery Center (PRC) blends active mental health treatment with practical rehabilitation and work. As part of our healthcare facility’s mental health services, it provides continuity of care between the inpatient units/acute care and other less intensive outpatient programs, and care to Veterans whose functioning is notably impaired because of a severe mental health condition. The goal is to decrease distress, enhance skillful living and foster community reintegration. The center is intended for Veterans dealing with severe and chronic mental health conditions such as schizophrenia, schizoaffective disorder, severe depression, bipolar disorder or other seriously disabling conditions. The programming is designed to assist them in moving the focus of their life away from their mental health issues & subsequent distress, and towards functioning in a meaningful way within their community. We also provide concurrent treatment for clients who also have a drug or alcohol problem via our Addictions Treatment Track. The PRC assists Veterans in making the psychological, emotional, and social transition towards MH recovery; particularly when it cannot be achieved using more traditional outpatient services. We have an excellent interprofessional team (psychologist, psychosocial rehab fellow, psychiatrist, nurses, MH health technician, and peer support specialist) that provides exceptional care and really enjoys the opportunity to work with interns.
**Psychology Training Provided:** Interns can leave the PRC having done almost everything the regular staff members do. They conduct intake assessments, provide individual and group psychotherapy, case coordination, crisis intervention, treatment/recovery planning, psychological evaluations, community integration, discharge planning, and present in interdisciplinary rounds. They may choose to emphasize specific areas or opt to sample it all.

**Evidence-based Practices:** Opportunities to learn EBPs are available via our ACT for Psychosis and our DBT for Psychosis Groups. Application of these approaches in individual Tx is also provided. Interns have the opportunity to lead groups on their own, or team up with other staff members. These many experiences are spread through the rotation to give the intern time to adjust and reflect on their experience. The staff members are quite flexible and are very skilled at providing the type of training the intern seeks.

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

**Primary Supervisors:** Shelly Crosby, Psy.D., Nathaniel Hawkins, Ph.D., John Huang, Ph.D., Deirdre Lopez, Ph.D., & Jessica Naughton, Ph.D.

**Program:** Trainees can choose a specific emphasis area within the combat PTSD program based on the emphases provided by supervisors’ descriptions below.

**PTSD and LGBT/Diversity (Shelly Crosby, Psy.D.):** Dr. Crosby completed her Postdoctoral fellowship with the Combat PTSD team, and returned to work at LBVA in the fall of 2015. Dr. Crosby is involved in many aspects of the Combat PTSD program including intake assessment, individual therapy, and group therapy. Trainees working with Dr. Crosby will have opportunities to receive supervision in evidence-based individual therapy (e.g. Cognitive Processing Therapy, Prolonged Exposure, and CBT for insomnia) as well as opportunities to co-lead Combat-PTSD treatment group(s) including CBT Skills for Depression & PTSD (Tuesdays 9-10am) and Cognitive Processing Therapy (Tuesdays 10-11:30am). In addition, Dr. Crosby is currently providing coverage for the Seeking Safety group for PTSD and Substance Use Disorders (Mondays 1:30-3pm). On this rotation, trainees will also attend the weekly PTSD team meeting (Wednesdays 8-9am) and PTSD didactics (2nd and 4th Thursdays 12-1pm).

In addition to her role with the combat PTSD program, Dr. Crosby co-leads the LGBTQ Support Group within General Mental Health. Dr. Crosby is also active with the Mental Health Multicultural Diversity Committee, and was recently selected as the Mental Health LGBT Clinical Care Coordinator/Point of Contact for Veterans at LBVA. Trainees working with Dr. Crosby may have opportunities to be involved in LGBTQ and/or Diversity activities, depending on training goals and schedule availability.

**PTSD and Acceptance and Commitment Therapy (ACT; Nathaniel Hawkins, Ph.D.):** Dr. Hawkins specializes in evidence-based cognitive behavioral therapies, including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) Therapy for PTSD, Acceptance and Commitment Therapy (ACT) for PTSD. He leads a CPT group, ACT for PTSD Group and short-term PTSD Symptoms Management group designed to provide psychoeducation, assess Veterans’ motivation for treatment, introduce effective and healthy coping skills, and develop future PTSD treatment plans. Psychology trainees would have the opportunity to co-lead these groups and be supervised in these modalities. Dr. Hawkins also co-leads a LGBTQ Support Groups within the Psychology Department. Dr. Hawkins’ other clinical interests include the treatment of other trauma related disorders, military and childhood sexual trauma, posttraumatic resilience, PTSD family support, substance use disorders, transgender care, and LGBT issues.

**PTSD and Mindfulness (John Huang, Ph.D.):** Dr. Huang conducts a 12-week closed Combat PTSD Group which focuses on group process and psycho-educational topics. It is a group generally ranging from 10-15 people, with an emphasis on forming a group alliance and teaching coping skills. He also leads the Mindfulness and PTSD group, which focuses on the practice of mindfulness in dealing with PTSD and general stress. Mindfulness is a type of meditation with three main components: focusing on the present moment, using full awareness, and having a non-judgmental, accepting attitude. He facilitates a tai chi group (a slow-moving, meditative martial art) for combat vets, as well as a drum circle, which
helps with behavioral activation, a sense of connection, and brain plasticity. Dr. Huang also conducts a relaxation group, a Cognitive Processing Therapy (CPT) group and a CBT for Insomnia group. He sees a number of individual patients, using modalities such as CPT and Prolonged Exposure (PE) to do trauma-focused work. He is also trained in Eye Movement Desensitization Reprocessing (EMDR) for treating trauma and Acceptance and Commitment Therapy (ACT). Another one of Dr. Huang’s interests is spirituality and psychology, especially in how spirituality facilitates coping, healing, and creating meaning. Interns will have the opportunity to co-lead the combat PTSD, CPT, relaxation, and Mindfulness and PTSD groups. Interns would help facilitate the group process as well as lead some of the mindfulness and relaxation exercises. They would have an opportunity to learn CBT for insomnia if interested. They would also conduct intakes as well as individual therapy with this population. Dr. Huang would be able to supervise the trainee on CPT, PE, and ACT if the interns’ individual patients are good candidates for the treatments. Required dates and times on the rotation include: Mindfulness Wednesdays 9am-10am, Cognitive Processing Therapy Tuesdays 1-230pm (for 13 wks), PTSD team meeting Wednesdays 8am-9am, PTSD didactics 2nd and 4th Thursdays of the month 12-1pm, and 12-week combat PTSD group Fridays 10-11am. However, time conflicts may be able to be worked out.

PTSD (Deirdre Lopez, Ph.D.): Dr. Lopez provides opportunities for trainees to conduct intakes, Prolonged Exposure Therapy with individuals, and Cognitive Processing Therapy with individuals and/or in a group format. She also facilitates a Women’s Combat PTSD group on Thursday evenings from 4:30 to 6pm and will be starting a group for moral injury related to combat trauma in the Fall of 2016. Trainees are welcome to co-facilitate both/either of these groups. Dr. Lopez’s interests include EMDR therapy, resilience, posttraumatic growth, cultural attachment/belonging related to transitioning from “soldier to civilian,” and moral injury. She aspires to create a group for treatment graduates who have identified “giving back” as a meaningful life value, and who wish to live this value fully through service to other Veterans.

PTSD and Substance Use Disorders (PTSD/SUD; Jessie Naughton, Ph.D.) Dr. Naughton serves as the PTSD/SUD coordinator, with her rotation allowing psychology interns to gain experience in treating Veterans with PTSD, as well as those with co-occurring combat PTSD and Substance Use Disorders. Group and individual psychotherapies are available to Veterans of all eras who wish to manage their substance use or become abstinent entirely. Group therapy, which is designed to create and maintain patient stabilization, is psycho-educational in nature and provides participants with information about the link between substance abuse/dependence and PTSD, coping strategies for both disorders, and process time for related issues. After stabilization, Veterans can opt to do additional trauma-focused work. Those working with Dr. Naughton will have the opportunity to conduct intake assessments and provide trauma-focused therapy in individual and group formats. Dr. Naughton is trained in PE (Prolonged Exposure) and CPT (Cognitive Processing Therapy), with interns having the ability to receive supervision in these evidence-based treatments, as well as more integrative approaches to trauma treatment. She facilitates a CPT group and two Seeking Safety groups, which use a harm reduction approach to treat Veterans with co-occurring PTSD and SUD difficulties. Interns will have the opportunity to co-lead this group within the PTSD clinic setting (Mon 12-1pm) and potentially at the VVRC (SUD residential treatment center, Wed 11-12pm). Dr. Naughton’s additional interests include mindfulness, working with MST (Military Sexual Trauma), and integrative approaches to trauma-focused therapy.

EBP Opportunities: CPT, PE, ACT for PTSD, MI, Seeking Safety, IPT, Time Limited Dynamic Therapy (TLDP), CBT-Insomnia

Assessment Opportunities: CAPS for PTSD

Spinal Cord Injury/Dysfunction (SCI/D)
Primary Supervisors: Sarah Brindle, Ph.D., David Kerner, Ph.D., Linda Mona, Ph.D., and Stacy Reger, 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 (quadriplegic) individual has experienced a traumatic injury or impairment in one or more cervical segments of his or her spinal cord, resulting in sensory and motor loss in the arms, hands, as well as in all areas below the damaged level. Paraplegics have damaged or diseased spinal cords in the thoracic, lumbar, or sacral segments, causing loss of sensory and motor function (paralysis) at the point of injury and below.

SCI/D rehabilitation and treatment demands a broad interdisciplinary approach, both for acute rehabilitation and for ongoing care. The psychologists and interns work within closely-knit teams that include physicians, pharmacists, social workers, rehabilitation therapists, case managers, dietitians, respiratory therapists, psychiatrists, and especially the nursing staffs of the three SCI units. Psychology staff assesses each patient and provide interventions that address a wide variety of adjustment, mental health, and health behavior concerns. Dr. Kerner works with the acute rehab team, but he is not licensed in California. Hence, he has been a perennially favorite supervisor among pre-interns. Drs. Brindle, Mona, and Reger 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.

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: ROLLS new injury group for acute rehabilitation patients, Spirituality group. Both groups are facilitated by Dr. Brindle.

Women’s Mental Health Center (WMHC) & Trauma
Primary Supervisors: Linda R. Baggett, Ph.D., Gretchen L. Sholty, Ph.D., & Camila R. Williams, Ph.D. (A fourth WMHC psychologist is in the process of being hired and may be an available supervisor for the 2018-2019 training year).

Program: Founded in January 2005 through a VA Special Needs Grant, the Women’s Mental Health Center (WMHC) serves women Veterans by providing gender-specific and sensitive services. The WMHC is unique in that 1) it is one of only a few dedicated women’s mental health 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 is comprised of three (soon to be four) psychologists, two licensed marriage and family therapists, certified yoga therapist, licensed clinical social worker, and a program support assistant.

Outpatient Psychotherapy
The Women’s Mental Health Center 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, Psychodynamic/Interpersonal Process Psychotherapy, Interpersonal Therapy for Depression, and Seeking Safety.

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

- Trauma Skills Group
- Mood Group (CBT and ACT for depression)
- Cognitive Processing Therapy for PTSD
- Women’s Combat Support Group
- Dialectical Behavioral Skills Group
- Managing Behavior and Affect Group
- Relationships Skills
- Food for Thought (developing a healthy relationship with food)
- Intimacy Recovery
- Seeking Safety (PTSD and Substance Use Disorders)
- Relaxation/Mindfulness group
- Yoga
- Mantram Repetition
- Cognitive Behavioral Therapy for Insomnia (CBT-I)
- Anger Management

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 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, and weekly didactics, which are a combination of case presentations, didactic presentations, and journal club. Staff meeting is held on Mondays at 9am in which trainees are encouraged to 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), Interpersonal Therapy for Depression (IPT), Acceptance and Commitment Therapy (ACT), Seeking Safety, Prolonged Exposure.

**Assessment opportunities:** PAI, MMPI-2, MCMI, CAPS, SCID, MoCA, assessment battery for assessing borderline personality disorder, sexual health 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 clinical competency areas:**

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 such as the severely mentally ill or substance abusers, 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 general domains based on the APA's Commission on Accreditation:*

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 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. Evaluation
includes objective ratings (1-5 scale) and narrative feedback on competency items, 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 academic 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.

3. **Didactic Training:**

Interns are required to attend the different didactic seminars and the required didactics on their selected rotations. Modified versions of the evaluation forms outlined above will also be completed by the different didactic seminar coordinators and reviewed with the interns.

4. **Assessment Experience:**

Interns are required to complete at least two comprehensive assessments and integrative reports during the year. These reports need to be submitted to both Dr. Sholty (Director of Training) and Dr. Hung (Assessment Seminar Coordinator). Relevant competency elements will also be reviewed and discussed with the intern by the assessment supervisor.

5. **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 advisers on specific project criteria provided to interns at the beginning of the training year.

6. **Supervision of Supervision:**

Interns are required to demonstrate competence in clinical supervision by supervising at least one case performed by a psychology practicum student. Relevant competency elements will be reviewed and discussed by the Intern Supervision of Supervision Seminar Coordinators during orientation. Interns will also receive evaluative feedback from the practicum student that they supervise.

**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 a comprehensive Psychology Assessment Lab, 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).

**Due Process:** All trainees are afforded the right to due process in matters of problematic behavior and grievances. An 8-page due process document is distributed to every intern during orientation and reviewed with them subsequently. A copy of our due process policy 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**

**BAGGETT, Linda R.**
Current VA Position: Director & Staff Psychologist, Women’s Mental Health Center
Training Rotation: Women’s Mental Health Center
Area of Specialization: Counseling Psychology
Degree: Ph.D., University of Memphis, 2012
VA hire: August 2013
E-mail address: linda.baggett@va.gov
Licensure: California (2013)
Theoretical Orientation: Integrative (e.g., Interpersonal/Psychodynamic psychotherapy, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT)).
Areas of Clinical Specialization: Women's Mental Health, Military Sexual Trauma (MST), Trauma/PTSD, Sexual Health, LGBTQ community, diversity, reproductive health.
Publications: sexual health, body image, diversity, trauma treatment
Professional Organizations: American Psychological Association
Teaching/Training Interests: Women’s Mental Health, Military Sexual Trauma (MST), Trauma/PTSD, Sexual Health, LGBTQ community, diversity, reproductive health, and professional development.

**BENEDICT, Henry C.**
Present VA Position: Staff Psychologist, Substance Abuse Treatment Clinic
Training Rotation: Not offering rotation for 2018-2019 training year
Area of Specialization: Clinical Psychology
Degree: Ph.D., Washington University, 1967
VA Hire: 1967
E-mail address: henry.benedict@va.gov

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Licensure: California (1969)
Theoretical Orientation: Integrative
Areas of Clinical Specialization: Psychodiagnostic evaluations; Chemical dependence including alcoholism, dual addiction and dual diagnosis; Individual and group psychotherapy
Publications: Cognitive dissonance, clinical exchange, dual diagnosis
Research Interests: Substance abuse, Posttraumatic Stress Disorder; ADHD with CSULB
Academic Appointments: Fuller Graduate School of Psychology
Professional Organizations: American Psychological Association
Teaching/Training Interests: All aspects of clinical psychology, therapy, diagnosis, etc.

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, integrating spirituality in treatment.

CASKEY, Nicholas
Current VA Position: Chief Psychologist
Training Rotation: N/A
Area of specialization: Anger Management, Suicide, Mental Health administration
Degree: Ph.D., UCLA, 1987
Internship: Didi Hirsch Community Mental Health Center, 1979-80, VA Sepulveda Medical Center, 1981
Postgraduate Research Psychologist, Dept. of Psychiatry and Biobehavioral Sciences, UCLA, 1988-1993
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
Publications/presentations: Psychopharmacology related to smoking and nicotine, suicide, psychotherapy research, homelessness in Veterans, violence in close relationships (dissertation) Professional Interests: Program Development, Performance Measures, Leadership Activities

CHEREJI, Elizabeth
Current VA Position: Staff Psychologist, Primary Care-Mental Health Integration Program
Training Rotation: Primary Care-Mental Health Integration (PC-MHI)
Area of Specialization: Clinical Psychology
Degree: Ph.D., University of Southern California (USC) 2014
VA hire: October 2015
E-mail address: elizabeth.chereji@va.gov
Theoretical Orientation: Integrative, Cognitive Behavioral, Humanistic, Mindfulness, Existential
Areas of clinical specialization: Health psychology, substance abuse and co-occurring disorders, anxiety and mood disorders, mental health concerns among the homeless
Publications: Genetic and environmental factors associated with alcoholism; HIV risk reduction in homeless women; Hepatitis C with co-occurring pain and mental illness; treatment integrity
Teaching/Training interests: Psychosocial adjustment to medical concerns, coping with chronic illness, substance abuse (e.g., motivational interviewing, abstinence- and harm reduction-based approaches)

CHOU, L. Jennifer
Present VA Position: Staff Psychologist, Interdisciplinary Pain Management Clinic
Training Rotation: N/A
Area of Specialization: Clinical Psychology
Degree: Ph.D., Palo Alto University, 2014
VA hire: 2015
E-mail address: Leetyng.Chou2@va.gov
Licensure: CA, 2016
Theoretical orientation: integrative, primarily CBT and ACT
Areas of clinical specialization: Health psychology
Research interests: chronic pain management/chronic health conditions; complementary and alternative medicine; suicide among Asian Americans; interpersonal moderators of therapy outcome.
Teaching/training interests: Chronic pain/CT-CP, sleep/CT-I, MI, sexual functioning, substance use, complementary and alternative medicine (e.g. mindfulness, yoga, meditation, biofeedback); telehealth.

COLE, Kenneth D.
Present VA Position: Staff Psychologist, Mental Health Treatment Center
Training Rotation: N/A
Area of specialization: Clinical Psychology, Adult Development and Aging
Degree: Ph.D., University of Southern California, 1981
VA hire: 1984
E-mail address: kenneth.cole@va.gov
Licensure: California (1983)
Theoretical orientation: Mindfulness-based third wave psychotherapies
Areas of clinical specialization: Acceptance and Commitment Therapy, lifespan development
Publications: Interprofessional models of team care; Evaluation of health care teams in training settings; depression in the elderly and in nursing home settings
Research interests: Exploration of use of ACT treatment with various problems and stages in life
Academic appointments: Clinical Associate Professor, University of Southern California (USC); Fuller Graduate School of Psychology
Professional organizations: American Psychological Association; Assn of Contextual Behavioral Science
Teaching/training interests: Mindfulness-based treatment approaches and psychodynamic psychotherapy models

CROSBY, Shelly M.
Current VA Position: Staff Psychologist, Combat PTSD program; LGBT Point of Contact/Clinical Coordinator
Training Rotation: Combat PTSD program
Area of Specialization: Clinical Psychology
Degree: Psy.D., Pepperdine University 2013
Pre-doctoral Internship: VA Greater Los Angeles, Ambulatory Care Center
Postdoctoral Fellowship: Long Beach VA, Combat PTSD program
VA Hire: January 2015
E-mail address: shelly.crosby2@va.gov
Licensure: California (2014)
Theoretical Orientation: Integrative (Primarily Cognitive-Behavioral Therapy (CBT) with Humanistic and Acceptance and Commitment Therapy (ACT) influences).
Areas of Clinical Specialization: PTSD and co-occurring disorders (e.g. depression and substance use).
VA certified in Cognitive Processing Therapy (CPT); trained in Prolonged Exposure, Seeking Safety, CBT for insomnia, and mindfulness.
Teaching/Training Interests: Evidence-based treatment for trauma/PTSD (e.g. CPT and PE); education and outreach for diversity issues including the LGBTQ community; mentorship/professional development.
DILL, Lauren
Present VA Position: Staff Psychologist
Training rotation: Community Living Center (CLC) & Geriatric Evaluation and Management (GEM)
Clinical Psychology (PhD)
Degree: 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
Theoretical orientation: Presentation specific: EFCT, 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 EFCT, CBCT-PTSD, CBT, ACT, CPT, EMDR, and PE

GEREN, Jennifer
Present VA Position: Staff Psychologist
Training rotation: Community Living Center (CLC) & Geriatric Evaluation and Management (GEM)
Clinical Psychology (PhD)
Degree: 2013, University of Southern California
VA hire: 2015
E-mail address: Jennifer.Geren@va.gov
Licensure: CA, 2014
Theoretical orientation: Behavioral, Cognitive-Behavioral including 3rd wave therapies, Family Systems
Areas of clinical specialization: Geropsychology, Health Psychology/Behavioral Medicine, Hospice and Palliative Care
Publications/Research interests: aging and emotion, couples coping with chronic health problems, psychotherapy with older adults
Teaching/training interests: Evidence-based psychotherapy with older adults, neuropsychological assessment, capacity assessment, end-of-life care, interdisciplinary team functioning and consultation, program development for residents with dementia, ethical issues concerning older adult care.

HARDIN, Stacy A.
Current VA Position: Staff Psychologist, Primary Care Mental Health Integration
Training Rotation: Primary Care- Mental Health Integration (PCMHI)
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); 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
Professional Organizations: Society of Behavioral Medicine, American Psychological Association, Association of VA Psychologist Leaders
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

HILLEARY, Suzanne M.
Current VA Position: Staff Psychologist; Whittier CBOC
Training Rotation: Whittier CBOC
Degree: Ph.D., Fuller Graduate School of Psychology, 2010
VA Hire: 2012
Licensure: California (2012)
E-mail Address: suzanne.hilleary@va.gov
Theoretical Orientation: CBT/Psychodynamic (Object Relations)
Areas of Clinical Specialization: PTSD; Sexual trauma treatment; Neuropsychological Assessment; Women’s Mental Health, LGBTQ
Publications: Metabolic levels in the corpus callosum and their structural and behavioral correlates after moderate to severe pediatric TBI
Research Interests: Traumatic Brain Injury; Memory and Aging; PTSD

HORIN, Elizabeth V.
Current VA Position: Staff Psychologist, Blind Rehabilitation Center
Training Rotation: Blind Rehabilitation Center
Area of Specialization: Clinical Psychology; Community Psychology
Degree: Ph.D., DePaul University, 2008
ABPP: Rehabilitation Psychology, 2014
VA Hire: 2009 (transferred to Long Beach VA in 2012)
E-Mail Address: elizabeth.horin@va.gov
Theoretical Orientation: Integrative; Cognitive-Behavioral
Areas of Clinical Specialization: Rehabilitation Psychology; adjustment to disability and/or chronic health conditions; multicultural assessment; clinical psychology in medical and rehabilitation settings; geropsychology; health psychology; neuropsychology; behavioral sleep medicine and cognitive-behavioral treatment for insomnia
Professional Organizations: American Psychological Association; American Board of Professional Psychology
Teaching/Training Interests: Rehabilitation Psychology; coping with and adjustment to disability and/or chronic health conditions; visual impairment and blindness; multicultural assessment; issues relevant to new graduates/early career psychologists

HOUSE, Adrienne I.
Present VA Position: Staff Psychologist, HIV/Oncology, Hospice, Dialysis
Training Rotation: Not offering rotation for 2018-2019 training year
Area of Specialization: Clinical Psychology
Degree: Ph.D., Washington University in St. Louis, 1985
VA hire: 1992
E-mail Address: adrienne.house@va.gov
Licensure: California (1989)
Theoretical Orientation: Cognitive-behavioral, humanistic
Academic Appointments: Fuller Graduate School of Psychology
Professional Organizations: Divisions 38 and 45 of APA; Psychologists for Social Responsibility
Teaching/Training Interests: Psychological adjustment to chronic and life threatening illness, psychological work with the terminally ill, Buddhism and its application to psychology

Areas of clinical specialization, special interests, and links to resources and information:
Health psychology, coping with HIV disease, cancer and other chronic illnesses, end of life care and integrating Buddhism and mindfulness into psychotherapy
- HIV/AIDS Home: VA's website for HIV/AIDS. There are portals for health care providers and for veterans and the public
- CDC HIV/AIDS
- Project Inform’s website has a wealth of information to help you keep up on the rapid developments in treatments for HIV/AIDS. They offer an introductory packet for people newly diagnosed with HIV, fact sheets on disease and treatment issues and newsletters.
- National Cancer Institute
- American Psychosocial Oncology Society
- Treatment Methods for Kidney Failure A series of booklets and fact sheets from the National Institute of Diabetes and Digestive and Kidney Diseases (part of the National Institutes for Health) on Death, dying and grief:
- Hard Choices for Loving People: an excellent resource regarding end of life decisions for both professionals and patients and their families.
- Being With Dying - Upaya Zen Center: Articles and links from Roshi Joan Halifax who founded the Upaya Institute to provide training on contemplative end of life care to professionals working with terminally ill clients.
- The Institute for Meditation and Psychotherapy: is a non-profit organization dedicated to the education and training of mental health professionals interested in the integration of mindfulness meditation and psychotherapy, for the purpose of enhancing the therapy relationship, the quality of clinical interventions, and the well-being of the therapist.
- Research on the application of compassion practices in psychotherapy.
- Mindfulness: Relatively new journal published by Springer. Articles are available for free to download.
- Chris Germer | Mindful Self-Compassion and Psychotherapy Website companion to Dr. Germer's book with link to downloadable audio meditation files
- Self-Compassion: A Healthier Way of Relating to Yourself: Kristen Neff’s site. Includes definition of self-compassion, exercises, guided meditations (downloadable), research chapters and articles, scales for researchers, suggested readings and links to other sites.

HUANG, John S.
Current VA Position: Staff Psychologist, PTSD Programs
Training Rotation: Combat PTSD program  
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 CBOC  
Training Rotation: 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  
VA Hire: 2006  
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, etc.), psychodynamic psychotherapy, differential diagnosis, individual and group psychotherapy, professional training & development, multicultural and community psychology, forensic psychology, assessment and treatment of characterological disorders, trauma-related disorders, depression and disordered eating behaviors.

KERNER, David N.  
Current VA Position: Staff Psychologist, Spinal Cord Injury/Disorder  
Training Rotation: Spinal Cord Injury/Disorder  
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 Neuropsychology, Co-Director of Neuropsychology Clinic  
Training Rotation: Neuropsychology  
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)  
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

KRAEMER, LIA M.
Present VA Position: Health Behavior Coordinator
Training Rotation: Adjunct Supervisor in PC-MHI
Area of specialization: Clinical Psychology
Degree: Ph.D., UCLA, 2009
VA hire: 2011
E-mail address: lia.kraemer@va.gov
Licensure: California, 2011
Theoretical orientation: Integrative; Cognitive-Behavioral
Areas of clinical specialization: clinical and health psychology, consultation-liaison
Publications/research interests: couples’ coping strategies as predictors of adjustment to breast cancer; stress and marital functioning over time.
Teaching/training interests: Health psychology/behavioral medicine, consultation, MI, psychotherapy

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

LOPEZ, Deirdre
Present VA Position: Staff Psychologist
Training Rotation: Combat PTSD program
Area of specialization: Clinical Psychology
Degree: Ph.D, University of Missouri--Columbia, 1996
VA hire: 2009
E-mail address: deirdre.lopez2@va.gov
Licensure: CA 17810, 2002 (prior licensure in Missouri)
Theoretical orientation: Humanistic, cognitive-behavioral, psychodynamic
Areas of clinical specialization: Trauma and PTSD
Publications/Research interests: Trauma and attachment, moral injury, somatic trauma processing, EMDR
Teaching/training interests: EMDR, moral injury, professional development, mental health administration

LOVATO JACKSON, Lauren
Current VA Position: Staff Psychologist
Training Rotation: BHIP
Area of Specialization: Clinical Psychology
Degree: Psy.D., Pepperdine University, 2010
VA hire: 2015
E-mail Address: lauren.lovatojackson@va.gov
Licensure: California (2012)
Theoretical Orientation: CBT/DBT
Areas of Clinical Specialization: Trauma-focused treatments including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE); treatment of Borderline Personality Disorder (BPD) using Dialectical Behavior Therapy (DBT); Treatment of BPD and PTSD using the DBT+PE conjoint protocol; treatment of chronic depression using Cognitive Behavioral Analysis System of Psychotherapy (CBASP)
Publications/Research interests: Treatment of individuals with co-occurring Posttraumatic Stress Disorder and Borderline Personality Disorder; Clinician implementation of exposure-based treatments for PTSD.
Teaching/training interests: Case-conceptualization driven treatment; DBT; DBT+PE; CBASP

MCDOUGHALL, Tatiana V.
Present VA Position: Staff Psychologist; Couples and Family Therapy
Training Rotation: Couples and Family Therapy
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, Dialectical Behavior Therapy, Mindfulness-based approaches, 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 (EFCT), and mindfulness-based approaches

MESSINIDES, Leigh A.
Present VA Position: Staff Psychologist, Local Evidence-Based Psychotherapy Coordinator
Training Rotation: Adjunct Supervisor for Santa Ana Community Based Outpatient Clinic
Area of Specialization: Clinical Psychology, aging and trauma, health psychology
Degree: Ph.D., UCLA 1992
VA Hire: 1992
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: Lead Staff Psychologist, Spinal Cord Injury/Disorder
Training Rotation: Spinal Cord Injury/Dysfunction
Area of Specialization: Clinical Psychology
Degree: Ph.D., Georgia State University, 1998
VA hire: 2001
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, PTSD and SCI, Disability Policy
Professional Organizations: American Psychological Association, American Association of Sex Educators, Counselors, and Therapists
Teaching/Training interests: Psychology of disability, rehabilitation psychology, sexual expression and sex therapy, diversity issues and cross-cultural psychology

**NAUGHTON, Jessica**
Current VA Position: Staff Psychologist
Training Rotation: Combat PTSD
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)
Areas of Clinical Specialization: Trauma and PTSD
Publications/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 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.**
Current VA Position: Staff Psychologist, Whittier CBOC
Training Rotation: Whittier 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), 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.

REGER, Stacy L.
Current VA Position: Staff Psychologist, Spinal Cord Injury/Disorder
Training Rotation: Spinal Cord Injury/Dysfunction
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
Teaching/Training Interests: Aging; coping with and adjustment to disability and/or chronic health conditions; grief; practicing psychology in a medical setting; diversity; professional development; neuropsychological assessment

SCOTT, Andrea
Present VA Position: Staff Psychologist & Postdoctoral Training Director
Training Rotation: Health and Wellness
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, biofeedback, MI

SHOLTY, Gretchen L.
Current VA Position: Staff Psychologist, Women’s Mental Health Center; Director- Psychology Training Program
Training Rotation: Women’s Mental Health Center
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: Professional Development, Women’s Mental Health, Military Sexual Trauma, DBT, Recovery-oriented programming, professional development

TILLMAN, Shaquita
Current VA Position: Staff Psychologist, Primary Care-Mental Health Integration Program
Training Rotation: PC-MHI
Area of Specialization: Clinical Psychology
Degree: Psy.D., Pepperdine University (2012)
VA hire: October 2015
E-mail address: shaquita.tillman@va.gov
Licensure: California (2014)
Theoretical Orientation: Integrative (e.g., Cognitive Behavioral Therapy, Interpersonal/Psychodynamic psychotherapy, and Humanistic models). VA Certified in Cognitive Processing Therapy (CPT).
Areas of clinical specialization: Women’s Mental Health, Military Sexual Trauma (MST), Intimate Partner Abuse, Substance Use Disorders, & Diversity/Multicultural Counseling.
Publications: Interpersonal Trauma (e.g., Child Sexual Abuse, Rape, Intimate Partner Abuse)
Teaching/Training interests: Women’s Mental Health, Military Sexual Trauma, & Substance Use Disorders.

TINGEY, Richard C.
Present VA Position: Staff Psychologist; Director, Pathways Recovery Center
Training Rotation: Psychosocial Rehabilitation & Recovery Program (PRRC; aka MH Pathways Recovery Center)
Area of Specialization: Clinical Psychology
Degree: Ph.D., Brigham Young University, 1989
VA Hire: 1995
E-mail address: richard.tingey@va.gov
Licensure: California (1991)
Theoretical Orientation: Acceptance & Commitment Therapy (ACT), Psychodynamic, Object Relations, Dialectical Behavioral Therapy (DBT)
Areas of Clinical Specialization: Severe chronic mental illness, addictive disorders
Publications: Psychotherapy outcome, outcome methodology
Research Interests: Therapy outcome, brief treatment, treatment efficacy, ACT, substance abuse
Professional Organizations: Association for Contextual Behavioral Science, American Psychological Association.
Teaching Interests: Group psychotherapy, ACT, DBT, Psychodynamic Tx, SA treatment, Recovery from Severe Mental Illness

WELSH, Elizabeth
Current VA Position: Staff Psychologist
Training Rotation: BHIP
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 models, transgender mental health

Teaching/training interests: DBT, transgender mental health, eating disorders

WILLIAMS, Camila R.
Current VA Position: Staff Psychologist, Women’s Mental Health Center
Training Rotation: Women’s Mental Health Center
Area of Specialization: Clinical Psychology
Degree: Ph.D., University of Utah, Salt Lake City 2014
VA hire: October 2015
E-mail address: camila.williams@va.gov
Licensure: California (2016)
Areas of clinical specialization: Combat PTSD; Evidence-based treatment of PTSD, Depression, Anxiety, and Substance Abuse disorders; mindfulness/relaxation. Publications: Interpersonal processes in anxiety disorders; coping processes in combat PTSD; martial satisfaction and psychological functioning among spouses of combat Veterans with PTSD; spouses’ perceptions of Veteran’s PTSD; post deployment adjustment.
Professional Organizations: International Society for Traumatic Stress Studies (ISTSS), Association for Behavioral and Cognitive Therapies (ABCT)
Teaching/Training interests: Evidence-based therapies (CBT/CPT/PE), trauma, substance use disorders

YADAVAIA, James (Jamie)
Present VA Position: Staff Psychologist
Training Rotation: 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, Collaboration within Interdisciplinary Teams

YAMINI-BENJAMIN, Yasmeen
Present VA Position: Staff Psychologist and Diversity Didactic Seminar Coordinator
Training Rotation: N/A
Area of specialization: Counseling Psychology
Degree: Ph.D., University of California, Santa Barbara, 2006
VA hire: 2009
E-mail address: Yasmeen.yamini-benjamin@va.gov
Licensure: NY, 2010; CA, 2016
Theoretical orientation: Integrative (Cognitive Behavioral Therapy, Interpersonal Process, and Gestalt)
Areas of clinical specialization: PTSD, Depression, and General Anxiety Disorders
Research interests: Work Adjustment, Impacts of Perceived Discrimination, and Social Status
Teaching/training interests: Professional Development, Diversity, Depression, PTSD, and General Anxiety Disorders

ZIZAK, Vanessa S.
Present VA Position: Neuropsychologist
Training Rotation: Neuropsychology
Area of specialization: Clinical Neuropsychology
Degree: Ph.D.: Palo Alto University, 2010
VA hire: 2012
E-mail address: Vanessa.Zizak@va.gov
Licensure: California (2014)
Theoretical orientation: Integrative (CBT/ Biopsychosocial model)
Areas of clinical specialization: Neuropsychological Assessment for adults across the life-span
Publications: Cognition and emotion in patients with MCI, Alzheimer’s, Parkinson’s, and Huntington’s disease; depression, TBI, and in pre and post bariatric surgery patients.
Professional Organizations: APA, NAN, INS
Teaching/Training interests: Neuropsychological Assessment, Performance Validity Test, and Clinical Research

ZUEHLKE, Jessica B.
Present VA Position: Psychologist/Local Recovery Coordinator/Assistant Chief of Psychology
Training Rotation: N/A
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), California (pending)
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, Post-partum 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 2017-2018

General Track
Lara Barbir
Radford University
Jason Cencirulo
Pepperdine University
Kelsi Clayson
Baylor University
Erin Margolis
PGSP- Stanford Psy.D. Consortium
Elisa Miyake
Arizona State University
Danielle Spangler
Pacific Graduate School of Psychology
Molly Tucker
University of North Texas

Neuropsychology Track
Michelle McDonnell
Loma Linda University

Class of 2016-2017

General Track
Chantel Frazier
Texas A&M University

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Eddie Erazo
University of Nevada, Reno

H’Sien Hayward
Harvard University, Respecialization at Alliant IU/CSPP - SF

Jeffrey Cohen
PGSP- Stanford Psy.D. Consortium

Margaret Thomas
Rutgers University

Sara Gonzalez-Rivas
University of Missouri, St. Louis

Sonika Ung
Loma Linda University

Neuroscience Track
William Hochberger
Rosalind Franklin University

Class of 2015-2016

Taona Chithambo
University of Southern California

Ethan Eisen
George Washington University

Jenniffer Ho
UC San Diego/San Diego State University Joint Doctoral Program

Hannah Jones
Fuller Graduate School of Psychology

Jason Lee
UC Berkeley

Denisse Tiznado
University of Missouri, Kansas City

Class of 2014-2015

Aaronson Chew
University of Wisconsin, Madison

Sandra Diaz
University of La Verne

Nina Eisenberg
Yeshiva University

Vita Felix
Arizona State University

Kayleigh Hale
Pepperdine University

Jessica Salwen
SUNY, Stonybrook

Class of 2013-2014

Megan Gomez
Fuller School of Psychology

Shaina Katz
UCLA

Tatiana McDougall Weise
University of Maryland—Baltimore

Andrew (Drew) Petkus
SDSt/UCSD Joint Doctoral Program

Natalie Stroupe
University of Kansas

Camila Williams
University of Utah

Class of 2012-2013

Natalie Castriotta
UCLA

Daniel Kim
Rosemead School of Psychology

Corina Lopez
University of Miami

Elisha Mitchell
Saint Louis University

Erica Simon
Southern Methodist University

James Yadavaia
University of Nevada—Reno

Class of 2011-2012

Linda Baggett
University of Memphis

Lisa Finlay
Fuller School of Psychology

Jessica Heath
Syracuse University

Jody Leach
Rosemead School of Psychology

Anthony Rowley
Washington University

Gretchen Sholty
UCLA

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>
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<tr>
<td>Christine Holland</td>
<td>University of Illinois--Chicago</td>
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<td>Annie Lin</td>
<td>Columbia University</td>
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<td>Jessica Lohnberg</td>
<td>University of Iowa</td>
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<td>Lauren Lopez</td>
<td>Fuller School of Psychology</td>
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<td>Marsha Sargeant</td>
<td>University of Maryland</td>
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<td><strong>Class of 2009-2010</strong></td>
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<tr>
<td>Suzanne Hilleary</td>
<td>Fuller School of Psychology</td>
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<td>Sherrie Kim</td>
<td>Columbia University</td>
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<td>Mercedes LaVoy</td>
<td>Washington State University</td>
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<td>David Pan</td>
<td>University of Southern California</td>
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<td>John Williams</td>
<td>State University of NY—Binghamton</td>
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<td>Dina Wirick</td>
<td>Washington State University</td>
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<td><strong>Class of 2008-2009</strong></td>
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<tr>
<td>Colleen Clemency</td>
<td>Arizona State University</td>
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<tr>
<td>Heather Eisele</td>
<td>University of Missouri-St. Louis</td>
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<td>Emily Fine</td>
<td>University of Southern California</td>
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<td>Aletha Miller</td>
<td>University of North Texas</td>
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<td>Adria Pearson</td>
<td>University of Nevada—Reno</td>
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<tr>
<td>Marya Schulte</td>
<td>SDS/UCSD Joint Doctoral Program</td>
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<tr>
<td>Maggie Syme</td>
<td>Kansas University</td>
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<tr>
<td>Jennifer Predolin</td>
<td>Pepperdine University</td>
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<tr>
<td>Gali Goldwaser</td>
<td>Colorado State University</td>
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<td>Peter Harakas</td>
<td>Arizona State University</td>
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<tr>
<td>Jessica Lambert</td>
<td>State University of NY—Albany</td>
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<tr>
<td>Kirsten Lowry</td>
<td>University of Nevada—Reno</td>
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<tr>
<td>Kristin Reed</td>
<td>University of North Texas</td>
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<tr>
<td>Christine Rufener</td>
<td>Saint Louis University</td>
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<td><strong>Class of 2006-2007</strong></td>
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<tr>
<td>C. Ashley Borders</td>
<td>University of Southern California</td>
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<tr>
<td>S. Karen Chung</td>
<td>University of Florida</td>
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<tr>
<td>Jennifer Fallon</td>
<td>Utah State University</td>
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<td>Jed Grodin</td>
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<td>Jessica Link-Malcolm</td>
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<tr>
<td>Anna McCarthy</td>
<td>University of Houston</td>
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<tr>
<td>Lauren Williams</td>
<td>University of Missouri—St. Louis</td>
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<tr>
<td>Deborah Chien</td>
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<tr>
<td>Alyssa Epstein</td>
<td>Illinois Institute of Technology</td>
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<td>Athena Hagler</td>
<td>SDS State U/UC San Diego</td>
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<tr>
<td>Celine Ko</td>
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<td>Christine Markow</td>
<td>Drexel University</td>
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<td>Geoffrey Soleck</td>
<td>University of Iowa</td>
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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 the 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.