Psychology Postdoctoral Training Program

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

2025 - 2026

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Introduction and Program Overview

Introduction

The purpose of this brochure is to describe the APA-accredited Clinical Psychology Postdoctoral Fellowship Program at the VA Palo Alto Health Care System. Our postdoctoral fellowship program has been continually accredited by the American Psychological Association (APA) since 2001 (our next accreditation site visit is scheduled for 2031). We have a multi-faceted program that offers many kinds of training experiences, but we also have specific areas of focus; you will be seeking the best match for your own interests and needs, just as we will be seeking the best matches for our program. We hope this brochure can help you decide whether you want to submit an application to our postdoctoral training program at VA Palo Alto.

The national training mission of VA is broad and explicitly includes training of health care professionals for the nation, as well as for the VA system. We train Fellows who go on to VA jobs, and we train others who go on to work in academia, other medical centers, the private sector, etc. The profession of Psychology and the whole health care system in this country are served by having well-trained, enthusiastic, creative professionals. We strive to support VA's training mission, for VA's specific goals, and for the nation.

Training at VA Palo Alto

The training program at the VA Palo Alto Health Care System (VAPAHCS) is committed to the **scientist-practitioner model** of psychology, and the postdoctoral training experience is organized accordingly. We are guided both by the original articulation of the Boulder Model (Raimy, 1950) and by the update of the scientist-practitioner model, as articulated at the Gainesville conference in 1991 and in the subsequent publication following that conference (Belar & Perry, 1992). Our training program is committed to excellence in scientific training and to using clinical science as the foundation for designing, implementing, and evaluating assessment and intervention procedures.

"I am deeply appreciative of the opportunity to complete a fellowship at VA Palo Alto. I consider it to have been a confidence-boosting and life-changing experience which spurred my transition from being a student to a professional." ~Recent postdoctoral fellow

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

Selected training program and staff awards and distinctions include:

- Outstanding Training Program Award, 2000 – American Association of Behavioral Therapy (AABT, now ABCT)
- Outstanding Director of Training, 2008 – American Psychological Association, Division 18 (Veterans Affairs Section)
- Excellence in Behavioral Medicine Training Program Award, 2012 – Society of Behavioral Medicine

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- Director of Training Award, 2016 – VA Psychology Training Council (VAPTC) Antonette and Robert Zeiss Award for Outstanding Contributions to VA Psychology Training
- Recent and current presidents/chairs of the VA Psychology Training Council, Association of VA Psychologist Leaders, International Society of Traumatic Stress Studies, and Society of Clinical Geropsychology (APA Division 12, Section II)
- Other recent and current leadership roles in multiple national professional organizations, including the Academy of Psychological Clinical Science, Association of Behavioral and Cognitive Therapies (ABCT), APA Board of Directors, APA Board for Advancing Psychology in the Public Interest, APA Commission for the Recognition of Specialties and Subspecialities in Professional Psychology (CRSSPP), APA Committee for Sexual Orientation and Gender Diversity (CSOGD), APA Division of Psychologists in Public Service (Division 18), APA Division of Rehabilitation Psychology (Division 22), Society of Clinical Geropsychology (APA Division 12, Section II), Society for Clinical Neuropsychology (APA Division 40), National Academy of Neuropsychology (NAN), Academy of Rehabilitation Psychology, Council of Professional Geropsychology Training Programs (CoPGTP), Council of Rehabilitation Psychology Post-Doctoral Training Programs (CRPPTP), Council of Chairs of Training Councils (CCTC), International Society of Traumatic Stress Studies, Society of Behavioral Medicine, and VA Psychology Training Council (VAPTC)
- National psychology roles also include serving as APA Accreditation Site Visitors, journal editors, and editorial board members
- Multiple national trainers in VA evidence-based psychotherapies dissemination (e.g., CPT, PE, CPT-CP, CBT-I, CBT-SUD, ACT for Depression, PST) and the Motivational Interviewing Network of Trainers (MINT)
- Multiple staff with Fellow status in the American Psychological Association, the Gerontological Society of America, and the Society of Behavioral Medicine
- Recent staff awards – Dr. Alexandra Jouk, 2024 Early Career Education Award (Division 22, Rehabilitation Psychology); Dr. Kimberly Hiroto, 2021 Society of Clinical Geropsychology Award for Distinguished Clinical Mentorship; Dr. Carey Pawlowski, 2021 Mentoring Award (Division 22, Rehabilitation Psychology), 2019 Outstanding Supervisor or Mentor (Division 18, Psychologists in Public Service, VA Section); Dr. Tiffanie Sim Wong, 2022 Mentoring Award (Division 22, Rehabilitation Psychology), 2018 Outstanding Clinician (Division 18, Psychologists in Public Service, VA Section); Dr. Shannon Wiltsey Stirman, 2021 ABCT Dissemination and Implementation Career Achievement Award and 2018 Mid-Career Innovator Award; and Dr. John McQuaid, 2017 AVAPL Patrick DeLeon Advocacy Award
- Attainment of Board Certification in Clinical Psychology, Geropsychology, Clinical Neuropsychology, and Rehabilitation Psychology by multiple staff psychologists

The overall aim of the VAPAHCS Psychology Postdoctoral Training Program is to train psychologists who meet advanced general profession-wide competencies in psychology and can function effectively and independently as professional psychologists in a broad range of multidisciplinary settings. Prior to beginning the postdoctoral experience, Fellows are expected to have attained a high level of accomplishment in generalist training. The **primary aim** of the postdoctoral program is for Fellows to further develop the full range of professional skills required for advanced functioning as an independent psychologist, including skills involved in science-practice integration; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional skills.

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Complementing our goal of preparing Fellows to function as independent psychologists, we also have a **secondary aim** to prepare Fellows for practice in high priority areas of health care for Veterans. These areas of high priority and clinical demand tend to include PTSD, mental health and suicide prevention, pain management/addiction/substance abuse, and caregivers (VA Strategic Plan 2022-2028). VA specifically identified neuropsychology, rehabilitation psychology, geropsychology, and health psychology as areas of psychology that are necessary to meet the needs of aging Veterans (The Expansion of Associated Health Training in the VA, 2021). Consistent with these high priority areas of health care for Veterans, the Psychology Postdoctoral Training Program includes seven focus areas: Behavioral Medicine; Geropsychology; Palliative Care; Psychosocial Rehabilitation; PTSD; Trauma and Substance Use Treatment; and Couples/Family Systems. Through the professional activities in the focus areas, Fellows receive training that facilitates their development of the core advanced general professional competencies described in the first aim. In addition, Fellows develop depth of knowledge and advanced skills, consistent with our second aim, in working with specific populations/settings (i.e., geropsychology, health psychology, end-of-life care, serious mental illness, rehabilitation, trauma, substance use and/or homelessness, couples and families). Note that we have separately accredited, 2-year specialty postdoctoral fellowship programs in Clinical Neuropsychology and Rehabilitation Psychology, which share some structure and training resources with the general Psychology Postdoctoral Training Program. More information about postdoctoral training in these specialty areas are available on the Training Program website.

"My two years of training as a general track intern and clinical postdoctoral fellow in the PTSD focus area at VAPAHCS were formative both professionally and personally. Not only did I apply what I had learned theoretically to my clinical practice, particularly with evidence-based treatments, I also grew in strength, confidence, and compassion as a developing psychologist serving a diverse population of Veterans. Graduate school and clinical training did their part in my development, but my relationships with warm, bright, and competent supervisors at VAPAHCS were integral to refining and shaping my professional values. I am definitely grateful for what I consider to have been my clinical training home and would recommend internship and fellowship there to future trainees." ~Recent intern/postdoctoral fellow

In this Introduction, we describe how the training program is organized and program procedures such as application and selection. In addition, we discuss our philosophy of training and provide additional information about expected competencies that postdoctoral Fellows will acquire. You will also find sections describing different focus areas and training sites, including specific details on program structure, patient population, theoretical orientation, and the nature of supervision for each training site. The Psychology Staff listing can be found on the Psychology Training website and includes brief biographical sketches of all the psychologists in the postdoctoral training program.

Finally, our program has a set of well-articulated values that drive our training decisions regarding program development and implementation, and how we treat trainees and each other. See below for a representation of these values that form the core of the culture of our program and training community.

[Image of a word cloud with the following values: respect, support, acceptance, evidence-based, diversity, compassion, community, solidarity, advocacy, well-being, individualized training, integration of science and practice, flexibility of training and supervision, self-reflection, nurturing personal growth, open communication, transparency]

VA Palo Alto Health Care System Facilities

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

The Veterans Affairs Palo Alto Health Care System (VAPAHCS) is a teaching hospital, providing a full range of patient care services across 7 different hospital/clinic sites, with state-of-the-art technology as well as education and research. As of June 2024, this health care system has over 5000 employees and volunteers, is located on more than 300 acres, and operates on a large annual budget of over $1B. Our health care facilities operate 700 inpatient beds, including three Community Living Centers (formerly known as nursing homes) and a 100-bed homeless domiciliary, and over 50 primary care and specialty outpatient clinics, serving over 67,000 enrolled Veterans. Psychology training sites are available at four campuses within the health care system (Palo Alto, Menlo Park, San Jose, and Livermore), with the great majority concentrated in the Palo Alto Division and the Menlo Park Division. The Palo Alto and Menlo Park Divisions are separated by 7 miles (15-20 minutes by car or shuttle).

The VAPAHCS is affiliated with the Stanford University School of Medicine and shares training programs for medical residents in psychiatry, medicine, surgery, rehabilitative medicine, and other medical specialties. In addition to these and the psychology training program, VAPAHCS also has training programs for audiology/speech pathology, dentistry, dietetics, hospital management,

nursing, pharmacy, social work, recreation therapy, occupational therapy, podiatry, and optometry. Nearly 1800 students, interns, fellows, and residents from 240 affiliated institutions are trained each year across these multiple disciplines, creating a vibrant training environment. Psychology operates in an interprofessional, collegial fashion with other disciplines, and Fellows obtain training and clinical experience in interprofessional work. The Psychology Postdoctoral Fellowship Program is operated by Psychology Service, which reports to the Deputy Chief of Staff for Mental Health and Homeless Programs. Psychology Service is a voting member of the Executive Review Board, and Psychology Service professional staff members have medical center privileges.

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

VAPAHCS maintains one of the top three research programs in VA and is a national leader in research with annual funding of over $80M in Fiscal Year 2024. VA Palo Alto encompasses extensive research centers in geriatrics (GRECC), mental health (MIRECC), Alzheimer's disease (Stanford/VA Alzheimer's Research Center), spinal cord regeneration, schizophrenia, and post-traumatic stress disorder (National Center for PTSD). VAPAHCS also manages several centers supported by the VHA Office of Research and Development, including the Rehabilitation Research and Development Service, Health Systems Research (HSR) Center for Innovation to Implementation (Ci2i), Program Evaluation and Resource Center (PERC), and Health Economics Resource Center (HERC). Training resources are available for research or consultation at these and other programs.

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

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

Psychology Postdoctoral Funding, Benefits, and Eligibility

The Psychology Postdoctoral Program is funded by the Office of Academic Affiliations of the Department of Veterans Affairs Central Office as an annual, earmarked allocation to the medical center. The current annual postdoctoral fellowship stipend at VA Palo Alto is **$65,160** and will be at least as much for the 2025-2026 training year. This stipend requires a full calendar year of training. For the 2025-2026 year, the start date will be **Monday, September 8, 2025**. VA provides health care benefits for residents and postdoctoral fellows as for any other VA employee. Health benefits are also available to dependents and married spouses of residents and fellows, including to legally married same-sex spouses of residents and fellows. Unmarried partners are not eligible for health benefits, even those in legal civil unions or domestic partnerships. Insurance programs can be selected from a wide array of options.

Our training is geared to individuals who will have completed their doctoral degrees from an American Psychological Association (APA)- or Canadian Psychological Association (CPA)-accredited clinical, counseling, or combined psychology program or PCSAS-accredited Clinical Science program, and will have completed an APA- or CPA-accredited psychology internship program, are functioning at an advanced level, and have clinical and preferably research experience in the focus area of interest. Eligibility requirements for VA postdoctoral fellowships are determined nationally and we have no authority to over-ride these requirements locally. All information about VA eligibility requirements is available at https://www.va.gov/oaa/hpt-eligibility.asp and va.gov/OAA/docs/Am_I_Eligible_v5.pdf; please read these eligibility requirements carefully prior to applying to make sure you are eligible for a VA fellowship, including U.S. citizenship, health requirements, background investigations, and Selective Service registration. Individuals who were assigned male at birth should check their Selective Service registration status at this website prior to applying to VA internship sites: Verify Selective Service Registration. *In order to be eligible to begin the Fellowship, the selected applicant must also have completed the dissertation and all other doctoral degree requirements before September 1*. The training program may rescind offers of postdoctoral positions for applicants selected for the postdoctoral fellowship, but who have not completed all doctoral degree requirements by September 1, or have not met all pre-employment requirements for hiring.

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

The number of postdoctoral positions in the general Psychology Postdoctoral Training Program at VA is expected to be 9 in the 2025-2026 training year. One position will be offered in each of the following focus areas: Behavioral Medicine; Geropsychology; Palliative Care; Trauma and Substance Use Treatment; and Couples/Family Systems; two positions each will be offered in the Psychosocial Rehabilitation and PTSD focus areas. Note that one position will be offered in each of the separately accredited specialty 2-year fellowship programs in Clinical Neuropsychology and Rehabilitation Psychology for the 2025-2027 training years.

Fellowship Structure at VA Palo Alto

The Fellowship consists of a calendar year of full-time supervised training; for the 2025-2026 year, the start date will be **Monday, September 8, 2025**. Fellows must complete the full year of training in order to be considered graduated from the fellowship program. The training provided meets the requirements for licensure in California and meets or exceeds licensure requirements in every other state at this time.

Training is based on a 40-hour work week (8:00am – 4:30pm Monday through Friday), so the total hours over a year come to 2,080. Out of those 2,080 hours, there is time off for vacation (13 days), illness (up to 13 days), Federal holidays (11 days, plus unplanned holidays as authorized, e.g., national day of mourning), and authorized absence for professional activity. Our Psychology "Service" is not in name alone; we value being available to serve patients throughout working hours and sometimes beyond as the situation demands. It is not always easy to complete everything in the time allotted, and your work may take a bit longer during the first 6 months as you adjust to fellowship and working at the VA. We encourage preceptors, supervisors, and Fellows to keep an open dialogue about your workload, schedule, training goals, and strategies for self-care. Your focus area preceptor and the Director of Training will help you plan a realistic program that balances taking advantage of training and professional development opportunities with time for a full, rich life outside of work. Regardless of the specific training plan, Postdoctoral Fellows will receive at least 4 hours per week of clinical supervision, with at least half of that in individual, face-to-face supervision. In addition, Fellows will have at least two different supervisors during the year.

Rotations

Each Fellow has a chance to participate in decisions about rotations within the relevant focus area. Each experience is crafted to fit the Fellow's training needs and interests, within the expectations and resources of the program. Discussion of this process will be emphasized during your interviews with the program. The second part of this brochure has detailed information about the sites available for clinical rotations in each focus area. We affirm collaborative decision-making between Fellows and training staff regarding each Fellow's development and thus the design of each Fellow's program. Therefore, we allow flexibility in how the Fellow's schedule is designed to maximize training opportunities. Fellows can participate in Full-time, Half-time, Major, and/or Minor Rotations for 12-months, 6-months, or 3-months in duration depending on rotation availability and focus area relevance. In addition, evaluation is a mutual process among Fellows, supervisors, and the training program as a whole. We believe this is necessary to insure continued growth for each Fellow and for the training program.

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

Fellow Seminars

Postdoctoral seminars are scheduled on Monday afternoons from 2:00-4:30pm. The seminar experiences are required for first year Fellows in the Psychology Service APA-accredited postdoctoral programs, and some of the seminars are open to other Psychology Fellows in the VAPAHCS system. The seminar is divided into two parts with the first hour being a **case conference** and the remaining time being used for different **didactic series** including a Supervision Seminar Series, a Professional Development Seminar Series, and a Special Topics Seminar Series.

Case Conference: For one hour each week, Fellows meet for a clinical case conference and journal club, led by Jessica Lohnberg, Ph.D., and William Faustman, Ph.D. Fellows rotate responsibility for presenting about their professional and clinical areas of interest, or a clinical case in which they are struggling with a particular technical, conceptual, diversity, ethical/legal, or process-related issue, and to present the situation to their peers for consultation. In addition, in the week prior to the meeting, the Fellow distributes a journal article or chapter that is relevant to the clinical case, professional area, or clinical issues. During the meeting, the Fellow leads a discussion of the topic and integrates the article into their presentation.

Didactic Series: About two to three times a month, Fellows participate in the **Professional Development Seminar Series** led by William Faustman, Ph.D., the Postdoctoral Coordinator; a variety of topics are covered, all attending to issues of professional development, identity, and self-confidence. Fellows participate actively in determining topics and speakers for this series. In addition, part of the seminar involves training on developing a Continuing Education conference, culminating in presentation of a CE course that has been designed and implemented by the Fellows, intended for an audience of Psychology and other interprofessional health care providers (Psychology Service at VAPAHCS is an APA-approved provider of CE credits).

Once a month, Fellows participate in a seminar on developing skills as a clinical supervisor. This **Supervision Seminar Series** is led by Jessica Lohnberg, Ph.D., the Training Director, and complements experience within rotations acting as case supervisors for residents or practicum students and receiving supervision on that supervision. The seminar offers training in various aspects of clinical supervision such as providing feedback, multicultural aspects of supervision, legal and ethical aspects of supervision, etc., and provides an opportunity for Fellows to compare and discuss experiences as supervisors. In addition to the seminar, all Fellows are expected to supervise at least two cases seen by a resident or practicum student, while receiving supervision on that supervision, from the resident or practicum student's primary staff supervisor.

The **Special Topics Seminar Series** includes lectures from prominent researchers and clinicians in the field presenting cutting-edge work on topics such as psychedelics in treatment, trauma and minority stress among gender and sexual minorities, and health inequities among racial/ethnic populations, among other innovative subjects.

California Pre-Licensure Courses and Preparation: We strongly encourage but do not require Fellows to prepare for and attain California licensure during their Fellowship year, and we include information and discussion about the licensure process in the seminar series throughout the year. Fellows typically participate in an optional licensing preparation group, led by the Fellows themselves. More information about licensure in California can be found at https://www.psychology.ca.gov/. The program also provides recent licensure study materials to assist Fellows in their licensure preparation. Most of the California pre-licensure courses are offered by the training program and available to Fellows who plan to be licensed in California and have not yet taken them (see additional details below).

Other Educational Opportunities for Postdoctoral Fellows

California Psychology licensing law requires that psychologists have specific training in Human Sexuality, Child Abuse Assessment and Reporting, Partner/Spousal Abuse Assessment and Treatment, Aging and Long-term Care, and Substance Dependence Assessment and Treatment, and Suicide Risk Assessment and Intervention. With the exception of Partner/Spousal Abuse training (requiring 15 hours), we provide each of these classes during the year as part of the internship seminar series; Fellows who have not already received training in any of these areas are welcome to attend when the topics are covered for the residents.

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Licensed psychologists in California are required to have continuing education; we are approved by APA to provide that training, and most CE training for staff is open to residents and postdoctoral fellows. Each year there are several full-day CE conferences at the VA Palo Alto Health Care System attended by interdisciplinary staff and open to residents and postdoctoral fellows; topics vary from year to year though typically include topics such as supervision and legal/ethical issues in the practice of psychology. There is a year-long seminar series sponsored by the MIRECC fellowship program focusing primarily on research design, statistics, and research career development. Fellows may attend if they wish and it fits into their overall training plan. Several VA clinical research centers (GRECC, HSR, National Center for PTSD, MIRECC), as well as Stanford Department of Psychiatry, offer regular seminars or grand rounds which are open to Fellows.

Fellows also have the opportunity to optionally participate in several mentoring programs or join a variety of service-level committees to enhance their training experience. Examples of committees to which they can join include the **Psychology Training Committee**, the **Evaluation Committee**, the **Diversity Committee** (see additional details below in the "Commitment to Cultural Competence, Cultural Humility, and Diversity Awareness" section), and the **Continuing Education Committee**. Mentoring programs are also available to provide additional mentorship beyond that provided by the Fellow's preceptor who provides mentorship and guidance around developing a training plan for the year, navigating the fellowship year, and promoting professional development. The **Diversity Mentoring Program** offers the opportunity to be matched with a diversity mentor who can help the Fellow navigate and discuss diversity-related issues with someone who does not have any evaluative capacity over them (see additional details below in the "Cultural Competence, Cultural Humility, and Diversity Awareness" section). The **Leadership Mentoring Program** allows Fellows to be matched with a psychologist mentor in a leadership role and/or with administrative or program management responsibilities to foster leadership skills and give Fellows an opportunity to learn about administrative responsibilities, leadership roles and career opportunities, professional networking, program management, participation in professional organizations, and healthcare system functioning. Committee participation and mentoring programs are optional adjunctive experiences for the fellowship training.

Research and Educational Project Opportunities and Expectations

Fellows in every focus area are expected to participate in research and/or program evaluation/process improvement (Behavioral Medicine, Geropsychology, PTSD, Trauma and Substance Use Treatment, and Couples/Family Systems focus areas), or the development of an educational project (Psychosocial Rehabilitation and Palliative Care focus areas). Fellows are expected to complete a meaningful aspect of the project during the year. This could be writing a grant proposal, generating an article submitted for publication or presentation at a professional meeting, developing and presenting an in-service training module, or some other marker of productivity. Fellows have one day a week of protected time for such research and educational activity. In addition, many Fellows are involved with research concerning direct clinical hypotheses, so some of their clinical experiences will be in the context of research programs, such that the clinical work contributes to data collection and ongoing generation of hypotheses about the area of research.

There are many research opportunities here. Most training sites are excellent models of scientist-practitioner functioning, in which clinical work guides ongoing research, and in turn the research findings inform the clinical work. Areas of ongoing research should be discussed with supervisors in the various focus areas since new projects are developed continuously. Fellows in any focus area can get involved in research in relevant settings. Fellows will be expected to participate in some kind of project during their research time. Decisions about whether the Fellow will be involved in research, program evaluation, or process improvement, and the level of involvement will be determined by the Fellow with the Primary Preceptor.

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Generally, Fellows are involved in research opportunities that are already ongoing in their focus areas. Fellows can consider generating a new project within their focus area during the postdoctoral fellowship, but the Fellow must find a staff member who will sponsor the research and submit a proposal to the Medical Center Research Committee and the Stanford Human Subjects Committee, with a protocol written to adapt to the VA and Stanford forms. It typically takes two months to complete the writing and review process and receive permission to proceed. The Psychology staff member identified to sponsor a Fellows' project will help obtain the approvals of the Chiefs of Service responsible for the settings needed for data collection. Obviously this process is time-consuming and lengthy, hence the usual course of getting involved in an ongoing project. However, in some cases this course of action is appropriate and exciting, and we will support Fellows as best we can if developing a new project seems warranted.

There also are many opportunities for involvement in educational projects. Staff in all sites are involved in local training for Psychology and Interprofessional staff, and many staff are involved in national-level educational projects for the VA system. The Palliative Care focus area particularly emphasizes involvement in an educational project because of the lack of widespread understanding of these models of care and Psychology's roles within them. Staff in this area can offer excellent mentoring in designing and implementing a relevant educational project. Fellows will have the opportunity to present on the research, program evaluation, or educational project they pursued during their protected time by the end of the fellowship year.

Training Aims and Competencies for the Fellowship Year

"The breadth and depth of experience I received during my postdoctoral year has given me the confidence and sense of professional identity necessary to function at a high level in my current position."
~Recent postdoctoral fellow

As noted above, we have two overarching aims for our postdoctoral training program:

1. Fellows will develop the full range of skills required for advanced functioning as an independent psychologist.

2. Fellows will develop skills required to function effectively as a psychologist in a high priority area of health care for Veterans (e.g., Behavioral Medicine; Geropsychology; Palliative Care; Psychosocial Rehabilitation; PTSD; Trauma and Substance Use Treatment; Couples/Family Systems).

Competencies for our first aim are defined by the profession-wide competency domains identified by APA's Commission on Accreditation. Specifically, Fellows are expected to demonstrate, by the end of the year, competence at an advanced level in the following areas:

- Science-practice integration
- Ethical and legal standards
- Individual and cultural diversity
- Professional values, attitudes, and behaviors
- Communication and interpersonal skills
- Assessment
- Intervention
- Supervision
- Consultation and interprofessional skills

The targets of training for our second aim are defined as much as possible by national accepted or emerging criteria defining expertise in the specific focus area. Each of the focus area target area domains are outlined below. These domains encompass knowledge and skill areas important to each focus area and are used to provide Fellows with breadth and depth of training

experience within the focus area. The advanced general professional competencies as applied to each focus area are used to evaluate Fellow's performance since these domains are less behaviorally-specific than the competencies in each profession-wide competency domain above.

Behavioral Medicine focus area target areas of training are consistent with the Foundational and Functional competencies identified by the American Board of Clinical Health Psychology (ABCHP). Most of the Foundational Competency Domains are captured within the profession-wide competencies; therefore, the Behavioral Medicine focus area targets the ABCHP's Functional Competency Domains as Behavioral Medicine-specific areas in which to provide training. Specifically, this focus area involves training in the following areas of Behavioral Medicine:

- Assessment of specific medical populations (pain, oncology, obesity, sleep, transplant, primary care, sexual functioning, cardiac, etc.), which includes administration and interpretation of standardized tests to behavioral observations and clinical interviews.
- Behavioral Medicine intervention techniques (relaxation, motivational interviewing, treatment of insomnia, chronic pain, obesity, areas above)
- Consultation
- Management/Administration
- Research and/or Evaluation
- Supervision
- Teaching
- Advocacy
- Reflective Practice, Self-Assessment, and Self-Care

"The Behavioral Medicine focus area is an exceptional training program that allows a fellow to develop clinical competencies across a wide range of Behavioral Medicine specialty areas, something that is rare to find in other Behavioral Medicine Fellowships around the country."
~Recent postdoctoral fellow

Clinical Geropsychology has been recognized as a specialty area by the American Psychological Association and the American Board of Professional Psychology (ABPP). This focus area involves training in the thirteen Geropsychology competencies consistent with the Pikes Peak Model for Training in Professional Geropsychology:

- Research and theory in aging
- Cognitive psychology and change
- Social/psychological aspects of aging
- Biological aspects of aging
- Psychopathology and aging
- Problems in daily living
- Sociocultural and socioeconomic factors
- Special issues in assessment of older adults
- Treatment of older adults
- Prevention and crisis intervention services with older adults
- Consultation
- Interface with other disciplines
- Special ethical issues in providing services to older adults.

Palliative Care/Hospice focus area expectancies are based on a combination of concepts drawn from a training program on end-of-life care funded by the Robert Wood Johnson Foundation, a course developed by the End of Life Nursing Education Consortium, and the American Psychological Association workgroup report on end-of-life care. The domains defined for training and expertise in palliative care and hospice work include:

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- Psychological, sociocultural, spiritual and interpersonal factors in chronic disease and life-limiting or terminal illness
- Biological aspects of illness and the dying process
- Socioeconomic and health services issues in palliative and end-of-life care
- Normative and non-normative grief and bereavement
- Assessment of common physical and mental health conditions (e.g. suffering, existential distress, psychopathology, pain/other physical symptoms, interpersonal difficulties, grief)
- Treatment of individuals with chronic, life-limiting or terminal illness, families and involved social systems.
- Treatment of family systems
- Interface with other disciplines through interprofessional teams and consultation in medical teams
- End-of-life decision making and ethical issues in providing palliative care and hospice services
- Professional self-care
- A focus also is placed on developing skills in teaching, supervision and scholarship in palliative care and end-of-life issues

"The fellowship training in PSR is an excellent way to learn about ways of encouraging recovery and providing hope that our severely mentally ill (SMI) Veterans can lead a life that truly matches their life's goals and values. The fellowship not only teaches the fellow about PSR principles and techniques, but it inspires hope, respect, and dignity for our SMI population." ~Recent postdoctoral fellow

Psychosocial Rehabilitation focus area competencies are based on the "Practice Guidelines for the Psychiatric Rehabilitation of Persons with Severe and Persistent Mental Illness in a Managed Care Environment." These guidelines were established in 1997 drawing on a task force convened by the Joint Commission on the Accreditation of Health Care Organizations and the work of the International Association of Psychosocial Rehabilitation Services (IAPSRS) Managed Care Committee. This focus area involves training in multiple domains of competence relevant to interprofessional psychosocial rehabilitation models of care. These domains include:

- Understanding severe and persistent mental illness
- Knowledge of psychosocial rehabilitation
- Integration of PSR principles in practice
- Practitioner's professional and self-development
- Multicultural clinical competence
- Understanding consumer initiatives
- Understanding systems issues and strategies for advocacy and systems change
- PSR assessment skills
- Understanding PSR intervention strategies
- PSR intervention skills: Goals development
- PSR intervention skills: Selected interventions
- Understanding community engagement issues and practice
- Understanding vocational rehabilitation strategies
- Understanding residential treatment strategies
- Understanding housing intervention strategies
- Understanding strategies for substance use interventions

Posttraumatic Stress Disorder focus area target areas of training are derived from a review of number of relevant and respected sources (for example, the NCPTSD website and the website of the APA Division 56 Trauma Psychology), as well as from review of existing core competencies in other PTSD postdoctoral fellowships, since national standards defining

competency in the treatment of PTSD are still evolving. This focus area involves training in the following competency areas:

- Empirically validated and supported treatments for PTSD across the full continuum of care
- PTSD research and theory, particularly that pertaining to the needs of Veterans with PTSD and co-occurring Substance Use Disorders (SUDs) (PTSD-SUD focus) or that pertaining to military sexual trauma, complex PTSD, and gender specific treatment issues (women's focus)
- Empirically validated and supported treatments for PTSD with commonly occurring co-morbid disorders and conditions, specifically substance use disorders, and personality disorders
- Military culture and gender-specific cultural issues, and their impact on the course and treatment of PTSD
- Therapist self-care
- Assessment of core PTSD assessment modalities, assessment modalities pertaining to diagnoses and conditions commonly co-morbid with PTSD, specifically substance use disorders, and personality disorders, and assessment of therapeutic and programmatic efficacy

Trauma and Substance Use Treatment focus area target areas of training closely follow the VA/DoD Clinical Practice Guidelines for Substance Abuse Treatment, developed with the Substance Abuse and Mental Health Services Administration and the Center for Substance Abuse Treatment. This focus area involves training in the following areas:

- Research, including understanding the research literature in the areas of addictive behaviors, trauma, substance use disorders (SUDs), individuals who are unhoused and related psychosocial problems, and conducting a research project within these areas
- Biological aspects of substance use and substance-related disorders and co-occurring problems (e.g., traumatic stress)
- Comprehensive biopsychosocial assessments, referral to appropriate treatment, and assessment of therapeutic and programmatic efficacy
- Assessment of therapeutic and programmatic efficacy
- Supervision of trainees
- Interface and collaboration with other disciplines through participation on interdisciplinary teams, consultation in a variety of venues, and making appropriate referrals
- Didactic training in working with unhoused individuals and SUD issues and appropriate treatment interventions
- Evidence-based treatments for SUDs, PTSD, homelessness, and related problems (e.g. motivational enhancement, CBT for relapse prevention, community reinforcement approach, CPT, DBT, housing first, critical time interventions, etc.)
- Pharmacotherapies for SUDs, including methadone, suboxone, naltrexone, acamprosate, disulfiram
- Unique concerns of special populations (e.g. OIF/OEF, women, serious mental illness, dual diagnosis, etc.)
- The role of multiple identities in formation of worldview, therapeutic alliance, and choice of

"I had an amazing experience on postdoc here at the VAPAHCS. I worked in unique treatment settings, got individualized supervision, and was supported in working independently while still engaging in training opportunities. The population is diverse in many respects and the settings are unique, unlike many in the private sector. There are opportunities to practice in various residential programs as well as the outpatient program, which provides a well-rounded training year. With this largely dually diagnosed population, you not only strengthen your skills in substance use treatment and homeless rehabilitation, but also evidence-based practices for many co-morbid conditions." ~Recent postdoctoral fellow

appropriate intervention for Veterans who are homeless and/or have a SUD (i.e., multicultural competence)
- Program management/leadership
- Resources and services available for disenfranchised Veterans
- Special ethical and legal issues working with individuals who are unhoused and SUD populations

Couples/Family Systems focus area target areas of training are derived from competencies developed and described by APA Division 43 – Society for Family Psychology. This focus area involves training in the following areas:

- Natural systems theories
- Methodology of assessment of couples and family systems, including family dynamics, relationship patterns, and family strengths
- Empirically-supported and evidence-based treatments in marital/couples therapy and parenting skills training; family therapies and family psychoeducation
- Other treatment interventions such as specific psychotherapy interventions for couples and families and other treatment considerations such as issues providing services to family members in specific settings
- Prevention and crisis intervention
- Impact of family violence and trauma on individual and system functioning
- Special ethical and legal issues related to family functioning and couple/family treatments
- Outcome and process research relevant to clinical practice, such as assessment of therapeutic and programmatic efficacy
- Interface with other disciplines, including referrals, consultation, and participation on teams

My experience as a postdoctoral fellow at VA Palo Alto was truly enriching. I received the clinical, research, and teaching opportunities I needed to facilitate my professional growth, which ultimately led me to accept a tenure-track faculty position that allows me to function in all three capacities. Throughout the training year, I was progressively given more freedom to take on a leadership role in the supervision team, which helped prepare me to supervise students in my role as faculty in a doctoral program." ~Recent postdoctoral fellow

Commitment to Cultural Competence, Cultural Humility, and Diversity Awareness

Our Psychology Training Program emphasizes the development of respect for and understanding of cultural and individual differences and diversity through both required and infused curricula, as well as a wide range of clinical experiences with diverse populations (see below for demographics of the VA Palo Alto patient population). Psychology Service and the Psychology Training Program are committed to promoting a professional environment that is positive, supportive, and inclusive of individual and cultural differences and in which diversity is acknowledged and respected. We are fortunate to live in a very diverse geographical region that is commonly regarded as open and accepting of diverse ethnic and racial backgrounds, religious/spiritual practices, gender presentations and identities, and sexual orientations. We aim to reflect that level of respect and

acceptance in the work environment. Specifically, Psychology Service and the Psychology Training Program actively seek to maximize representation of different backgrounds on all committees or other professional subgroups, and to ensure that staff from different backgrounds are in visible leadership positions, participate in training-related activities, and involved in the hiring process. We believe that such visibility demonstrates to Psychology trainees, and to current and prospective staff, that the Service actively supports the professional development of staff and trainees from diverse backgrounds. Finally, Psychology Service expects staff to be dedicated to the ongoing process of enhancing cultural competence and demonstrating cultural humility across their professional activities. Psychology Service supports such continuing education by sponsoring and organizing several recent CE conferences and workshops on various diversity topics as well as on issues in multicultural supervision. In recent training years, our Psychology CE Committee sponsored CE events including a conference on "Healing Communities from Collective Trauma" and discussion forums for VA mental health professionals on "Social Justice Advocacy" and "Decolonizing Psychology."

Psychology Service has a strong history of retaining staff and supervisors for many years, including supervisors from a wide range of diverse backgrounds and intersectionalities, reflecting a positive working environment for all staff and trainees. Currently, 41% of Psychology postdoctoral supervisory staff self-identify as being from ethnic minority backgrounds; 75% are cisgender women and 18% are cisgender men. In addition, 13% of supervisory staff are gay, lesbian, bisexual, and/or queer. Of the postdoctoral fellows training in the Psychology Postdoctoral Fellowship Program in the last 10 years (N=98), 49.0% self-identify as coming from ethnic minority backgrounds and over 7% self-identify as lesbian, gay, bisexual, and/or queer. The majority of recent Fellows have been cisgender female (82.9%), with a smaller number of individuals identifying as cisgender male (15.9%) and transgender male (1.1%).

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

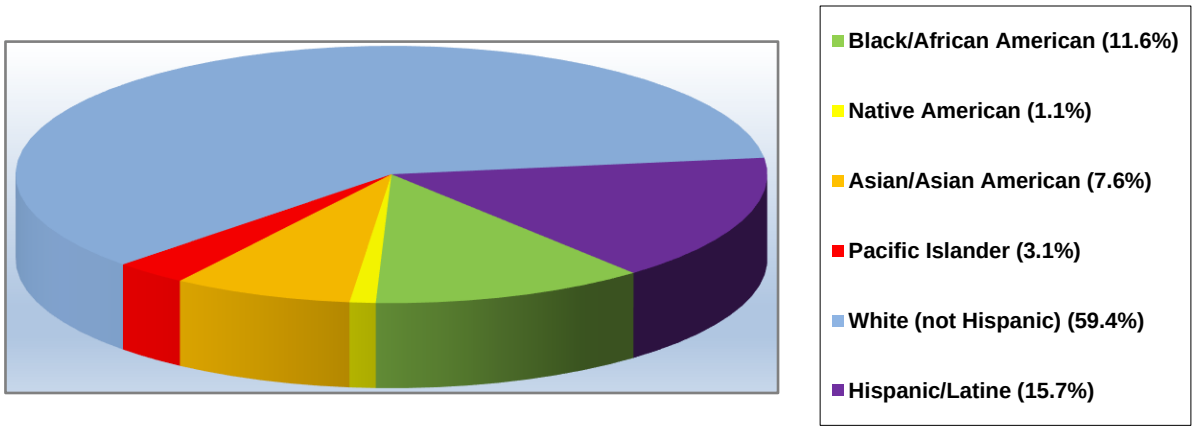
In sum, our Psychology Training Program strives to foster a culture of humility and inclusivity wherein we value and foster ongoing growth and development in issues of diversity, equity, and social justice. We invite Fellows to participate in this process with us, and to share your expertise and knowledge. We look forward to your contributions and the opportunity to engage in mutual learning experiences.

Opportunities to Work with Diverse Populations

VA Palo Alto serves an ethnically diverse population of Veterans and active-duty personnel ranging in age from 19-90+, with more and more younger ages represented due to our nation's recent military conflicts. While most of the patients are cisgender male, VA Palo Alto has specific women's mental health programs drawing cisgender and transgender female Veterans and active-duty personnel from around the nation. Female patients now account for approximately 10% of the VA Palo Alto patient population. While accurate numbers of transgender Veterans are not available, VA Palo Alto has specific medical and mental health services for transgender male and female Veterans. Patients also range in socio-economic status, from high-income employees of local technology companies to low-income and/or unhoused Veterans. The overall VA Palo Alto patient population reflects the distribution of self-reported ethnic/racial backgrounds in the

pie chart below. There are many rotations which serve a larger proportion of patients from ethnic minority backgrounds, and several focusing specifically on women's mental health.

VA Palo Alto Demographics



Diversity Committee

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

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

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

- experiences of working in the VA, including environment, political climate, and other concerns

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

Trainee Self-Disclosure in Training and Supervision

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

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

Consistent with APA Ethical Standard 7.04, our program maintains that trainees will not be required to reveal more personal information than they feel ready to share or process, until they feel some comfort with the supervisory situation, and feel safety regarding how shared information will be handled. At the same time, self-disclosure is an important part of the training experience and serves at least two important purposes. First, the supervisor is ultimately legally and ethically responsible for the welfare of any patient seen by the trainee; thus, any important information about the trainee's internal experience that may affect the conduct of assessment or therapy is expected to be a part of the supervision process. Second, the general professional competencies expected in our program, especially those described under the category of Professionalism are particularly relevant to this ethics clause, such as those related to emotional maturity, self-reflection, knowledge of self and impact on others, and increasing understanding of one's personal strengths and limitations. Since feelings and the thoughts, beliefs, and circumstances that propel them cannot be simply ignored or expunged by a psychologist when seeing a patient or to interacting with colleagues, learning to identify, utilize, and regulate feelings, attitudes, and actions in the consulting room and all other professional interactions is a lifelong process for all psychologists.

We believe it is important that supervision be a place where the Fellows (or other trainees) are assisted to explore and understand the qualities and experiences that they bring to every aspect of professional work and how these facilitate or hinder effective interactions. We intend that Fellows and other trainees will recognize, improve, and employ those personal qualities that will assist in forming effective working relationships with patients, peers, other Psychology staff, staff and trainees of other professions with whom they work in the health care system, etc. – all professional work is influenced by the personal qualities of the trainee, and these are appropriately included in the supervisory process. At the same time, we re-affirm that this needs to be done in a sensitive way, in which the Fellow is given time to develop a safe and effective working relationship with the supervisor. Fellows will not be required share information that is not

relevant to the work they are doing or in a way that is not designed to promote and enhance professional development.

Evaluation Process

Supervisors, Preceptors, and Fellows are expected to exchange feedback routinely as a part of the supervisory process; other evaluation procedures are meant to formalize this continuous information flow. It is the responsibility of the Director of Training, Preceptor, and supervisors to ensure that formal evaluation occurs in a timely and constructive fashion, but Fellows are encouraged and expected to take an active role. Evaluation is a mutual process between Fellows, supervisors, Preceptors, and the training program as a whole. Fellows are encouraged to delineate their learning goals, to evaluate their progress at mid-rotation in terms of those original goals, to modify their goals as appropriate, and to plan for attaining these goals during the remainder of the rotation.

We have developed well-specified, measurable exit competencies for our first overarching training aim (i.e., advanced general professional competencies), and delineated specific target areas of training within each focus area to guide the development of the Fellows' training plan. For each clinical setting/experience in the Fellow's training plan, supervisors complete both mid-rotation and end-of-rotation evaluations. Mid-rotation evaluations provide an opportunity for mid-course corrections, while end-of-rotation evaluations are a chance to reflect on overall progress that was made. At the mid-year and end-of-year time points, the Primary preceptor evaluates the Fellow's overall progress toward reaching the general professional competencies and the progress in gaining exposure to and experience with the specific skills and target areas of training identified by each focus area, based on feedback from supervisors and on their own experience working with the Fellow. If any supervisor notes a problem that could affect successful completion of the Fellowship, Due process procedures are in place to work toward resolution of the problem if possible. The Due process procedure is reviewed in detail with Fellows during orientation at the start of the year. For a copy of our complete Training Manual, including evaluation processes, due process and grievance procedures, and record-keeping policies, please email the Director of Postdoctoral Training at jessica.lohnberg@va.gov.

Application and Selection Process

Selection of Fellows is done by the Postdoctoral Committee (consisting of the Director of Postdoctoral Training, the Postdoctoral Coordinator, the Focus Area Coordinators, and the Preceptor from each focus/specialty area as indicated), with input from the staff in each focus area, using the following criteria (not in priority order):

- Breadth and quality of previous general clinical or counseling training experience
- Breadth, depth, and quality of training experience in the specific focus area
- Quality and scope of scholarship, as indicated partially by research, convention papers/presentations, and publications
- Relationship between clinical and research interests/experience of the applicant
- Evidence of personal maturity and accomplishments
- Thoughtfulness of answers to the application questions
- Goodness of fit between the applicant's stated training and professional goals and the resources of the training program and medical center
- Strength of letters of recommendation from professionals who know the applicant well

Introduction and Program Overview

The Fellowship 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.

Information about required application materials and the selection process can be obtained by contacting the Postdoctoral Coordinator, William Faustman, Ph.D., preferably by email at William.Faustman @va.gov or at (650) 493-5000 x64950. The fellowship brochure is updated in the fall of each year and may be viewed or downloaded on the VA Palo Alto Psychology Training website at Psychology Training Program | VA Palo Alto Health Care | Veterans Affairs. In order to apply to our fellowship program, you must submit all the required application elements listed below via the APPA CAS system at https://appicpostdoc.liaisoncas.com/applicant-ux/#/login by the due date. **All application materials must be received by us on or before Monday, December 23, 2024 (Note that the Rehabilitation Psychology and Clinical Neuropsychology Specialty Fellowships have earlier application deadlines and a separate brochure on the website).** Incomplete applications will not be read by the Selection Committee.

Application elements from you (#1-4) should be submitted via the APPA CAS system by you. Letters from your recommendation letter writers (#5) should also be submitted by your letter writers via the APPA CAS system. We recommend that all files be uploaded as Microsoft Word or Adobe Acrobat files. Please do not email any application materials or mail any materials in hard copy form.

Application Requirements List:

1) A 2-3 page cover letter that follows these instructions. Please review this Psychology Postdoctoral Training Program Brochure which describes the aims of postdoctoral training at Palo Alto, training opportunities, and the advanced general professional competency domains and the domains for each focus area. **If you are applying in more than one focus area, you may submit separate cover letters.** In your letter, please include:
   a) A summary of your previous educational, research, and clinical experience with attention to the advanced general professional competency domains and the specific domains for the focus area to which you are applying.
   b) Your training needs and goals related to these general and focus area domains.
   c) Specific clinical settings/experiences at VA Palo Alto that you feel would help you reach your goals.
   d) Research/program evaluation/educational project ideas you may want to pursue during the Fellowship year.
   e) Your career goals.
2) Curriculum Vita
3) One de-identified clinical work sample, such as a treatment summary or an assessment report, or other work sample, such as a published manuscript on which you are first author or other written product that highlights your work relevant to the focus area.
4) Transcripts from all graduate programs attended.
5) Three letters of recommendation from faculty members or clinical supervisors who know your clinical as well as your research work well. Letter writers should upload an electronic copy to the APPA CAS system, and this will be considered an official “signed” copy. We encourage letter writers to submit documents as Microsoft Word or Adobe Acrobat files.

Following receipt and review of these materials, a select number of applicants will be invited to interview virtually, in January and February. We will follow APPIC Postdoctoral Selection Guidelines for making fellowship offers for all focus areas except for the Clinical Neuropsychology Specialty Fellowship. We plan to follow the APPIC **Common Hold Date** procedures.

Postdoctoral Fellowship Admissions, Support, and Initial Placement Data Tables

Date Program Tables are updated: 8/27/2024

Program Disclosures

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

Postdoctoral Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
The VA Palo Alto Health Care System provides training consistent with the scientist-practitioner model of psychology, and the postdoctoral training experience is organized accordingly. We are guided both by the original articulation of the Boulder Model (Raimy, 1950) and by the update of the scientist-practitioner model, as articulated at the Gainesville conference in 1991 and in the subsequent publication following that conference (Belar & Perry, 1992). Our training program is committed to excellence in scientific training and to using clinical science as the foundation for designing, implementing, and evaluating assessment and intervention procedures. The mission of the VAPAHCS Psychology Postdoctoral Training Program is to train psychologists who meet advanced general profession-wide competencies in psychology and can function effectively as professional psychologists in a broad range of multidisciplinary settings. Prior to beginning the postdoctoral experience, Fellows are expected to have attained a high level of accomplishment in generalist training. The primary aim of the postdoctoral program is for Fellows to develop the full range of professional skills required for advanced functioning as an independent psychologist, including skills involved in science-practice integration; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional skills.

Selection Process

Describe any other required minimum criteria used to screen applicants:
Our program fits best with postdoctoral fellows who have been trained as scientist-practitioners or clinical scientists at the graduate level, and have professional interests and internship experiences consistent with the focus area to which they are applying.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Fellows	$65,160
Annual Stipend/Salary for Half-time Fellows	NA
Program provides access to medical insurance for Fellows?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	192
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/fellows in excess of personal time off and sick leave?	Yes
Other Benefits (please describe):	NA

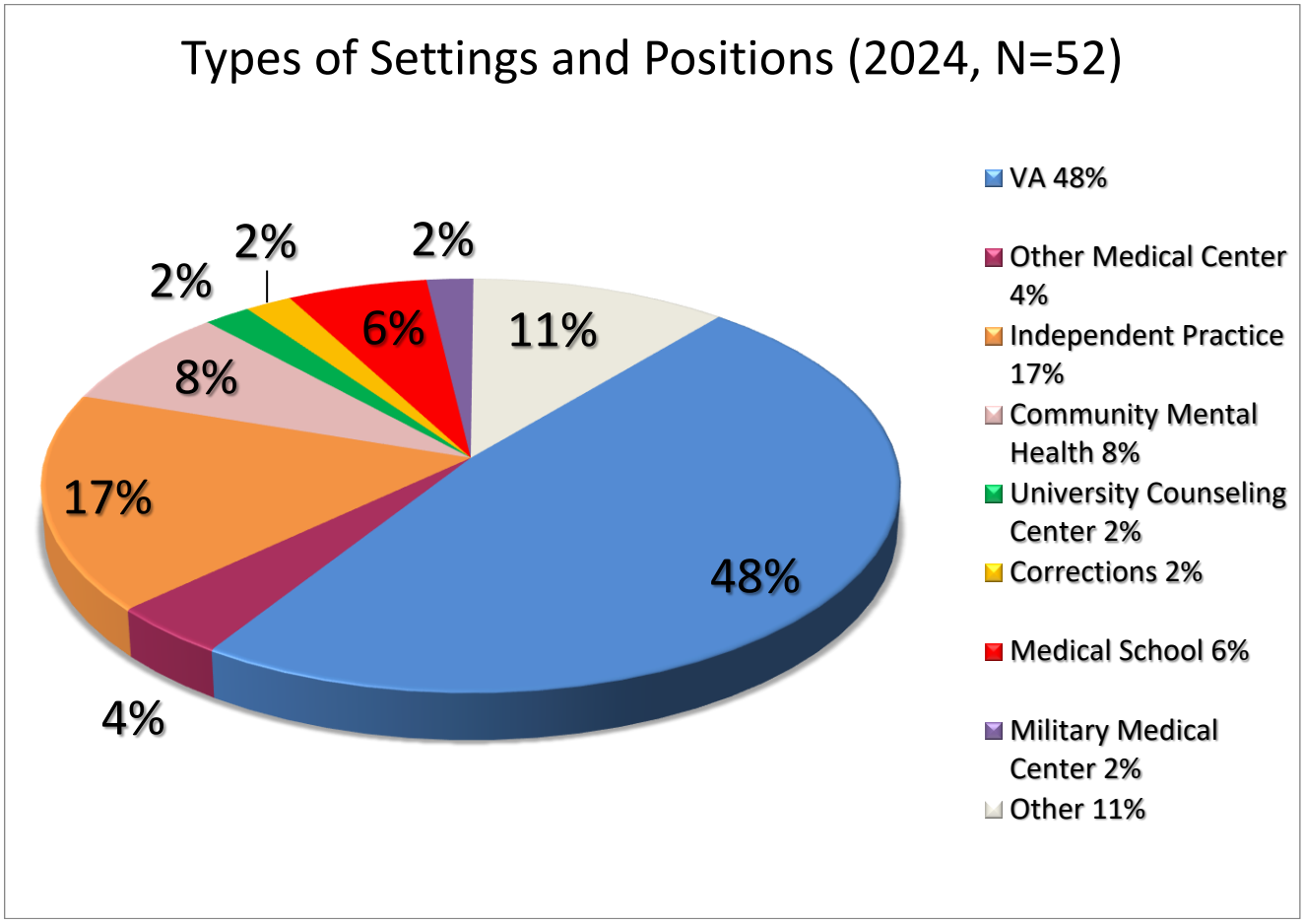
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Fellowship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)	**2021-2024**
Total # of Fellows who were in the 3 cohorts	22
Total # of Fellows who remain in the fellowship program	0
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=1
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=0, EP=2
Veterans Affairs Health Care System	PD=0, EP= 13
Psychiatric facility	PD=0, EP=0
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=0, EP=4
Other	PD=0, EP=2
Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.	

Professional Outcomes for Former Postdoctoral Fellows

Where do VA Palo Alto Fellows Go?
VA Palo Alto postdoctoral fellows choose a wide range of professional positions and work settings. Consistent with the table above, 60% of postdoctoral fellows over the past 7 years (2017-2024) have gone on to professional positions within medical centers. The majority of these are working in the VA health care system (48%) and 12% are working in academically-affiliated medical centers, medical schools, or other medical centers. See below for additional information about professional employment outcomes for former fellows. Almost all of our graduating fellows have obtained professional state licensure. Several former fellows have attained ABPP Board Certification in a specialty area of practice (Clinical Health, Geropsychology, Clinical Neuropsychology, Rehabilitation Psychology) and several more are in the process of board certification.



*Other category includes digital health, program development/evaluation, clinical contracting services, and consultation.

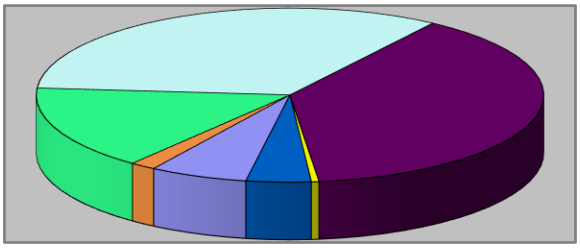
Living in the San Francisco Bay Area

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

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

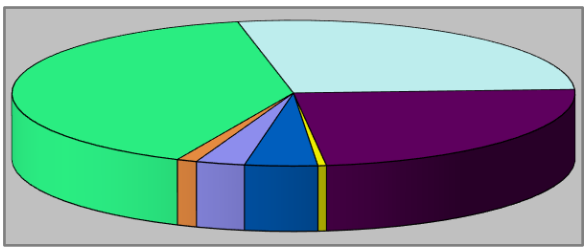
The Bay Area is the fifth most populous metropolitan area in the United States, with high levels of international immigration. Palo Alto is part of Santa Clara County which has slightly different demographics than the Bay Area and the state overall, with greater numbers of Asians and Asian Americans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

California Demographics



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

Santa Clara County Demographics



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

Introduction and Program Overview

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

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

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

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

Palo Alto	www.cityofpaloalto.org/
Stanford University	www.stanford.edu/dept/visitorinfo/

Introduction and Program Overview

Monterey Bay National Marine Sanctuary	www.montereybay.noaa.gov/
California travel; click on San Francisco Bay Area	https://www.visitcalifornia.com/region/san-francisco-bay-area/
Bay Area news and information	www.sfgate.com/

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

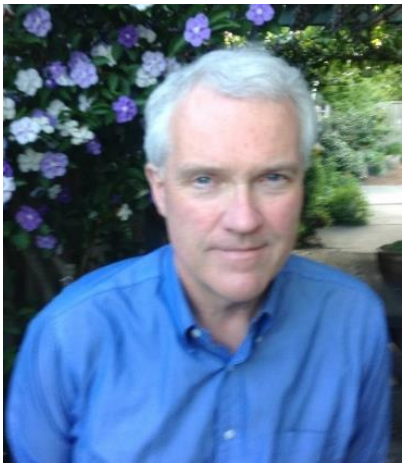
Contacting Psychology Service

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

Psychology Training Program (116B)
VA Palo Alto Health Care System
3801 Miranda Avenue
Palo Alto, CA 94304
Telephone: (650) 493-5000, x65476
Fax: (650) 852-3445
Email: Jessica.lohnberg@va.gov (Director of Postdoctoral Training)
Website: Psychology Training Program | VA Palo Alto Health Care | Veterans Affairs

Thank you for your interest in our program. Feel free to be in touch with the Postdoctoral Coordinator William.Faustman@va.gov and/or the Director of Training if you have additional questions.

Jessica Lohnberg, Ph.D.
Director of Postdoctoral Training



William Faustman, Ph.D.
Postdoctoral Coordinator

John McQuaid, Ph.D.
Chief, Psychology Service

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

Reviewed by: Jessica Lohnberg, Ph.D.
Date: 9/26/2024

Focus Area Descriptions

Behavioral Medicine Focus Area Training

Focus Area Coordinator: Jessica Lohnberg, Ph.D.

Fellowship Training Goals: The Behavioral Medicine focus area training is designed to help the new Ph.D./Psy.D. attain general advanced practice competencies and specialized skills in Behavioral Medicine. The Fellow should have good clinical skills and experience with a variety of Behavioral Medicine cases. At the same time, the Fellow should be actively involved in, or have experience with, applied research or program evaluation. Should there be a gap in the fellow's training, we would expect the Fellow to use part of the postdoctoral year to get clinical training they may have missed. We expect the Fellow to be competent to diagnose the following disorders: substance use disorder, anxiety, depression, psychosis, personality disorder, cognitive impairment, and somatic symptom disorders, and to have training in an evidence-based treatment for anxiety and depression. Fellows should also be able to intervene with personality disorders and some substance use problems including tobacco use disorder. The fellow should function well with staff from other disciplines. Fellows will get experience in multiple specialty clinics such as Pain Clinic, MOVE TIME (intensive weight management/bariatric surgery), Liver Clinics, Pulmonary Sleep Clinic, and Oncology/Hematology Clinics. The Fellow is also expected to complete a research activity or program evaluation/development project. Ideally, this project will be applied in nature and be designed to improve or inform clinical practice. Finally, the Fellow should get experience conducting supervision. In addition to supervising a resident and/or practicum student with staff psychologist oversight, the Fellow will participate in the Postdoctoral Fellow Seminar that places a great emphasis on supervision.

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

Who we work with: We work with a variety of health care providers from other disciplines. The members of each team vary by clinic, but almost always include physicians and/or nurse practitioners and nurses. The physicians may be attending physicians, fellows, or medical residents. Other providers in a medical clinic may include nurses, registered dietitians, physical therapists, pharmacists, and social workers.

Supervision: Supervision is a minimum of four hours per week. There are at least two hours of face-to-face supervision provided by the preceptor/supervisor. Additional, often impromptu, individual sessions are scheduled as needed. Supervision also includes group supervision, observing the fellow's therapy, reviewing patients prior to clinic, doing co-supervision of a resident, and discussing the Fellow’s research/evaluation project. The content of supervision sessions may include, but is not limited to, review of the fellow's cases, problems the fellow identifies, and personal issues related to clinical work or professional development.

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

Focus Area Descriptions

Supervisors: ***Jessica Lohnberg, Ph.D.***
Priti Parekh, Ph.D.
Chantel Ulfig, Ph.D.
Eric Lee, Psy.D.
Madison Bailey, Psy.D.

Seminar: We have a Behavioral Medicine Seminar that meets each week for 1.5 hours. It is designed for residents, and the Fellow is expected to help with the teaching. It starts the first week residents are on service and usually ends in late May. The early topics deal with how to function in a medical setting, including assessing lethality, how psychiatric symptoms can be manifest by medical illness and medication, abbreviations used in charts, how to negotiate the hospital computer system, and how to write progress notes and answer electronic consults. We also provide instruction in cognitive screening and how to function on interdisciplinary teams. Later we move on to seminars on medical problems such as: pain, diabetes, cancer, obesity, bariatric surgery, tobacco dependence, liver disease, organ transplantation, sleep disorders, visual impairment, sexual functioning, cardiology, medical adherence, irritable bowel disease, and death and dying. The postdoctoral fellow is expected to teach at least four seminars.

Pace: Relative to residents and staff, the postdoctoral fellow has more latitude in how they spend time. However, the pace of behavioral medicine is moderate to fast, which we believe is representative of most clinical careers as a behavioral medicine psychologist.

Behavioral Medicine Program (Bldgs. MB3, 100, 5, PAD)

1. **Patient Population:** Medical and surgical patients from culturally diverse backgrounds.
2. **Psychology's role in the setting:** Provide consultation, assessment, and intervention to medical patients. Conduct applied research and program evaluation.
3. **Other professionals and trainees in the setting:** Medical Attending Physicians, Fellows, Residents, Clinical Nurse Specialists, Nurse Practitioners, Pharmacists, Social Workers, Registered Dietitians, Physical Therapists.
4. **Nature of clinical services delivered:** Psychological assessment and treatment of behavioral issues related to illness; treatment of anxiety, depression and other mental health conditions related to medical problems.
5. **Postdoctoral Fellow's role in the setting:** Provide consultation, assessment, and treatment to individuals and groups of patients; supervise individual resident or practicum student cases; lead Resident Group Supervision; teach part of the Behavioral Medicine Seminar; conduct research or program evaluation that informs clinical practice; manage/triage Behavioral Medicine Clinic consults.
6. **Amount/type of supervision:** One hour for every 10 hours worked. There are at least two hours of scheduled individual supervision, two hours of group supervision, as well as preparation time for clinics, observation of the fellow's therapy, consultation on their research project, etc.
7. **Didactics:** Postdoctoral Seminar, Behavioral Medicine Seminar
8. **Use of Digital Mental Health Tools:** Use of video telehealth-to-home technology for assessment and therapy sessions is an option for Veterans. Each office is outfitted with a webcam for telehealth services and video meetings. VA mobile applications may be used as a supplement to psychotherapies.
9. **Pace:** Moderate to fast pace, time is structured, down time when patients don't show for appointments.

Patients: Patients are typically men, approximately 10% are women. Many are older – age 50 and above. Racial/ethnic diversity includes Caucasians, Black or African Americans, Asian

Focus Area Descriptions

Americans/Pacific Islanders, and Latinx/Hispanics. Most have a high school education or more, but occasionally we see patients who have lower literacy. Many patients have disabilities and may receive social security or VA compensation for an injury or illness. Many patients have served in combat or participated in demanding humanitarian missions. Rates of Post-Traumatic Stress Disorder are much higher than in the general population in both men and women Veterans. Often, patients referred to this program have had no prior psychological evaluation. Thus, differential diagnosis skills are often required.

Who we are: The Behavioral Medicine Clinic has been largely an outpatient service. Behavioral Medicine orients many of its activities around selected medical specialty clinics. The staff value research and use it to inform our clinical work.

What we do: Behavioral Medicine provides mental health and behavioral health services to specialty medicine and surgery clinics. The psychologist's role in a medical clinic varies based on clinic, but is often of a consultative nature, with brief interview assessments and/or the briefest of interventions with a patient who may not return for a month or more; the structure of some medical clinics allow for more in depth assessment and intervention. Patients who require weekly sessions can be followed up by Behavioral Medicine providers and seen for more intensive treatment. Consultation/Liaison services are part of the duties. This requires the Fellow interact with other Palo Alto HCS mental health services. Assessment and interventions are provided for weight loss (obesity), pre-bariatric surgery assessment, chronic pain, adjustment to chronic illness, adjustment to terminal illness, tobacco cessation, medical adherence, insomnia, sleep hygiene, sexual functioning, stress management, transplant assessment, and diagnoses of anxiety, depression, substance use and personality disorders when they impact medical problems or treatment. We value the scientist-practitioner model and use research that enhances our understanding of how to work effectively with patients.

What the Fellow does: The fellow has five tasks: a) continue clinical training, b) teach part of the Behavioral Medicine Seminar, c) develop and complete a research or program development/evaluation project, d) provide some individual supervision for residents and/or the practicum student, lead the Resident Group Supervision, and e) manage and triage incoming Behavioral Medicine Clinic consults and assist with patient assignments. The fellow has latitude with how they use their time. The plan for the year is developed in conjunction with the primary preceptor at the beginning of the year in accordance with the Fellow's training goals and needs.

Postdoctoral Fellows' Clinical Schedule: Fellows may see patients in one of two settings: (1) patients referred to Behavioral Medicine for follow-up treatment; and (2) patients in a medical/surgical specialty clinic currently covered by Behavioral Medicine staff (see focus clinic descriptions below). Fellows can choose to participate in several of the medical focus clinics throughout the fellowship year. Fellows also have the opportunity to participate in external rotations (i.e., outside of the Behavioral Medicine Program) in other medical or rehab programs, such as the Women's Health Psychology Clinic, Western Blind Rehabilitation Center, Whole Health Program, and Spinal Cord Injury Program. See below for a description of some of the available external rotation opportunities.

Rotation Types Offered: Full-Time / Major rotations for Behavioral Medicine focus Area; Half-Time or Minor rotations for other focus areas

For additional information regarding the Behavioral Medicine program and internship, please see our Behavioral Medicine track website brochure at: Behavioral Medicine Brochure or click on the Behavioral Medicine track brochure under the Internship Program descriptions at Psychology Training Program | VA Palo Alto Health Care | Veterans Affairs

Focus Area Descriptions

Focus Clinics in the Behavioral Medicine Program/Rotation:

PAIN CLINIC*:* Assessment and brief treatment of patients with chronic pain from a multidisciplinary perspective. The Pain Clinic is primarily an interventional pain clinic and consists of Pain Attending Physicians, Nurse Practitioners, and fellows, along with our Behavioral Medicine team. From a Behavioral Medicine perspective, the focus in clinic is primarily on assessment with some brief intervention (e.g., sleep management, use of pacing, relaxation strategies) although there are opportunities for follow-up outside of clinic. Fellows gain familiarity with a broad range of pain syndromes and medical interventions, learn brief in-clinic psychological assessment/intervention with this population, gain skills in doing some pre-surgical evaluations (e.g., spinal cord stimulator placement), and learn strategies for integrating into a multidisciplinary team. Patients will primarily be seen in-person in conjunction with the medical clinic, but there may also be some opportunities for telehealth. Fellows may also be able to observe a live interventional pain procedure (e.g., epidural steroid injection) if scheduling allows.
4 hrs/week; usually see 2-3 patients/week
On-site Supervisors: Priti Parekh, Ph.D. & Chantel Ulfig, Ph.D.

HEMATOLOGY/ONCOLOGY CLINICS: Assessment and brief treatment of patients diagnosed with Hematological and/or Oncological malignancies from a multidisciplinary perspective. Behavioral Medicine is currently embedded in three primary Hem/Onc Clinics: Oncology, Urology-Oncology, and Hematology. For Fellows, the focus in clinic is on introduction of Behavioral Medicine services, psychosocial distress screening in accordance with the American College of Surgeon's Commission on Cancer Standards for Care, identification of behavioral medicine concerns, triaging patient needs, and conducting brief interventions (e.g., pain management, sleep hygiene, behavioral activation, relaxation strategies) or longer-term interventions (e.g., adjustment to life-threatening illness, addressing end of life issues) for patients at different timepoints along the illness trajectory. Clinical services are primarily done in-person within clinic (e.g. medical clinic, infusion room), and there may also be opportunities for follow-up outside of clinic for ongoing therapy which may be in-person or via telehealth. Fellows gain familiarity with a broad range of Hematological and Oncological disorders/disease, medical interventions, treatment side effects, and related sequelae; learn brief in-clinic and longer-term psychological assessment/intervention with this population; and develop strategies for effectively integrating into a multidisciplinary team (medical oncology/hematology, surgeons, nurse practitioners, fellows, nursing staff). Fellows may also conduct bone marrow transplant (BMT) and/or Chimeric Antigen Receptor T-Cell (CAR-T) treatment evaluations.
4 hrs/week; usually see 2-3 patients/week
On-site Supervisor: Chantel Ulfig, Ph.D.

MOVE TIME CLINIC (INTENSIVE WEIGHT MANAGEMENT AND BARIATRIC SURGERY): MOVE! is the stepped-care, nationwide VA program aimed at helping Veterans with overweight and obesity lose weight and improve comorbid health conditions. The MOVE TIME Clinic is a unique interdisciplinary intensive weight management clinic at the top of a stepped care model that provides intensive assessment and treatment for patients who continue to struggle with weight loss and associated health concerns despite multiple attempts, and for patients who are medically/psychologically complicated. The clinic includes psychologists, physicians, physical therapists, dietitians, surgeons, and often medical students or residents. This clinic serves both patients within the VA Palo Alto HCS as well as patients from other VA hospitals in neighboring VISNs (e.g., from Montana, Idaho, Washington, Oregon, and Nevada). The patients are seen every 3-4 months and clinic appointments typically last 2-4 hrs. Most patients are considering bariatric surgery or bariatric endoscopic procedures, but some come for medical management of obesity, including consideration of weight loss medications. The team works closely with the bariatric surgery team. Fellows will gain experience working on an

interdisciplinary team and conducting assessments with new patients focused on the relationship between obesity and their psychological health. Fellows may also provide brief interventions for obesity, depression, anxiety/stress, sleep difficulties, and pain management. Fellows will also gain experience participating in the weekly interdisciplinary team meetings and with conducting triage and coordination of services with other members of the team and/or providers at other VAs. There is also an interdisciplinary journal club integrated into the clinic that provides the opportunity for Fellows to learn from and teach to providers from multiple disciplines. Fellows may also conduct pre-bariatric surgery evaluations, join the monthly bariatric team meeting, and observe a live bariatric surgery, if scheduling allows. The clinic mostly operates virtually, but team meetings and clinical services may be done in-person, via telephone, and/or via telehealth.
4 hrs/week; usually see 2-3 patients/week
On-site Supervisors: Jessica Lohnberg, Ph.D. & Eric Lee, Psy.D.

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

PULMONARY SLEEP CLINIC*:* Assessment and brief treatment of patients with sleep-related complaints. Behavioral Medicine works the various sleep clinics at the VAPAHCS and is embedded within the Pulmonary Sleep clinic for Veterans presenting with a breathing-related sleep disorder (i.e., sleep apneas). The role of Behavioral Medicine fellows is to provide initial psychosocial assessments for individuals endorsing sleep-related difficulties to assist with treatment planning, with insomnia being the primary presenting concern. When appropriate, fellows provide brief intervention to Veterans, including treatments such as Cognitive Behavioral Therapy for Insomnia (CBT-I) and PAP adherence; fellows also participate in a psychoeducation class on insomnia. The goal of this rotation is to understand the medical, psychological, and behavioral factors that impact sleep, and to learn to assess and intervene while working within an multidisciplinary team. Patients are seen primarily through telehealth modalities (i.e., VVC), with the option of in-person follow-ups when requested.
4-8 hrs/week; usually see 2-4 patients/week
On-site Supervisor: Eric Lee, Psy.D.

Contact:
Jessica Lohnberg, Ph.D. (x67004), jessica.lohnberg@va.gov

Reviewed by:	Jessica Lohnberg, Ph.D.; Priti Parekh, Ph.D.; Chantel Ulfig, Ph.D.; Eric Lee, Psy.D
Date:	9/19/24; 9/20/22*; 8/19/24, 9/12/24

External Rotations Available in the Behavioral Medicine Postdoc Focus Area:

The rotations listed below are available as elective external minor rotation opportunities for Fellows in the Behavioral Medicine Focus area.

Women's Health Psychology Clinic (Building 5, 2nd Floor, PAD)

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

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

Women's Health Psychology (WHP) can be conceptualized as a hybrid of Primary Care Behavioral Health, Behavioral Medicine, and Women's Mental Health. The clinic is co-located in the Women's Health Center (which includes the General Medical Clinic for women) to address barriers to mental health treatment engagement among women Veterans. Via consults initiated by the patients' primary care providers we increase the likelihood that patients will engage in care and as warranted, facilitate the transfer of Veterans requiring higher levels of treatment. The WHC psychologist's primary responsibilities can be summarized as detection, prevention, and stabilization. *Detection:* We provide follow-up to positive depression, and PTSD screenings administered in the primary care clinic and respond to referrals from primary care providers. *Prevention:* We offer primary or secondary prevention interventions to stave onset or forestall worsening of mental health disorders and/or medical conditions. We administer brief behavioral health interventions targeting stress management, interpersonal skills, pain management, activity level, and sleep hygiene to promote wellness among our patients. *Stabilization:* We offer evidence based psychotherapies to help stabilize patients with acute psychiatric issues, such as PTSD, depression, and anxiety disorders.

Individual treatment, ranges from very brief behavioral health-oriented interventions (2-4 sessions) to 8-12 sessions of evidence-based psychotherapies such as CBT, Interpersonal

Focus Area Descriptions

Therapy (IPT) for Reproductive Mental Health, CPT (Cognitive Processing Therapy) Prolonged Exposure (PE), Acceptance & Commitment Therapy (ACT), or Dialectical Behavior Therapy (DBT). Group treatment can include mindfulness and compassion-focused, and peri-natal support groups. Currently, treatment is provided in person and via Telemental Health.

Fellows engage in treatment planning, intake evaluations, and time-limited individual treatment interventions. They provide consultation to medical providers within the VA system regarding women's mental health and collaborate with the women's primary care-based psychiatry clinic. Fellows have the potential to co-lead groups with residents or supervisor and are encouraged to develop new groups based on their clinical interests. Current group offerings include the Sexual Health and Intimacy Group for Women, ROSE for prevention of postpartum depression, Courage Group for MST, VA CALM, and Mindful Self-Compassion. Fellows also have the option to serve as part of the Women's Health Pain Clinic, collaborating with a medical pain specialist (anesthesiologist) and physical therapist. Structured supervision is a minimum of 1 hour each week and also occurs within the context of the primary care setting.

Rotation Types Offered: Minor only, 6 or 12 months

Reviewed by: Dara Shapiro, Psy.D.
Date: 08/23/2024

Primary Care Mental Health Integration (PCMHI) (PAD, FRC)

Supervisors: Sharon Maroukel, Ph.D. (PAD)
Brittany Linton, Ph.D. (FRC)

Patient Population: Medically based populations from culturally diverse backgrounds and geographical locations (Community-based outpatient clinics; CBOCs).
Psychology's role: Provide Primary Care-Mental Health Integration (PCMHI) informed consultation, assessment, triage and bridging, and treatment to primary care and specialty care medicine populations.
Other professionals and trainees: Medical attendings, Physicians, Fellows, Residents, Nurse Specialists, Nurse Practitioners, Peer Support Specialists, Pharmacists, Dieticians, Physical Therapists, Social Workers.
Nature of clinical services delivered: Functional assessment and brief intervention of behavioral issues related to physical illness/injury, anxiety, depression and mood spectrum disorders, chronic disease management (e.g., diabetes, hypertension), sleep, pain, substance use, relationship concerns, grief and loss, sexual concerns, and lifestyle modification needs (e.g., weight maintenance, medication adherence). In addition to above, trainees will bridge care to additional clinical mental health services as part of a stepwise model of care, and engage in consultation with interdisciplinary team members.
Fellow's role: Provide consultation, assessment, triaging, and treatment for individuals and groups in integrated medical primary care clinics. Actively participate as part of primary care clinical team with respect to care coordination and treatment planning around veteran's health goals. Develop communication skills to work closely with the primary care medical team in consulting and receiving warm handoffs. Provide education on the value and benefits of health psychology practices in medical care settings to both patients and interdisciplinary colleagues, such as clinic-wide presentations. Trainees may have opportunities to attend primary care team huddles, case conferences, and monthly team meetings.
Amount/type of supervision: Trainees will receive a minimum of one-hour individual and the possibility of one-hour interdisciplinary clinical team consultation meeting per week. Given the nature of integrated care, impromptu supervision and consultation may be added, as needed.

Focus Area Descriptions

Supervision will include, but is not limited to, reviewing of cases, and discussions regarding personal issues related to clinical and/or professional development, including quarterly live supervision opportunities. Trainees may be asked to video or audio tape to be reviewed during individual or group supervision. Use of remote options for supervision and/or team meetings will be determined, as appropriate, collaboratively with trainees.

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

Focus of Training: A focus will be on learning how to provide preventative care, improving access to care, reducing mental health stigma, and providing culturally-informed care in the medical environment. Trainees work as active members of the team and work throughout the year towards improving clinical understanding and operations fidelity in regards to the nationally recognized PCMHI model. As available, trainees may attend the formal National VA PCMHI training, a necessary step for eventual VA certification. Supervisors will work with trainees to tailor training experience based on their interests.

Rotation Types Offered: Minor

PCMHI works in conjugation with an interdisciplinary Patient Aligned Care Team (PACT) team that consists of attending physicians, resident physicians, nurses, LVNs, and social workers. Trainees will learn to work closely in an integrated care model and to provide support to team members working with primary care patients in both a direct and indirect manner. There are several opportunities for trainees to participate in team-based care (e.g., shared medical appointments, individual joint medical visits). Trainees can also have opportunity to learn best practices in curbside consultation with physicians and allied health providers.

This clinic follows the best practices of the VA PCMHI model of care. The majority of clinical time for fellows in this rotation will be dedicated to providing evidence-based brief treatment to individuals (30-minute sessions, up to 6 sessions, biweekly-monthly). There is some overlap between the services offered by PCMHI and Behavioral Medicine; however, a unique experience of PCMHI is the opportunity to learn to conceptualize and provide mental health support to patients under this brief model of care and develop generalist skills across the spectrum of health concerns. This model aims to improve access of mental health care to patients in medical settings, and thus, is often fast-paced, and requires on-the-spot interventions and interdisciplinary collaborations through warm handoffs. Clinical and interprofessional skills acquired in this rotation can be generalized to a variety of medical and non-medical settings. Trainees will have the opportunity to provide brief interventions, including adapted versions of evidence-based psychotherapies such as Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), Cognitive Behavioral Therapy for Insomnia (CBT-I), Acceptance an Commitment Therapy (ACT), and Problem Solving Therapy to fit within a brief model of care. There are also opportunities for cognitive and psychological screening for aiding diagnostic clarity.

Lastly, PCMHI utilizes measurement-based care to assess clinical need and to guide treatment planning. Trainees will learn to select, administer, and integrate appropriate measures to create and implement a treatment plan.

Fellow Schedule: Trainees from all focus areas may spend 1 day/week for 6 months (either first or second half) or a full fellowship year on this rotation. Trainees carry a caseload of patients referred from primary care clinics primarily from the Palo Alto Medical Center clinic, though referrals may come from other campuses/CBOCs. Trainees also have the opportunity to co-facilitate psychoeducational and Shared Medical Appointment (SMA) groups for insomnia and/or chronic pain. PCMHI is a fast paced and dynamic clinical environment in which most of one's day is not pre-booked. Patients referred via face-to-face or virtual warm handoff are to be seen same-day as referrals, with expectations of timely documentation for the medical teams to act upon.

Focus Area Descriptions

Reviewed by: Brittany Linton, PhD, and Sharon Maroukel, PhD
Date: 08/13/2024

Whole Health (Building T7D, PAD)

Supervisor: ***Lauren Greenberg, PhD***
Sharon Malinowski, PsyD

Patient Population: Any Veteran, primarily those with chronic health conditions appropriate for wellness programming.
Psychology's role: Training staff, facilitating health and well-being groups, program development and evaluation.
Other professionals and trainees: Health Behavior Coordinator, Whole Health Program Director, Health Promotion Disease Prevention Program Manager RN, MOVE! Coordinator, MOVE! Dietitian, Whole Health Coaches
Nature of clinical services delivered: Services provided are based in prevention/ self-management and well-being/ self-care. Examples include the MOVE! weight management group series, diabetes management shared medical appointments, and groups focused on self-care and goal setting.
Postdoctoral Fellow's role in the setting: Collaboration and consultation in the areas of program development, implementation and evaluation. Opportunities for interdisciplinary education & consultation of other VA staff (e.g., podiatry residents, primary care staff, mental health providers, psychology trainees, etc.).
Amount/type of supervision: Minimum of 30 minutes of individual supervision per week as part of the 4-8 hours/wk mini-rotation.
Pace: Moderate pace. Progress notes should be completed within 24 hours.
Use of Digital Mental Health tools: Encourage and support use of VA mobile apps as an adjunct to programming, as appropriate.
Rotation Types Offered: Minor only

Part of VHA's modernization plan, Whole Health is a redesign of healthcare delivery. It is a patient-centered approach to health care that empowers and equips people to take charge of their health and well-being, and live their life to the fullest. The focus is on partnering with Veterans to co-create a personalized, proactive, patient-driven experience. Whole Health emphasizes self-care within the whole person, driven by the Veteran's values (e.g., shifting the conversation from "What's the matter with you?" to "What matters to you?"). There are several components to the Whole Health System, including the Pathway, Well-being and Clinical Care. Through the "Pathway," Veterans explore their Mission, Aspiration, and Purpose (MAP) in group classes and engage with Whole Health Coaches. Well-Being programs emphasize self-care, equipping Veterans through skill-building, and include complementary and integrative approaches (CIH) and health coaching. Whole Health Clinical Care focuses on health and disease management that aligns with a Veteran's values.

Transforming the healthcare system into a Whole Health System is an evolving process that takes several years. Opportunities for postdoctoral fellows are variable and include clinical experiences in a primary care setting aimed at prevention, self-care/ skill-building program development, implementation planning, process improvement, and evaluation as well as staff training in Motivational Interviewing, a coaching approach to clinical care, and Whole Health.

Reviewed by: Lauren Greenberg, Ph.D. & Sharon Malinowski, Psy.D.
Date: 08/15/2024

Focus Area Descriptions

> *"As a fellow in the Whole Health mini rotation, I gained valuable experience in creating and evaluating programming focused on wellness, and educating VA staff and trainees in a variety of topics (e.g., mindfulness, MI, Whole Health model of care). This rotation strengthened my confidence as a well-rounded psychologist adept in clinical care, as well as prevention and wellness. Whole Health offers unique training focused on empowering Veterans to engage in their own self-care, with opportunities to collaborate with Veterans and staff from a variety of disciplines. This rotation was a fabulous addition to my fellowship year, and I am forever grateful for the training experiences and professional relationships this program fostered." -Recent fellow*

Clinical Resource Hub Weight Management Center (CRH WMC; 100% Virtual)

Supervisor: Dominika Borowa, Ph.D.

Patient Population: Veterans from VISN21 with overweight and obesity working toward weight loss goals and improving comorbid health conditions.

MOVE! is the stepped-care, nationwide VA program aimed at helping Veterans with overweight and obesity lose weight and improve comorbid health conditions. The MOVE TIME clinic is an interdisciplinary clinic, the goal of which is to provide intensive assessment and treatment for patients who continue to struggle with weight loss despite multiple attempts, and for patients who are medically/psychologically complex. Most patients are considering bariatric surgery, but some come for medical and behavioral management of obesity, including consideration of weight loss medications.

Psychology Postdoctoral Fellow's role in the setting: Triage, treatment planning, assessment, individual psychotherapy, group psychotherapy, collaboration with and consultation to providers from other disciplines (physicians, physical therapists, dietitians, RNs, surgeons, and medical students or residents).

Other professionals and trainees: Attending Physicians, medical trainees (medical students and residents), Behavioral Medicine Psychologists, Physical Therapists, Registered Dietitians, Registered Nurses, Surgeons.

Nature of clinical services delivered: In team clinic, patients are seen every 3-4 months to assess progress and, if relevant, readiness for bariatric surgery; team clinic lasts 4hrs and involves patients meeting with each discipline for assessment/re-assessment. Fellows will gain experience working on an interdisciplinary team and conducting assessments with new patients focused on the relationship between obesity and their psychological health. Other clinical services provided range from brief behavioral health interventions and/or problem-solving sessions, to 8-12 sessions of psychotherapy focused on meeting specific goals identified during assessment. Interventions may focus on both weight management, as well as other comorbidities that affect weight such as disordered eating, depression, anxiety/stress, sleep difficulties, sleep apnea, and pain management. Referral to specialty mental health services is utilized as indicated. There will be additional opportunities to facilitate Behavioral Medicine portions in the interdisciplinary Medication Groups and Surgery Groups co-led with physicians, PTs, and RDs. The Medication Group is for Veterans who are considering or being prescribed weight loss medications such as Semaglutide or phentermine/topiramate. The Surgery Group is for Veterans who are considering pursuing bariatric surgery (laparoscopic sleeve gastrectomy or Roux-en-Y gastric bypass). Fellows may also conduct pre-surgical psychological evaluations for bariatric surgery candidates.

Given that the CRH WMC offers all virtual appointments, VA Video Connect (VVC) and phone modalities are used for all patient encounters. Fellows will gain experience in working on a virtual Obesity Medicine team and interacting with all providers virtually (i.e., using Teams, Zoom etc.), in addition to coordinating care among the team and with providers at other VAs.

Focus Area Descriptions

Amount/type of supervision: 1hr/week plus “on the fly” supervision during triage, team clinic, and as indicated. Pace: Moderate pace. Progress notes and triage assessments should be drafted within 24 hours. Evaluations should be written within one week of initial meeting.
Time commitment: 4-8hrs (8hrs preferred, in order to gain experience across various domains of Obesity Medicine and weight management)
Rotation Types Offered: Minor only

Reviewed by: Dominika Borowa, Ph.D.
Date: 09/13/2024

Pain Management Team and Transitional Pain Service (100% Virtual)

Supervisor: James Mazzone, Ph.D.

Patient Population & Description: Medical and surgical patients from culturally diverse backgrounds dealing with acute pain, chronic pain, risk for opiate misuse, as well as other comorbidities in managing perioperative pain or health-related issues. Pain Management Team Clinic is designed to assist primary care providers with additional options for complex resource-intensive patients with non-interventional care plan formulation and initial implementation. The patients seen in this clinic typically are not optimally managed in primary care or specialty pain procedure or pain spine clinics. Transitional Pain Service is a team approach to help reduce suffering from pain and improve functional recovery after surgery for opiate related at-risk Veterans.
Psychology’s role: Provide psychological services as part of multidisciplinary approach for pain management. Clinical services focus on providing assessment & intervention to Veterans with acute pain, chronic pain, risk for opiate misuse, as well as other comorbidities in managing perioperative pain.
Other professionals and trainees: Pain Management Team includes Anesthesiologists, Addictionologist, Chiropractor, Physical Therapist, Pharmacist, Nurse Practitioner, Whole Health Coach, & Psychologist. Transitional Pain Service team includes RN Care Managers, Nurse Practitioners, Physicians, & Psychologist . Trainees for the above disciplines also participate episodically based on clinical rotation involvement.
Nature of clinical services delivered: Psychological assessment and intervention of behavioral issues secondary to pain related illness; treatment of co-occurring mental health conditions (i.e., anxiety, depression and other DSM-5 diagnoses related to medical problems etc.). Triage and referral to specialty mental health services occurs as clinically indicated.
Trainee’s role: Trainees will provide telehealth-based psychological assessment and intervention of behavioral issues secondary to pain-related illness; treatment of co-occurring mental health conditions or other mental health issues related to medical problems.
Amount/type of supervision: One hour of weekly supervision & curbside supervision during triage, team clinic & as indicated
Rotation Types Offered: Minor as BMed external rotation

Reviewed by: James Mazzone, Ph.D.
Date: 8/14/2024

Focus Area Descriptions

The Headache Center of Excellence (Building 500, PAD)

Supervisor: Shaliza Shorey, Psy.D.

Patient Population: Culturally diverse Veterans and Active Duty members with Post-Concussive symptoms including headaches, chronic pain, and other medical and mental health diagnoses.
Psychology's role: Assess and provide diagnostic clarification regarding types of headaches a patient maybe experiencing, treatment planning, individual psychotherapy, group psychotherapy, Bio/Neurofeedback, opportunities for collaboration with medical providers, and consultation to interdisciplinary Polytrauma Clinic team.
Other professionals and trainees: Attending Specialty Physicians (PM&R and Neurology), Attending Psychiatrist, Medical trainees (medical students, interns and residents), Rehabilitation Psychologists, Dietician, RNs, Physical Therapists, Occupational Therapists, Speech Therapists, Recreation Therapists, and Social Workers.
Nature of clinical services delivered: Clinical services provided range from brief pain management and behavioral health interventions to delivering 8 session manualized CBT-Headache management treatment focused on meeting specific goals identified during assessment. Integration of treatment technology and discharge planning including referrals to other appropriate services and a plan to help patients maintain the gains made during the headache management program.
Postdoctoral Fellow's role in the setting: assessment, treatment planning and delivery, psychotherapy, collection and analysis of psychometric data for both clinical and research purposes, consultation to interdisciplinary team.
Amount/type of supervision: Minimum of one hour of individual supervision plus "on the fly" supervision during specialized procedures such as bio/neurofeedback.
Pace: Moderate pace. Progress notes and assessments should be drafted within 24 hours.
Use of Digital Mental Health tools: Encourage and support use of VA mobile apps as an adjunct to treatment/psychoeducation, as appropriate as well as VA Video Connect (telehealth) appointments.
Rotation Types Offered: Minor as BMed external rotation

Headache Center of Excellence (HCoE) Palo Alto is part of a National Initiative to enhance care for Headache Disease amongst veterans and active duty personnel. HCoE treatment modalities combine interventions from Pain Psychology, Rehabilitation Psychology, and Applied psychophysiology/ Biofeedback. The clinic is co-located in the Polytrauma Network Systems Program. Fellows will have an opportunity to participate in treatment planning and delivery, research, and interdisciplinary team conferences. Currently, treatment is provided in person and via Telemental Health.

Reviewed by: Shaliza Shorey, Psy.D.
Date: 8/30/2024

Additional Potential External Rotation Sites for the Behavioral Medicine focus area:

Family Therapy Training Program (Building 321, MPD)

Supervisors: Elisabeth McKenna, Ph.D., Co-Director, Family Therapy Training Program
Jessica Cuellar, Ph.D., Co-Director, Family Therapy Training Program

See description in Couples/Family Systems focus area section.
Rotation Types Offered: Minor as BMed external rotation

The Western Blind Rehabilitation Center (Building 500, PAD)

Supervisor**:* ***Laura J. Peters, Ph.D., Staff Psychologist
See description in Clinical Geropsychology focus area section.
Rotation Types Offered: Minor as BMed external rotation

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

Supervisors: ***Kimberly L. Brodsky, Ph.D.***
Nicolas Filice, Ph.D.
Kevin McKenna, Ph.D.
Melissa Mendoza, Psy.D.
Melissa O'Donnell, Psy.D.
Daniel Ryu, Psy.D.
Joshua Zeier, Ph.D.
See description in Trauma and Substance Use Treatment focus area section.
Rotation Types Offered: Minor as BMed external rotation

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

Supervisors: ***Jessica Cuellar, Ph.D. (Telemental Health)***
Stephanie N. Wong, Ph.D. (Telemental Health)
See description in Psychosocial Rehabilitation focus area section.
Rotation Types Offered: Minor

Other potential elective minor external rotation opportunities for Behavioral Medicine Fellows may be available through other focus areas. They can be found in the other sections of this brochure, such as the rotations listed in the "Clinical Geropsychology Focus Area" or rotations available in the "Rehabilitation Psychology Postdoctoral Fellowship Program" brochure on the website.

Clinical Geropsychology Focus Area Training

Focus Area Coordinator: Christine Gould, Ph.D., ABPP

The aim of the VA Palo Alto Geropsychology Fellowship focus area is to ensure attainment of general clinical competencies as well as training experiences consistent with competency areas delineated by the Pikes Peak Model for Training in Professional Geropsychology (Knight, Karel, Hinrichsen, Qualls, Duffy, 2009; see Table 1). The Fellowship program uniquely offers the opportunity to deliver geropsychology services in a number of settings (e.g., outpatient medical, inpatient medical, inpatient psychiatric, long-term care, rehabilitation, in-home, and research). In these settings, the fellow typically works on interprofessional teams and provides conceptualizations from a biopsychosocial perspective while collaborating with providers from a number of disciplines. In addition, the fellow may educate other providers on these teams about psychological and/or aging issues through consultation and/or in-services. The fellow solidifies assessment (e.g., psychological, cognitive, neuropsychological, decision-making and capacity, risk, etc.) and intervention skills commonly used for older adult issues (e.g., grief, end-of-life, caregiving, chronic health problems, role/life transitions, etc.) on rotations, adapting instruments/assessments or evidence-based interventions for appropriate use with older adults when necessary. Further, care for older Veterans often is complex and includes the broader family unit; the fellow often has opportunities to work with families on various rotations or more formally through the Family Therapy mini-rotation. Potential rotations are described below; in addition, please see Table 1 for a summary of which Pikes Peak Competencies are addressed in which Geropsychology training rotations.

The individualized **training plan** for the Fellow in the Clinical Geropsychology focus area will be developed with the assistance of a Primary Preceptor, to be selected from geropsychologists at VA Palo Alto. The training plan will specify in which of the many possible training sites the Fellow will have major rotations with options of minor and didactic experiences. Consistent with the Pikes Peak competency to practice self-reflection and assessment, the Geropsychology fellow develops a training plan with their preceptor. Throughout the fellowship year, the fellow and preceptor review the training plan to track progress, celebrate accomplishments, and identify unmet needs.

Regardless of the specific training plan, Postdoctoral Fellows will receive at least 4 hours per week of clinical supervision, with at least half of that in individual, face-to-face supervision. In addition, Fellows will have at least two different supervisors during the year. Usually, there will be more supervisors than the minimum and more supervision than the minimum amount. Postdoctoral Fellows also gain tiered supervision experience through supervised-supervision. Also, regardless of training plan, all Psychology Fellows will take part in at least three hours of seminar or other didactic experience each week. Some of the didactics will specifically focus on Geropsychology and Geriatrics; other didactics will be for all Postdoctoral Fellows and cover broad professional issues. Individual supervision with staff geropsychologists and geropsychology didactics will enable the fellow to strengthen their knowledge base by solidifying their understanding of biopsychosocial conceptualizations, specific ethical and legal issues (e.g., informed consent, capacity and competency, elder abuse and neglect, etc.), and cultural/individual diversity issues. Usually, there will be considerably more time than the minimum in all aspects of training.

A didactic experience required for geropsychology trainees is the Geropsychology seminar series which meets on the first and third Thursdays of each month from 3:00-4:00pm. This seminar occurs in tandem with the Neuropsychology seminar which meets at the same time on the second and fourth Thursdays of the month. Both seminar series present topics that may be of interest to trainees with geropsychology and/or neuropsychology interests. The seminar also provides an opportunity for geropsychology trainees to solidify as a peer group and meet geropsychology staff and outside geropsychologists in addition to their clinical supervisors. Each

seminar typically includes a presentation from an invited speaker either in person or through video teleconferencing. The seminars will address a wide range of topics in neuropsychology and geropsychology, as well as many topics which overlap these connected areas of interest such as dementia, substance abuse, psychopathology, and working with caregivers. Neuropsychology-focused topics include the basics of brain organization and assessment, syndromes such as aphasia and spatial neglect, traumatic brain injury, cognitive rehabilitation, Alzheimer's disease, Parkinson's disease, Lewy body disease, other causes of dementia, cultural issues in assessment, and a variety of other topics. Themes of equity, diversity, and inclusion are addressed throughout the seminar series. Professional development topics such as ethical issues and career considerations are also discussed. The geropsychology journal club begins in January and is embedded within the seminar series.

In addition, the GRECC (Geriatric Research, Education, and Clinical Center) provides a weekly Geriatrics Conference focusing on current issues in geriatric care. This optional seminar occurs on Tuesdays from 3-4 pm.

Another optional didactic for fellows is the Geriatric Psychiatry and Neuroscience Grand Rounds series showcasing the work of distinguished Geriatric Psychiatry researchers. This VA/Stanford series features experts who have informed and pioneered the field of geriatric psychiatry using innovative frameworks, tools, and techniques from neuroscience, cognitive psychology, clinical psychology, genetics, and more. Esteemed presenters have included Mary Mittelman, PhD, Nancy Pachana, PhD, and Bill Seeley, MD. The schedule for this didactic is posted on the Stanford website at https://med.stanford.edu/psychiatry/education/gpngrandrounds.html.

The Geropsychology Fellow has the opportunity to devote some time (up to 8 hours) to research and program development projects. Recent projects have addressed important issues consistent with Pikes Peak competencies such as Geropsychology training, service delivery to rural Veterans, and technological interventions for older adults. Finally, the Geropsychology Fellow assists in the development of the Aging Licensure Series, gaining valuable conference development experience.

Table 1: Pikes Peak Competencies by Geropsychology & Related Rotations

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

Focus Area Descriptions

Reviewed by: Christine Gould, PhD, ABPP
Date: 8/15/2024

Rotation Sites:

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

Supervisor: Margaret Florsheim, Ph.D.

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

cultural and individual diversity influences on CLC resident functioning and care.

Building 331 CLC is a medically-focused, 60-bed skilled nursing facility located at the Menlo Park Division. The building is divided into two units. Each unit has a specialty focus – Short-Stay Unit, or long-term care. Patients must be eligible Veterans requiring skilled nursing or intermediate care services, but not intensive medical care. The population is comprised primarily of patients with multiple medical problems, neurological conditions (e.g., stroke, dementia, Parkinson's disease, multiple sclerosis and spinal cord injury) and cancer. Trainees choose to work on one of the two units. Psychological services to both units include assessment of cognitive status and mood, psychotherapy (individual, family and/or group) and consultation to other team members on behavioral issues impacting care. Training in the setting offers opportunities to provide psychological services at bedside and in other non-traditional settings, and to adapt traditional psychological interventions to suit the physical, cognitive and sensory challenges faced by residents. Trainees learn about the experience of receiving nursing care and its impact on mood and quality of life, work closely with other disciplines to address challenging behaviors that interfere with care, address end-of-life concerns, and provide practical support and education to building staff.

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

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

this familiar environment to receive palliative services.

Reviewed by: Margaret Florsheim, Ph.D.
Date: 9/19/23*

GRECC/Geriatric Primary Care Clinic (PAD; GRECC-Bldg. 4, Tuesday Clinic-BLDG 5-C2)

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

Patient population: Older adults with complex medical and psychosocial problems who require an interprofessional team for optimal primary health care.
Psychology's role in the setting: Clinical services to patients both as part of the team clinic and outside of clinic, consultation with other disciplines, psychology education of staff and trainees from different disciplines, participation in the management of team dynamics, and participation with ongoing clinical demonstration projects (quality improvement).
Other professionals and trainees: Medicine, Nursing, Pharmacy and Social Work; all disciplines may have trainees at various levels (students, interns, residents, and fellows).
Nature of clinical services delivered: Services are delivered both in the context of the team clinic as well as outside of the clinic for patients who require more in-depth assessment and treatment.
In clinic: Assessment of cognitive functioning and psychological disorders, brief interventions for behavioral medicine issues (adherence, sleep, weight, pain, etc.), depression, anxiety, family/caregiving issues, and dementia-related behaviors. Consultation with other disciplines, psychology education of staff and trainees, and participation in the management of team dynamics.
Outside of clinic: Individual psychotherapy for Veteran or caregiver; coaching Veterans to use mobile apps to meet mental health and socialization goals; partake in other educational and clinical demonstration projects/program evaluation projects; lead didactics.
Research/Program Evaluation: Interested fellows may work with Dr. Gould on her ongoing research studies for part of the rotation as well (see Potential Research Opportunities below).
Fellow's role in the setting: Integrated interdisciplinary team member as the psychology representative. There are opportunities for research with Dr. Gould or working on program evaluation projects, giving clinical/educational presentations, and sometimes the opportunity to supervise a psychology resident.
Amount/type of supervision: Live supervision of new skills, 1-2 hour(s) of individual supervision per week. Group supervision possible if multiple trainees. Informal supervision involving working side-by-side on cases with the staff psychologist, particularly in the clinical setting. Level of autonomy is individually negotiated according to training goals.
Didactics: Attendance is required at the GRECC weekly Tuesday seminar (3-4pm). Seminars cover topics in geriatric medicine and interdisciplinary topics in geriatrics. There are optional weekly seminars from 2-3pm which are often more medically oriented but all interdisciplinary team trainees are welcome. Journal Club seminars are also available and psychology residents and fellows are encouraged to participate. Informal teaching from every discipline. Assigned readings.
Pace: Varied, depending upon the needs of the patients. Frequently fast and demanding in clinic, with plenty of time for writing reports and notes on other days. Progress notes should be drafted within a day of patient contact. Assessment reports should be written within a week of completing the exam. Workload can be managed within the allotted time.
Use of Digital Mental Health tools: Use of VA apps to help Veterans meet mental health, socialization, and wellbeing goals, program evaluation of tele-geropsychiatry consultation program. Most psychotherapy appointments are through telehealth. Many of the geriatrics

primary care/co-management clinic appointments are conducted in person with some briefer follow-ups occurring via telehealth or audio-visual conference; the entire interdisciplinary team meets together with the Veteran and caregiver, as appropriate, utilizing the telehealth modality. This allows for continuity of care and observation/learning across disciplines. Individual therapy is also offered via telephone and audio-visual conferencing modalities.
Potential Research Opportunities: There are many opportunities for research/scholarly work through the GRECC, particularly through our clinical demonstration projects, which aim to develop, test and implement innovative models of care for older adults. Dr. Gould conducts research/program evaluation on using technology to deliver treatments to older adults with anxiety and depression and on evaluating use of telehealth in geriatric psychiatry consultation.
Pikes Peak Competencies: The Geropsychology focus area fellow will have opportunities to see patients with medically, psychosocially, mentally and emotionally complex issues in an interdisciplinary team setting. The trainees will gain knowledge and skills in using culturally and individually appropriate assessments and interventions that consider the bio-psycho-social and environmental factors that may impact the health and well-being of older adults. Particular emphasis will be placed on team based approaches, modifying evidence based interventions to accommodate chronic and acute medical problems, cognitive abilities, and late life developmental issues, and learning appropriate ways to partner and consult with families, team members, and other health care professionals. At the beginning of the rotation, trainees will be expected to review the Pikes Peak Evaluation Tool to highlight specific training goals for this rotation.

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

Clinic hours for GRECC Geriatric Primary Care/Co-management Clinic are Tuesdays from 8:30 a.m. to 12:30 p.m. Further psychological interventions and assessment are done at times convenient to the Fellow. This clinic has trainees from all of the above disciplines, which affords an excellent opportunity to learn from and teach across disciplinary boundaries. There are opportunities to observe assessments and interventions by all disciplines and to be observed directly.

Rotation Types offered: Half-Time, Major, or Minor

Reviewed by: Christine Gould, Ph.D., ABPP-Gero
Date: 8/15/2024

Geropsychiatry Community Living Center (Livermore)

Supervisor: Geoffrey W. Lane, Ph.D., ABPP-Gero

Focus Area Descriptions

Patient population: The Livermore CLC population consists of male Veterans hailing modally from the California Central Valley region, averaging in their 70s. Overwhelmingly (around 70% or more) of our Veterans have some form of major neurocognitive disorder and many have co-occurring psychiatric illness. Behavioral and psychiatric symptoms of dementia are not uncommon in our Veterans. Most are here for long-term care, we also have ten beds dedicated to our respite care (psychosocial) program, and a small subset at any time are here for short stay rehabilitation or palliative / hospice care.
Psychology's role and nature of clinical services delivered: The Livermore CLC Psychology Service is the primary, first-line mental health consultation service for the Livermore CLC. As such we strive to attend 100% of all routine, weekly interdisciplinary care plan meetings and advise the team on mental health and psychological best practices. We also provide brief and more extensive neuropsychological, psychiatric, and personality assessment for staff for purposes of psychodiagnostics and dementia diagnostic, functional, and capacity assessments. Psychology also provides 1:1 psychotherapy services and at times provide family therapy services. Psychology has also provided group therapy (typically utilizing CBT and psychoeducational approaches) for our Veterans.
Other professional services: Livermore CLC has three in-house, geriatric physician internists, and also has in-house social work,recreational therapy, occupational therapy, physical therapy, dietician staff, and a variety of clinical and administrative nursing staff. Livermore CLC Psychology supervises typically 1-2 practicum students year-round.
COVID-19 Risk Mitigation: Masks are currently required in all resident care areas in the CLC as per Alameda County and relevant VA requirements.
Fellow's role: Flexible. Ideally the fellows role would be to be involved with more extensive and sensitive integrated assessments of residents, which are often required ona routine and ad-hoc basis. Fellows can assist with short term therapy and behavioral consults, assist with care planning, and if there is interest, offer staff geriatrics and mental health related content as appropriate.
Amount/type of supervision offered: 1 hour of formal supervision per week and informal supervision involving working side-by-side on cases with the staff psychologist. The supervisor may also observe the fellow, or have the fellow do an audio recording of at least one therapy session. Supervisor's clinical orientation is strongly influenced by Cognitive-Behavior Therapy and Prescriptive Psychology (e.g., Beutler & Clarkin et al.), although I am comfortable supervising students who are informed by other theoretical orientations. Note that strategic development of Pike's Peak competencies are an explicit focus in supervision.
Didactics: Opportunity to participate in educational programs (both professional CE and otherwise) offered to clinical staff (Psychology and Extended Care)
Use of Digital Mental Health tools: None.
Pace: Varied, depending upon the needs of the residents, staff, and facility. Over course of rotation will be expected to follow residents for ongoing behavioral management and intervention in conjunction with episodic consultation assessment referrals. Although workload will fluctuate, it can be managed within the allotted time.

Reviewed by: Geoffrey Lane, Ph.D., ABPP
Date: 9/12/24

Geropsychiatry Community Living Center (Building 360, MPD)

Supervisor: Peter Louras, Ph.D.

Patient population: The Geropsychiatry Community Living Center (CLC) is located in building 360 at Menlo Park Division of the VAPAHCS. The building includes 5 wards (A – Secure Dementia or Probate Conserved Ward; B – Locked Psychiatric or LPS Conserved Ward; and, D, E & F – Mixed Medical/Psych Open Wards). CLC residents often have serious medical problems with comorbid dementia or cognitive impairment, long-standing psychotic-spectrum

disorders, psychosocial challenges (e.g., substance abuse, PTSD, depression), and/or behavioral problems.

Psychology's role in the setting: The psychologist acts as a clinician and consultant within an interdisciplinary team of providers, with duties including:

- Evaluation and management of behavioral concerns
- Neuropsychological screening, including assessment of capacity and conservatorship
- Individual and family psychotherapy
- Technology, group, and mindfulness approaches to support psychological services
- Consultation to the interdisciplinary team and nursing staff to assist with clinical care

Other professionals & trainees: Medical doctors, psychiatrists, geriatricians, palliative care/hospice, RNPs, nurses, nursing assistants, social workers, recreational therapists, occupational therapists, physical therapists, pharmacologists, dieticians, and student trainees.

Nature of clinical services delivered: Individual/family/group psychotherapy, triage and behavioral management, cognitive/mood screening, capacity evaluations.

COVID-19 Risk Mitigation: Everyone is screened for symptoms of COVID-19 before entering the VA campus. Entrance to the CLC is restricted to staff, trainees, and residents, with family or other visitors admitted on a limited basis. Attempts are made to maintain physical distancing when possible (i.e., >6 feet apart). All staff are expected to follow hand hygiene and infection control protocols. Masks are required for everyone inside the building, and provided at entrances to the facility. Advanced precautions (face shields, N95 masks, gowns, gloves) are required for encounters with patients experiencing active COVID-19 symptoms and/or have a positive screening. Given the COVID-19 pandemic is evolving, mitigation strategies may get adjusted as needed.

Fellow's role: The rotation focuses on learning to provide a wide range of mental health services within a multidisciplinary team, to treat older adults who are experiencing dementia, psychotic-spectrum disorders, and comorbid medical problems. Direct clinical activities include evaluation & management of behavioral problems, conducting screening focused on mood, cognition, and decision-making capacity & conservatorship, individual and group psychotherapy. Additional activities include interdisciplinary care meetings, education/training opportunities, and team huddles for fall prevention and disruptive behavior management.

Amount/type of supervision:

- 1 hour of weekly face-to-face supervision
- Informal supervision involving observation/shadowing of clinical cases
- Supervisor's clinical orientation is primarily Cognitive-Behavioral Therapy, but comfortable supervising other theoretical orientations and taking a holistic/integrative approach

Didactics: Opportunity to participate in educational programs offered through the VA and Extended Care Services.

Pace: Varied, depending upon the needs of the residents. Over the course of a rotation, trainees will be expected to follow residents for ongoing behavioral management and intervention in conjunction with episodic consultation assessment referrals. Although workload will fluctuate it can be managed within the allotted time.

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

Psychology evaluation and interventions at the 360 CLC are drawn from cognitive-behavioral spectrum approaches. For patients with behavioral problems and cognitive ability, behavioral

contracts are frequently used. In addressing behavioral problems, the psychologist typically: evaluates the patient, proposes a plan to the interdisciplinary team for assessment and intervention, revises the plan based on feedback, helps communicate the plan to the patient and staff, and monitors outcomes on an ongoing basis.

Examples of clinical problems for which psychology has been consulted:

- Verbal and physical abuse of staff or anger outbursts on the unit
- Non-compliance with prescribed or recommended care
- Assessing for delirium versus dementia in an older adult resident
- Evaluation of capacity for making medical and/or financial decisions
- Providing individual psychotherapy to manage a mood disorder or psychosis
- Providing family support for challenges related to a Veteran's admission to the CLC
- Adjustment issues for a patient recently diagnosed with cancer
- Hoarding behavior

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

Reviewed by: Peter Louras, Ph.D.
Date: 8/30/24

Home Based Primary Care (Building MB3 PAD)

Supervisors: Rachel VanPutten, Ph.D. (PAD)

The Home Based Primary Care (HBPC) program delivers in-home medical primary care and psychosocial services for Veterans whose medical morbidities render access to outpatient primary care difficult or impossible. The HBPC program has three interdisciplinary teams comprised of a physician, nurse practitioners, occupational therapist, social worker, pharmacist, dietician, psychologist, and support specialist. Fellows tend to work with one team over the course of the rotation although may see patients from another team on a case-by-case basis. A wide variety of psychological services are provided to HBPC patients by Psychology Fellows. These services include:

- Psychological assessments of patients and caregivers
- Cognitive screenings and decision-making capacity evaluations
- Individual and caregiver/family therapy for depression, anxiety, caregiver stress, PTSD, grief, behavioral health problems, and other psychopathology or problems in living
- Consultation with other disciplines

Supervision includes 1-2 hours of individual supervision per week and direct observations during team meetings and therapy sessions. Joint clinical visits are made during orientation and upon request. Theoretical orientation includes cognitive behavioral therapy and third-wave CBT (e.g., ACT, DBT). Supervision takes on a developmental approach based on Fellow's training goals and needs. When possible, Fellows will have the opportunity to supervise residents on the rotation.

Patient population: Consists primarily of older Veterans experiencing multiple chronic medical conditions and their caregivers/families.

Focus Area Descriptions

Psychology's role in the setting: Provides direct service to patients and their caregivers/families, collaborates within the HBPC interdisciplinary team, and offers consultation to VA staff and other community providers, as needed.
Other professionals: An interdisciplinary team comprised of medicine, nursing, occupational therapy, nutrition services, pharmacy, social work, and program specialists. Interns, residents, and fellows from all disciplines may participate.
Clinical services: Conducts home-based or telehealth intakes, cognitive screening and assessments, and capacity evaluations. Delivers individual and family psychotherapy for a variety of psychological presentations. Provides caregiver support, psychoeducation, behavioral health interventions, and goals of care conversations.
Fellow's role: Serves as the team psychologist.
Supervision: Includes 1-2 hours of individual supervision per week, direct observation during patient sessions and team meetings, and audiotape review of therapy sessions, when feasible. Utilizes a developmental model of supervision tailored to the Fellow's training goals. Employs social learning, relational, and cognitive behavioral perspectives.
Didactics: Opportunities to participate in in-services offered to the team by other disciplines. Fellows are welcome to partake in geropsychology, palliative care, neuropsychology, or other relevant seminars outside of HBPC. Fellows conducts one in-service to the HBPC team during the rotation.
Use of Digital Mental Health tools: Assistive technology services are used to extend traditional psychotherapeutic interventions, for instance, VA and non-VA apps to engage in mindfulness practice, compensatory cognitive strategies, anger management, food logs, sleep, thought record, and PTSD symptoms. HBPC utilizes a hybrid model of home-based and telehealth visits.
Pace: Caseload of 4-5 home or telehealth visits per week in addition to telephone contacts and progress notes. Team meetings occur once per week for 2-3 hours in addition to 1-2 hours of follow-up contact with staff, patient's families, and other providers.
Pikes Peak Competencies: Fellows will learn about and apply general knowledge and foundational theories of aging to clinical practice. Specific areas include, but not limited to: Biological aspects of aging (e.g., cognitive changes, pharmacology, sensory losses, comorbidity, functional decline); social and psychological aspects of aging (e.g., socioemotional selectivity theory; SOC; losses related to deaths, functional decline, life transitions, and role changes); assessments for cognitive changes (e.g., normative aging versus cognitive impairment) and decision-making capacity; interventions to address aging-related psychopathology and other problems in living; culturally sensitive care that acknowledges the heterogeneity of the older adult population, considers sociocultural and systemic contributory factors, honors intersectionality and diverse identities, and engages in ongoing self-reflection; consultation opportunities to interface with other disciplines, including interactions with both community-based providers and other disciplines within VA; and ethical considerations.

Reviewed by: Rachel VanPutten, Ph.D.
Date: 8/29/2024

Memory Clinic (Building 6, PAD)

Supervisors: Lisa M. Kinoshita, Ph.D.
See description in Neuropsychology Fellowship Program Brochure.

Neuropsychological Assessment and Intervention Clinic (Building 6, PAD)

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

Focus Area Descriptions

Rotation Description: The VA Neuropsychology Assessment and Intervention Clinic (NAIC) is a specialty outpatient consultation clinic at the VAPAHCS which receives referrals from the General Medicine Clinic, Home Based Primary Care, Mental Health Clinic, Neurology, Oncology, Hematology, and other specialty medicine clinics. The NAIC focuses on assessment and differential diagnosis of complex cognitive and psychiatric disorders. Common disorders include Parkinson's, Alzheimer's, vascular, dementia with Lewy body, frontal temporal, attention-deficit/hyperactivity, autism spectrum, and tumors. Trainees provide diagnostic impressions and treatment recommendations to providers and provide feedback to the patient. Trainees learn neuropsychological and psychological assessment and treatment using a scientist-practitioner model in which the empirical literature and clinical experience guide case conceptualization. Furthermore, the training rotation is embedded in a bio-psycho-social model of case conceptualization. Fellows receive training in assessment and intervention delivery via primarily video tele-neuropsychology with opportunities for in-person modalities. Trainees gain experience with medical, financial, and legal capacity evaluations and conservatorship evaluations.
Patient population: The patient population includes medical and psychiatric. Patients are Veterans with medical and psychiatric co-morbidities and changes in cognitive functioning, memory concerns, or dementia. Trainees also work with the patient's family and caregivers.
Psychology's role: Provide direct clinical service (neuropsychological and psychological comprehensive assessment, cognitive rehabilitation, family interventions); consultation with providers, patients, family; case presentation.
Other professionals and trainees: The NAIC consultation staff consists of an interprofessional clinical team, including psychologists, neurologists, geriatricians, practicum students, and postdoctoral fellows and residents in clinical psychology, psychiatry, and neurology.
Nature of clinical services delivered: The clinic delivers services using a hybrid model of telehealth, phone, and face to face mediums. The majority of the evaluations are telehealth based. The cognitive rehabilitation interventions are also telehealth based. Trainees conduct clinical interviews, neuropsychological screening, comprehensive neuropsychological and psychological assessments, provide feedback to interdisciplinary team members, referral sources, patient, and caregivers. Trainees provide cognitive rehabilitation, caregiver education, and interprofessional consultation.
Postdoc's role: Direct clinical service provider for all aspects of the neuropsychological evaluation. Supervision of practicum students. They will lead didactic and case conference. The opportunity to learn to manage a clinic and all administrative aspects.
Supervision: A minimum of 1 hour of individual supervision per week and 1 hour of group supervision per week, with additional individual supervision and/or group supervision as needed. Supervisor will observe trainee during sessions with patients (live supervision) as well as review verbal and written reports and case presentations.
Didactics: Trainings include a variety of opportunities within the clinic and the larger neuropsychology didactics and journal clubs, occurring monthly.
Pace: Moderate to rapid pace expected. Full-time trainees will have two assessment patients per week and 1-2 cognitive rehabilitation patients per week.
Use of Digital Mental Health tools: Smart phones and electronic tablets are used when available in cognitive rehabilitation.
Competencies Met on this Rotation: a) neuropsychological assessment b) intervention, c) consultation, supervision, and teaching, c) scholarly inquiry and research, d) organization, management, program development, and program evaluation, e) professional issues/development, f) ethical, and legal issues, and g) cultural and individual diversity.

Reviewed by: John Wager, Ph.D., ABPP-CN
Date: 9/5/2024

Focus Area Descriptions

Sierra Pacific Mental Illness Research Education and Clinical Center (MIRECC) Dementia Core (Building 5, Palo Alto Division)

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

Patient population: Persons with cognitive or late-life neuropsychiatric impairment or active suicidal ideation participating in clinical research studies.
Psychology's role: MIRECC researchers in the Dementia Core, which includes psychologists, follow the mission of the center which is research, education, and clinical services aimed at improving the lives of those affected by neuropsychiatric disorders, mental health and cognitive symptoms, Alzheimer's Disease, related dementias, Vascular Cognitive Impairment, and mild cognitive impairment. MIRECC investigators are involved in the assessment and evidence-based treatment of late-life cognitive and psychiatric disorders and suicide prevention.
Other professionals and trainees: In addition to psychology, the Sierra Pacific MIRECC at VA Palo Alto includes a variety of experts in psychiatry, neurology, nursing, and neuroscience. Trainees at all levels participate in MIRECC functions and include bachelor level research assistants, research volunteers, practicum students, psychology residents, and advanced postdoctoral fellows.
Nature of clinical services delivered: This is a clinical research rotation. Clinical contact will be obtained through participant contact through research protocols. Time spent in direct clinical services will be based on the fellow's clinical geropsychology training needs following the Pike's Peak Model of training (Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009). The Pike's Peak Model of geropsychology training provides a list of competencies that can be used by trainees and their supervisors to ensure training is received in important domains of professional geropsychology. These competencies include methodological issues in conducting or evaluating research in aging. On this rotation, direct service opportunities are integrated with or relevant to the fellows' clinical research project. Examples of direct services include neuropsychological and psychiatric assessment with older adults and the provision of evidence based treatments aimed at improving memory, mood, or other late-life mental health symptoms, psychosocial concerns, or reducing suicide risk. Additional opportunities include community outreach and psychoeducation.
Postdoctoral Fellow's role: Fellows complete two main activities under the supervision of a licensed psychologist. 1) Fellows participate in integrated clinical service activities as part of a clinical research protocol. 2) Fellows develop and implement a research project utilizing existing data from one of the MIRECC's ongoing studies. Over the course of the rotation, fellows are expected to develop: 1) advanced clinical competency or achievement of new competencies related to the Pike's Peak Model of geropsychology, 2) clinical expertise in an area related to their research project, and 3) a report of their project that is suitable for presentation at a scientific conference and for presentation in a research forum at the MIRECC. Preparation of a manuscript for peer-reviewed publication or other publication such as a letter to the editor are encouraged, but not required.
Amount/type of supervision: One or two supervisors are assigned to each fellow. Supervision will be a minimum of two hours per week with at least one hour of face-to-face individual supervision with the primary supervisor.
Didactics: The VA Advanced Fellowship Program in Mental Illness Research and Education offers weekly didactics on academic survival, professional development, manuscript and grant writing, methodology, and biostatistics; attendance by geropsychology fellows is encouraged but

not required. The research supervisor and fellow may choose to incorporate additional seminars, e.g., Stanford/VA Geriatric Psychiatry and Neuroscience Grand Rounds, presentations at Stanford, or study groups. The fellow and mentor will determine readings relevant to the chosen research project and areas of interest.
Use of Digital Mental Health tools: None.
Pace: Rotation supervisors help the fellow develop a training plan integrating their clinical and research goals for this rotation. Pace of clinical contact and research progress will be based on these overarching goals.

The Sierra Pacific MIRECC rotation offers fellows ongoing professional development as clinical researchers within the context of a multi-disciplinary translational research center. There are currently ten MIRECCs nationwide with each focusing on mental illnesses or conditions that are common in Veterans. Researchers at the MIRECCs investigate the causes of mental illness, develop new treatments for mental illness, and evaluate both established and new treatments with the goal of identifying best practices. The Sierra Pacific MIRECC at VA Palo Alto is affiliated with Stanford University School of Medicine and research mentors are part of the Stanford faculty through the Department of Psychiatry and Behavioral Sciences. The MIRECC Dementia Core's mission is to study the progression of dementia and other cognitive disorders or impairment over time, treatment response, assessment issues, and problems patients and caregivers experience in coping with the changes that occur. We work to develop an integrated body of knowledge about dementia and to help the VA and the broader health care community plan and adapt to changes associated with the rapidly expanding aging population among both Veterans and civilians. Some areas of focus in the MIRECC are on individuals with cognitive impairment and neuropsychiatric symptoms, behavioral interventions such as Problem Solving Therapy to manage transdiagnostic mental health symptoms, prevention and management of cognitive impairment via activity-based interventions, neurological sequalae of Long COVID, prevention of cognitive decline in vascular surgical procedures and chronic vascular risk, late-life psychiatric disorders, late-life suicide prevention, neuropsychological test development, and innovative mental health treatment approaches. Additional foci include sleep and the application of advanced biostatistical techniques.

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

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

Focus Area Descriptions

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

Fellows will develop advanced clinical skills relevant to assessment or treatment of older adults by participating in direct clinical research services. These services integrate the fellows' experience by allowing them to directly apply knowledge gained from clinical duties on the rotation to a clinical research question developed in consultation with their supervisor. The fellows' independent research project will be an integrated clinical research experience utilizing larger ongoing projects at the MIRECC.

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

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

Recent and ongoing Dementia Core studies at the MIRECC:

Evidence-Based Treatments

- Brief Behavioral Interventions, especially Safety Planning Intervention, Problem Solving Therapy for Suicide Prevention and for Treating Late-Life Mental Health Disorders: Sherry Beaudreau
- Suicide risk and other health disparities in older LGBTQ+ Veterans: Sherry Beaudreau
- Physical Exercise and Cognitive Training for Persons with Mild Cognitive Impairment: Kaci Fairchild
- Physical Exercise and Caregiver Skills Training for Caregivers: Kaci Fairchild
- Physical Exercise and Cognitive Rehabilitation for Older Veterans with TBI: Kaci Fairchild
- Physical Exercise and Cognitive Training for Veterans with Long COVID: Kaci Fairchild
- Repetitive Transcranial Magnetic Stimulation for Treatment Resistant Depression in Veterans: Kaci Fairchild
- Biological, Psychological, and Cognitive Moderators and Mediators of Treatment Response: Kaci Fairchild & Sherry Beaudreau
- Innovative Statistical and Methodological Techniques for Clinical Aging Research including Randomized Control Trials: Kaci Fairchild & Sherry Beaudreau
- Older LGBTQ+ Veterans: Mental Health Service Utilization and Prevalence of Mental and Neurocognitive Disorders; Sherry Beaudreau

Neuroscientific Methods and Neurocognitive Outcomes

- Predictors of Cognitive Decline in Aging Veterans with PTSD: Lisa Kinoshita
- Assessment and Impact of Late-Life Sleep Impairment: Lisa Kinoshita
- The Application of Neuroimaging Techniques to the Study of Cognitive Decline in Individuals with MCI and Dementia: Allyson Rosen

Focus Area Descriptions

- Long-term Neurocognitive Sequelae of Subclinical Microembolization During Carotid Interventions: Allyson Rosen
- Genetic Moderators of Cognitive Impairment: Sherry Beaudreau & Kaci Fairchild

Rotation Types Offered: Half-time or Minor

Reviewed by: Kaci Fairchild, PhD, ABPP.
Date: 09/20/24

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

Supervisor: Madison Mackenzie, Psy.D.

Patient population: Individuals with spinal cord injury or disorders that affect the spinal cord, ages 18 to 95, but predominantly older adults; duration of injury from a few days to 70 years, living in Northern California, Hawaii, the Philippines, American Samoa, Guam, and parts of Nevada. Seen primarily through annual evaluations, however frequently followed for ongoing clinical therapy and/or assessment needs.
Psychology's role: Clinical services to patients, consultation with other disciplines, psychoeducation for staff and trainees, and participation in the management of team dynamics. In the VA, once one has sustained a spinal cord injury or disorder, the SCI Service treats complications and performs health care maintenance. When Veterans live close enough, we also serve as their primary health care team. Therefore, the psychology fellow sees a variety of medical and psychiatric presentations, including psychological antecedents and sequelae of medical/surgical problems, substance use disorders, adjustment-related concerns, grief/loss, sleep disorders, pain, and cognitive impairment. There is flexibility in selection and application of psychological interventions and/or assessments based on the individual need of the Veteran and/or consultation question from the team. We follow our patients at least once a year for life, so there is an opportunity to observe how people adapt to disabilities over time and how adult development and aging interact with disability-identity.
Other professionals and trainees: Inter-professional team consisting of Medicine, Nursing, Occupational Therapy, Physical Therapy, Recreation Therapy, Social Work, and other disciplines.
Nature of clinical services delivered: Annual evaluations for cognitive, social, and emotional functioning; neuropsychological and psychological assessment (often modified based on the sensorimotor abilities of the patient); individual brief and long-term therapy; sexuality/sexual functioning counseling; behavioral medicine interventions, (sleep, pain, treatment adherence, etc.), frequent consultation with other disciplines, patient education, psychological, and participation in the management of team dynamics.
Fellow's role: Conduct psychological annual evaluations for outpatient Veterans served by the Spinal Cord Injury Service. Provide independent treatment, assessment, psychoeducation, and consultation as an integrated member of an interdisciplinary team. Develop and apply supervision skills through a tiered-supervision model.
Amount/type of supervision: Co-treatment and supervision of new skills, individual supervision (at least one hour/week), one hour group supervision, significant informal consultation/curbside supervision time. In addition, one hour per week of SCI Psychology didactics and case conference with both inpatient and outpatient psychology providers and associated trainees. The fellow and supervisor will discuss and mutually agreed upon training goals at the beginning of the rotation.
Didactics: Attendance at SCI Grand Rounds, SCI in-services, Rehabilitation Psychology Professional Development Series, and Patient Education Classes is encouraged. The SCI Psychology didactics and case conference will provide orientation to SCI/D, disability identity, systemic issues, rehabilitation psychology, and specific trainee topics of interest.

Focus Area Descriptions

Pace: Fellows will conduct 2-6 annual evaluations per week (depending on full of half-time rotations). Depending on training goals, trainees may also carry an assessment case and/or provide ongoing psychological treatment. The pace on clinic days is frequently fast and our evaluation is time-limited, so an organized and efficient approach will be necessary. Appropriate documentation time will be provided; however, timely report writing will be encouraged.
Use of Digital Mental Health Tools: In order to protect our Veterans with SCI during the COVID-19 pandemic, Veterans were given the option to conduct their annual evaluations via VA Video Connect. We continue to see about 30-40% of our Veterans virtually in order to meet the needs of our vast catchment area, provide care for patients on bedrest, and prioritize veteran health. We also frequently utilize mental health applications developed by the VA.
Time requirement: Three- or six-month rotations, full or half time. Interdisciplinary assessments are usually done Mondays from 10:00 to 4:00, Tuesdays from 9:00 to 4:00 and Fridays from 10:00 to 3:00. Tuesday from 09:00-10:00 is required for group supervision with the inpatient trainees and supervisors. Further psychological interventions and assessment are dependent on trainee and Veteran availability.

The major goal of the rotation is to learn how to function in a medical setting as a member of an integrated health care team, providing services for the prevention and treatment of psychological distress, coping with cognitive and physical disability, fostering resilience, and managing chronic medical conditions across the lifespan. Supervision also includes professional development, and Fellows are encouraged to become active in the interdisciplinary Academy of SCI Professionals (ASCIP) and Division 22 (Rehabilitation Psychology) of The American Psychological Association.

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

Rehabilitation Psychology Competence: Fellows provide clinical intervention and support for individuals with spinal cord injury/disorder and other chronic health conditions in order to maximize their autonomy, functional ability, health, and overall quality of life.

Neuropsychology Competence: Fellows provide and supervise focused neuropsychological assessment using a wide variety of tests and observation. Fellows gain competence in cognitive assessment of people with sensory and motor deficits, phenomena that often complicate the assessment of older adults. They will observe both positive and negative aspects of cognitive changes associated with aging. Fellows advise the treatment team regarding legal and ethical issues pertaining to risks and benefits of preserving patient autonomy.

Reviewed by: Madi Mackenzie
Date: 8/16/24

Spinal Cord Injury Service (Building 7, PAD)

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

Patient population: Individuals with spinal cord injury/dysfunction, ages 18 to 90; duration of injury from a few days to 60 years. Admitted for rehabilitation, medical/surgical problems/complications, and annual checkups.
Psychology's role in the setting: Assessment and treatment of cognitive, psychological, and social functioning for patients admitted for acute rehabilitation, annual evaluation, or medical/surgical problems. Emphasis is on utilizing assessment informed intervention to support active engagement in care planning as well as immediate and ongoing adjustment and coping with SCI/D and associated medical and psychiatric conditions. This includes psychological

intervention to address issues of mood, coping, pain, treatment adherence, behavior, sleep, etc. SCI Psychology frequently consults and cotreats with the other treatment disciplines as part of a close interdisciplinary treatment approach to address barriers to treatment participation and optimize recovery. Brief neuropsychological evaluations and assessment of patients' functional cognition are often completed to provide recommendations to the IDT and patients regarding strategies to enhance the recovery process. Capacity assessments are also common. SCI Psychology provides psychoeducation and training to staff, patients, and families/caregivers to address cognitive and behavioral considerations associated with immediate and long-term adjustment and coping with SCI/D and complex medical needs.
Other professionals and trainees in the setting: Physicians, nurses, physical, occupational, respiratory, speech, and recreational therapists, assistive technologists, social workers, and case managers along with trainees from many of these disciplines.
Nature of clinical services delivered: Neuropsychological/capacity/psychological assessment, brief individual health/behavior treatment and adjustment-focused therapy, family/caregiver education/support, interdisciplinary consultation, staff training, patient education.
Fellow's role in the setting: Coordinate and participate in the provision of psychological services; assist with team functioning for a designated part of the Service. Fellows are assigned a caseload for which they assume full responsibility for all aspects of the patient's psychological care.
Amount/type of supervision: Individual and group supervision (at least two hours/week) focuses not only on patient and team interaction but also on systems issues. Early in the rotation, goals are mutually agreed upon and set by the Fellow and supervisor. In addition, an open door policy ensures frequent opportunities to drop in and discuss specific situations. Fellows have the opportunity to supervise residents in a tiered-supervision model.
Didactics in the setting: SCI Grand Rounds, Neuroradiology Rounds, frequent SCI In-services, and attendance of select PM&R didactics are available for Fellows.
Use of Assistive Technology: We work closely with occupational therapy and assistive technology to help patients learn to use and effectively employ adaptive equipment and technologies to augment functioning. Many of our patients use adaptive equipment and technologies to compensate for sensorimotor limitations impacting their functional cognition, mobility, and communication.
Pace: Moderate-Fast; Approximately 5-8 patients are admitted weekly. Students have the opportunity to take on both new injury patients for rehabilitation, act as a consultation-liaison for medical-surgical patients, and complete annual evaluations for those with history of SCI. Case-load ranges based on the census with an average of approx. 4-6 active patients/week, though this depends on clinical decisions made jointly with the Fellows and supervisor. Weekly functions include completing intake evaluations, brief neuropsychological screening evaluations (if indicated), capacity evaluations (if indicated), annual evaluations, individual follow-up interventions, participate in weekly interdisciplinary treatment team meetings, and write appropriate documentation. Fellow needs to be self-initiating and self-structured.
Time requirement: A full-time, 4-6-month rotation is usually required to become integrated into this complex system and to become a fully functioning member of the team. Accommodations can be made for three-month full time rotations when indicated.
Specialty Competencies Emphasized in Training Rotation: Functional competencies of Rehabilitation Psychology, Neuropsychology, and Geropsychology are emphasized throughout the training rotation.

We work from a biopsychosocial model of wellness that focuses on understanding one's general functioning from a cognitive, psychological, and social basis, promoting autonomy and reducing the impact that one's disability has on their life satisfaction. Fellows will have an opportunity to learn how to modify neuropsychological assessment based on sensory and motor limitations of our patient population, directly implement recommendations with patients and the treatment team, utilize adaptive equipment to augment functioning, and have exposure to individuals with

a wide-array of cognitive symptoms including: co-occurring TBI, stroke, MS/ALS, and various dementia profiles. Fellows are also trained in modifying evidence based treatment modalities to fit the unique needs and limitations of the SCI/D population to enhance coping effectiveness.

The Spinal Cord Injury Center is a 48-bed facility located in Building 7 at the Palo Alto Division. The SCI Center is internationally recognized for providing excellent, state-of-the art care to Veterans with new injuries as well as long-term follow-up. In the VA, once one has sustained a spinal cord injury or dysfunction, the SCI service treats any complications as well as performs health care maintenance. Therefore, many different problems are seen by the Psychology Fellow during this Inpatient Medical/Surgical rotation. The major goal of the rotation is to learn how to function in an inpatient medical/surgical setting as a member of an interdisciplinary team, providing services for the assessment, prevention, and treatment of psychological distress and neuropsychological difficulties to promote coping and adjustment to SCI/D as well as promote effective engagement with their treatment team

Reviewed by: Daniel Koehler, Psy.D.
Date: 8/19/24

The Western Blind Rehabilitation Center (Building B500, PAD)

Supervisor**: **Laura J. Peters, Ph.D., Staff Psychologist (she,her,hers)

Patient population: Primarily geriatric Veterans coping with visual impairment and other health issues. A subset of Active Duty, younger Veterans and older Veterans who have brain injuries and sight loss as part of the Comprehensive Neurological Vision Rehabilitation Program may be present.
Psychology's role in the setting: The psychologist provides direct care to Veterans and serves as a consultant to rehabilitation therapists. The psychologist is part of the Admissions Review Team and the Leadership Team.
Other professionals and trainees in the setting: Other staff include Masters and Baccalaureate trained Blind Rehabilitation Therapists focusing on Orientation and Mobility, Visual Skills, Manual Skills, Living Skills, Technology, Fall Prevention, and Healthy Living. Blind Rehabilitation Interns are often present, as are Psychology Residents. Social Work, Recreation Therapy, Nursing and Medical Providers round out the Treatment Team.
Clinical services provided: Clinical Intakes and Cognitive Screens of Veterans on admission; participation in treatment planning meetings; provision of short-term psychotherapy; Group facilitator (Support, Moving Forward Problem Solving, and Relaxation); and consultation with staff working with the Veterans. The psychology Fellow may also meet with Veterans' family members who participate in Family Training.
Fellow's role in the setting: Fellows participate in evaluations of Veterans, provision of short-term individual psychotherapy, facilitating groups, presenting at treatment planning meetings, and consultation with staff working with Veterans. If Psychology Residents are available, supervised supervision is available. Mental Health Case Management and arranging follow-up services may also be part of the Fellow's duties.
Research: N/A
Amount/type of supervision: Two hours of formal supervision would be offered for a half-time rotation. Informal supervision is readily available as the supervisor is on site.
Didactics in the setting: Fellows are given didactic and hands-on Blind Rehabilitation Orientation.
Fellows are sensitized to the issues of working with Veterans with acquired disabilities. Systems issues in the residential setting are discussed.

Focus Area Descriptions

Use of Digital Mental Health tools: Digital Apps such as PTSD Coach and Mindfulness Coach may be utilized.
Pace: For a half-time Fellow, working-up new admissions (two to three) a week with written report with turnaround of one to two working days is required. The Fellow may also carry one to two patients for short-term psychotherapy as available. Progress notes are written on each psychotherapy session within 24 hours. The Fellow alerts WBRC Staff to relevant issues by use of Microsoft TEAMS Channels. Attendance at patient treatment planning meetings and consultation with staff would also be part of the Fellows' weekly duties as possible.
Pikes Peak Competencies: Cognitive Psychology and Change; Social/Psychological Aspects of Aging; Biological Aspects of Aging; Psychopathology Issues Relevant to Aging; Problems in Daily Living; Sociocultural and Socioeconomic Factors; Specific Issues in Assessment of Older Adults; Assessment of Therapeutic and Programmatic Efficacy; Treatment Modalities adapted for those who are aging with sensory deficits: Individual Psychotherapy (Psychoeducational, Cognitive-Behavioral, Mindfulness, Motivational Interviewing, Acceptance and Commitment Therapy, Relaxation, Pain Management, Sleep Interventions; Smoking Cessation) ; Group Psychotherapy (Psychoeducational and Peer Support; Problem-Solving Therapy); Family Psychoeducation; Risk Management: Suicide and Elder Abuse and Self-Neglect Screening; Suicide Safety Plans; Coordinating Mental Health Follow-up Care; Decisional Capacity; Application for Probate Conservatorship; Consultation with Psychiatry as appropriate; Daily interaction with an interprofessional team; Special Ethical Issues: Confidentiality is at the Team Level.

The Western Blind Rehabilitation (WBRC) is recognized as a leader and innovator in blind rehabilitation services, training, and research. WBRC is a 27-bed residential facility, which provides intensive comprehensive rehabilitation to visually impaired Veterans learning to cope with sight loss. It is staffed by 20 blind rehabilitation specialists and over 150 Veterans go through the program each year.

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

Rotation Types Offered: Full-Time: 3 mo. or Half-Time 6 mo.

Reviewed by: Laura Peters, Ph.D.
Date: 8-24-24

Trauma and Substance Use Treatment Focus Area Training

Focus Area Coordinator: Kimberly Brodsky, Ph.D.

The Trauma and Substance Use Treatment (TSUT) focus area includes training opportunities across many settings and levels of care (see Settings section below for further details). One of the goals of the fellowship is to create the opportunity for fellows to provide evidenced based treatments across the broad spectrum of VA intervention from the most intensive (e.g., ICU admission for medically supervised withdrawal) to the community level (e.g., Veteran's Justice Outreach, HUD-VASH, Compensated Work Therapy) and the steps along the way (e.g., residential, intensive outpatient, etc.). The fellowship offers the opportunity to engage in a rich treatment community that fosters opportunities for veterans to become leaders, peer specialists and make meaning of their own recovery journeys through community engagement. Our team values empowerment, enhancing and highlighting resilience and advocacy alongside historically stigmatized and marginalized client populations. During the fellowship year, the expected competencies to be acquired will closely follow the VA/DoD Clinical Practice Guidelines for Substance Abuse Treatment (developed with the Substance Abuse and Mental Health Services Administration and the Center for Substance Abuse Treatment) and VA/DoD Clinical Practice Guidelines for co-occurring disorders and PTSD including concurrent and phase based approaches for dual diagnoses and trauma focused treatments (e.g. DBT/PE, DBT for SUDs, CPT, etc.). These specific competencies include addiction-focused psychosocial therapy, motivational enhancement strategies, evidence-based individual psychotherapy, trauma-focused treatments, group therapy, milieu therapy, consultation skills, liaison skills, assessment of specific patient populations (e.g., dually diagnosed Veterans, Veterans struggling w severe mental illnesses, individuals who are unhoused), and behavioral modification techniques. These competencies form the basis of the fellowship program focus area aims and competencies.

The TSUT Fellow will spend roughly 70% time in clinical service, 10% time in program development/research, and 20% time attending didactics and providing teaching and supervision contingent on the specific fellows training plan/goals. A Psychology Preceptor will be assigned at the beginning of each training year. The Fellow and their preceptor will determine which training sites, additional rotations (e.g., Homeless Veterans Recovery Program, Veterans Justice Outreach, PTSD Clinical Team, etc.) and research tasks the Fellow will pursue, based on an assessment of the competencies the Fellow has already acquired and the competencies in which they have not yet gained experience. In addition, fellows will participate in multiple multiculturally focused consultation spaces including monthly Multicultural Consultation and weekly Multicultural Mornings. It is expected that some of the time (in clinical service, research, or provision of supervision) will provide greater depth of experience in a competency area (or areas) in which the Fellow has particular interest.

The Fellow will participate in interprofessional team meetings, attend and deliver in-service presentations, and actively engage in team treatment planning and case management. At least 10% of the Fellow's time will be dedicated to research, program development and/or program evaluation. Ongoing projects include but are not limited to the following: diversity/multiculturally focused rollout across supervision, team and client spaces, implementation of brief motivational techniques by paraprofessionals, Functional Magnetic Resonance Imaging of methamphetamine-induced psychosis, exploration of familial engagement in SUD treatment, Acceptance and Commitment Therapy rollout, In-Vivo and Trauma focused track implementations, projects looking at the efficacy of mindfulness-based breathing techniques as compared to Cognitive Processing Therapy, biofeedback and emotional management techniques in relapse prevention, as well as program evaluation, outreach with Veteran Peer Specialists and quality improvement projects at each training site.

Focus Area Descriptions

In this focus area, **outpatient treatment training** will occur in the Addiction Consultation & Treatment (ACT) team, which provides group, individual and community reinforcement psychotherapy as part of our Intensive Outpatient Program, comprehensive evaluations, motivation enhancement and case management for individuals entering residential treatment, consultation, liaison and motivational interventions for Veterans receiving treatment within our hospital systems, through Veterans Justice Outreach and within other VA hospital systems and trauma focused interventions for Veterans engaging at the various levels of ACT care. Interventions and theoretical orientation are focused on evidence based scientifically driven modalities with fellows having the unique opportunity to participate as an integrated member of a comprehensive DBT team. **Residential treatment training** can occur in one of the residential rehabilitation programs: Foundation of Recovery Program (flexible length of stay, Addiction Treatment Program with 19 beds) and the Domiciliary Rehabilitation Residential Program (180-day National Center of Excellence in the treatment of homelessness with 70 beds, described in more detail below). The residential programs all provide 1) EBT-based milieu treatment 2) Small group therapy; 3) Case management; 4) opportunities for integrated trauma focused care and 6) Weekly aftercare outpatient groups. There are opportunities to provide Cognitive Processing Therapy, Prolonged Exposure and other types of individual therapy to Veterans participating in these programs.

Another optional training opportunity is offered through the Veterans Justice Outreach Program (see below). Finally, the Fellow will also have the opportunity to work with researchers in the HSR Center for Innovation to Implementation (Ci2i, described in more detail below) on new or ongoing research relevant to the focus area and the fellow's clinical and research interests.

The individualized **training plan** for the Fellow will be developed with the assistance of their Primary Preceptor who will collaborate with the fellow to plan the fellow's over-all program, ensure sufficient depth and breadth of experience, and which of the faculty will serve as supervisors during the fellowship year. The Training plan will specify in which of the many possible training venues the Fellow will have comprehensive rotations with options of mini-rotations (e.g., DBT, ACT, CPT, Motivational Enhancement Training). The aim is to ensure attainment of general clinical competencies as well as to provide experience in each of the focus area-specific competencies.

Reviewed by: Kimberly L. Brodsky, Ph.D.
Date: 8/27/24

Rotation Sites: ACT, FOR, DRRTP
Rotation Types Offered: Full-Time, Half-Time, Minor or Major

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

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

Patient population: Veterans struggling with substance use, substance related and addictive illnesses, comorbid trauma and stressor-related illnesses, mood and anxiety spectrum illnesses, severe mental illness, etc. Veterans are demographically diverse, with a significant portion unhoused and OIF/OEF. The groups are offered as part of a rich community of Veterans who

contribute and enrich the program in various ways such as committees (e.g. volunteer, garden, activities, outreach), programming (e.g. compensated work therapy peer support, alumni), community reinforcement and connection. This rotation allows for a truly unique experience bearing witness to meaning making, post traumatic growth and tiered leadership, consultation and supervision.

Psychology's role: Dr. Brodsky serves as the Program Director for the inter-professional team leading the Addiction and Consultation Treatment (ACT) service and Addiction Treatment Services. Her clinical work specializes in the sequelae of trauma and its overlap with substance use, utilizing motivational and values based enhancement in the context of trauma focused interventions. Drs. Filice, McKenna, Mendoza, O'Donnell, Ryu, and Zeier are staff psychologists in our ACT clinic. Dr. McKenna is also a staff psychologist in our ACT clinic who specializes in serious mental illness, complex PTSD, and attachment in the context of addiction, and has a special interest in policy, homelessness, and harm reduction approaches. Dr. Filice is a staff psychologist in our ACT clinic who specializes in dual diagnosis, trauma-informed work, motivational interviewing, self-compassion interventions, and helping veterans navigate the transition from military to civilian life. Dr. Mendoza specializes in dual diagnosis, trauma-based interventions and Dialectical Behavioral Therapy. Dr. O'Donnell specializes in evidence-based treatment for addiction and trauma-related disorders, with a special interest in the role of shame and stigma. Dr. Ryu has a special interest in multicultural dialogues, systems- and community-focused interventions, traumatic stress in the context of oppression, and the role of social justice advocacy in mental healthcare. Dr. Zeier has specialization in motivational interviewing, dual diagnosis, and clinical issues relating to incarceration and disinhibition. In these roles, psychology provides liaison and training within the hospital, our medicine service, our residential treatment programs and our inpatient psychiatric service. Dr. Brodsky also serves as an affiliated associate professor with Stanford Medical School, working together with Dr. Zeier also an affiliated associate professor with Stanford, to provide training to our psychiatry residents in addiction medicine and treatment. Psychologists within the ACT team provide consultation and supervision to our LCSWs regarding evidence-based treatments and complicated cases. The psychologist liaises with our ACT, Foundations of Recovery (FOR) and Domiciliary psychiatrists in working with Veterans to provide Opioid Replacement Therapy (ORT) through our Pharmacotherapy of Addictions Resident Clinic (PARC), psychoeducation for families and Veterans, motivational interviewing to enhance engagement and treatment planning to meet Veterans' goals.

Psychologists within ACT also provide group therapy and serve as individual therapists for our Intensive Outpatient Program (IOP), which serves Veterans from a harm reduction standpoint, as an outpatient community program that offers over 30 groups per week and a full spectrum of engagement levels. Psychologists lead ATS case conferences discussing complicated cases and enhancing team collaboration to facilitate case conceptualization and derive individualized treatment plans for Veterans. In addition, psychologists collaborate in various multicultural dialogue spaces, including monthly Multicultural Consultation, veteran led IOP community diversity committee, and staff Multicultural Mornings. Psychologists are involved in consult triage for the hospital, for our Community Based Outpatient Clinics (CBOCs), with our Veterans Justice Outreach and HUD-VASH teams. Psychologists also assess for and implement emergent and planned hospitalization surrounding suicidality, homicidality, grave disability and medically supervised withdrawal. Psychologists work with the team to provide ambulatory, medicine and psychiatric detoxification, respond to and triage consults within and outside the hospital VISN and coordinate inter-facility services. Psychologists also provide telehealth services, including groups, individual sessions and evaluations.

Other professionals and trainees:

Psychologists
Psychiatrists
Licensed Clinical Social Workers
Recreation Therapists and Recreation Therapist Assistants

Focus Area Descriptions

Nursing Staff
Addiction Therapists
Marriage and Family Therapist
Chaplaincy
Post-doctoral Fellows
Psychiatric Residents (2nd year)
Medical students
Veteran Peer Specialists

Nature of clinical services delivered: Clinicians provide group, individual and community focused psychotherapy as part of our outpatient programming, comprehensive evaluations and case management for individuals entering residential treatment, consultation, liaison and motivational interventions for Veterans receiving treatment within our hospital systems, through Veterans Justice Outreach and within other VA hospital systems. Interventions and theoretical orientation are focused on evidence based scientifically driven modalities. Fellows will have the unique opportunity to participate as an integrated member of a comprehensive DBT informed consultation team. Fellows will also have the opportunity to take leadership roles in multicultural spaces and develop/apply skills in facilitation dialogue about intersecting systems of oppression and contextually-driven clinical conceptualization. Current groups are focused on ACT, DBT skills for emotional regulation, interpersonal effectiveness, mindfulness, and distress tolerance, Motivation Enhancement Therapy, sleep and relaxation, CBT techniques, Seeking Safety, Relapse Prevention and Harm Reduction, pain management, military sexual trauma, and groups to manage PTSD, Written Exposure Therapy (WET), in-vivo exposure, and the sequelae of traumatic experience.

Fellow's role: Fellows are full members of the inter-professional treatment teams. Fellows participate actively, serving as individual and group therapists and co-therapists. Fellows work with patients and their families and contribute to the medical record, documenting assessments and interventions. Fellows are expected to integrate science and practice, being aware of current literature supporting their work. Fellows assist in the training and education of professionals from other disciplines and within psychology. Fellows provide evidence-based trainings, consultation and liaison with other services within the hospital (e.g. inpatient units, medical units, residential programs, OIF/OEF programs, etc.) and complete administrative/leadership tasks (e.g., staff trainings, leading team meetings, monitoring Performance Measures, program development).

The fellowship may be designed to include participation in many program components including both clinical and research activities. Current research collaborations exist with the national rollout of contingency management incentives for sobriety, Functional Magnetic Resonance Imaging of methamphetamine induced psychosis, exploration of familial engagement in SUD treatment and projects looking at the efficacy of mindfulness based breathing techniques as compared to Cognitive Processing Therapy. Ongoing data is also being collected exploring barriers to treatment, wait times, treatment outcomes and program evaluation and matching levels of care to symptoms severity.

Amount/type of supervision: Fellows receive 1 hour of individual supervision each week and are often frequently engaged in ad hoc supervisory discussions, co-therapy and shadowing. Fellows participate and our members of our weekly 90-minute DBT consultation team meetings. Fellows receive 2 or more hours of group supervision, including a supervision focused specifically on groups. Fellows work collaboratively with the ACT team in providing evaluation and treatment of all Veterans and function as co-therapists, with the staff psychologists, for the daily psychotherapy groups as part of our Intensive Outpatient Program.

Didactics: Fellows are encouraged to participate in and present at the Mental Health Continuing Education Series, occurring at noon on Tuesdays, the FOR Continuing Educations Series, occurring at 3PM on Mondays, the Thursday didactic series for psychiatry residents through Stanford Medical School, the IOP Therapists Consultation meeting and our weekly ACT Thursday morning programmatic meeting.

Focus Area Descriptions

Use of Digital Mental Health tools: Fellows on this rotation conduct psycho-diagnostic evaluations for Veterans at outlying clinics/hospitals via telehealth and have the opportunity to provide group and individual therapy via telehealth and our video connect system.
Pace: ACT is an extremely busy service providing addiction and dual diagnosis treatment, consultation, liaison and evaluations across VAPA and to other VISNs (e.g. SFVA, NorCal VA). Addiction treatment is inherently challenging and fast paced requiring responsiveness to emergent situations. Workload is heavy and requires development of skills necessary to organize time efficiently, manage liaison and consultation with professionals of various training backgrounds by role modeling evidence based perspectives and flexibly responding to individuals with a broad range of presenting issues.

Addiction-related issues affect a massive proportion of our Veterans across all ages and demographics. While rotating through ACT fellows have the opportunity to hone their general clinical skills while enhancing expertise in the treatment of substance use disorders and frequently co-occurring illnesses and cultivating motivation towards change through effective collaboration with a client to meet their goals. ACT is also an ideal rotation for professional development through liaison, management of systems related issues, consultation with professionals from various backgrounds and cultivation of opportunities to provide evidence-based training and perspectives. The successful fellow will hone their ability to function skillfully in team facilitation, enhance the skills of other professionals through mutual learning, participate in program development and respond to outcome driven data, respond functionally to emergent situations and creatively navigate systemic roadblocks while providing evidence-based treatment, evaluations, and assessments.
Rotation Types Offered: Full-Time, Half-Time, Minor or Major

Reviewed by: Kimberly L. Brodsky, Ph.D.
Date: 8/27/24

Foundations of Recovery (FOR; 28-day residential program), Addiction Treatment Services (520, PAD)

Supervisors: Kimberly L. Brodsky, Ph.D.
Kevin McKenna, Ph.D.
Sophie YorkWilliams, Ph.D.

Patient population: Veterans seeking treatment for substance use disorders (SUDs), who are usually dual-diagnosed with PTSD or other mental health disorders. Veterans are demographically diverse, with a significant portion unhoused and/or justice-involved.

Psychology staff: Dr. Brodsky specializes in PTSD/trauma-focused care, third-wave therapies: Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), and often serves as a clinical liaison and advocate for Veterans involved in the criminal justice system and/or court mandated to treatment. Dr. McKenna specializes in PTSD, motivation, shame, and serious mental illness. Dr. YorkWilliams specializes in motivational interviewing, Acceptance and Commitment Therapy, Dialectical Behavior Therapy, and their integration for treating SUD.

Psychology's role: The FOR psychologist engages in provision of psychotherapy, interdisciplinary consultation, treatment planning, and program development to provide patient-centered care in this 28-day residential treatment community setting. They also supervise psychology residents and practicum students, and can engage in research. They are a central part of the provider team.

Focus Area Descriptions

Other professionals and trainees: Psychiatry, family medicine, social work, addiction counseling, specialist peer support, recreation therapy, chaplaincy, and nursing. There are approximately 3-5 trainees at a time in this setting across the above disciplines (e.g., medical students/residents, social work interns, psychology residents).

Clinical services available at FOR (in group and/or individual formats):
Psychology fellows are welcome to utilize evidence-informed psychotherapy treatments beyond those currently provided (listed below), with supervisor approval.
DBT skills (interpersonal effectiveness, emotion regulation, distress tolerance, mindfulness)
Acceptance and Commitment Therapy (ACT)
Traditional Cognitive Behavioral Therapy (CBT)
Mindfulness based relapse prevention and harm reduction
Moral injury treatment
PTSD treatment (e.g., Written Exposure Therapy; Cognitive Processing Therapy)
CBT-I / sleep health
Motivational Enhancement
Wellness Recovery Action Plan (WRAP)
Tobacco treatment
Community reintegration
Anxiety and mood management
Milieu treatment following a modified therapeutic community model
Seeking Safety
12-step Facilitation
Family and couples therapy
Medication management

Fellow's role: Fellows are full and active members of the FOR team, contribute to rehabilitation of Veterans during their treatment and facilitate continuity of care in preparation for discharge from our residential program. They contribute to the medical record, documenting assessments and interventions. They are expected to integrate science and practice, and be aware of current literature supporting their work. In addition to honing clinical skills across individual and group therapy, fellows are encouraged to work on professional development, consultation, and liaison with interdisciplinary team and other multidisciplinary clinics. Opportunities to educate, learn, train, and take on leadership roles (staff meetings, trainings, program development, layered supervision, program outcomes) are abundant and supported.

Use of Digital Mental Health tools: Fellows are welcome to use digital mental health tools including virtual reality equipment and mobile apps.

Pace: FOR is a fast-paced program. Timely documentation is expected following significant clinical contact with patients.

Amount/type of supervision: Fellows receive 1 hour of individual supervision each week and are often engaged in *ad hoc* supervisory discussions, group co-facilitation with supervisors. Fellows also receive 2 or more hours of group supervision, including a supervision focused specifically on groups. Lastly, fellows participate in our weekly 90-minute DBT consultation team meetings.

By the end of the rotation, a fellow can expected to be familiar with the full continuum of empirically-supported treatment and rehabilitation services for Veterans with SUDs of varying severities and co-morbidities. Fellows will become skilled in assessment, evidence-informed psychotherapy, liaison with justice system, case management, and facilitating large and small groups. Fellows will also gain the invaluable experience of working in a residential treatment

setting, develop an understanding of the design and operation of a milieu, and learn how to work effectively as a member of a multidisciplinary treatment team.

Rotation Types Offered: Full-Time, Half-Time, Minor or Major

Reviewed by: Kimberly L Brodsky, Ph.D.
Date: 08/27/2024

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

Supervisors: ***Timothy Ramsey, Ph.D.***
Sara Krasner, Psy.D.
Elisabeth Cordell, Ph.D.

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

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

A. <u>Recovery Track</u> (formerly First Step Program) – A 90-day residential substance abuse treatment program

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

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

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

Focus Area Descriptions

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

Residents: The population includes Veterans of all genders with substance use disorders (SUDs). Residents range in age from early 20s to 80 and usually present with chronic and severe SUDs, often complicated by histories of social and occupational impairment along with concurrent moderate, though stable, psychiatric and/or medical disorders.
Services: All Veterans receive individual psychotherapy from program staff or trainees. In addition, Veterans are engaged in programming Monday – Friday which consists of evidence based group therapy, recreation therapy, case management, and milieu treatment. Milieu treatment includes things such as community meetings, psychoeducational skills-building classes, recreational and leisure activities, and weekly aftercare outpatient groups. Veterans receive wrap-around services consisting of individual psychotherapy, case management, psychiatric treatment and medical care. Program staff are involved in supporting residents on regular outings or hosting BBQs for invited family members as part of learning to socialize without substances under normal circumstances.
Staff and trainees: The interdisciplinary DRRTP team is comprised of Psychologists, Physicians, one Psychiatrist, Social Workers, Recreational Therapists, Chaplains, Addiction Therapists, Health Technicians, Peer Support Specialists, Nurses, \Nurse Practitioners, LVNs, and Medical Support Assistants. Trainees have included Psychology residents, Recreation Therapy, and Social Work interns, psychology practicum students, as well as Chaplain and Nursing students. There are approx. 4-8 trainees at a time in this setting including Practicum Students, Residents, and Postdoctoral Fellows.

Psychology's role: Psychologists manage the program, and, along with the other staff, design the community groups and interventions based on empirically supported methods, assess and provide therapy for patients, participate in individualized treatment planning, co-lead psychoeducational groups/classes, and provide consultation and training for staff. Psychologists are also heavily involved in program management initiatives.
Fellow's role: The Fellow's training experience may be designed to include participation in many program components, with a recommended balance of 50% clinical activities, and 50% research/administrative activities:

- Clinical Activities
    - Residential treatment: Facilitating psychoeducational groups and skills training groups/classes (e.g., CBT-based relapse prevention, MAAEZ 12-Step facilitation), STAIR/DBT emotion regulation/coping, relationship/communication, and general cognitive-behavioral skills), participating in milieu meetings, conducting individual assessments and interventions including individual psychotherapy to a small caseload, and serving as mental health consultants to the para-professional staff.
    - Aftercare: Facilitating support groups, assisting in developing support systems and managing life problems, vocational counseling.
- Research Activities

Focus Area Descriptions

    - Participating in ongoing research projects and/or program improvement/development activities such as designing psychoeducational interventions or specialty groups.
- Administrative Activities
    - Completing administrative/leadership tasks as assigned by the Service Chief or the Clinical Coordinator (e.g., staff training in empirically-supported treatments, development of regional and national policy regarding residential rehabilitation treatment).

Amount/type of supervision: At least one hour of weekly supervision provided by primary supervisor, with additional group supervision and didactics for consultation for topics such as Cognitive Processing Therapy and/or CBT for Substance Use Disorders; daily staff meetings, co-leading groups, reviewing notes, and frequent informal contacts. Orientations include cognitive-behavioral, ACT, psychodynamic, interpersonal, and family systems.

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

Use of Digital Mental Health tools: Opportunity to assist Veterans with VA-approved apps for substance use, PTSD, and memory assistance. There is a recently created App for emotion management and self-soothing. We utilize videoconferencing for psychiatry coverage and encourage trainees to sit in on initial assessments.

Pace: Typical fellow workday:

- Attend and eventually lead staff meetings (twice daily)
- Co-lead community meeting (weekly)
- Co-lead psychoeducational group (once or twice weekly)
- Provide individual psychotherapy to small caseload (5-6 hours per week).
- Write electronic notes (treatment plans, progress notes , provider admission/intakes, and discharge summaries, comprehensive suicide risk evaluation, and suicide safety plans).
- Timely documentation is expected following clinical contact with residents in the program. DRRTP is a fast-paced training environment and supervisors will collaboratively work with Fellows on developing and titrating workload appropriately.
- Work on special self-selected projects: program development, research etc

Timely documentation is expected following significant clinical contact with residents in the program. Fellows are expected to complete clinical assessments at the time of admission, discharge, and/or integrated clinical summaries prior to treatment reviews.

Due to changes necessitated by COVID 19, we have recently expanded our treatment to include approximately 20 weekly outpatient groups, telehealth sessions for individual psychotherapy, case management and nursing assistance. We have been able to work more extensively with veterans who are continuing some form of substance use, utilize MI, and implement harm reduction strategies (which are usually not practical in a residential setting).

Substance use disorders (SUDS) are the most prevalent of all psychiatric disorders. Most residents use multiple substances, with alcohol, nicotine, cannabis, methamphetamine, cocaine, and heroin being the most common. Most residents have co-occurring mental health concerns and benefit from individual psychotherapy in addition to the general classes, groups and therapeutic community. Fellows can learn and practice therapy for PTSD, Anxiety Disorders, Mood Disorders, Psychotic Disorders, Cognitive Impairments, and Personality Disorders. Therapeutic interventions are drawn from numerous modalities (e.g., CBT/CPT, DBT, STAIR, psychodynamic, systems-oriented, solution focused, and interpersonal models, etc.).

Focus Area Descriptions

The overall goal of the postdoctoral fellowship experience in the Recovery Track is to provide fellows with a variety of experiences in an applied setting, using a scientist-practitioner framework. The fellow will provide some direct service to the Veterans in the program and participate in training the paraprofessional staff on recent advances in the area of substance abuse treatment based on evidenced based practices. The fellow is strongly encouraged to assist with program development and research supporting effective residential substance abuse treatment. There are opportunities to observe and practice leading an interdisciplinary team consisting of a psychiatrist, medical staff, a social worker, and several addiction therapists and health technicians. The fellow will also have an opportunity to be involved in the leadership and decision-making process, participate in strategic planning, attend regional and national conferences and trainings, and network with other professionals to strengthen career opportunities.

The Program was awarded the 2017 United States Department of Veterans Affairs Secretary's Award for the nation's most outstanding achievement in ending Veteran homelessness. This award is given to honor the one VA facility each year that is on the forefront of the mission to end Veteran homelessness through outstanding clinical practice and empirically demonstrated outcomes.

Reviewed by: Timothy Ramsey, PhD; Sara Krasner, Psy.D.
Date: 9/19/23*

Veterans Justice Outreach (347, MPD)

Supervisor: Daniel Gutkind, Ph.D.

Patient population:

- Veterans that are involved in the justice system, specifically those in county jails, under the supervision of a court, probation and/or parole or that have frequent interaction with local law enforcement.
- Ages range from recent returnees to geriatric.
- Presenting problems include readjustment to civilian life, mental health disorders/severe mental illness, trauma/PTSD, medical disorders, substance use disorders, homelessness, reentry and transition from jail or prison, and/or domestic violence.

Psychology's role:

- Screening for and assessment of mental health/substance use disorders
- Treatment planning, case management and/or linkage to other services
- Liaison between Veteran treatment court teams and providers providing care to Veterans involved in these courts.
- Facilitate evidence-based treatment groups targeting recidivism
- Education/training of local law enforcement, local justice systems, attorneys and community providers in Veterans issues (PTSD, SUD, TBI, Domestic Violence) and VHA resources.
- VJO Psychologist is present in jails, court and at meetings of local community legal partners (e.g., community providers, law enforcement, attorneys, courts and other justice system staff)
- Program development and evaluation
- Research collaboration with VA research programs (e.g. Ci2i; HSR)
- Provide training in evidence-based practices to staff and trainees.

Other professionals and trainees:

- VJO works closely with all other programs within the Domiciliary Service as well as ACT/ATS, FOR, TRP, and other VAPAHCS clinics (e.g. San Jose and Monterey

CBOCs). Psychologists, social workers, nurses, psychiatrists and paraprofessionals deliver services in all these programs and each program has a number of social work, psychology, psychiatry and nursing trainees. The VJO team itself is comprised of psychologists, social workers, peer support specialists and CWT employees.

Clinical services delivered:

- Outreach to local County Jails doing screenings and assessments for tx planning, doing assessments for direct entry from incarceration to residential treatment in the jail, helping with re-entry planning which includes housing, benefits and making needed appointments, and using motivational interviewing to engage patients in considering change and treatment.
- Case presentation of assessments to weekly ACT/ATS consultation calls
- Outreach to Veterans Courts which includes attending court treatment team meetings and court, doing screening and assessments at the court house, doing assessments for admission to residential treatment programs either at the court house or at the Dom; using motivational interviewing to engage Veterans in considering change and treatment, facilitating Veterans' use of self-help materials and resources to support recovery; and providing organizational and educational support for courts still in development.
- Case management for patients we encounter during outreach as needed
- Offering motivational enhancement to homeless Veterans who are referred to us by local police departments (in office and over the phone in a structured way).
- Group therapy: Moral Reconation Therapy is an evidence-based CBT intervention designed to help individuals with long histories of prison or incarcerations or history of criminal/antisocial behaviors (personality disorder) reintegrate into society. This group is offered both in outpatient, as well as other ATS programs. May also have opportunity to co-lead MRT groups for MRT research study at HVRP. Other group therapy options may be developed depending on area of interest and availability of supervisor.
- Provide presentations to community (community providers, law enforcement, attorneys, courts and other justice system staff) on Veteran issues and VHA services.
- Possible individual therapy depending on area of interest and client need

Fellow's role:

- This rotation can be done as a Minor rotation.
- The trainee's role is very flexible.
- All clinical activities above are available, but the specifics of what the trainee will do will depend on the trainee's schedule, what opportunities are available on the particular days the trainee does the rotation and the trainee's training goals.
- There are ample opportunities for program development and ongoing program evaluation that the trainee can participate in. The rotation is also open for development of new program evaluation as data needs are identified.
- There is additional opportunity for research focused on Veterans justice programs in collaboration with other VA research bodies (e.g., Ci2i, HSR).

Amount/type of supervision:

- Supervision is usually conducted in vivo as we are engaging with Veterans in jail and court, and will include at a minimum ½ hour per week (as a minor rotation)
- As needed for case presentations to Addiction Consultation and Treatment Team when completing assessment for Veterans to enter residential tx.

Didactics:

- Participation in Domiciliary Service education and training presentations as scheduled.
    - Past presentations include Teaching of Communication Skills, Utilization of Cognitive Behavioral Techniques, and Motivational Interviewing.
- Didactics also available during optional group supervision (if scheduled by other Dom rotations)

Focus Area Descriptions

- Because VJO is a newer VA initiative, VJO providers and trainees get access to didactics in the community. Past opportunities have included training in the treatment of Domestic Violence, Re-entry planning workshop done by the National GAINS center, Moral Reconation Therapy, and CBT for correctional populations.

Use of Digital Mental Health tools: None.

Pace:

- The clinical work in this rotation is fast-paced and often unpredictable.
- Best suited to trainees that take initiative, think creatively, are flexible and are open to doing the work of a psychologist in non-traditional settings, as well as taking on a clinical role not traditionally reserved for psychologists.
- If involved in Court and/or jail outreach or in the community educational components of the rotation, travel is required though is typically restricted to Santa Clara and San Mateo counties.

Veterans Justice Outreach is an exciting program in VHA and is a critical part of the VA's plan to end homelessness among Veterans. Justice-involved Veterans are at particular risk for homelessness and also struggle with a myriad of other clinical issues, all of which increases risk of recidivism. Engaging these Veterans in treatment to divert them from jail, when deemed appropriate by the legal system, and helping them reintegrate into our communities is one of the ways VA honors their service to our Country.

On this rotation, training focuses mostly on assessment and motivational interviewing, but other evidence-based practices including CBT, Seeking Safety, MBRP, DBT and CPT are other potential areas of training focus. Dr. Stimmel is also trained in Moral Reconation Therapy (MRT), which is an evidenced based CBT treatment for correction populations.

In addition to the clinical foci described above, this rotation provides an excellent and unique opportunity to interface with virtually every VAPAHCS program and clinic, as well as with the national network of VJO specialists, and other Bay Area VA health care systems (e.g., SFVA and Northern California). It provides the potential to pursue a true hybrid of clinical, research and administrative interests, and provides the unique opportunity for frequent engagement with the broader treatment and legal community. Furthermore, research on Veterans Justice Programs is in its early stages, providing ample opportunity to purse collaboration both within existing program development and evaluation projects and with national Veterans justice program data sets.

Providing culturally-competent treatment is also a very important part of this rotation and multicultural issues are emphasized in supervision. Dr. Stimmel’s approach to supervision depends some on the level of skill the trainee exhibits, but is generally collaborative and focused on the trainees training goals. He considers it the responsibility of the trainee to develop training goals for the rotation with input from himself and to share in supervision how he/she is progressing on those goals. Trainees are encouraged to participate in any and all aspects of the VJO position, and can craft a training plan that shifts focus over the course of the year (e.g., beginning with jail outreach and then shifting to research or participation in Veterans treatment courts). Dr, Stimmel welcomes regular feedback on how he might facilitate the trainee's goals and what is needed from him to insure learning and skill acquisition. If a trainee chooses to travel with Dr. Stimmel for outreach, the vast majority of supervision is live in those settings.

Reviewed by: Matthew Stimmel, Ph.D.
Date: 9/21/17

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

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

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

The HSR rotation offers fellows ongoing professional development as clinical researchers within the context of a national center of research excellence. The Center for Innovation to Implementation (Ci2i) is one of the VA Health Systems Research (HSR) national network of

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

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

- *Fellows will participate in an effective research-oriented work environment*. The Center's organizational culture is both interpersonally supportive and intellectually stimulating. In the fellowship rotation, this culture includes encouraging and modeling effective professional communication, establishing collegial mentorship relationships between supervisors and fellows, encouraging collaboration rather than competition, providing clear expectations and role descriptions, helping fellows acquire skills, and supporting the fellow in defining and achieving their own training goals.
- *Fellows will be able to ask effective health services research questions* by integrating clinical practice experiences into conceptualization of health services research questions, analyzing and understanding relevant research literatures, and connecting health services research questions with important VA and non-VA health care policy and services issues.
- *Fellows will develop as professional health science researchers* by clarifying their own health science research interests, developing collaborative communication skills within interdisciplinary clinical research settings, seeking consultation when appropriate, defining and achieving their own professional goals, and functioning as a productive member of an intellectual community. Fellows should be able to attend to issues of race, ethnicity, and culture in research conceptualization and implementation, including understanding the influence of one's own racial/ethnic background and those of research participants.
- *Fellows will acquire relevant research competencies,* including selecting and employing appropriate quantitative and/or qualitative data analytic methods, completing presentations suitable for presentation at a professional conference/submission to a professional journal, and/or understanding the basic mechanics of grant proposal writing and project management.

Focus Area Descriptions

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

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

Further information on the Center's activities is available by request, and on the website at http://www.ci2i.research.va.gov/.

Reviewed by: Jessica Y. Breland, Ph.D.
Date: 08/16/2024

Focus Area Descriptions

Couples and Family Systems Focus Area Training

Focus Area Coordinator: Jessica Cuellar, Ph.D.

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

Psychology postdoctoral fellowship training in the Couples and Family Systems focus area training includes 70% time providing couples and family consultation, assessment, and treatment (including direct service, program evaluation, and needs assessment) in a range of clinical settings at the VAPAHCS, working closely with psychologists, social workers, physicians, and interdisciplinary staff.

Primary Rotation Site:

Family Therapy Training Program, Building 321A (MPD)

Supervisors: Elisabeth McKenna, Ph.D., Co-Director, Family Therapy Training Program
Jessica Cuellar, Ph.D., Co-Director, Family Therapy Training Program

Primary training in the Family Therapy Training Program concentrates first on acquiring and mastering the fundamental systemic assessment and treatment skills that most family therapists draw upon. Our training model comfortably represents differing theoretical orientations that include anti-oppressive, multicultural, structural, family systems, integrative behavioral, emotionally focused, and psychoeducational approaches to couples and family treatment.

Patient population: Couples and families are referred to the Family Therapy Training Program's Clinic for consultation and treatment from Mental Health Clinics within the VA Palo Alto Health Care System. Each fellow can expect to see a range of cases, varying across presenting problem, couple and family composition (e.g., parent/caregiver-child, LGBTQ+, polyamorous, families of choice), and family developmental stage.
Psychology's role in the setting: Psychologists' roles include direct clinical service, training, and interdisciplinary team functioning.
Other professionals and trainees in the setting: Program staff are comprised of two psychologists, co-directors for the Program. Elisabeth McKenna, Ph.D., is the Family Therapist in Polytrauma and also serves as co-preceptor for the postdoctoral fellow. Jessica Cuellar, Ph.D., is a psychologist in the Outpatient Mental Health Clinic, Telemental Health Team, who also serves as co-preceptor for the postdoctoral fellow. In addition to training postdoctoral fellows, psychology residents and psychology practicum students, the Family Therapy Training Program also provides consultation and teaching to services and interdisciplinary staff throughout the VA Palo Alto Health Care System.
Nature of clinical services delivered: Consistent with the VA's commitment to treating couples and families, the Family Therapy Training Program offers a continuum of services that include, but are not limited to: brief family consultations, couples and family therapy and family psychoeducation. The Family Therapy Training Program takes an integrative and evidence-based approach to treatment in order to tailor and ensure best quality of care to each couple and family it serves. Assessment and treatment conceptualization frequently incorporate structural, integrative behavioral, and emotionally focused perspectives. Specific evidence-based treatments utilized include: Integrative Behavioral Couple Therapy (IBCT), Cognitive-Behavioral

Couple Therapy (CBCT), Behavioral Parent Training, Behavioral Couple Therapy for Substance Use Disorder (BCT-SUD), and Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-P). Interested trainees may also have the opportunity to co-lead couples and multiple family therapy groups. These services may be provided in-person or through Telemental Health (video).

Fellow's role in the setting: Psychology postdoctoral fellows are valued team members and work within the Family Therapy Training Program during the full training year. The half-time rotation within the Family Therapy Training Program is complemented by other half-time rotations offered by the psychology postdoctoral program. These rotations are selected based on the postdoctoral fellow's interests (please see below for information about available rotations). Postdoctoral fellows also have the opportunity to assist in the supervision of other psychology trainees participating in the Family Therapy Training Program, as well as offer supervision to practicum students within the Mental Health Clinic who are providing individual therapy. The professional identities of psychologists with a family-systems perspective may combine both clinical and research interests.

Amount/type of supervision: The primary format for supervision is individual and group consultation. During group consultation, fellows present couples or families for live and videotaped consultation with program supervisors and other trainees. In this context, trainees have the opportunity to observe each other and work together as a clinical team. From a teaching point of view, careful attention is paid to case formulation, the identification and resolution of clinical impasses, and development of the therapist's use of self in therapy. In addition, a range of supervision and consultative models are explored. The clinic presently has two studios equipped with one-way mirrors and phone hook-up. Direct observation of therapy sessions conducted by fellows is a common aspect of training within clinic. In addition to group supervision, fellows receive at least 2 hours of individual supervision per week with program supervisors to discuss current cases and a wide-range of professional development topics. Additional supervision is provided through other training rotations/sites as well.

Didactics: Didactics are woven into the training during the Friday morning live-supervision clinic, as well as individually scheduled times with program supervisors. The fellow is also provided with comprehensive readings in couples and family therapy that provide a solid conceptual, practical, and intensive introduction to couples and family therapy. A didactic conference with other VA psychology postdoctoral programs for fellows and faculty with couples/family interests is also offered on a monthly basis. Finally, the fellow will attend a weekly postdoctoral fellows' seminar series focusing on professional development and supervision.

Use of Digital Mental Health tools: The Family Therapy Training Program will be virtual and services will be provided via telehealth for as long as is advised during the Covid-19 pandemic. Fellows may also have the opportunity to participate in ongoing projects examining the use of technology to enhance engagement and effectiveness of couple/family-based treatment.

Pace: The usual caseload for the Couples and Family Systems Postdoctoral Fellow is five to seven couples or families in the Family Therapy Training Program.

Additional Rotation Sites: In addition to the primary rotation in the Family Therapy Training Program, the fellow will select additional couples and family-centered experiences from the following sites, with exposure to mental health, medical, and specialty populations:

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

Supervisors: Jessica Cuellar, Ph.D. (Telemental Health)
Stephanie N. Wong, Ph.D. (Telemental Health)

Rotation Types Offered: Half-time when paired with Couples/Family Therapy Mini Rotation; Minor as standalone rotation

Focus Area Descriptions

Patient Population: Veterans with a wide variety of psychiatric diagnoses, psychosocial issues, and co-morbid substance use, personality, and medical concerns. Veterans' ages tend to cluster around Vietnam-era and OIF/OEF/OND era. Veterans' racial/ethnic identities are diverse and represent an array of cultural backgrounds.
Psychology's Role: Psychologists in the Telemental Health Clinic provide individual, time-limited, culturally-aware, evidence-based psychotherapy to Veterans referred for a broad array of concerns (e.g., anxiety, depression, ADHD, complex trauma, grief, OCD, panic, relational distress). Psychologists in this clinic collaborate with Mental Health Treatment Coordinators (i.e., psychologists, social workers, psychiatrists, nurses). Psychologists conduct intake assessments, create treatment plans specific to specialty mental health concerns, provide individual psychotherapy, and offer consultation to other team members or services. Psychology trainees will be full members of the team and will be invited and expected to provide all services that core team psychologists offer.
Other Professionals and Trainees: Psychology Postdoctoral Fellows, Psychology Residents, and Psychology Practicum Students.
Nature of Clinical Services Delivered:

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

Fellow's Role: Fellows have the opportunity to function and contribute much as the Psychologist does, simply under supervision, and with variations depending upon experience and learning needs. Thus, Fellows will have the opportunity to provide treatment for Veterans with a wide variety of diagnoses and disorders from mild to severe; lead or co-lead psychotherapy or psychoeducational groups; provide individual psychotherapy; conduct initial assessments; create treatment plans; and liaise with other programs, such as the PTSD Clinical Team (PCT), Trauma Recovery Services (TRS), Addiction Consultation & Treatment Services, and Behavioral Medicine.
Amount/Type of Supervision: Fellows receive one hour of individual supervision each week. Fellows might co-lead a therapy group with the supervisor, or video/audiotape their sessions for later review in supervision. The Telemental Health Clinic's theoretical orientations include cognitive-behavioral, dialectical-behavioral, acceptance and commitment-based, psychodynamic, interpersonal psychodynamic, systems, psychosocial recovery, and integrative. Supervision utilizes a feminist, multicultural and anti-oppressive approach.
Use of Digital Mental Health tools: Mental Health apps (as applicable)
Pace: Fellows typically carry a caseload of about 4-5 weekly individual psychotherapy cases and conduct 1-2 intake assessments per month. This rotation is an excellent fit for fellows who would like experience in an outpatient telemental health setting and enjoy functioning as a part of a small, collaborative clinical team.

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

Focus Area Descriptions

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

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

Supervisors: ***Kimberly L. Brodsky, Ph.D.***
Nicholas Filice, Ph.D.
Kevin McKenna, Ph.D.
Melissa Mendoza, Psy.D.
Melissa O'Donnell, Psy.D.
Daniel Ryu, Psy.D.
Sophie YorkWilliams, PhD
Joshua Zeier, Ph.D.

See description in Trauma and Substance Use Treatment focus area section.

Behavioral Medicine Program (Building MB3, PAD)

Supervisors:
Jessica Lohnberg, Ph.D.
Priti Parekh, Ph.D.
Chantel Ulfig, Ph.D.
Eric Lee, Psy.D.
Madison Bailey, Psy.D.

See description in Behavioral Medicine focus area section.

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

Supervisors: ***Timothy Ramsey, Ph.D.***
Sara Krasner, Psy.D.
Elisabeth Cordell, Ph.D.

See description in Trauma and Substance Use Treatment focus area section.

Hospice and Palliative Care Center (Building 100, 4A, 4C, and 2C PAD; Palliative Care Consult Service)

Supervisor: Kimberly Hiroto, Ph.D.

See description in Hospice/Palliative Care focus area section.

Trauma Recovery Services (Buildings 350, 351, and 352, MPD)

- **Residential Men's Trauma Recovery Program**
- **Residential Women's Trauma Recovery Program**
- **PTSD Intensive Outpatient Program**

Focus Area Descriptions

Supervisors: ***Jean Cooney, Ph.D.***
Stephanie Houk, Psy.D.
Robert Jenkins, Ph.D.
Hong Nguyen, Ph.D.
Kendra Ractliffe, Ph.D.
Shannon Reese, Psy.D.
Autena Torbati, Ph.D.
See descriptions in PTSD focus area section.

Advanced Evidence-Based Psychotherapy – Outpatient Mental Health (MPD/PAD)

Supervisors: ***John McQuaid, Ph.D.***
Fletcher Thompson, Psy.D.
Stephanie Wong, Ph.D.
Kelley Busjaeger, Psy.D.
Richard Valencia, Ph.D.
Chelsea Barnes, Ph.D.
See description in Psychosocial Rehabilitation focus area section.

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

Supervisor: Dara Shapiro, Psy.D., Dorene Loew, Ph.D.
See description in the Behavioral Medicine focus area section.

Summary: Specialized family therapy skills are highly valued in VA and academic medical centers, academic departments, and community-based mental health clinics throughout the country. Although we are supportive of trainees' efforts to continue their training in family therapy and family research, fellows participating in the program need not plan to spend the majority of their professional time specializing in this area. At the completion of the rotation, however, we do expect that fellows will leave the program with greater proficiency in engaging couples and families, family assessment and consultation, formulating and executing systemic interventions, evaluating treatment progress, and planning termination. In addition, we hope that the training experience in the Family Therapy Training Program will stimulate fellows' creativity, intelligence, and resourcefulness in their ongoing development as mental health professionals.

Reviewed by: Jessica Cuellar, Ph.D.; Elisabeth McKenna, Ph.D.
Date: 9/13/24

Palliative Care Focus Area Training

Focus Area Coordinator: Kimberly Hiroto, PhD

Palliative care is a philosophy that focuses on the whole person. It centers on alleviating a person's physical and psycho-social-spiritual suffering, enhancing their quality of life, effectively managing their symptoms, and offering comprehensive, interdisciplinary support to the patient and their family. It can be provided at any point in the illness trajectory. Within palliative care, hospice care is provided to those living with terminal illness who have 6-months or less time remaining. Those accepting hospice care choose to focus on comfort and forgo disease-directed curative treatment. Care focuses on alleviating symptoms, maximizing quality of life, and reducing physical and psychosocial suffering. Hospice care also includes addressing existential distress and helping patients and family members process their grief. Ultimately, the focus remains on the healing powers of an interdisciplinary team that works collaboratively to honor the patient's and family's personhood, cultural identities, and values.

Palliative and hospice care teams play an increasingly important role in medical settings. They help teams examine their process and language for discussing themes of life, death, existential distress as well as hope, and support patients and their families as they grapple with the meaning of life-limiting illness. Cultural identity and values are foundational to these discussions. Palliative care holds space for these topics so that medical decisions are made in alignment with personal/cultural values and identities. Furthermore, palliative and hospice care serve to honor the lived experience of Veterans by facilitating their meaning-making process, helping them find hope and resilience amid loss, and supporting their process of integrating illness- and age-related changes into their intersectional identities.

Psychology clearly plays an important role within palliative and hospice care and requires a specific skillset offered by this fellowship. This interprofessional program provides the skills needed to facilitate challenging discussions about illness, life, and death. It enriches the fellow's appreciation for the human experience of serious illness, heightens their awareness for how sociohistorical-political and cultural factors affect the Veteran's illness experience, and elevates the fellow's appreciation for the shared humanity within us all.

The VA Psychology Postdoctoral Fellowship with a focus in Palliative Care is part of a larger Interprofessional Palliative Care Fellowship Program. This program, at only a handful of VA facilities, provides advanced training in palliative and hospice care to physicians, nurses, social workers, psychologists, chaplains and pharmacists. The Palo Alto site highly values interprofessional training, immersing the fellow with other disciplines including medicine, nursing, social work, chaplaincy, pharmacy, occupational and physical therapy, massage therapy, recreation therapy, and dietetics along with community volunteers. The Fellow will maintain a primary rotation in the Hospice and Palliative Care Center throughout the year, including the inpatient palliative care consult service (see rotation description below) with two elective rotations in other settings. This structure allows the Fellow to work on establishing themselves on the primary treatment team throughout the year and hone their professional identity. Indeed, much of fellowship is focused on professional development (e.g., learning to become a supervisor, establishing oneself on clinical teams, marketing oneself for jobs) in addition to clinical care. While fellows gain specialization in palliative and hospice care, they can also maintain their professional identities in (e.g.,) clinical geropsychology, behavioral medicine, psycho-oncology, etc. Graduates have gone on to establish careers in VA Home-Based Primary Care, Palliative/Hospice Care, inpatient medical settings as well as non-VA settings (e.g., private practice, inpatient/outpatient medical settings).

The Palliative Care Psychology Fellow will obtain training in general clinical psychology competencies as well as training in the following emphasis areas:

Focus Area Descriptions

- Psychological, sociohistorical-cultural, interpersonal, and spiritual factors that interact with and affect the experience of chronic disease and life-limiting or terminal illness;
- Biological aspects of advanced illness and the dying process
- Socioeconomic and health services issues in end-of-life care and systems of care
- Normative and non-normative grief and bereavement
- Assessment of issues common in patients with chronic, life-limiting, or terminal illness and their family members
- Treatment of patients with chronic, life-limiting or terminal illness focusing on symptom management (e.g. pain, depression, anxiety) and end-of-life issues (e.g. suffering, grief reactions, existential distress, unfinished business, hope, resilience)
- Treatment of family and social systems
- Interface with other disciplines through interprofessional teams and consultation in multiple venues
- End-of-life decision making and ethical issues in providing palliative care and hospice services
- Scholarship and teaching palliative care/end-of-life issues
- Supervision, professional development, and self-care.

Particular attention is focused on **clinical practice**. The Fellow will develop a breadth of expertise in hospice and palliative care. Training will include focus on refining the Fellow's provision of effective and culturally sensitive assessment, intervention (individual, family, staff), and interprofessional service delivery to meet the full range of issues across the illness continuum from diagnosis to death and bereavement. Training will also focus on case conceptualization with a focus on diversity and cultural humility. Across the settings of care, the Psychology Fellow works collaboratively with other professionals to assess patients and their support networks, prioritize problems, and define and implement psychological interventions. Psychological issues addressed include pain and symptom management, psychological problems (e.g. depression, anxiety, serious mental illness), adjustment to chronic illness and/or end-of-life, grief reactions, existential and spiritual distress, questions of meaning, guilt, interpersonal problems, communication difficulties, crisis management and legal and ethical issues (e.g. abuse, medical aid-in-dying). However, psychological issues addressed also include a sense of well-being, spiritual comfort, forgiveness, gratitude and post-traumatic growth.

The Fellow is also expected to participate in a scholarly project with direct clinical implications that can potentially serve to expand knowledge and quality of care. They will also provide supervision to psychology residents and receive training in supervision. More broadly, through training the Fellow will strengthen their compassion for the struggles and resiliencies in the Veteran patients, their families, our team, and themselves. The ultimate hope is for the Fellow to examine the meaning of their own life and develop an even deeper appreciation for the humanity of others, and themselves.

Throughout this fellowship, particular attention is also focused on **professional development**. This includes the process of establishing oneself on the team, owning one's sense of authority and expertise as an early career psychologist, and preparing oneself for the job market. Additional areas of focus include documentation, demonstrating psychology's value on medical teams, and developing one's supervisory style. Interdisciplinary team members often serve as informal mentors and all remain highly invested in and dedicated to training. As interested and available, there may also be opportunities to present at professional conferences or/or draft manuscriptions for publication.

The fellowship is focused on training as well as setting the Fellow up for a successful career. The Fellow and primary preceptor collaboratively develop an individualized **training plan** to ensure

sufficient depth and breadth of experience in order to help the Fellow be the most prepared and competitive for the job market. The preceptor will also help consider which elective rotations support the Fellow's training plan and overall career trajectory. The fellowship offers two additional training venues with options for minor rotations. The aim is to ensure attainment of general and Palliative Care specific clinical competencies.

The fellowship includes access to multiple opportunities to attend didactics on hospice and palliative care in addition to related topics (e.g., geropsychology). These include:

- Formal didactics series (required)
  - Monthly Stanford University palliative care grand rounds
  - Monthly VA Palliative Care journal club
- Other didactic opportunities (optional)
  - National VA webinars on hospice/palliative care, life-limiting illness, and aging
  - Palo Alto VA seminars on geropsychology
  - Independent reading
  - Individual and group supervision
  - Professional conferences

The Fellow works on the Hospice and Palliative Care Center rotation part-time throughout the year with two elective rotations. These include: the Community Living Centers, Home Based Primary Care, Spinal Cord Injury and Disorders Center, and the Oncology/Hematology, and Pain clinics. There are additional opportunities to receive training in family systems and family interventions through the Family Therapy Program mini-rotation at the Menlo Park Division.

"Overall, this has been an incredibly enriching and humbling training experience across multiple levels…. The Fellow has the opportunity to develop and grow in many capacities: psychotherapist providing individual and family therapy; consultant for the in-house hospice team as well as teams on other acute medical units; supervisor overseeing a caseload with Psychology Interns; and educator via presentations within the VA and broader Stanford community. …One of the privileges in working in hospice and palliative care is not just managing the psychopathology but also witnessing the strengths of human resiliency, compassion, and ability to love and find forgiveness. This Fellowship has enriched my understanding of patient care and my role as an emerging psychologist. It has been an incredible honor to collaborate with multiple treatment teams and represent psychology as a vital domain in patient care." ~Recent fellow

Primary Rotation Site:

Hospice and Palliative Care Center and Sub-Acute CLC (Building 100, 4C and 2C, PAD; Inpatient Palliative Care Consult Service)

Supervisor: Kimberly E. Hiroto, Ph.D.

Patient population: The VA Hospice and Palliative Care Center and the sub-acute Community Living Center (CLC) consists of two separate inpatient units dedicated to serving Veterans with serious and at times life-limiting illness. Patients on both units are admitted for various lengths of stays ranging from short-term to end-of-life care. The average length of stay usually ranges between 1-3months, but some patients have stayed with us for over 1yr; duration often depends on their medical needs and illness status along with their functioning and psychosocial situation (e.g., housing, availability of caregivers).

Focus Area Descriptions

The acute hospice patient population includes those living with serious life-limiting illness usually with 6-months or less time remaining (see below for a description of palliative and hospice care). Common medical problems for patients receiving hospice care includes metastatic cancer, advanced heart failure, chronic lung diseases, end-stage organ failure, neurocognitive disorders and progressive neurological diseases (e.g., ALS).

Those on the short-stay CLC are receiving rehabilitation are often recovering from amputations and/or undergoing treatment (e.g., chemotherapy, dialysis). While these patients may not yet eligible for hospice care, they often have chronic and/or life-limiting illnesses and frequently discharge home or to another residential setting (e.g., skilled nursing home) depending on their functional and medical needs. On several occasions our subacute medical patients discharge with home hospice or move over to the hospice unit. Patient demographics vary significantly by sociodemographic characteristics, disease states, mental health diagnoses, military era, and life experience.

In addition to these settings, the Fellow also works with patients from our inpatient Palliative Care consult service. This service receives consults from within the hospital. Consults often relate to symptom management (e.g., pain, nausea, dyspnea), mood (depression, anxiety), clarification of goals of care (e.g., pursuing curative treatment or comfort care), and/or teaching the patient about the dying process. Patients seen by the Palliative Care Consult Service may be earlier in their illness trajectory or in the early processes of deciding to pursue hospice care. The Fellow is responsible for tracking the incoming consults, determining if psychology services may be of benefit, and coordinating care with the palliative physician and the primary team. Psychological services may involve working with the Veteran patient around adjustment to functional decline, helping the family cope with anticipatory grief, and/or attending family meetings to help address goals of care conversations. The Palliative Care Consult Service provides the Fellow opportunities to consult with acute medical teams, navigate a variety of medical settings, and shepherd the patient through their illness experience.

The Outpatient Palliative Care Clinic recently expanded and includes palliative care physicians, nurse case manager, nurse practitioner, and psychologist While the clinic is not yet available as a separate rotation, the psychologist, Dr. Kouchi, is available for office hours and consultation. The outpatient and inpatient providers work collaboratively, so the Fellow will have opportunities to work alongside all providers.

Our units also have a facility dog, Chapman, provided through Paws for Purple Hearts. Chapman serves to offer support to Veterans, their family members, and staff. The psychologist on the unit is the primary handler of Chapman (#pphChapman). He accompanies her for most if not all work/clinical activities. The Fellow is welcome to interact with Chapman to the extent they feel comfortable. Should the Fellow feel uncomfortable around dogs, or have allergies, the psychologist will make appropriate arrangements.

Psychology's role in the setting: Direct clinical service to Veterans receiving hospice, palliative, and rehabilitative care, consultation with other medical teams requesting palliative care services, interdisciplinary team participation, staff support, supervision of psychology residents.
Other professionals and trainees in the setting: Our interprofessional team consists of psychology, medicine, nursing, social work, occupational and physical therapy, massage therapy, chaplaincy, recreation therapy, pharmacy, dietary services and community volunteers. Stanford University Palliative medicine fellows rotate throughout the year as part of the Interprofessional Palliative Care Fellowship. We frequently have residents and fellows from other specialties rotate through as well (hematology/oncology, psychosomatic medicine, geriatrics, pharmacy, occupational therapy).

Focus Area Descriptions

Nature of clinical services delivered: Psychotherapy with patients and emotional support to their families, opportunities for grief therapy, cognitive and mood assessments. Case conceptualization and clinical interventions draw from multiple theoretical orientations (cognitive-behavioral, existential, family systems) and evidence-based therapies and approaches to care (problem-solving therapy, motivational interviewing, dignity/meaning-centered therapy). Services also include interprofessional consultation and psychoeducation.
Fellow's role in the setting: Direct clinical service provider; consultant, interdisciplinary team member, and liaison with other services. In addition, the Fellow is expected to attend requisite didactics, present at least once in the monthly Journal Club, and direct a scholarly project (e.g., program development/evaluation, clinically-oriented research, etc.). The Fellow also will have an opportunity to supervise psychology residents and receive supervision of supervision.
Amount/type of supervision: At least one hour of individual supervision per week for clinical cases, one hour of supervision-of-supervision focused on professional development, and additional impromptu supervision/consultation as needed. One hour of group supervision per week with the Fellow and residents. Observation during team meetings and occasional observation during therapy sessions. Theoretical orientation emphasizes a lifespan developmental and cognitive behavioral perspective within a brief treatment model but also draws on existential, psychodynamic, and family systems frameworks. Supervision focuses on themes of personal and professional development with a focus on providing culturally humble and justice-oriented psychotherapy.
Didactics: Required monthly Interprofessional Palliative Care journal club, Stanford Palliative Care Grand Rounds, Psychology Postdoctoral Professional Development and Supervision series. Daily interdisciplinary treatment team meetings; opportunities to participate in additional educational events (e.g., National webinars on topics related to aging and end-of-life, relevant Geropsychology and/or Neuropsychology seminar topics, relevant webinars).
Use of Digital Mental Health tools: None as of yet, although quality improvement projects may arise as opportunities present themselves (e.g., use of virtual reality headsets for hospice patients).
Pace: 4-6 sessions per week (patients and families). Progress notes for each contact.
Rotation Type Offered: Half-time, Major

Additional Rotation Sites:

Community Living Center (CLC, Building 331, MPD)

Supervisor: Margaret Florsheim, Ph.D.
See description in Geropsychology focus area section.

Family Therapy Training Program (Building 321, MPD)

Supervisors: Elisabeth McKenna, Ph.D., Co-Director, Family Therapy Training Program
Jessica Cuellar, Ph.D., Co-Director, Family Therapy Training Program
See description in Couples/Family Systems focus area section.

Home Based Primary Care Program (PAD)

Supervisor: Rachel VanPutten, PhD
See description in Geropsychology focus area section.

Advanced Evidence-Based Psychotherapy – Outpatient Mental Health (MPD/PAD)

Supervisors: John McQuaid, Ph.D.
Fletcher Thompson, Psy.D.
Stephanie Wong, Ph.D.

Kelley Busjaeger, Psy.D.
Richard Valencia, Ph.D.
Chelsea Barnes, Ph.D.
Chelsea Barnes, Ph.D.

See description in Psychosocial Rehabilitation focus area section.

Oncology and Hematology Clinics, Pain Clinic

Supervisors: Chantel Ulfig, Ph.D.
Priti Parekh, Ph.D.

For additional information regarding these Behavioral Medicine Focus Clinics, contact:
Oncology/Hematology: Chantel Ulfig, Ph.D. (Building 100, PAD)
Pain Clinic: Priti Parekh, Ph.D. (MB3 PAD)

Spinal Cord Injury Service (Building 7, PAD)

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

See description in Geropsychology focus area section.

Spinal Cord Injury Outpatient Clinic (Building 7, F143, PAD)

Supervisor: Madison Mackenzie, Psy.D.

See description in Geropsychology focus area section.

Reviewed by: Kimberly Hiroto, Ph.D.
Date: 9/9/24

Posttraumatic Stress Disorder Focus Area Training

Focus Area Coordinator: Shannon Reese, PsyD/Jean Cooney, PhD

The PTSD postdoctoral fellowship focus area offers two positions each year, one with a focus on the needs of Veterans with PTSD and co-occurring Substance Use Disorders (SUDs) and one with a focus on women Veterans diagnosed with PTSD. Although the fellowships are based in PTSD-intensive treatment programs, the goal of training is not to prepare individuals specifically for work in residential or intensive outpatient care settings. Rather, the posttraumatic stress disorder (PTSD) postdoctoral fellowship focus area is designed to prepare fellows for future employment in any setting where care is provided to individuals who have experienced traumatic events.

Each Fellow's major, year-long rotation will occur in the VAPAHCS Trauma Recovery Services (TRS), which is comprised of the residential Men's trauma Recovery Program (MTRP), residential Women's Trauma Recovery Program, and the Telehealth PTSD Intensive Outpatient Program (PTSD-IOP). The Residential MTRP has a bed capacity of 21, the Residential WTRP has a bed capacity of 10, and the PTSD IOP has a capacity of 10. TRS serves Veterans who have experienced a variety of traumatic events during their military service, and who often present with multiple medical and psychiatric co-morbidities. The residential programs are designed to be 60-90 days in length, and the PTSD IOP is typically an eight week program.

A primary Psychology Preceptor will be selected from one of the TRS programs. Each Fellow and his/her/their preceptor will determine which training sites, additional rotations, and research tasks each Fellow will pursue, based on an assessment of competencies the Fellow has already acquired and competencies in which they have not yet developed. Decisions regarding supplementary rotations and the structure of the postdoctoral fellowship year will be based on each Fellow's particular interests and future career aspirations. Past Fellows have often elected to participate in minor rotations including but not limited to Addiction treatment Services (ATS), the outpatient PTSD Clinical Team (PCT), the Women's Health Clinic (WHC), Inpatient psychiatry, and the National Center for PTSD (NCPTSD).

Areas of competency in PTSD focus area training are consistent with the 2017 VA/DoD Clinical Practice Guidelines for PTSD, with emphasis on assessment and intervention for PTSD and co-occurring disorders. Specific skill areas of focus for the PTSD fellowship include: 1) Core PTSD assessment modalities; 2) Assessment modalities pertaining to disorders commonly co-morbid with PTSD including substance use, depression, anxiety, cognitive concerns, and personality disorders; 3) Empirically validated and supported treatments for PTSD, particularly Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE), and Concurrent Treatment of PTSD and SUD using PE (COPE); 4) PTSD research and theory, especially pertaining to military-related PTSD; 5) Military culture and diversity issues in the presentation and treatment of PTSD; 6) Assessment of therapeutic and programmatic effectiveness; and 7) Therapist self-care.

The treatment modalities utilized in the Trauma Recovery Services (TRS) are empirically-supported whenever possible, and consist primarily of cognitive-behavioral individual and group-based treatments for PTSD and co-occurring disorders. In addition to evidence-based psychotherapy and pharmacotherapy, principles of behavioral activation and Whole Health are incorporated in the program to encourage Veterans to engage in physical activity (e.g., fitness, yoga, cycling) and social engagement (e.g., peer support, service dog training). Fellows will work with a diverse interprofessional team in each setting that may include – in addition to psychology – psychiatry, social work, nursing, recreational therapy, readjustment counselors, art therapy, chaplaincy, peer support specialists, and service dog trainers, as well as trainees in each of these

disciplines. Fellows are involved in the full continuum of care as junior psychology colleagues, which includes providing initial screenings for admission, intakes/admissions, ongoing care coordination, individual and group therapy, program development, ongoing psychological assessment as clinically indicated, and discharge/transfer processes.

Fellows can expect to attain competencies in advanced general professional areas and the PTSD skill areas outlined above. The PTSD Psychology Fellows will spend at least 50% time in direct clinical service, up to 30% time in research and/or program development/evaluation, and 20% time attending didactics and providing teaching and supervision. Fellows will be encouraged to define their research activity in terms of involvement in projects already underway at VAPAHCS or program development/evaluation. Recent research projects have included: An Evaluation of CPT to Treat Veterans in a PTSD Residential Rehabilitation Program; Treatment Outcomes and the Process of Change for Patients Treated in a PTSD Residential Rehabilitation Program; Emotion Regulation in Combat-Related PTSD; Telephone Case Monitoring for Veterans with PTSD; Mortality Among Treatment-Seeking Veterans and Community Controls; Autonomic Correlates of Sleep Treatment in PTSD; and PTSD Sleep Disordered Breathing And Genetics: Effects On Cognition.

Additional PTSD settings include the PTSD Clinical Team (PCT), which provides training and experience in empirically-supported treatments for PTSD (e.g., CPT, PE) in a standard outpatient specialty mental health setting and the WHC, which provides Fellow with the opportunity to work with female Veterans with a history of traumatic event exposure (i.e., PTSD and commonly co-occurring diagnoses including medical conditions) in an outpatient specialty gender-specific clinic. The Fellows will also have the opportunity to work with researchers in the National Center for PTSD Dissemination and Training Division on new or ongoing research. Additional clinical rotations not specifically mentioned here may be available as well.

The individualized training plan for the PTSD Fellows will be developed with the assistance of a Primary Preceptor who will help plan the Fellow's overall program, ensure sufficient depth and breadth of experience, and plan which of the PTSD faculty will serve as supervisors during the fellowship year. The training plan will outline the content and length of each Fellow's various PTSD-related training experiences, which can change throughout the course of the year. The aim is to ensure attainment of general clinical competencies at the level of an early career psychologist, as well as to provide experience in each of the focus area-specific competencies.

Reviewed by: Jean Cooney, Ph.D. Emily Hugo, Psy.D.
Dates: 8/29/2024

"My fellowship in PTSD with Palo Alto VA was a year-long experience where I was surrounded by supportive, knowledgeable staff who prioritized my training and set me up to find employment. I chose to focus on strengthening my trauma-focused therapy skills and learning more VA resources for justice-involved Veterans, although there are many options for fellows to individualize their training year. This fellowship provides experiences in individual and group counseling, program development, supervision, as well as a variety of emphasis areas. Most importantly, the team really cares about the fellow's development of his/her professional identity. After completing this training experience, I really felt prepared to apply for jobs with the knowledge of what my skills were and how to apply them in a variety of settings. I'd recommend this site to anyone interested in learning more about trauma, working with the military population, as well as successful interdisciplinary team dynamics."
~Recent fellow

Focus Area Descriptions

Rotation Sites:

Trauma Recovery Services (Buildings 350, 351, and 352, MPD)

- **Residential Men's Trauma Recovery Program (MTRP)**
- **Residential Women's Trauma Recovery Program (WTRP)**
- **Telehealth PTSD Intensive Outpatient Program (Telehealth PTSD IOP)**

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

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

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

Other professionals and trainees in the setting: Psychiatrists, Nurses, Social Workers, Readjustment Counselors, Recreational Therapists, Chaplain, Art Therapists, Peer Support Specialist, Service Dog Trainers, and trainees from other disciplines.

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

Distinctions between the Residential Men's and Women's Trauma Recovery Programs and Telehealth PTSD IOP: Conceptually, the MTRP and WTRP are very similar; they share the same clinical mission to address military-related PTSD using cognitive-behavioral approaches in the context of a residential community. The WTRP currently treats a greater proportion of residents

with MST and, conversely, the MTRP treats a greater proportion of residents with combat-related trauma. However, often within the MTRP, 30-40% of residents have experienced MST. Additionally, the women's program carries a smaller daily census and places a greater emphasis on gender-specific service delivery. The Telehealth PTSD IOP is a time-limited (8-week) program that provides intensive and frequent trauma-focused psychotherapy (PE, CPT, WET, or Concurrent Treatment of PTSD and SUD using Prolonged Exposure [COPE]) to Veterans for whom residential treatment is not indicated (i.e., Veterans who are working or attending school, have home commitments, or who are ambivalent about abstaining from substance use). The Telehealth PTSD IOP emphasizes concurrent evidence-based treatment for SUDs and/or emotion dysregulation (i.e., DBT) to facilitate successful completion of trauma work. The Telehealth PTSD IOP is a fully Telemental Health Care program. As such, fellows will have the opportunity to receive training in the use of technology to assist behavioral and psychological interventions, including mobile applications, use of internet platforms and mobile devices to supplement or extend therapies, and use of telecommunications to deliver or assist psychological services.

Fellow's role in the setting: Fellows often provide services across all three programs, although they will primarily be focused in one program. Each Fellow will function as an important member of the interprofessional team and will assist with screenings, intakes/admissions, case conceptualizations, diagnoses, treatment planning and reviews, treatment coordination, transfers/discharges, and direct provision of clinical services, including individual and group psychotherapy. It is expected that Fellows will gain further competency in CPT and/or PE and/or COPE, and facilitate or co-facilitate one or more additional psychotherapy group(s) of their choice. The Fellow's role will be commensurate with his/her comfort level and experience. Experience in delivering supervised supervision of other psychology trainees (e.g., residents, practicum students) or trainees from other disciplines (e.g., medical students, psychiatry residents) will depend on availability at any given time. TRS welcomes Fellows' input for program development based on areas of expertise and interest as the opportunity arises.

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

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

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

Use of Digital Mental Health tools: TRS is currently providing treatment in a mixed modality format. Some of our larger core clinical groups are offered in person while others are implemented via Telemental health (e.g. VA Video Connect and/or Webex) with some of our smaller, gender specific groups being offered in-person. Our Telehealth PTSD IOP is completely virtual, and as such, provides all services via telehealth. We collaborate with the National Center for PTSD (NCPTSD) and implement mental health mobile apps based on Veterans' preference. Some current apps in use include PE Coach, CPT Coach, ACT Coach, Virtual Hope Box, CBT for Insomnia, and Mindfulness Coach.

The TRS rotations are ideal training sites for trainees interested in developing and refining their expertise in PTSD and co-occurring conditions. The residential Trauma Recovery Programs are affiliated with NCPTSD and are the first and longest-standing residential treatment programs for

Focus Area Descriptions

Veterans with PTSD in VA. Many of our Veterans have experienced multiple traumatic events and have co-occurring disorders. The clinical complexity of our population and the program intensity ensure that trainees acquire solid skills in working with PTSD from evidence-based approaches, as well as, the ability to function effectively on an interprofessional treatment team. The programs focus on approach-oriented coping skills and relapse prevention strategies. Veterans are provided psychoeducation regarding the various effects of PTSD and have the option to participate in PE or CPT or COPE where they learn to interrupt patterns of avoidance and challenge beliefs associated with past traumas, while managing the thoughts, feelings, and physiological symptoms these experiences evoke. TRS has established a reputation for innovation, wherein cutting edge therapies are thoughtfully applied and assessed.

Reviewed by: Jean Cooney, Ph.D.
Date: 8/29/24

"The PTSD postdoctoral fellowship at PAVA was my top choice and I made the best decision because of the clinical experiences, professional relationships built, and job opportunities I was given. The staff are truly like a family who support each other, which enables them to do very challenging work in a dynamic setting. The most unique opportunity I had was to watch my supervisor and other staff provide therapy in the moment and for them to observe me doing the same, which completely enriched the supervision experience and enhanced my confidence. I left postdoc with my dream job in hand and the feeling that I was prepared to practice as an independent clinician, which was priceless. There is something special about the staff and this setting that forever changed my training experience and evolution as a Psychologist. I could not be more grateful for this experience." ~Recent fellow

Posttraumatic Stress Disorder Clinical Team (PCT) (MPD)

Supervisors: ***Emily Hugo, Psy.D.***
Madhur Kulkarni, Ph.D.
Erin Martinez, Ph.D. (Livermore Division)

Patient population: Men and women with PTSD, many of whom have additional comorbid diagnoses. Traumatic experiences may include events from combat, training incidents, military sexual trauma, childhood, and civilian experiences.
Psychology's role in the setting: To provide individual and group psychotherapy using evidence-informed treatments for PTSD.
Other professionals and trainees in the setting: Psychology postdoctoral fellows, psychology practicum students, psychiatry residents, social workers, art therapists, and psychiatrists. The PCT team consists of psychologists, social workers, and art therapist/recreation therapists. Trainees include medical residents and social work interns. Psychologists also work closely with

the Mental Health Clinic staff, coordinating care with mental health treatment coordinators, nursing staff, and psychiatrists.

Nature of clinical services delivered: The PCT places an emphasis on empirically-supported treatments for PTSD, but integrates treatment interventions from a variety of modalities. There are opportunities to provide individual psychotherapy (e.g., Prolonged Exposure, Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, Skill-Building/CBT, Acceptance and Commitment Therapy) and group psychotherapy (e.g., Skills Training in Affective and Interpersonal Relationships (STAIR), PTSD Education, Seeking Safety, Anger Management). Fellows will also work in collaboration with MHC and Substance Use Program staff.

Fellow's role in the setting: Fellows will have the opportunity to provide individual and group psychotherapies. Fellows are also involved in the triage, assessment, and treatment planning of PCT patients. Participation in team meetings, didactic trainings, and group peer consultation is also part of this rotation. Fellows may have the opportunity to provide individual supervision to psychology residents and practicum students.

Amount/type of supervision: At least one hour of individual supervision will be provided and fellows will participate in one hour of group supervision with other psychology trainees. Fellows will also attend PCT team meetings. Fellows participate in a weekly group consultation focused on PE implementation. Supervision will include review of session recordings, role play, and presentation of case conceptualization. The supervisors work from an integrated developmental perspective, examining behavioral, CBT, interpersonal, and systemic factors.

Use of Digital Mental Health tools: PCT staff, including trainees, integrate the use of mobile applications in their work with Veterans to maximize treatment benefit, as well as deliver therapy via telehealth to outlying CBOCs and to home via clinical video telehealth (CVT).

Pace: The PCT clinic has a steady workload with a significant amount of direct clinical care. Expectations around number of assessments, individual clients, and groups per week will be set collaboratively at the start of the rotation. Fellows will be expected to write individual, group, and assessment notes in a timely and professional manner. Given the emotional intensity of some of the psychotherapies provided, there is also a strong emphases on self-care and professional development reflection.

Rotation Types Offered: Minor only, 6 months, but prefer 1-year

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

Reviewed by: Emily Hugo, PsyD
Date: 09/03/2024
Reviewed by: Erin Martinez, Ph.D.
Date: 9/24/2020

National Center for Post Traumatic Stress Disorder Dissemination and Training Division (Building 334, MPD)

Supervisors:

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

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

Patient population: NCPTSD conducts research with and disseminates information to Vietnam-era Veterans Iraq and Afghanistan Veterans, Veterans exposed to military sexual trauma (MST), and Veterans of other conflicts (Korean War, the first Gulf War) who are living with the effects of psychological trauma. Research has been conducted on hospital patients with traumatic injuries and family members of gravely injured hospital patients. The Dissemination & Training Division also creates, maintains, and disseminates a suite of mobile applications aimed at Veterans (and their family members) enrolled in inpatient or outpatient VA care, those receiving services in the community, and those not currently connected to mental health services. NCPTSD is also involved in implementation science research with clinicians and other VA staff to facilitate use of evidence-based practices. NCPTSD develops and tests outreach and engagement strategies for Veterans who remain underserved such as rural Veterans, student Veterans, and women who have experienced MST.
Psychology's role: NCPTSD researchers and educators, most of whom are psychologists, play a nationwide leadership role in disseminating state-of-the-art treatments for PTSD, including a portfolio of widely-disseminated mobile apps (PTSD Coach, Mindfulness Coach, CBT-I Coach, etc.), national VA initiatives to train clinicians in evidence-based treatments, and video and web-based trainings for clinicians and web-based educational materials for trauma survivors. NCPTSD researchers conduct evaluations of VA mental health services, clinical intervention trials, implementation science, digital mental health including mobile apps and web interventions, assessment development studies, biological research, and neuroimaging studies.
Other professionals and trainees: Psychiatry, Research, Social Work, Public Health, Psychology Practicum Students.

Focus Area Descriptions

Nature of clinical services delivered: Limited clinical services are delivered as part of specific research trials or user experience studies.
Fellow's role: The training needs and interests of the Fellow define the mix of dissemination and research activities. Fellows interested in dissemination work with National Center staff to develop PTSD-related products and services with potential for wide dissemination, or to take on a significant role in an ongoing implementation science or dissemination project. Fellows interested in research work with a mentor to develop and implement a research project related to one of NCPTSD's ongoing studies or archival datasets. Research Fellows are expected to develop a report of their project that is suitable for presentation at a scientific conference and/or publication in a peer-reviewed journal. Fellows may also have an opportunity to participate in delivery of interventions in ongoing clinical trials. Fellows interested in mobile mental health are expected to participate in mobile app development (content writing, wireframing, or user testing), analysis of data from mobile app trials, and user experience testing with Veterans.
Amount/type of supervision: One or two mentors are assigned to each Fellow. Supervision will be as needed, typically involving several face-to-face meetings per week.
Pace: The goal of completing a research project or education project from conception to write up within six months requires skillful time management. Rotation supervisors help the Fellow develop a rotation plan.
Use of digital mental health tools: The National Center for PTSD rotation provides unique opportunities for working with mentors who are responsible for developing, disseminating, and researching many of VA's widely used mobile apps. Mobile applications for iOS and Android developed and maintained by NCPTSD include PTSD Coach, PTSD Family Coach, Pain Coach, Concussion Coach, Safety Plan (suicide prevention), COVID Coach, PE Coach, CBT-I Coach, Insomnia Coach, Mindfulness Coach, CPT Coach, Stay Quit Coach, AIMS (anger management), STAIR Coach, ACT Coach, Couples Coach, and Beyond MST. A new Safety Plan app will also be released in FY24. NCPTSD staff are also involved in researching web-based interventions including AIMS (anger management), Moving Forward) problem solving herapy), VA CRAFT (family support for treatment), webSTAIR (emotion regulation and coping skills), a digital mental health tool for healthcare workers impacted by COVID-related stressors, and exposure therapy. A messaging-based version of CPT for PTSD is also being tested.

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

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

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

The National Center for PTSD has strong collaborative relationships with several other clinical and research programs at the Palo Alto VA, including the Men's Trauma Recovery Program, the

Focus Area Descriptions

Women's Trauma Recovery Program, the PTSD Clinical Team, the Sierra-Pacific Mental Illness Research, Education and Clinical Center (MIRECC), the Center for Innovation to Implementation (Ci2i), the Program Evaluation and Resource Center (PERC), and the Health Economics Research Center (HERC).

Rotation Types Offered: Minor (6 or 12 month)

Reviewed by: Sarra Nazem, Ph.D.
Date: 8/16/24

Psychosocial Rehabilitation Focus Area Training

Focus Area Coordinator: Claire Hebenstreit, PhD

VA Palo Alto Health Care System, which annually provides outpatient mental health services to nearly 10,000 veterans at eight sites, has been gradually shifting to a psychosocial rehabilitation focus. The shift to Psychosocial Rehabilitation (PSR) practice begins with the realization that people with chronic and severe mental illness (CSMI) can and do get better. This recovery vision is the driving force of psychosocial rehabilitation and is supported by the VHA *Mental Health Program Guidelines* (1999). Veterans with CSMI "should not be deprived of the opportunity to attain greater self-determination." VAPAHCS, an affiliated training center for many disciplines from several universities, offers multiple excellent opportunities for educating PSR mental health leaders of the future who will have a commitment to the potential recovery of CSMI individuals, will promote integration of care, expand systemic education, and lead progressive change.

PSR strives not only to achieve stability but moves beyond the maintenance model of symptom control to emphasize functioning in the community of one's own choosing. Social rehabilitation assists individuals in transcending limits imposed by mental illness and addressing social barriers such as second-class personhood and stigma, so that the individual can achieve their goals and aspirations. As such, PSR is both a conceptual framework for understanding mental illness and a client-centered system of care. Fellows in the Psychology Postdoctoral Fellowship Program who obtain training in the PSR focus area will attain general clinical competencies, as well as the PSR-specific competencies described below.

Philosophy & Values

VAPAHCS offers services to veterans with CSMI based on the primary principles of psychosocial rehabilitation, as described by the United States Psychiatric Rehabilitation Association (USPRA) in their "Practice Guidelines for the Psychiatric Rehabilitation of Persons with Severe and Persistent Mental Illness in a Managed Care Environment" (9/9/97). These guidelines were developed in conjunction with a task force convened by the Joint Commission on the Accreditation of Health Care Organizations (JCAHCO) and the work of the USPRA Managed Care Committee. Per these standards, a psychosocial rehabilitation practitioner will:

- Promote continuity of care
- Engage with the whole person
- Foster hope, self-esteem, & empowerment
- Encourage advocacy, peer support, & self-help
- Support consumer-identified community goals
- Promote education, role models, & self-determination
- Encourage natural social supports & resources
- Teach life, stress, & symptom management skills
- Develop partnerships with consumers, families, caregivers, & the community
- Facilitate community-based normative experiences (Social, educational, vocational, & leisure)

Curriculum

In addition to ensuring the attainment of advanced general clinical competencies in psychology, didactic training is offered in the PSR focus area. The didactic curriculum is based on materials from a variety of leaders in the field of PSR such as: USPRA, Boston University's Center for Psychiatric Rehabilitation, the National Empowerment Center, and various practitioners and researchers of evidence based practices. The foundation of the PSR fellowship training will be to promote collective learning from academic, research, consumer, and community based resources.

Focus Area Descriptions

A variety of teaching methods will be utilized; as much as possible, teaching will be informal and arise out of specific clinical learning opportunities. The full set of teaching modalities includes:

- Individual and group supervision
- Review of videotaped and written materials
- Fellow and guest presentations
- Core and affiliated faculty didactic sessions
- Interprofessional team development exercises
- Attendance at professional/consumer conferences
- Observation of staff modeling clinical and leadership skills
- Co-facilitation of groups and interventions with staff clinicians
- Role playing especially for communication and engagement skills
- Assigned readings to provide basic information and expand on teaching topics
- Visits and discussions with consumers who will share their recovery experiences
- Program development and outcome measurement

The curriculum's learning domains will be based on the seven core competencies of a psychiatric rehabilitation practitioner as defined by the examination for Certified/Registered Psychiatric Rehabilitation Practitioner (CPRP) that evolved from the USPRA "Practice Guidelines." All of the domains are considered essential for training PSR professionals. Each content area will have an assigned faculty leader responsible for coordination and teaching methods related to that domain across all fellowship disciplines. The faculty leader will be responsible for ensuring that curricular objectives are addressed and will coordinate training evaluation within the domain.

CPRP Exam Program Domains:

1. Interpersonal Competencies
2. Professional Role Competencies
3. Community Resources
4. Assessment, Planning, and Outcomes
5. Systems Competencies
6. Interventions & Evidence Based Practice
7. Diversity

Exposure, Experience, & Expertise

By design, training in the PSR focus area will provide integrated educational opportunities both on-site and with a variety of community PSR-focused agencies that serve individuals with CSMI. Past in-services include: College of San Mateo's Transition to College Program (for individuals with CSMI), the Enterprise Resource Center (100% consumer run agency), Palo Alto New Hope Self-Help Center, the Contra Costa Recovery Centers, the San Mateo County Community Rehabilitation Coalition, and California Association of Rehabilitation Services (CASRA). The VA PSR National hub site coordinates monthly didactic programs provided via video internet and telephone conference on PSR topics. Exposure to local and national PSR programs will provide a vital contrast to traditional medical model services that have been the standard of care for hospital systems.

Interprofessional Domains

- Collective planning of PSR practice
- Training, skills, and roles of each profession on the team
- Unique skills and role of one's own profession on the team
- Cooperative leadership in conducting interprofessional team activities
- Effective problem solving and ability to achieve consensual decisions
- Shared expertise for one's own profession and other professions on the team

Focus Area Descriptions

Proposed Education Dissemination Project

Fellows will design a PSR project that allows them to develop their PSR skills by exploring options, fostering engagement, challenging stigma, and connecting with resources. The dissemination project can be developed at the immersion site, the Acute Inpatient Psychiatry or any of the rotation sites depending the Fellow's interest and expertise. The presentation of project curriculum developed by the PSR fellows could be offered via streaming video technology in cooperation with our MIRECC.

Reviewed by: Claire Hebenstreit, Ph.D.,
Date: 09/20/2024

Rotation Sites:

Inpatient Mental Health Psychiatry (Building 520, PAD)

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

Please be aware that this rotation requires in-person clinical care.

Patient population: This site allows for participation in a range of activities with acutely hospitalized patients with severe mental illness. The new Mental Health Center (PAD 520) which opened in September 2012 is a state-of-the-art 40-bed inpatient treatment facility. The inpatient mental health area has two 20-bed units. One all-gendered unit provides treatment to severely ill Veterans of all genders, and one unit treats acutely ill male Veterans, all from the Northern California area. Both inpatient MH units admit a mix of Veterans treated on a voluntary and involuntary basis. All treatment teams in inpatient MH treat patients on both the all-gender and all-male units.

Psychology's role in the setting: Psychology has an active role on all units, performing diagnostic work, teaching, clinical assessment, psychoeducation, group and individual psychotherapy, and psychiatric rehabilitation. Psychologists are considered co-attendings in this setting, and thus are heavily involved in regular evaluation of veterans, as well as decisions regarding treatment planning and discharge.

Other professionals and trainees in the setting: The units serve as teaching units for the residency and medical student training programs of Stanford University School of Medicine. In addition, these units have long provided training for doctoral residents in the VAPA psychology training program. This is also a training site for psychology practicum students. Psychology fellows are welcome to participate in the training experiences (e.g., several hours a week of additional didactic training) offered by the Stanford psychiatry training program.

Nature of clinical services delivered: Inpatient Psychiatry provides acute inpatient care for veterans with serious mental illness who are in acute crisis and psychosocial rehabilitation through groups and individual psychotherapy focusing on recovery and strengths/values assessment, skills training, cognitive behavioral therapy, motivational interviewing, acceptance and commitment therapy, dialectical behavioral therapy, and relapse prevention planning.

Fellow's role in the setting: The fellow is expected to perform a range of clinical duties and specifically seek out patients with severe mental illness. Fellows will join with an interdisciplinary team in treatment rounds, participating in regular evaluation of veterans and working along with the team to explore the veteran's goals, provide appropriate recommendations, and work on collaborative treatment plans with the veteran. Fellows may offer groups and conduct individual therapy with a PSR focus. In addition, past fellows have served as a liaison between inpatient psychiatry and the VRC program described above (e.g., taking veterans to visit VRC prior to their

discharge from acute psychiatry) as well as outpatient mental health services, including the MH Clinic and supported employment. Fellows are also encouraged to provide teaching and assist in the training of doctoral residents on the unit, as well as present didactic presentations to staff of all disciplines on the unit as part of the implementation and dissemination competency.
Amount/type of supervision: At least one hour per week of individual supervision as well as several more hours per week of group supervision (e.g. group supervision regarding inpatient specific topics and case presentations, as well as dedicated group supervision on the facilitation of therapy groups).
Didactics in the setting: As noted above, fellows are welcome to participate in a range of didactics offered by the inpatient psychiatric staff and the Psychosocial Rehabilitation Services staff. This includes several hours per week of lectures on a range of topics in severe mental illness.
Use of Digital Mental Health tools: None
Pace: Inpatient psychiatry is a rapid paced placement. Patients typically stay on the units for approximately 10-14 days, so there are usually admissions and discharges on a daily basis.

Training in the PSR area will be based on immersion training on the inpatient units. The inpatient psychiatry rotation provides an opportunity to work with SMI veterans during acute treatment, which often serves as the gateway to other services. The multidimensional treatment team setting of inpatient psychiatry is an excellent place to develop the interprofessional skills necessary for PSR work. The current primary supervisors for these experiences are Karen Deli Ph.D, William Faustman, Ph.D., and Claire Hebenstreit, Ph.D. Veterans treated on the acute unit are typically hospitalized following some type of acute crisis and may start hospitalization on an involuntary status (e.g., 72 hour hold for danger to self or others). The fellow may act as the primary provider for veterans who have been hospitalized with severe mental illness. This treatment can include the introduction of PSR principals with these veterans. In this work the fellow can serve as a liaison between inpatient programs and outpatient programs and services. We have found from prior experience that inpatient veterans may show better outpatient follow-up with services if they already had been introduced to the services or program prior to discharge from the hospital. The fellow may accompany the veteran to the program while still an inpatient, thus providing such an introduction. PSR fellows may also lead inpatient groups with a focus on recovery and rehabilitation, as well as providing individual psychotherapy to veterans on the unit. Fellows may also have the opportunity to observe legal hearings regarding involuntary hospitalization, liaise with the family members of veterans that are in the hospital and participate in family meetings. The units also allow for extensive training in the psychopharmacological treatment of veterans with SMI diagnoses.

Dr. Deli has a long standing interest in psychosocial rehabilitation, and helping Vets with SMI develop skills and competencies to be able to manage their symptoms, decrease their distress, successfully participate in society and work towards achieving their individual goals. She has extensive experience in providing psychoeducational training and is a VA master trainer in Social Skills Therapy (SST). Other clinical interests include behavior change, DBT, Interpersonal Psychotherapy, diversity, and object relations.

Dr. Faustman has an extensive background in the assessment and treatment of veterans with SMI. He has published extensively in the schizophrenia research literature and has over 40 years of experience in inpatient treatment settings. Supervision routinely includes the integration of the research literature in SMI. He has an additional interest in the use of cognitive behavioral therapy in the treatment of psychotic disorders such as schizophrenia.

Dr. Freedland has clinical interest in working with the intersection between forensics and SMI. She has worked in a variety of settings, including community mental health, jail, state hospital, and skilled nursing facility. Her research has included exploring differences in intentions

of self-harm behaviors and reduction of depression stigma. Her approach to inpatient treatment entails an integrative and multi-modal approach to treatment from a psychosocial model.

Dr. Hebenstreit has a research background in interpersonal and intimate partner violence against women as well as gender differences in mental health and health services. Her clinical role includes regular assessments of dangerousness to self and others as well as grave disability, and her forensic duties include providing expert witness testimony related to involuntary psychiatric holds and conservatorships.

The primary training objective is developing competence in PSR focused treatment of acutely ill veterans with SMI diagnoses. Areas of specific training focus include the following:

1) Integration of PSR principals to the acute treatment of veterans with SMI diagnoses.
2) Assisting veterans in acute crisis to make a transition to an outpatient environment which includes significant PSR opportunities (e.g., the VRC program, Community Re-Entry group at the outpatient MHC, supported employment program).
3) Leading/co-leading and developing PSR-based inpatient groups for veterans with SMI diagnoses.
4) Conducting individual psychotherapy sessions with veterans with SMI diagnoses.
5) Obtaining significant learning in the practice of forensic psychology with this population (e.g., writing conservatorship letters, attending court hearings relating to competence and dangerousness, providing testimony in probable cause hearings).
6) Participating as a member of an interdisciplinary team, developing skills of communicating effectively with providers and staff members of different disciplines to facilitate optimal patient care.

Reviewed by: Claire Hebenstreit, Ph.D.
Date: 09/20/2024

Suicide Prevention Program (Remote)

Supervisors: ***Charissa Hosseini-Kekicheff, Ph.D.***
Karin Fowler, Psy.D.
Michael P. Vallario, Ph.D.

Patient population: This rotation allows for clinical and administrative opportunities with Veterans assessed as High Risk for suicide. High risk Veterans present with a variety of diagnoses, including but not limited to: anxiety and mood disorders, PTSD, substance use, schizophrenia spectrum disorders, and personality disorders. Common psychosocial stressors include homelessness, financial strain, incarceration, recent discharge from the military, and significant interpersonal loss or conflict. It is not uncommon for high risk Veterans to have engaged in a recent suicide attempt or self-directed violence, or to experience ongoing crises and inpatient admissions.
Psychology's role in the setting: Psychologists are a part of a multidisciplinary team of 3 SPCs including 3 psychologists and 2 social workers with all responsibilities divided evenly among all members.
Other professionals and trainees in the setting: The Suicide Prevention Coordinators (SPC) is a multidisciplinary team responsible for the identification, tracking, and monitoring of high-risk Veterans in VA care.
Nature of clinical services delivered: SPC services also include education/consultation, community outreach, and follow up on local Veterans' Crisis Line referrals. SPC identifies Veterans at risk for suicide through inpatient or outpatient consults from VA providers, or per

referral from the Veterans Crisis Line. Veterans are followed by SPC for a minimum of 90 days, at which point the case is reviewed for high risk protocol continuation or discontinuation.
Fellow's role in the setting: Post-Doctoral Fellows rotating with SPC will conduct suicide risk assessments and will gain exposure to the Veterans Crisis Line (VCL). Managing VCL calls includes administration of Columbia Suicide Severity Rating Scale (C-SSRS), Comprehensive Suicide Risk Evaluation (CSRE) and Safety Planning. In addition it may include general care coordination with other VHA providers and placement of consults. High Risk Veterans require additional oversight, thus the fellow would assist in managing no shows, providing staff consultations, and completing safety plans/post discharge appointments when appropriate. There may be an additional opportunity to co-facilitate the Trans Support Group, which meets monthly and virtually, depending on trainee interest and group facilitator needs. Suicide Prevention Training/Education and Community Outreach are integral to the Suicide Prevention mission and these opportunities are often available. The fellow will be involved in other Suicide Prevention activities and responsibilities, including assisting with Suicide Risk Identification (Risk ID) implementation and/or performance improvement projects. There are a number of other Suicide Prevention programmatic initiatives and administrative tasks to which fellows will gain exposure (e.g., Suicide Postvention, Behavioral Health Autopsy Program, Overdose Review Team, New Employee Orientation). Participation in morning huddle is a requirement. The primary training objective is developing competence in working with Veterans assessed as High Risk for suicide by utilizing a public health approach.
Note: Given the high administrative workload of the primary supervisor, this rotation may provide fewer than average clinical hours for the fellow; this should be considered in the fellow's training plan with a recommendation to couple SPC Psychology rotation with rotations that will provide a greater number of clinical hours (e.g., outpatient MH clinics).
Amount/type of supervision: At least one hour per week of individual supervision as well as one hour biweekly of group supervision.
Didactics in the setting: Opportunities to attend workshops and training on the topic offered by Office of Suicide Prevention.
Pace: SPC are expected to do well at multitasking and able to work in a fast paced environment.
Rotation Types Offered: Minor (~8 hours)

Reviewed by: Karin Fowler, Psy.D.
Date: 08/08/2024

Veterans Recovery Center (PRRC - San Jose Clinic) – On hold for 2024-2025

Supervisor: TBD (located at San Jose Clinic)

****Please note: The VRC/PRRC elective rotation is not available for the 2024-2025 training year due to ongoing transitions in staffing and supervision at the VRC. We hope to make this rotation available again for the 2025-2026 training year if sufficient supervision is available.*****

Patient Population: Male and female Veterans of all ages challenged with serious mental illness and significant functional impairment. Co-occurring disorders such as substance abuse may be present but should not be primary.
Psychology's Role in the setting: The psychologist's role may include: Screenings and assessments; serving as a "Recovery Advisor" to Veterans (e.g., individual therapy, risk assessment, in vivo skills applications, linkage with concrete resources), creating individualized treatment (recovery) plans; providing individual and group psychotherapy; teaching

psychoeducational classes; supervising residents and other trainees; contributing to program development, evaluation, and quality improvement projects.

Other professionals and trainees in the setting: The psychologist is part of an interdisciplinary team which includes nursing, social work, recreational therapy, chaplaincy, and peer support. The team connects with the larger system of Mental Health Clinic, VA and community providers and services, including psychiatry, vocational rehabilitation, MHICM, etc. Other trainees may include Psychology doctoral residents and practicum students, social work interns, Recreation Therapy and nursing students.

Nature of clinical services delivered: The VRC is an outpatient transitional learning center designed to help Veterans living with serious mental illness and functional impairment become meaningfully integrated in their community of choice. It includes: Integrated evaluation, assessment, and recovery planning; teaching therapeutically oriented as well as psychoeducational classes; individualized therapy or help with skills development; Inclusion of family services when possible. Staff is often out in the community with Veterans, not just in the VA setting.

Fellow's role in setting: The Fellow is an integral part of the VRC setting, participating in a variety of treatment modalities (community activities, classes, individual meetings) and playing a multifaceted role (e.g., recovery advisor, screener, teacher). The Fellow will help prepare a biopsychosocial assessment and Recovery Plans for Veterans, teach psychoeducational classes, and coordinate treatment and follow-up with other systems within and outside the VA as appropriate. This includes "bridging" with Inpatient Psychiatry units. Additional focus is on providing evidence-based treatment to Veterans by facilitating classes offered on modalities, including: CBT (depression, psychosis), ACT, Social Skills Training, DBT, WRAP, and Illness Management and Recovery. Fellows are also encouraged to assist in the training of other trainees on the unit, as well make didactic presentations to staff as part of the implementation and dissemination competency. Much of the work is applied through the use of an interdisciplinary team. A Fellow may also choose to learn more about and assist in administrative duties or program evaluation efforts, as it relates to quality improvement.

Amount/type of supervision: At least one hour of individual supervision and one hour of group supervision, with other supervision opportunities in between or after classes. Besides implementing a Recovery perspective, the psychologist's theoretical orientations include psychodynamic, interpersonal, cognitive behavioral, experiential, and systems orientations. Dr. Linenberg can also assist Fellows with honing conceptualization and formulation skills, and integrating formulations with recovery/rehabilitation perspective.

Didactics in the setting: Fellows are invited to participate in a range of didactics. The weekly group supervision with other MHC trainees at Menlo Park Division includes didactics on a variety of topics and issues, and psychologists are always willing to share material, including on the Recovery and Rehabilitation model, Relational and Interpersonal Dynamic models, Case Formulation, Brief Therapy models, and Psychotherapy Integration.

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

Pace: Moderate. As the VRC is not time limited, there tends to be more time to work with Veterans on their recovery plans. The pace and timing of intake evaluations or individual meetings differs according to how many referrals are received, and the caseload of the Fellow. Class notes are expected to be completed within 24 hours. Individual visits are to be conducted at least a monthly, as well as quarterly Recovery Plan updates. Transition/Discharge Notes as necessary.

The VRC is a Psychosocial Rehabilitation and Recovery Center (PRRC). A PRRC is a transitional educational center accessible to Veterans with serious mental illness (SMI). SMI tends to be defined as a diagnosis of Schizophrenia, Schizoaffective Disorder, Major Depression, Bipolar disorder, or severe PTSD, and for a PRRC, the individual must also experience significant functional impairment. The vision and mission of the VRC adheres to the core principles and values of the US Psychiatric Rehabilitation Association (USPRA), which focus on helping individuals develop meaningful skills and to access community based resources and supports.

Focus Area Descriptions

The goal is for Veterans to engage more fully in the living, working, learning, and social environments of their choice. The primary focus, through assisting Veterans to define their strengths, values, barriers, goals and desired roles, is to foster fuller community integration, with the same opportunities and responsibilities as any citizen. The minimum array of clinical or educational services includes: Individualized assessment and curriculum planning linked to the Recovery Plan, Social Skills Training, Cognitive Behavioral or other individual therapy, Illness Management and Recovery, Peer Support Services, other psychoeducational classes, etc., and linkage to other VA services, including psychiatry, addiction treatment, primary medical care, case management, Compensated Work Therapy or Supported Employment, and community services such as Community Colleges, NAMI, Vet Centers, and other peer support.

For additional information about VA recovery services, see http://www.paloalto.va.gov/services/vrc.asp.

Reviewed by: Claire Hebenstreit, Ph.D.
Date: 09/20/2024

Advanced Evidence-Based Psychotherapy – Outpatient Mental Health (MPD/PAD)

Supervisors: ***John McQuaid, Ph.D.***
Fletcher Thompson, Psy.D.
Stephanie Wong, Ph.D.
Kelley Busjaeger, Psy.D.
Richard Valencia, Ph.D.
Chelsea Barnes, Ph.D.

Patient Population: This population reflects a broad and diverse array of cultural backgrounds, ages, and gender identities, and encompasses virtually any psychiatric diagnosis, associated psychosocial and substance use issues, frequently with comorbid mental health conditions and treatment refractory presentations.
Psychology's Role: Psychologists are integral members of our interdisciplinary treatment teams, which consist of Psychologists, Psychiatrists, Social Workers, Psychiatric Nurses, Peer Support Specialists, and Chaplaincy. We collaborate frequently with specialists in Vocational Rehabilitation, Art Therapy, and Recreation Therapy. Each team meets daily to discuss cases, coordinate interdisciplinary care, and provide mutual support. Team Psychologists may conduct initial new-to-clinic intake evaluations and clinical and psychological assessment; establish differential diagnostic determinations; create comprehensive, prioritized, and sequenced treatment plans; engage in both individual and group therapy; provide evaluative, diagnostic, engagement, retention, and treatment planning consultation to other teams, specialty services, and providers at other levels of care; and respond to immediate psychiatric issues which may entail voluntary or involuntary hospital admissions. Psychology trainees will be full members of the team and will be invited and expected to provide all services that core team Psychologists offer.
Other Professionals and Trainees: Psychology Postdoctoral Fellows, Psychology Residents, Psychology Practicum Students, Psychiatrists, Psychiatry Residents, Social Workers, Social Work interns, Psychiatric Nursing Staff, Vocational Rehabilitation Staff (CWT), and Peer Support Specialists.
Nature of Clinical Services Delivered:

- Individual Evidence-Based Psychotherapy
- Group Evidence-Based Psychotherapy
- Mental health initial evaluations

Focus Area Descriptions

- Psychological assessment and Measurement-Based Care
- Tailored treatment planning and treatment coordination
- Program development
- Process improvement
- Liaison and consultation with other programs and staff
- Assessment and intervention in emergencies and hospital admissions (as necessary)

Fellow's Role: Postdoctoral Fellows will function and contribute much the same as our Staff Psychologists do, simply under supervision, and with variations and differing foci depending upon experience, interests, and learning needs. Thus, Fellows will have the opportunity to treat Veterans with an extremely wide array of diagnoses and disorders, at all levels of impact from mild to severe. They will be able to lead and co-lead psychotherapy or psychoeducational groups; provide creative and tailored evidence based individual psychotherapy; conduct initial intake evaluations and psychological assessments; create comprehensive, prioritized, and sequenced treatment plans; and consult and liaise with other services, including Inpatient Psychiatry, Domiciliary Service, Compensated Work Therapy (CWT) Program, Addiction Treatment Services (ATS), among others. Fellows will have the opportunity to attend daily huddles, mental health clinic weekly meetings, case conferences, and monthly system-wide mental health staff meetings.
Amount and Type of Supervision: Postdoctoral Fellows will receive a minimum of one-hour individual and one-hour group case consultation supervision each week, with additional supervision, consultation, and mentoring available through an open-door policy, and depending on each Fellow's interests and needs. Mentoring is a particular emphasis of this rotation, not only during and within the rotation but afterwards as an ongoing connection and support to Fellows as they navigate their professional paths. Fellows have the opportunity to co-lead a psychotherapy group (CBT, DBT, ACT, or any other of interest) with a Staff Psychologist, to video/audiotape their individual sessions for later review and discussion in supervision, as well as the option of live in-vivo observation of clinical interactions, either their own or those of staff clinicians. Supervision also covers diversity, professional development, personal growth, treatment team functioning, and program development and systems issues. Use of remote options for supervision and/or team meetings will be determined, as appropriate, collaboratively with trainees. Staff Psychologists' areas of expertise and theoretical orientations include, but are not limited to, cognitive-behavioral, dialectic, psychodynamic, interpersonal psychodynamic, systems, psychosocial recovery, and integrative approaches.
Use of Digital Mental Health tools: Mental Health apps and electronic assessments to facilitate measurement-based care are used as a supplement to therapy, when deemed appropriate. Telehealth formats are common. As such, Fellows have the opportunity to become familiar with the practical and conceptual skills needed to deliver interventions via telehealth modalities.
Focus of Training: The primary focus of postdoctoral training is in the advanced, tailored, and creative use of Evidence-Based Psychotherapies to achieve maximum results. This focus necessarily includes a similar (advanced, tailored, and creative) approach to initial evaluation, psychological assessment, comprehensive, prioritized, and sequenced treatment planning, crisis management, engagement and retention in care, and consultation with referrers and fellow clinicians. Supervisors will work with Fellows to tailor each training experience to their specific interests, needs, and style.
Fellow Schedule: Fellows from all Focus Areas may spend 1-3 days/week for 6 months, or 4-5 days/week on this rotation. Fellows carry a caseload of patients referred from general mental health and specialty care clinics, psychiatry, general medicine, and psychology and medical training programs. The Advanced Evidence-Based Psychotherapy rotation is a fast-paced and dynamic clinical environment in which the Fellow is given the autonomy to manage their own schedule, select cases of interest in collaboration with their supervisor, and develop their own conceptualizations and treatment plans informed by empirical research and their own

developing expertise with customizing and tailoring interventions to each individual to maximize positive outcomes and increase engagement in and completion of treatment. Patients may be seen either face-to-face or via video, with flexibility and collaboration with each Fellow on remote work environments.
Rotation Types Offered: Major, Half-Time, or Minor

Overview: Patient population tends to cluster around Vietnam-era and OIF/OEF/OND eras; however, there is a large contingency of non-military related issues that cross all ages, genders, and service eras. Fellows will have opportunities to develop and hone the breadth and depth of their skills in a variety of therapeutic modalities, including but not limited to: CBT (including many specialized CBT interventions such as insomnia, ADHD, chronic pain, substance use disorders, phobias, OCD, etc.), ACT, Trauma-focused therapies (CPT and PE), Behavioral Therapy, including Exposure with Response Prevention, Time-Limited Psychodynamic Psychotherapy, Interpersonal Psychotherapy, Dialectical Behavior Therapy, STAIR, Motivational Interviewing and Motivational Enhancement Therapy, and humanistic, emotion-focused, and other existential models. Fellows have the option to tailor this rotation to their specific needs and interests, which can include collaboration with the DBT team and Family Therapy Clinic.

Weekly individual supervision is devoted to discussion and training opportunities within the Fellow's clinical caseload of individual and group therapy clients, also focusing on clinical case evaluation, clinical and psychological assessment, differential diagnostic determinations, comprehensive, prioritized, and sequenced treatment planning. Supervision can also cover professional development issues, treatment team functioning, and program development issues, as well as personal development, career planning, and mentoring. Weekly hour-long group supervision will include case presentation and discussion and exploration of current topics in psychology and psychiatry, and may include presentation by subject-matter experts, readings on a variety of topics and issues, and discussing videos of therapists from differing theoretical orientations. This approach is meant to foster collegial exchange and discussion around treatment, theory, issues relating to professional identity and career development, program development, process improvement, systems problems, ethical concerns, and other areas of current relevance, and of interest to the cohort.

Reviewed by: John McQuaid, Ph.D., Fletcher Thompson, Psy.D., Stephanie Wong, Ph.D., Kelley Busjaeger, Psy.D., Richard Valencia, Ph.D., and Chelsea Barnes, Ph.D.

Date: 09/25/2024

**denotes rotation description reviewed in other materials and transferred to postdoc brochure*

Leadership Minor

**This is a new optional offering that can be added to a Fellow's training plan if consistent with the Fellow's training goals and interests.*

Rotation Description: Psychologists serve in many leadership roles across health care systems. The Leadership Minor offers the opportunity to gain exposure to and develop skills in leadership and health care administration. Fellows will work with a psychologist in a leadership position over the course of the year and be trained in leadership styles, process improvement, program evaluation/development, and relevant policies and procedures. Exposure to committee meetings will help the Fellow learn about inter-facility operations. Fellows will attend training in LEAN/Six Sigma Process Improvement and be required to implement a process improvement project during the course of the rotation. Interprofessional projects and consultation will provide an opportunity to model professional networking and cross-disciplinary collaboration. The rotation may vary depending on the setting/supervisor. Fellows will be assigned to one supervisor/setting for the fellowship year. Examples of placement options include working with the Chief of Psychology Service or the Whole Health Program Director among others.

Rotation Length: ~4 hours per week for 12 months

Training Faculty

A full listing of our psychology training faculty with staff bios can be found at: Psychology Training Staff