

San Francisco VA Medical Center



Doctoral Internship in Clinical Psychology

2017-2018

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The doctoral internship in clinical psychology at San Francisco VA Medical Center (SFVAMC) is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (the next site visit is 2019) and has been since 1979. The program is affiliated with University of California, San Francisco (UCSF) School of Medicine, Department of Psychiatry. SFVAMC internship offers comprehensive, high quality, education-oriented training for clinical and/or counseling psychology graduate students from APA accredited doctoral programs. The application deadline for internship is NOVEMBER 1, 2016. We have five available positions for the 2016-2017 academic year.

The Training Setting

Hospital Community

The San Francisco VA Medical Center (SFVAMC), or "Fort Miley," as it is known to San Franciscans, is a nationally recognized teaching hospital in one of the most cosmopolitan cities in the world. Located on a hill seven miles from downtown San Francisco, the hospital overlooks the Pacific Ocean to the west and the Golden Gate Bridge to the north. The grounds cover approximately 30 acres and include 23 buildings.

Each year SFVAMC provides diagnostic and treatment services to more than 400,000 veterans living in an eight-county area of Northern California in a number of specialty areas including neurological diseases, cardiology, oncology, renal dialysis, and open heart surgery in addition to treatment for mental health and substance use disorders. SFVAMC is accredited by Joint Commission for its general medical and surgical programs as well as its psychiatry and addiction treatment programs.

Through major affiliations with the Schools of Medicine, Nursing, Dentistry and Pharmacy at UCSF and other institutions, SFVAMC conducts formal, integrated educational programs at the undergraduate, graduate, house staff, and fellowship levels. More than 1500 students are trained annually in 60 professional and allied health academic programs approved by the American Medical Association, the Council of Teaching Hospitals of the Association of American Medical Colleges and the West Bay Hospital Conference. UCSF Medical Center has been ranked as one of America's Best Hospitals for 14 consecutive years according to annual surveys conducted by U.S. News & World Report.

In addition to its broader commitment to the veteran population and education, SFVAMC has the largest funded research program in the Veterans Health Administration with more than \$87 million in annual research expenditures. There are over 220 active research projects currently being conducted. Areas of particular interest are: PTSD, addiction, neuroscience disease, aging, oncology, hypertension, stroke, cardiovascular disease, Hepatitis C, health services research and advanced medical imaging.

SFVAMC also has the largest non-profit research foundation, Northern California Institute for Research and Education (NCIRE), also known as The Veterans Health Research Institute, which administers \$54 million dollars from which indirect costs serve to enhance the VA research enterprise. The Medical Center has four Medical Science Research Enhancement Award Programs (REAP) in neurology research, prostate cancer, bone research, and rehabilitation research and one HSR&D REAP in aging research. It is one of the few medical centers in the world equipped for studies using both whole-body magnetic resonance imaging (MRI) and spectroscopy, and is the site of VA's National Center for the Imaging of Neurological Diseases.

Patient Population

The San Francisco VA Medical Center serves a predominantly male population ranging in age from 18 to 90+ years, although the number of women accessing services is increasing. All racial/ethnic groups are represented and there is a considerable LGBT community. Patients span the spectrum of socioeconomic classes.

Veterans do not have to have served in a war to receive benefits; however, the largest cohort is Vietnam Era veterans and the current conflicts in Iraq and Afghanistan (Operation Enduring Freedom, Operation Iraqi Freedom, Operation New Dawn). Particular attention has been paid to program development and special services in order to meet the needs of our returning warriors and women veterans.

Psychology Setting within San Francisco VA Medical Center

Psychological services and psychology training at SFVAMC are embedded into the Mental Health Service (MHS). MHS teams are interdisciplinary in structure with the following disciplines represented: psychology, psychiatry, social work, nursing, internal medicine, addictions therapists, occupational therapists and peer support specialists.

Psychologists hold key positions in many of our specialized treatment clinics such as General Psychiatry Outpatient Clinic, PTSD Clinical Team, Addiction and Recovery Treatment Services, Neuropsychological and Psychological Assessment Program, Health Psychology, Pain Management Clinic, Integrated Mental Health and Primary Care, Women's Clinic, Psychosocial Rehabilitation, Geropsychology, Home-Based Primary Care and Suicide Prevention Team. We also have psychologists in our outlying Community Based Outpatient Clinics (CBOCs) such as Santa Rosa, CA.

The psychology internship rotations involve placements in selected clinics under the primary supervision of highly skilled licensed psychologists and on some rotations, psychiatrists and/or social workers. There are 30 licensed psychologists supervising interns and approximately 15 core supervising psychologists belong to the Psychology Training Committee headed by the Directors of Psychology Training. All supervising psychologists and psychiatrists have faculty appointments in the Department of Psychiatry (Langley Porter Psychiatric Institute) at University of California, San Francisco School of Medicine. The clinical, teaching and scholarly achievements of our faculty are extensive, and are delineated at the end of this brochure.

General Breadth of Training

Education of current and future health care providers is one of the five missions of SFVAMC. Over 650 fellows, residents, interns and students from a wide array of disciplines train annually. Since the Mental Health Service is affiliated with the UCSF Medical School, our staff and trainees have access to their colloquia and seminars including weekly Psychiatry Grand Rounds. Although we do not offer specialty training in counseling psychology, we do accept students from APA accredited counseling psychology programs who are interested in and who qualify for a general clinical psychology internship.

In 2000, SFVAMC inaugurated a VA-funded clinical Postdoctoral Clinical Psychology Fellowship Program with emphasis in the areas of posttraumatic stress disorder and substance use disorders. Since 2007, our clinical fellowship has expanded to include emphasis areas in women's mental health and trauma, evidence-based psychotherapy, primary care psychology, HIV/HCV medicine, psychosocial rehabilitation, rural psychology, LGBTQ interprofessional healthcare and 2-year residency in clinical neuropsychology. These fellowships are APA

accredited (next site visit: 2021 for clinical programs, 2019 for neuropsychology residency). Doctoral interns are welcome to apply for these positions, providing the potential for sequential years of training in professional psychology at SFVAMC. Please see our brochure for more information.

Additionally, we have six advanced research fellowships at SFVAMC which are briefly described below:

Geropsychology: This fellowship emphasizes the development of specific skills and competencies in conducting research related to Major Depressive Disorder in older adults or Late Life Depression. Specifically, this MIRECC-funded fellowship emphasizes research training focused on evaluation of cognitive dysfunction, accelerated cognitive decline, and structural and functional brain abnormalities associated with Late Life Depression. The director of this fellowship is Dr. Scott Mackin (Scott.Mackin@ucsf.edu).

Polytrauma and Traumatic Brain Injury Rehabilitation: The primary goal of this fellowship is to train psychologists to further develop expertise in the assessment and treatment of neurocognitive and psychiatric sequelae associated with traumatic brain injury (TBI) and polytrauma in Veterans. Fellows have ample opportunities to work in clinical inter-disciplinary teams in brain injury rehabilitation (crossing neurology, neuropsychology, neurocognitive rehabilitation, occupational therapy, psychiatry, social work, and more). The director of this fellowship is Dr. Tatjana Novakovic-Agopian (Tatjana.Novakovic-Agopian@va.gov)

PTSD/Trauma and/or Dementia: The primary goal of this MIRECC-funded fellowship is to train psychologists, other allied health professionals, and MDs to become leading clinical researchers in high priority areas of mental health. Over the course of the two-year program, fellows are trained in academic and health systems research, advanced clinical care service delivery, and program administration in an interdisciplinary setting. The co-directors of this fellowship are Dr. Shira Maguen (Shira.Maguen@va.gov) and Dr. Kristine Yaffe (Kristine.Yaffe@va.gov).

Quality Scholars: The Quality Scholars (VAQS) Fellowship emphasizes the development of specific skills and competencies in conducting research on quality improvement, interprofessional healthcare education, and health services in integrated care/primary care settings. The development of research skills and competencies focuses on three general areas of research: (1) interprofessional healthcare education in primary/integrated care settings, (2) quality improvement, and (3) health services investigations. The director of this fellowship is Dr. Tim Carmody (Timothy.Carmody@va.gov).

Schizophrenia/Psychosis: In the MIRECC-funded Schizophrenia Fellowship, fellows study the neurobiological mechanisms of the symptoms of schizophrenia and its neuro-developmental and neuro-degenerative course. The core faculty members are basic neuroscientists and psychiatrists, working in genetics, brain imaging, electrophysiology, and neuroplasticity. The co-directors of this fellowship are Dr. Judith Ford (Judith.Ford@ucsf.edu) and Dr. Dan Mathalon (Daniel.Mathalon@va.gov).

Women's Health: The overarching goal of the Women's Health Fellowship is to provide focused, structured, mentored training for individuals across diverse disciplines who are committed to becoming leaders in the health issues of women veterans and to pursuing a career in women's health at the VA. Research endeavors that cross areas of emphasis are encouraged, e.g. the intersection of women's health issues with PTSD, depression, substance abuse or SMI, sex differences in the psychology and biology of stress and mental health. The director of this fellowship is Dr. Sabra Inslight (Sabra.Inslight@va.gov).

Additionally, SFVAMC has a large psychology externship (practicum training) program educating psychology doctoral students primarily from local graduate programs of which interns may have the opportunity to supervise.

San Francisco VA Medical Center Website Link

<http://www.sanfrancisco.va.gov/index.asp>

San Francisco VA Medical Center Training Program Website Link

<http://www.sanfrancisco.va.gov/education/psychologytraining.asp>

Training Model and Program Philosophy

The philosophy of our psychology training program is scientist-practitioner and training occurs through a distribution of experiences spanning across a variety of training rotations and assignments in assessment, intervention, consultation/supervision, program development and research.

Our training model is developmental in nature. Interns move from close supervision and more intensive instruction to increasingly more autonomous functioning over the course of the rotation and the year. Interns take an active role in developing their own training plans and adjusting it to meet their needs and emerging interests. Through this model, graduating interns develop the competencies and sense of professional identity needed for postdoctoral fellowships or entry-level positions in psychology.

A cornerstone of our training philosophy is an emphasis on breadth while also supporting individual interests. In our view, a major strength of our training program is its ability to provide interns with an overall breadth of training without sacrificing the quality, meaningfulness or depth provided on each individual rotation. Interns can expect to obtain a well-rounded yet thorough exposure to experiences that are basic to the scientific practice of clinical psychology. Former interns have frequently given us feedback that this type of training experience was useful in preparing them for their careers and/or advanced training. This generalized training is reflected both in the variety of training assignments provided and in the range of theoretical orientations among the psychology staff, (which include cognitive-behavioral, mindfulness- and acceptance- based, psychodynamic, systems, and existential, humanistic approaches). And while generalist in nature, the internship allows for the option of increased focus on a particular population, such as trauma, addictions, chronic mental illness, neuropsychology or behavioral medicine. Another focus and, we believe, strength of our program is in the relatively integrative theoretical atmosphere that exists. Our emphasis is on interns gaining basic conceptual tools for thinking through the implications of varying perspectives. Interns are not likely to find themselves in a bind between staff members who are theoretically hostile toward each other. This allows interns a fertile atmosphere for evolving their own independent views.

Most of our staff have active scholarly or research interests and activities. The atmosphere in our setting encourages the role of a clinical psychologist as a scientist-practitioner who values and engages in academic/research endeavors and incorporates science into practice. There is ample opportunity for discussing research issues on an individual basis with staff or in the context of seminars in addition to identified research mentors. Interns will carve out up to five hours per week of protected research time and attend the bi-weekly Research Seminar at UCSF to assist with their projects and/or research goals. The seminar also places emphasis on professional development and career objectives and planning, particularly in academia or research.

A major goal of the training program is to encourage and to promote open communication, ample feedback and the freedom to explore the issues involved in becoming a professional psychologist (e.g. professional identity, ethics, interface with colleagues from other disciplines, etc.). Consistent with our overall philosophy, we also expect interns

to be open to self-exploration of countertransference and other personal reactions that manifest in contact with patients. These issues are most typically broached in supervision.

Our training program is sensitive to individual differences and diversity and is predicated on the idea that psychology practice is improved when we develop a broader and more compassionate view of individual differences. In our efforts to train culturally aware and competent psychologists, our program integrates diversity-focused training in the forms of clinical supervision, didactic seminars and clinical case conferences. Our program faculty has expertise working with patients from various racial/ethnic groups, sexual or gender orientations, religious affiliations and age groups. This is also reflected through the work of our thriving Psychology Diversity Committee of which interns may take an active role.

Program Goals and Objectives

In the service of training students who think critically about psychological issues and apply theory to practice, we are clear about the expectations of our graduates. The goal of our program is to help intern develop competency within the following domains: assessment; intervention; consultation and supervision; research; professional values and attitudes; ethical and legal standards; individual and cultural diversity. Objectives within each domain are summarized below.

1. Interns will develop competence in psychological evaluation and assessment of adults with a variety of diagnoses, problems and needs. Although interns receive supervised training using a wide range of techniques, emphasis is placed on the administration and scoring of neuropsychological and psychological assessment instruments.
2. Interns will develop competence in the provision of evidence-based psychological interventions to adults with a variety of diagnoses, problems and needs through supervised experience in a variety of clinical and theoretical approaches. Interns gain supervised experience and are exposed to a range of therapeutic orientations and techniques and are expected to develop competency in general psychotherapy skills.
3. Interns will develop competence in providing consultation and supervision and in translating and teaching psychological principles to colleagues, trainees and others. Interns should be able to think rigorously about what they do as psychologists-in-training and communicate their ideas effectively through effective methods of supervision and consultation with supervisors, supervisees, peers, staff from multiple disciplines and patients and/or families.
4. Interns will understand the interface between science and practice, apply scientific knowledge to the clinical setting and become educated consumers of empirical research. They will demonstrate independent, critical thinking in scholarly activities and learn to plan and then execute a scholarly project such as a research activity, program development, outcome evaluation or quality assurance project.
5. Interns will develop the ability to utilize supervision and mentoring regarding professional development and growth. Interns are expected to develop openness, flexibility and a sincere interest in learning about themselves and their identity as a psychologist.
6. Interns will understand legal and ethical guidelines and demonstrate behavior that is consistent with professional standards.
7. Interns will have a mature understanding of the role of diversity in professional encounters and maintain sensitivity to issues of ethnic, cultural, gender and sexual diversity issues.

Program Structure

The training program is organized, with some variations, into two six-month semesters. Two rotations are required: neuropsychology (12 months) and substance use disorders treatment (6 months). The remainder of time is individualized to each intern.

Neuropsychological and Psychological Assessment is a year-long, 12 hr per week commitment. Our rationale for this requirement is that sustained exposure to current practices and empirical data related to clinical neuropsychology during the internship provides a strong foundation for the biopsychosocial understanding of a range of populations and the ability to provide clinical consultation across clinics. This complements training in most other rotations and prepares interns for future careers by providing a solid foundation in understanding underpinnings of various psychiatric disorders. Clinical conceptualization, methodical inquiry using a broad range of assessment techniques, hypothesis testing and collaborative feedback/consultation are the typical sequence. Neuropsychology is a field that is strongly tied to the rapid advances in clinical neuroscience that are altering our perspective on a range of issues related to the practice of clinical psychology. A year-long exposure permits interns with a generalist background to gain greater knowledge of the strengths and limitations of psychological and neuropsychological evaluation strategies.

The requirement in substance use disorders treatment may be met by rotating through one of the four clinics within the Addiction Recovery Treatment Services (ARTS). There are two specialty clinics: Substance Abuse/PTSD Team (SUPT) for veterans with co-occurring SUD and military-related PTSD and the Opioid Treatment Program (OTP) for veterans with primary opioid dependence (e.g., heroin, opioids, narcotic pain medications) and two clinics which fall under general addiction treatment: the Intensive Outpatient Program (IOP), and the Drug and Alcohol Treatment (DAT) clinic. These clinics will be described in more detail later in this brochure. Included for 6 months is a weekly one hour seminar led by Dr. John Straznickas which also satisfies the California psychologist licensure requirement for coursework in substance use disorders assessment and treatment. Psychologists entering practice in every health care setting work with patients using substances but not all receive formal training making this an important skill area and marketable tool for the intern to gain. Additionally, the empirical literature demonstrates significant rates of co-occurring substance use disorders among populations with mood and anxiety disorders. Thus, our program requires training in assessment, treatment and multidisciplinary consultation for patients with SUD.

The rest of the interns' training experiences are determined by their particular interests and needs. Rotations may be divided into "major" and "minor" rotations. Some minor rotations may be taken for 3 months providing the opportunity for exposure to certain areas with less time demand. We make every effort to maximize the opportunity for each intern to select rotations of his or her choice, consistent with prior training or relative deficiencies, constraints of ongoing commitments and the desires of the other interns. We have been able to achieve this aim in most instances and if not, we will work to find a comparable solution. Rotation selection takes place at the end of the three-day Psychology Trainee Orientation. This orientation allows trainees to meet the supervisors and to receive specific information about each rotation before making commitments for the year.

Typical clinical activities on each rotation include: initial evaluations and interviewing; assessment of personality, cognition and emotional functioning; differential diagnosis; psychotherapy with individuals, couples and groups; development and delivery of psychoeducational material; consultation with team members regarding patient care; writing of care plans and other administrative duties associated with patient care. In addition to clinical activities on the rotation, the intern receives didactic material and instruction to facilitate learning skills related to that rotation and may engage in outcome evaluation or program development. Supervisors model and instruct the intern in using theory, literature and critical thought to formulate hypotheses regarding patients' behavior. At the outset of each

rotation, the intern is assigned clinical responsibilities and provided with regular supervision to develop the skills and meet the goals and objectives that were outlined in the initial meetings. The expectation is that the intern will assume increasing autonomy for clinical services and will come to function as an integral member of the treatment team.

As part of the training experience, interns participate as a group in a weekly Psychology Training Seminar designed for the exploration of professional development, clinical and training issues. For 16 weeks, the seminar is held jointly with the Clinical Psychology Training Program (CPTP) fellows at UCSF. There is also a six session psychopharmacology seminar series held jointly with CPTP fellows and the bi weekly research seminar previously mentioned.

Time commitment: The internship requires a 12-month full-time (40 hours per week) training commitment equaling approximately 2080 supervised hours.

Supervision: Interns will receive at least four hours of regularly scheduled supervision per week, at least two of which will be individual supervision. Interns have one supervisor per rotation so supervision is plentiful and hours are determined by the number of rotations. Supervision and evaluation methods include intern self-report of clinical work, supervision sessions, live observation of intern-patient or intern-staff-or-supervisee interactions, review and co-signature of all written material such as progress notes or other additions to the computerized patient record system, observation of intern case formulation and case presentation in staff meetings, treatment planning conferences and other multidisciplinary settings, review of audiotape recording and/or videotape recording of psychotherapy and assessment sessions or supervision sessions, and the review of psychological testing protocols and reports. Interns should expect to be assigned readings and literature reviews as part of their supervision and training experiences.

Self Disclosure: Self-disclosure in forms of discussions about countertransference and personal reactions to patients or supervisors or supervisees (when safe) may be required for the benefit of training in psychotherapy and intern professional development. Our supervisors and Director of Training aim to create a safe place for this exploration. Interns may also be asked to disclose personal information in the context of their training if the supervisor feels that such personal information is needed in order to obtain assistance for a student whose personal problems are preventing the student from performing professional activities competently or whose problems are posing a threat to the student or others.

Mentorship: Mentors are psychologists on staff who agree to work with an intern throughout the training year in order to help the intern with professional development, morale and other issues not directly related to supervision of clinical work. Around August 1st, each intern will have the option to rank order three choices for mentor and submit them to the Director of Training. In instances when more than one intern prefers the same faculty member who cannot accommodate them all, selection will be made randomly. Otherwise, intern choice will be honored.

The purpose of the Intern Mentor Program is to build a forum into our internship that focuses on professional development issues. It is important to have an opportunity to think about and discuss issues that affect your development as psychologists but are not directly related to the clinical supervisory process. Specific arrangements for meetings with mentors will be left to the respective interns and their mentors.

Evaluations: Our goal is to produce graduates who are prepared to assume roles as postdoctoral fellows or entry-level professional psychologists. The program training goals and objectives stated above describe the general

competencies that we feel are essential. Evaluations are necessary to guide and determine our progress in obtaining this goal and ensuring competence in each domain.

Interns are formally evaluated at the mid-point and at the end of each training activity (3 months, 6 months and 12 months depending on the length of the rotation). Evaluations are discussed with interns and may be modified by mutual agreement before being placed in the training files. Interns also are asked to evaluate their supervisors and rotations at mid-point and end of year and an exit interview with the Director of Training will be completed at the end of internship to solicit feedback suggestions for the program going forward.

In order to clearly measure and objectify criteria for acquisition of clinical skills and outcomes, intern evaluations quantitatively track successful mastery of each competency domain. To successfully complete our internship, an intern's final set of rotation evaluations at the end of the year should be rated at 90% competent for the expected level of training (intern exit level) and no items will be rated less than intern entry level.

A formal letter summarizing the rotations and respective evaluations will be sent to each intern's graduate school Director of Clinical Training after completion of the internship.

Internship Rotations

1. Research Placement / Scholarly Project (RP/SP) Program

Many SFVAMC staff and colleagues at UCSF are involved in a variety of research studies and projects funded by the National Institutes of Health, Department of Defense, and VA Research and Development (Human Services, Clinical, and Rehabilitation). Also critical to our department are ongoing activities aimed at quality improvement that foster program development, implementation, and outcome evaluation. We feel these research opportunities or scholarly program evaluation are important skills for interns to learn and also provide an invaluable opportunity to formally and informally collaborate with SFVAMC and UCSF colleagues. This collaboration will in turn result in an informed decision regarding numerous post-internship employment opportunities (e.g., clinical or research postdoctoral fellowships, staff or faculty positions).

In our program, SFVAMC interns partner with an RP/SP mentor of their choosing and complete a research placement / scholarly project of their choosing during the year. This mentor will collaborate and supervise the progress of the research or scholarly project over the course of the internship year. The mentor can be a PI on a project on which you are working or interested in or a supervisor in the clinic in which you will do a rotation. Selection of a mentor is based upon your previous experience in an area, scholarly/research interests, training needs, and availability of mentors in the training program. Interns may have responsibilities that could include, but are not limited to, quality improvement of a clinic by systematically evaluating existing services or implementing and evaluating new services that will enhance care, research design, data collection, coding and analysis, and manuscript or presentation preparation.

Interns may protect up to five hours per week for the RP/SP program. Examples of projects which interns have become involved with in prior years are, but not limited to, the following items:

- Collect and analyze data for an ongoing research project with clinical intervention focus
- Publication of manuscripts using data from the mentor's program of research or collaborate on secondary analyses of data from the intern

- Systematically evaluate a clinical intervention (e.g., efficacy of a group psychotherapy)
- Productively engage in or complete a program development or improvement project for a specific clinic
- Engage in a Quality Improvement project for SFVAMC Mental Health Service
- Participate in ongoing research studies or formulate a new mini-project with faculty
- Pursue internal and external funding opportunities for pilot projects
- Implement findings from existing research to improve current clinical activities or clinic functioning
- Conduct a needs assessment, plan, and implement a project that will benefit veterans across the Medical Center
- Presentations at national and international conferences

Please contact Dr. Brian Borsari, the RP/SP Program Coordinator, for further information (brian.borsari@va.gov).

2. Neuropsychology and Psychological Assessment Program (12 hours per week): Johannes Rothlind, PhD

The Neuropsychology and Psychological Assessment Program provides assessment and consultation services to veterans with known or suspected neuropsychiatric disorders. Veterans receive individualized assessment in response to consult requests that may be submitted by clinical providers anywhere within the VA network of clinics. The assessments involve clinical interview, review of history and records, and standardized tests, and are designed in response to specific referral questions. The evaluations may be requested to help characterize neuropsychological strengths and deficits in order to assist in differential diagnosis, assess level of functioning, aid in placement decisions and treatment/rehabilitation planning, track recovery/deterioration, and/or evaluate efficacy of treatment interventions. Brief patient and family consultation focusing on psychoeducation is offered to patients with brain impairments and their loved ones, with a focus on promoting recovery and facilitating adaptation. Assessment and consultation services are provided to both outpatients and inpatients.

Training in this internship rotation includes didactics as well as supervised experience in provision of neuropsychological and psychodiagnostic evaluation and consultation services. The training program extends year-long and involves participation in two weekly seminars/case conferences (2.5 hours per week). Seminar topics include: basic neuroanatomy; review of current literature concerning brain-behavior relationships; neuropsychological assessment strategies; assessment of personality and psychosocial functioning; differential diagnosis; consultation and treatment issues for special populations; and clinical report-writing. Interns may also elect to attend cognitive rehabilitation seminar, brain autopsy and relevant neurology and psychiatry grand rounds as time permits. Each intern spends three months of the year in the multidisciplinary Memory Disorders Clinic. For the remaining nine months, interns are involved in assessment and consultation sessions with veterans in a variety of other settings. Opportunity for clinical training in the multidisciplinary Traumatic Brain Injury (TBI) clinical team is also available.

The didactic training and supervised clinical experiences are designed to enhance skills and to provide further experience in the areas of neuropsychological and psychological assessment and consultation. The objectives of the training include further developing assessment and case formulation and report writing skills, and interns also gain further experience and skill in communicating findings and clinical formulation to patients, family members and staff. Interns receive individual and group supervision throughout the year.

3. Addiction Recovery Treatment Services: General Addictions Programs (3-6 hours per week): Christopher Galloway, PhD; Stephanie Cardoos, PhD; Ellen Herbst, MD; Sally Vrana, MD

In the General Addictions Program, there are a range of training opportunities in the assessment and treatment of substance use disorders and co-occurring conditions that span the continuum of recovery from initial engagement and contemplation of change through long-term recovery. There are two clinics in the general addictions programs: an intensive outpatient program (IOP) and a continuing care clinic (Drug and Alcohol Treatment Clinic, DAT). Interns may participate in rotations focused in either clinic or both. Veterans admitted to the General Addictions Programs often present with a variety of stressors, which are typically related to a history of addiction to alcohol and other drugs. Treatment addresses a range of difficulties, including primary affective disorders, primary psychoses, transient affective or psychotic symptoms resulting from substance abuse, PTSD, anxiety disorders, cognitive impairment, personality disorders, and various medical problems. The focus in treatment is consistent with SAMHSA's 2011 definition of recovery. Specifically, recovery includes emphasis in 4 domains: Health, Home, Purpose, and Community. Using an integrative approach, care coordinators and group facilitators utilize evidence based methods (e.g., MI and CBT), facilitate peer support in groups, and assist in connecting veterans with appropriate veteran and community resources to help them succeed in recovery.

The Intensive Outpatient Program (IOP) provides comprehensive intensive outpatient treatment and runs M, W, F from 9am-1pm. IOP is staffed by a multidisciplinary team. Veterans meet regularly with a care coordinator and participate in a variety of groups, such as CBT Relapse Prevention, Seeking Safety, DBT skills, mindfulness skills, vocational and recreation therapy, 12-step and Life Ring. Additionally, veterans meet with a psychiatrist to consult about medication assisted treatments for addiction as well as psychiatric medications, as needed. Interns working in IOP will develop expertise in assessing, diagnosing and treating addictive disorders and related medical and psychiatric conditions, including managing and appropriately triaging intoxication and withdrawal. There are a variety of ongoing group therapy offerings that interns may participate in. Interns also have an opportunity to work with other trainees, including addiction medicine fellows, anesthesia pain fellows, psychiatry residents, medical students, and other psychology trainees.

The Drug and Alcohol Treatment Clinic (DAT), staffed by a multidisciplinary team, is designed to encourage long-term continuing care, with both an abstinence-based track and a harm reduction track. Treatment within the abstinence track is based on a three phase model (roughly equivalent to stabilization/sobriety, sustained recovery/abstinence, and integration/ ongoing maintenance). The harm reduction track uses a motivational interviewing approach to engage veterans and assist them in working towards change. The DAT clinic utilizes group psychotherapy as the main treatment modality. Early treatment is highly structured and behaviorally oriented, and interns will have the opportunity to co-facilitate skills-based groups such as CBT Relapse Prevention, Mindfulness Based Relapse Prevention, and Dialectical Behavioral Therapy with a SUD focus. Interns may also co-facilitate semi-structured, process style groups, where advanced phases are progressively less structured and more psychotherapy/insight oriented.

Individual psychotherapy opportunities are available, and interns will be encouraged to adopt the treatment modality that best meets the needs of the veterans they are working with (e.g. CBT, dynamic psychotherapy, existential, etc.). Trauma exposure is fairly common among this veteran population and, in the context of addiction, many veterans demonstrate pervasive dysregulation of affect, cognition, behavior, relationships, and self-identity and frequently present with chronic homelessness, legal consequences, and interpersonal problems. Interns will have the opportunity for care coordination and collaboration with numerous community partners including transitional housing and residential treatment programs, back-to-work programs, VA medical providers, probation officers, and various social service agencies.

Additionally, a three-day Motivational Interviewing (MI) workshop followed by six-months of ongoing consultation is typically made available to interns over the course of the training year (with supervisor approval). MI is a veteran-centered, strengths-based communication style that can enhance your ability to assist veterans in facilitating change in a variety of health behaviors, including substance use, smoking, weight loss, and medication management. As such, MI can be tailored to be used in both mental health and medical settings. The SFVA currently has 5 permanent staff members who serve as consultants to the Empirically Based Practice (EBP) national rollout of MI/Motivational Enhancement Therapy (MET), permitting this unique outside rollout training opportunity. The training is currently provided by Drs. Jennifer Manuel, Brian Borsari, and Karen Kasch.

4. Addiction Recovery Treatment Services: Outreach and Consultation Opportunities (3-6 hours per week):

Substance Use Transitions Program (2-4 hours per week, 3-6 months): Chris Galloway, PhD; Sam Wan, PhD

The Substance Use Transitions Program is a program designed to enhance opportunities for early engagement and initiation of treatment for veterans with substance use problems. The primary clinical activity available to interns in this rotation is co-leading Motivational Interviewing/Harm Reduction based groups. Groups will be co-led with a Transitions Program staff member and potentially another trainee. A range of interdisciplinary trainees rotate through these groups (Psychology Externs and Postdoctoral Fellows; Psychiatry Residents; Social Work Interns; Nursing students). Conducting brief individual MI interventions may also be possible as part of this rotation.

Prescription Opioid Safety Team (POST) (2 or 4 hrs/week; 6 months): Stephanie Cardoos, PhD; Payal Mapara, PsyD; Tauheed Zaman, MD

POST is a multidisciplinary consult service staffed by addiction psychiatry, addiction psychology, pain psychology, nursing, and pharmacy. This is a unique opportunity to build interprofessional communication and collaboration skills. The team conducts integrated assessments for patients who have complex histories including pain and typically high-risk opioid use and/or opioid use disorders. Assessment focuses specifically on determination of the presence or risk of developing an opioid use disorder, pain, risk of adverse events related to opioid use, and concurrent addictions/mental health issues. POST psychologists provide brief behavioral interventions and motivational interviewing for POST patients and the team makes medication and treatment recommendations.

5. Substance Abuse Programs: Opioid Treatment Program (OTP) (3-6 hours per week): Kellie Rollins, PsyD

The Opioid Treatment Program (OTP) within Addiction Recovery Treatment Services (ARTS) of the Mental Health Service (MHS) is an intensive outpatient substance abuse treatment program for veterans with primary opioid dependence (e.g., heroin, prescription pain medications) and offers comprehensive mental health services, psychosocial rehabilitation and medication-assisted treatment (MAT) for addiction. The majority of OTP patients also have co-occurring psychiatric disorders and polysubstance use issues (e.g., stimulants, alcohol, benzodiazepines, nicotine). Given the destructive nature of chronic substance abuse, particularly injection drug use, many also suffer from other medical illnesses such as hepatic diseases, cancers and severe psychosocial stressors including homelessness. Patients are mostly men, range in age from 23-75 and 40% are ethnic minorities. A large percentage of our newer admissions are younger adults between the ages of 25-32.

OTP functions as a multidisciplinary hospital team that includes a psychiatrist, a psychologist, a social worker, nurses, addiction therapists, psychology post-doctoral fellows, psychology interns and practicum students, psychiatry residents, addiction medicine fellows, research staff, nursing students, toxicology specialists and a pharmacist. Although classified as an outpatient program, the milieu more resembles an intensive day program and many veterans come to the program 4-6 days per week.

The OTP rotation provides psychology interns with an opportunity to increase the understanding of the biological underpinnings of substance use disorders and develop a solid foundation in effective treatment strategies for addiction, co-occurring disorders and recovery from the drug-use lifestyle. The core of the intern's training experience will be co-leading Dr. Rollins' 2x/week long-term interpersonal psychotherapy process group. Additional clinical opportunities include: individual psychotherapy cases (longer-term dynamic/relational and/or shorter-term problem focused EBPs); co-leading the Matrix Group for Stimulant Use Disorders: and/or Acceptance & Commitment Therapy (ACT) group. In some years, interns have had the opportunity to plan, develop and implement a psychotherapy group of choice with a postdoctoral fellow or a psychology extern in SUD. Examples of other past and current groups in OTP include mindfulness-based groups, DBT, sex and stimulants, ACT for self-stigma, Seeking Safety, harm-reduction alcohol recovery, health & wellness, social skills groups, anger management, pain management and young adults recovery group (currently filled by postdocs).

Additional opportunities for interns include training to conduct our Contingency Management (CM) program, an evidence-based program targeting stimulant use, or participation in the Addiction Research Program. OTP also runs an Opioid Overdose Education & Naloxone Distribution Program (OEND) that includes individual and group overdose prevention education sessions for patients and friends/families in conjunction with the prescribed medication kit. Interns may opt to work with staff on delivering this critical psychoeducation or assist with collecting outcome data with a plan for a poster or paper submission. One hour per week of individual supervision will be provided by Dr. Rollins on the OTP rotation.

6. Substance Abuse Programs: Substance Use/PTSD Team (SUPT) (10 hours per week): Sam Wan, PhD; Kristine Burkman, PhD; John Straznickas, MD

This is a six-month or year-long rotation in which the intern receives clinical and didactic training in assessment and treatment with veterans suffering with co-occurring posttraumatic stress disorder and substance use disorders. These are common co-morbidities encountered in both veteran and non-veteran populations, which often lead to substantial problems in functioning. The co-complicating nature of the two disorders is such that over time, addiction interferes with amelioration of the trauma disorder and the trauma disorder in turn discourages seeking or obtaining recovery from addiction. The intern will learn techniques to work with these populations in a phase-oriented program which emphasizes group treatment, individual psychotherapy and psycho-educational modalities (e.g., anger management; mindfulness approaches; PTSD symptom management; relapse prevention). The intern(s) will work with a highly collaborative interdisciplinary team. This team provides a supportive context for intern clinical skill development and the exploration and insight into the common countertransference reactions to this patient population. The trainee will learn to provide evidence-based treatments for PTSD (i.e., cognitive processing therapy & exposure-based treatments), and systems informed, cognitive-behavioral, and psychodynamic therapies. The trainee will also increase understanding of the neurobiological underpinnings of substance dependence and psychopharmacology. Groups that are often co-led by trainees in SUPT include Seeking Safety, Anger Management, and Mindfulness-Based Stress Reduction. Additionally, there are opportunities for interns opting for a 12 month rotation to develop a time-limited group based on their own specialized training or interests should they match the needs of the clinic. There is a weekly interdisciplinary team meeting and a didactic seminar during which trainees have the opportunity to present their cases and interesting topics and to learn from the team about the complex nature of treating co-occurring PTSD and substance use disorder.

7. Posttraumatic Stress Disorder Clinical Team (PCT) (10-12 hours per week): G. Dawn Lawhon, PhD; Shira Maguen, PhD; Susan Maxwell, PsyD; Brian Mohlenhoff, MD; Martha Schmitz, PhD ABPP; William Wolfe, MD; and our post-doctoral fellows in PTSD-specific emphasis areas.

PCT offers a fast-paced and rewarding interdisciplinary training environment, in which interns sharpen their skills and explore empirically validated treatments for PTSD. Our clinic specializes in the outpatient treatment of veterans from all eras who have PTSD related to combat, combat support, combat training, or military sexual trauma (MST) in the course of active duty military service. We also treat veterans whose primary mental health diagnosis is PTSD, regardless of trauma type, and a significant proportion of our patients have histories of complex trauma. Many of our veterans suffer from co-morbid disorders, depression and substance abuse being the most frequent. Issues regarding medical illness, chronic pain, postwar adjustment, and relationship stress are increasingly common.

We provide interns with a solid foundation in phase-based trauma work, and our trainees leave PCT with specialized skills in assessment, diagnosis, and treatment of PTSD. We offer both 6- and 12-month rotations; please note that the full-year rotation is required for interns seeking training in Cognitive Processing Therapy (CPT), an empirically-validated exposure-based treatment for PTSD – this training will be offered during the second half of the year.

Training in PCT includes a weekly didactic seminar series with opportunities for case presentation, assessment of PTSD using the Clinician-Administered PTSD Scale (CAPS) and PTSD specialty evaluation, treatment planning, and treatment engagement in the context of the Behavioral Health Access Center (point of initial intake for most patients entering mental health treatment at SFVA), provision of phase-based individual psychotherapy for PTSD, as well as co-facilitation of psychoeducation groups and/or process groups for PTSD. Interns will also participate in our PTSD “360 clinic” (where the intern provides consultation, treatment planning and brief targeted interventions, working closely with colleagues in psychiatry and social work).

Training in Cognitive Processing Therapy (CPT), an empirically-validated exposure-based treatment for PTSD, is provided during the second half of the year and is reserved for interns who do a full-year rotation with PCT.

8. General Psychiatric Outpatient Services (GPOS) (6-20 hours per week): John McQuaid, PhD; Susanna Fryer, PhD; Karen Kasch, PhD; Kristi Chambers, CNS

GPOS offers outpatient treatment for patients with a broad spectrum of psychiatric illnesses, including mood disorders, anxiety disorders, schizophrenia and other psychotic disorder, personality disorders, adjustment reactions, and organic mental disorders. Interns can work within the setting of a multi-disciplinary treatment team, and receive comprehensive training in development of treatment plans and in conducting appropriate psychological treatment. Treatment modalities utilized include individual and group psychotherapy, (particularly cognitive-behavioral and other evidence-based treatment approaches including dialectical behavior therapy and mindfulness-based psychotherapy). Interns can also participate in a psychopharmacology clinic, providing psychosocial interventions while directly coordinating care with prescribers. Participation can occur, depending upon the intern’s specific interests, within a particular specialty program in GPOS. These include the Mood Disorders Clinic (which includes specialty training in cognitive-behavioral therapy and related techniques), and a schizophrenia research clinic. Weekly supervision is provided by one of the attending psychologists (Drs. Fryer, Kasch or McQuaid), and co-therapy opportunities in group are available with Kristi Chambers, CNS. In addition, interns can participate in a didactic seminar on evidence-based psychotherapy and group supervision.

9. Dialectical Behavioral Therapy (3-5 hours/week): Karen Kasch, PhD, Meredith Sears, PhD, Maisie Ketron, LCSW

Dialectical Behavioral Therapy, a modality combining Cognitive Behavioral Therapy and mindfulness practices, was created to benefit individuals diagnosed with Borderline Personality Disorder and those persons at high risk for self-harm or suicidality. DBT teaches patients skills in Interpersonal Effectiveness, Distress Tolerance, Emotion Regulation and Mindfulness. Trainees in the DBT program at SFVA provide individual DBT therapy to at least one patient and there is the option to co-facilitate the DBT skills group and/or to conduct psychosocial assessments of veterans referred to the DBT program. Trainees also attend our weekly consultation group during which we provide clinical consultation, review of DBT principles and mutual support. The skills learned in DBT are valuable to many patient populations, so participation in the program often proves beneficial to other clinical assignments. The DBT consultation group is comprised of a diverse group of mental health professionals, including psychologists, licensed clinical social workers, psychiatrists, psychology interns and externs. DBT is a six month rotation.

10. Psychiatric Intensive Care Unit (PICU) (4 +hours): Nikhil Majumdar, MD, and Heather McCormick, RN-BC

This rotation is on an acute care, co-ed, general psychiatry locked unit. The length of stay for patients is usually one to two weeks, but may be longer. A variety of disorders are represented, including schizophrenia, major depressive disorder, bipolar disorder, borderline personality disorder, generalized anxiety disorder, panic disorder, organic syndromes, post-traumatic stress disorder and substance use disorders. Psychology trainees are members of the multidisciplinary treatment team consisting of peer support specialists, nurses, social workers, and psychiatrists. The unit is an active teaching unit, with nursing and medical students, in addition to the psychology trainees. The intern's role will be to develop curriculum for and co-facilitate one or more groups in the PICU and attend interdisciplinary rounds (preferably on the day of the group). Educational opportunities on a wide variety of mental health topics including assessment of severe mental illness, various therapies (individual, group, family, milieu), pharmacological treatments, and electroconvulsive therapy (ECT) will be provided, as well as training in multidisciplinary treatment-team functioning and the systems dynamics of inpatient units and modern hospital care.

11. Pain Psychology (6-12 hours per week): Sarah Palyo, PhD; Payal Mapara, PsyD; Erin Watson, PsyD

The Pain Psychology rotation is an opportunity for interns to participate in interdisciplinary, medical-based clinics that take a multi-modal approach to the treatment of chronic pain conditions. Pain psychology services are offered at primary, secondary, and tertiary levels of care. Pain psychology is embedded in a number of different services, including Anesthesia, ARTS, and Medical Practice. An emphasis of this rotation is on learning how to work collaboratively within an interdisciplinary team setting, and facilitating therapeutic interventions in shared medical visits. In addition to psychology, disciplines represented in various pain services include anesthesia, physical medicine and rehabilitation, physical therapy, pharmacy, psychiatry, internal medicine/primary care, and nursing. Veterans who are referred to pain services are often struggling with complex pain conditions, psychiatric/substance use disorders, and significant physical disability. Pain Psychologists are available for triage, assessment, consultation, individual, and group interventions via in-person, telephone, and/or video-teleconferencing. Specific treatment interventions may include medication consultation, motivational enhancement, relaxation and coping skills, brief risk and cognitive screenings, behavioral health education, emotion regulation/stabilization, and the treatment of general mental health within medical specialty clinics. Interns would have the opportunity to participate in a number of different interdisciplinary assessment/treatment clinics (i.e., Anesthesia-Pain, Integrated Pain Team (IPT), Prescription Opioid Safety Team (POST)), co-lead weekly pain management groups, and/or provide individual therapy (MI, CBT, ACT, biofeedback) for the management of chronic pain.

12. Health Psychology (6-12 hours per week, 6 months): Timothy Carmody, PhD

The Health Psychology Program is a six-month rotation during which interns provide psychological consultation and treatment services directly to medical and surgical patients with chronic medical illnesses. Individual therapy cases focus on adjustment to illness and health behavior change. Interns can choose to take either a minor or major rotation in Health Psychology, with the time commitment ranging from 6 to 12 hours per week. Patients are referred to the Health Psychology Clinic from primary care, Pain Clinic, mental health, and other ambulatory care clinics. Patients referred to Health Psychology with co-morbid psychiatric and substance use disorders participate in other mental health programs concurrently, requiring coordination of care with other mental health providers. Interns choosing Health Psychology as a major rotation may also receive additional training in biofeedback therapy for stress and pain management and hypnosis for smoking cessation. Finally, this rotation includes a one-hour Health Psychology seminar and case conference with discussions on primary care psychology, chronic pain, evidence-based psychological interventions in behavioral medicine, mindfulness, CBT, ACT, treatment of nicotine dependence, stress management, biofeedback, adjustment to medical illness, management of diabetes, and hypnosis in medical settings.

13. PACT Intensive Management or PIM Team (6-12 hours per week): Nate Ewigman, PhD, MPH

The PIM team is a novel, team-based interprofessional approach to caring for the needs of veterans at high risk for acute care utilization. Veterans at high risk for acute care utilization have a wide range of clinical multimorbidities including cognitive impairment, depression, PTSD, congestive heart failure and other cardiovascular diseases, panic disorder, chronic pain, substance use disorders, smoking, diabetes, insomnia, etc. The PIM team provides complex care management through coordination of care, home and community visits, medical social work, co-visits with PACT providers and direct team-based interventions. The psychologist works with a high-functioning team consisting of a geriatrician, two licensed clinical social workers, two registered nurses and one pharmacist. A minor rotation with the PIM team would be up to 6 hours per week for 6 months and would include: Referral of appropriate cases for telephonic or clinic-based CBT for mental and behavioral health problems, MI, health coaching, REACH VA (evidence-based 4-session protocol for caregivers of veterans with dementia). This rotation is based in our San Bruno CBOC.

14. Integrated Care Psychology in HIV and Liver Disease (6-12 hours per week): William Hua, PhD

A rotation in the Infectious Diseases (ID) and Liver clinics will provide clinical training in general mental health and clinical health psychology/behavioral medicine in HIV and Liver Disease (e.g. hepatitis C, alcoholic cirrhosis, liver cancer) clinical care. For veterans living with HIV these include a wide range of clinical issues including adjustment to diagnosis, stigma, medication/treatment adherence, cognitive impairment, pain management, substance abuse, smoking cessation, and other behavioral health issues related to disease prevention and healthy living. Additionally, interns will see patients who are dealing with anxiety, depression, PTSD, insomnia, and other mental health concerns. For veterans living with hepatitis C, interns will see patients for a psychosocial evaluation to facilitate initiation of antiviral treatment, provide motivational interviewing for patients contemplating treatment, and provide on-going support (in-person and through telemental health) for patients while on treatment. This rotation has a heavy emphasis on gaining multicultural humility and work with diverse patient populations. As such, elements of diversity/multicultural training are incorporated throughout the rotation through discussions, lectures, guest speakers, and both didactic and experiential learning.

Interns will also have the opportunity to work with a dynamic and supportive interdisciplinary team of providers who are dedicated to providing comprehensive care to veterans living with HIV or liver disease. Clinical experiences and

opportunities include brief assessment, triage services, initial intakes, brief neuropsychological screening, in-clinic consultation, in-clinic follow-ups, individual therapy, and group therapy. There are opportunities to co-lead groups in both clinical settings as well as develop new groups based on the needs of the clinics and patients. For one hour a week, interns are expected to participate in the National HIV/HCV Didactic virtual seminar, which focuses on the clinical care and mental health management of patients living with HIV or hepatitis C. Other (optional) opportunities include experience with providing mental health consultation to clinicians providing care to patients with HIV or liver disease via the SCAN-ECHO (Specialty Care Access Network Extension for Community Health Care Outcomes) program, program development activities within the ID and/or Liver clinics, participation in community outreach projects, and training in Acceptance and Commitment Therapy (ACT). Individual supervision is provided weekly; there is also one hour of group supervision with the full ID/Liver psychology team, which includes the attending psychologist and trainees at all levels (fellows, interns, externs) with ample opportunities for collaboration. This rotation is available as a 6- or 12-month rotation; interns who choose a 6-month rotation should try to participate during the first half of the year.

15. Psychosocial Rehabilitation (PSR) (2-6 hours per week): Jennifer Boyd, PhD, CPRP; Michael Drexler, PhD, CPRP; Elena Bassett, PhD

Focusing on the recovery model of psychosocial rehabilitation (PSR) for people with serious mental illness (SMI), the PSR rotation offers a variety of experiences within the Mental Health Service. These potential experiences include the Psychosocial Rehabilitation and Recovery Center (PRRC), the Telemental Health (TMH) program, the Local Recovery Coordinator (LRC) program, and the Workplace Violence Prevention (WVP) program, as well as individual therapy and neuropsychological assessment. Through these experiences, trainees will receive broad training in PSR for SMI within an inter-disciplinary context.

Psychosocial Rehabilitation and Recovery Center (PRRC) (2-6 hours per week): Elena Bassett, PhD.

The PRRC provides recovery-oriented individual and group services to Veterans who have serious mental illnesses (SMI), including schizophrenia, schizoaffective disorder, bipolar disorder, major depression, severe PTSD, and co-occurring disorders. Using holistic, rehabilitative approaches, the interdisciplinary PRRC team supports Veterans to build on their strengths, learn new skills and wellness strategies, and work toward their self-identified life goals. Veterans participate in classes aimed at promoting community integration through effective symptom management, improved communication, increased self-esteem, and positive coping. Classes include a variety of evidence-based practices that promote recovery, including Social Skills Training, cognitive rehabilitation, DBT, and CBT. Individual services include recovery advising, psychotherapy, health and smoking cessation coaching, and supported volunteering. Psychology interns would have the opportunity to co-facilitate 1-2 groups for at least one full quarter (3 months). They would closely collaborate with the PRRC's interdisciplinary team (including peer support, social work, nursing, creative arts therapy, and occupational therapy) and attend biweekly didactic trainings in psychosocial rehabilitation and recovery. Interns would also have the opportunity to provide individual recovery coaching and evidence-based psychotherapy to Veterans with SMI, including CBT for psychosis (CBTp) (6-12 months). CBTp is a recovery-oriented intervention for individuals with psychosis that has been shown to be effective in reducing positive/negative symptoms and promoting the attainment of functional goals. Interns interested in CBTp would provide therapy to at least one Veteran and attend weekly group supervision/consultation.

Local Recovery Coordinator (LRC) (hours negotiable): Jennifer Boyd, PhD CPRP.

The Local Recovery Coordinator (LRC) program aims to promote the recovery model throughout the Mental Health Service. This experience offers the opportunity to participate in program development and large group-level interventions, and to provide recovery-oriented services in a variety of settings. Recovery projects are individually negotiated based on the trainee's interests and aptitudes.

16. Geropsychology (5-10 hours per week): Elizabeth Shumaker, PhD; Donna Rasin-Waters, PhD; Diana Partovi, PsyD

Community Living Center (CLC)

The CLC is a 120-bed skilled nursing facility for veterans admitted for either long-term care or short-stay rehabilitation. Veterans present with a wide range of neuropsychological conditions and psychological problems. Interns will have the option of working with our inpatient veterans on any of the following: conducting neuropsychological assessments and/or capacity evaluations, individual psychotherapy to address psychiatric symptoms (including PTSD, depression schizophrenia, schizoaffective disorder, adjustment disorders, etc.), and inpatient group therapy. Interns will have the opportunity to work closely within an integrated interdisciplinary team.

Palliative Care / Hospice

This service provides care to veterans with life-limiting and terminal illness, and their families. The Intern can acquire skills needed to assist veterans and families with end of life care, such as individual and family therapy, brief neuropsychological and capacity assessments, mood evaluations, bereavement counseling, and consultation/liaison for the interdisciplinary team. Additionally, the fellow may participate in weekly interdisciplinary team meetings.

17. Group Psychotherapy (2 hours weekly, six months): Russell Lemle, PhD

Interns have the opportunity to co-lead with Dr. Lemle an on-going group psychotherapy for six months. Patients are veterans in advanced recovery from alcoholism and substance abuse. Treatment focus is on intrapsychic and interpersonal disorders, roughly using a Yalom orientation. Group is one hour weekly, supervision is half hour.

18. Seminar on The Nature of Being a Psychologist and Psychotherapist (1 hour per week): Russell Lemle, PhD

Interns may elect to attend a weekly one-hour seminar that delves the core of psychotherapy and the nature of being a psychologist. It meets the entire year. The seminar covers several topics: (1) In reviewing videotapes of actual psychotherapies, the mechanisms of psychotherapy process are dissected at a micro level. (2) Moving outward from #1 above, larger issues about the nature of psychotherapy are discussed. (3) It is inevitable in conducting psychotherapy, and in being in this field, that emotional reactions arise. The seminar takes time to share these reactions in a supportive context. (4) Overarching, systemic factors greatly impact being a psychologist. We explore what they are and how they arise.

19. Family Therapy (4-6 hours per week): Keith Armstrong, LCSW; Sarah Shonkwiler, LCSW

The Family Therapy Clinic offers training in Emotionally Focused Couple Therapy and /or systemically based family therapy. Interns assess and treat 2 families, participate in one and a half hour weekly didactic and receive one hour weekly supervision. Cases are videotaped and tapes are used in both individual and group supervision. Interns are part of a multidisciplinary team and offer consultation to peers through group case discussion as well as participation on Reflecting Teams. This training may be taken as a component of the PTSD rotation or as an independent minor rotation.

20. Women's Clinic (4-6 hours per week): Jacy Leonardo, PhD, MA; Caitlin Hasser, MD; Leila Zwelling, LCSW

The Women's Clinic is a 6-month rotation in Women's Mental Health. The clinic provides a broad range of mental health services integrated in a primary care clinic setting in order to decrease stigma, provide early evaluation, and continuity of care. The women's clinic population has a high rate of exposure to a variety of traumas including military/civilian sexual trauma, combat trauma, childhood trauma and intimate partner violence. In addition to Axis I conditions such as PTSD, mood, substance use and eating disorders, treatment may focus on areas of concern such as emotion regulation, somatic concerns, family responsibilities or interpersonal relationships. The rotation is flexibly designed to meet the training needs of the individual intern, with a focus on individual treatment which includes Interpersonal Psychotherapy (IPT), Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), and well as mindfulness-based interventions. Interns participate in one hour of case conference/didactic weekly and receive one hour weekly individual and/or group supervision.

21. Telemental Health (3-8 hours per week): Michael Drexler, PhD; Shilpa Reddy, PhD; Erik Shumaker, PhD

The Telemental Health program offers services to veterans from our 6 Community based outpatient Clinics (CBOCs), as well as to some veterans in their own homes. These services offer skills-based groups, individual therapy, neuropsychological assessment, and some neurobehavioral rehabilitation via video conferencing. This emerging technology is at the forefront of the clinical interventions being offered through VA (contributing to access to services for veterans with behavioral challenges), and the experience provides the trainee an advanced introduction to the technology, best practices guidelines for telemental health, and related aspects of relevant practice. The Telemental Health Section consists of a specific interdisciplinary team, but also provides and helps to coordinate telemental health services across the facility.

22. Off-site Rotations

Interns are also permitted to train up to 300 hours per year at approved off campus sites under the supervision of UCSF Faculty. The intern will be responsible for exploring these options prior to the start of the internship so that the training experience can begin early in the year and negotiated with the Director of Training. Typically, interns find there are more than enough opportunities on site, but this allowance is offered for training with populations we may not serve. In the past, interns have negotiated rotations at Bipolar Disorder Clinic, Multicultural Adolescent Program and Prodromal Clinic at UCSF. There may also be a unique opportunity to work with the eating disorders research and clinical team at UCSF; please inquire.

Intern Seminars

Interns attend 1-3 hours of weekly didactics held at either SFVAMC or the nearby UCSF campus. This includes a 6 week psychopharmacology course, 12 month research seminar, 16 week clinical seminar series and 12 month psychology training seminar. The following are examples of core curricula offered at each site:

SAMPLE - SAN FRANCISCO VA PSYCHOLOGY INTERN SEMINAR
Mondays 3pm Building 8, 3rd floor conference room

Research Opportunities – group discussion/information hour
Group Therapy: Part I – Russell Lemle, PhD
Group Therapy: Part II – Russell Lemle, PhD
CBT & the Therapeutic Relationship - John McQuaid, PhD

Intern check-in (adjustments)
 Clinical Supervision – Dawn Lawhon, PhD
 Death & Dying: Psychologists in Hospice and Palliative Care – Michael Drexler, PhD
 Death & Dying Part II – Michael Drexler, PhD
 Edna Foa Videos -- Russell Lemle, PhD
 Phantom Limb Pain – John McQuaid, PhD
 Career Panel Discussion: Research vs Clinical vs Combination
 Conceptualization Debate – John McQuaid, PhD & Russell Lemle, PhD
 Working with Transgender Patients – Shira Maguen, PhD
 Panel discussion: Fellowship Selection Group Discussion
 Gender Issues Working with Male Populations – Nancy Odell, LCSW
 Cultural Competence – Sam Wan, PhD
 Medicinal Cannabis -- David Kan, MD
 Law & Ethics – Kellie Rollins, PsyD
 Malpractice: What Clinicians Should Know – David Kan, MD
 Mock Job Talks
 Social Phobia: Beyond Manualized Treatment -- Jessica Keyser, PhD
 It Takes a Village: PTSD/SUD Treatment -- Kristine Burkman, PhD
 CPTP – (When Patients Die: Effects of Patient Deaths, Including Suicides, on Therapists)
 Reflections in Professional and Personal Balance – Panel Discussion
 Intern Check-in (endings)
 End of year celebration & intern feedback session
 SAMPLE UCSF CPTP Clinical Seminar Syllabus
 1st and 3rd Monday of the month, 4-5 PM*

Overview: A 14-session seminar for pre- and post-doctoral fellows in clinical psychology focused on evidence-based clinical interventions, career development, and licensure issues.

Seminar contacts: Will Hua, PhD
 Speakers, & Topics:

Welcome and Introductions, CPTP and SFVA Clinical Psychology Fellows meet
Use of CBT for Treating Schizophrenia in Older Patients John McQuaid, PhD, Professor, UCSF/ VAMC
Addressing Substance Misuse in Elderly Derek Satre, PhD, Associate Professor, UCSF
The Practice of Geropsychiatry Jeremy Doughan, PsyD, SFVA
Treating Geriatric Populations, Pat Arian, PhD, Professor, UCSF
Career Development, Leadership and Practice in Clinical Psychology Jacqueline B. Persons PhD, Director, The San Francisco Bay Area Center for Cognitive Therapy
Prevention and Treatment for Postpartum Depression for English and Spanish-speaking Women Alinne Barrera, PhD, Assistant Professor, Palo Alto University
Surviving Licensure Panel Discussion Panelists: Maggie Chartier, PhD; Rebecca Crabb, PhD; Danielle Ramos, PhD; and Weiling Liu, PhD
Cross-cultural Issues in Treating PTSD Shannon McCaslin, PhD, VAMC
When Patients Die: Effects of Patient Deaths, Including Suicides, on Therapists Mark Stalnaker, PhD, VAMC
Effective Clinical Supervision Vanessa Kelly, PsyD (Associate Professor, SFGH/UCSF)
Cognitive Impairment, Disability and Structural Brain Abnormalities Associated with Late Life Depression Scott Mackin, PhD, Assistant Professor, UCSF

Other ongoing seminars:

- UCSF Department of Psychiatry Grand Rounds (at Langley Porter Psychiatric Institute)
- SFVAMC Mental Health Service Grand Rounds
- Substance Use Disorders Faculty/Fellows Seminar w/ Dr. Joan Zweben
- Psychology Diversity Committee
- Continuing Care Division Clinical Conference
- Neurology-Neurosurgery Teaching Conference

- Psychosocial Rehabilitation Forum
- Child and Adolescent Psychiatry Grand Rounds – UCSF
- Psychiatry Grand Rounds – UCSF
- Colloquium Series - Santa Rosa VA CBOC, Mental Health Clinic
- Advanced Psychotherapy Seminar w/ Dr. Mardi Horowitz (at Langley Porter Psychiatric Institute)

Sampling of past SFVAMC Grand Rounds presentations:

- Risk Assessment Workshop
- Multicultural Supervision Workshop
- Cross Cultural Dislocation: A Clinical and Social Dialogue
- Diversity: Progress, Challenges, Solutions
- Mindfulness Based Cognitive Therapy for Depression
- Interpersonal Process Psychotherapy
- MDMA for Treatment of PTSD
- Mirages of Equality for Women in Science
- The Male Brain
- The Essentials of Starting and Leading a Successful Psychotherapy Group
- Loving, Hating, and Knowing: Working with Resistance, Rebellion, and Refusal
- Personality: Axis I's Neglected Stepchild
- Understanding our Patients' Journeys: The Role of Literature
- Mindfulness Meditation
- Pharmacology of Alcohol Use Disorders
- Ethics of Informed Consent
- Addiction and Serious Mental Illness: New Research on Treating Alcohol Dependence in Schizophrenia
- "Your HIV test came back positive." Now what?: The Case for Universal HIV Screening in Mental Health
- Deep Brain Stimulation for Treatment-Resistant Depression
- Making Clinical Supervision More Effective
- Women & Technology Workshop
- The Evolution of Psychodynamic Psychotherapy Training: A Personal Perspective
- Emotions and decision-making: Exploring brain/body mechanisms in the emotion-behavior link
- Mental Health Issues of Woman Veterans

Requirements for Completion

Internship is a full-time one year (52 week) program equaling approximately 2080 hours.

In order for Interns to maintain good standing in the program they must:

- For the mid-point of each rotation, obtain ratings that are the equivalent of "close supervision and substantial training required" in at least 80% of items for each competency area.
- Demonstrate progress in those competency areas where less than 80% of items on the evaluation have been rated equivalent to "little supervision needed".
- Not be found to have engaged in any significant ethical transgressions or have issues with professionalism that interfere with their ability to perform as psychologists-in-training

In order for Interns to successfully complete the program, they must:

- By the end of each rotation, obtain ratings of the equivalent to "little supervision needed" in at least 90% of items in each competency area.
- No items will be rated at the equivalent of "close supervision needed" unless new skill area

- Not be found to have engaged in any significant ethical transgressions or have issues with professionalism that interfere with their ability to perform as psychologists-in-training

Facility and Training Resources

There are two intern offices that our 5 interns share based on random assignment. Each intern will have their own workstation with lockable cabinets, drawers, computer and telephone with private extension number. Interns carry VA issued pagers and are not expected to use their own resources such as cell-phones, flash drives and recording equipment. Clinical space will be provided on assigned rotations through a room check-out procedure. Each VA computer has access to the Internet and on-line literature search resources as well as word processing and medical record keeping. There is a broad range of psychological and neuropsychological tests available. The SFVAMC Medical Library has over 350 current journal subscriptions, many of which are mental health related. Medline and Psych Info searches are provided through the library, as are numerous other resources. Our librarian's motto: "if I can't find it, you don't need it."

Administrative Policies and Procedures

Our privacy policy is clear: we will not collect personal information about you when you visit our website.

Problematic Performance and Due Process

Procedures for the rare cases of problematic performance are in place, as are due process and grievance procedures to be followed by interns and staff alike.

POLICY & PROCEDURES FOR PROBLEMATIC INTERN PERFORMANCE & DUE PROCESS

Introduction

It is the purpose of the SFVAMC Clinical Psychology Internship Training Program to foster and support the growth and the development of interns during the training year. An attempt is made to create a learning context within which the intern can feel safe enough to identify, examine, and improve upon all aspects of his or her professional functioning. Therefore, interns are encouraged to ask for and supervisors are encouraged to give feedback on a continuous basis. When this process is working, there should be no surprises since an intern is aware of his/her progress on an ongoing basis.

It is a goal of training for supervisors to work with interns to identify both strengths and problem areas or deficiencies as early in the year as possible so as to be able to develop a plan with the intern to address the problem area(s) and build on the strengths.

Definitions of Problematic Behaviors

For the purposes of this document intern "problematic behaviors" are defined broadly as an interference to professional functioning which is reflected in one or more of the following ways:

1. a violation of American Psychological Association or Veterans Health Administration professional and/or ethical standards;

2. repeated non-adherence to the rules and regulations of the Clinical Psychology training Program and/or the San Francisco VA Medical Center;
3. an inability to acquire professional skills that reach an acceptable level of competency;
4. an inability to control personal stress and/or excessive emotional reactions which interfere with professional functioning and/or
5. professional issues that impair the ability to perform satisfactorily as psychologists-in-training

Evaluative criteria which link this definition of "problematic" to particular professional behaviors are incorporated in the specific evaluation forms for clinical work which are completed by supervisors formally at mid- and end-points of the rotations. These criteria, or objectives, are kept in mind throughout the year and discussions regarding an intern's progress with respect to them are discussed by the staff in an ongoing manner.

While it is a professional judgment as to when an intern's behavior becomes problematic, for the purposes of this document a "problem" refers to a intern's behaviors, attitudes, or characteristics which are perceived to be not unexpected or excessive for professionals in training at the intern level. Problems typically become identified as serious when they include one or more of the following characteristics:

1. the intern does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. the quality of services delivered by the intern is sufficiently negatively affected;
4. a disproportionate amount of attention by training personnel is required, and/or
5. the intern behavior does not change as a function of feedback, remediation efforts, and/or time.

Policy

- A. It is the policy that interns may fail a specific rotation, and/or entire internship and/or they may be terminated from the program prior to completion. It is expected that this will be an extremely unusual event. Because the intern group may be diverse and because interns come with different skills and abilities, it is not expected that all interns will have achieved the highest level of accomplishment in all areas in order to satisfactorily complete a rotation. Failure and/or termination may occur for any of the following reasons but it is not limited to this list:
 1. incompetence to perform typical psychological services in this setting and inability to attain competence during the course of internship;
 2. violation of the ethical standards of psychologists;
 3. failure to meet the minimum standards for either patient contact, didactic training, or testing competence;
 4. behaviors which are judged as currently unsuitable and which hamper the intern's professional performance;
 5. violation of VHA or San Francisco VA Medical Center regulations.
- B. It is also the policy that the intern can invoke his/her right of appeal as specified the Procedures and Due Process section of this document.

Procedures and Due Process

A. Determination of Problematic Status

Whenever a supervisor becomes aware of an intern problem area or deficiency which seems not be resolvable by the usual supervisory support and intervention, it should be called to the attention of the Director of Training. The Director of Training will gather information regarding this problem including, if appropriate, an initial discussion with the intern. The Director of Training will then present the situation to a meeting of the Training Committee (minus the Chief Psychologist). A determination will then be made by consensus whether or not to label the intern "problematic," which implies the possibility of discontinuing the training. This will be done after a thorough review of the intern's work and performance, and one or more meetings with the intern to hear his/her point of view. If such a determination is made, a further decision is made by majority vote of the Training Committee to either (1) construct a remedial plan which, if not successfully completed, would be grounds for termination; or (2) initiate the termination procedure.

B. Remedial Action

An intern who is determined to be "problematic" but potentially able to benefit from the remedial action will be asked to meet with the Training Committee to discuss the concern(s) and to determine the necessary steps to correct it. Members of the faculty at the intern's graduate program shall be consulted for input into this planning process. When a plan for correction has been determined, the intern will receive written explanation of the concern and specifics of the corrective plan. This plan will also specify the time frame for the corrective action and the procedure for determining that the correction has been adequately achieved. If the correction has not been accomplished, either a revised remedial plan will be constructed, or the Training Committee will proceed to terminate the intern.

C. Procedure for Termination and Appeal

1. Due Process: The intern will be provided an opportunity to present arguments against termination at a special meeting of the Training Committee. Direct participation by the Director of Training or another designee from the intern's graduate program shall be sought. If he/she is unable to attend personally, arrangement shall be made for some means of conference call communication. Additionally, other representation may be sought by the intern.
2. Appeal: Should the Training Committee recommend termination, the intern may invoke his/her right of appeal to the Chief Psychologist. That individual may appoint one or more psychologists to assist him/her in responding to the appeal. These psychologist would not be on the Training Committee (nor would have supervised the intern) and may include someone from another APA-accredited program such as Palo Alto VA. The training program shall abide by the decision of the appeal process.

Grievance Policy & Procedures

It is the goal of the Psychology Training Program to provide an environment that creates congenial professional interactions between staff and interns that are based on mutual respect; however, it is possible that a situation will arise that leads an intern to present a grievance. The following procedures are designed to ensure that a grievance is resolved in a clear, timely and practical manner.

1. Causes for grievance could include, but are not limited to, exploitation, sexual harassment or discrimination, racial harassment or discrimination, religious harassment or discrimination, capricious or

otherwise discriminatory treatment, unfair evaluation criteria, and inappropriate or inadequate supervision and training.

2. Causes for grievances should be addressed in the following steps:
 - a. The intern should make a reasonable effort to resolve the matter with the person(s) with whom the problem exists. This might include discussion with the individual in a dyad or with a sympathetic third person to act as an intermediary. When causes for grievance involve a psychologist, the intern should always notify the Director of Training, even if the issue is resolved.
 - b. A situation might be too difficult for an intern to speak directly to the individual. In that instance, the Director of Training should be involved to seek an informal resolution of the matter.
 - c. If the steps taken in a and b above fail to resolve the matter adequately, the intern can file a formal written grievance with the Director of Training. This grievance should outline the problem and the actions taken to try and resolve it. The Director of Training has the responsibility to investigate the grievance. The Director of Training will communicate to the Training Committee and will involve the Training Committee in the investigation as warranted. Based upon the findings of the investigation by the Director of Training (and Training Committee, if indicated), the Director of Training will decide how to resolve the matter. In most instances, this decision will be made in consultation with the Training Committee.
 - d. If the grievance is against the Director of Training, the Chief Psychologist will designate a member of the Psychology Training Committee to undertake the investigation of the matter and report back to the Psychology Office.
 - e. If the intern is not satisfied with the Director of Training's decision, the matter can be appealed to the Chief Psychologist who will review the complaint and decision and either support the decision, reject it, or re-open the investigation in order to render a decision.

Application & Selection Procedures

Eligibility

Applicants must meet the following required prerequisites to be considered for an internship in the VA:

- **Doctoral student in an APA-accredited Clinical or Counseling Psychology program**
- **Approval for internship status by graduate program training director**
- **U.S. citizenship**
- **Men must have registered for selective service**

Selection Process

The internship program at San Francisco VA Medical Center is competitive. We receive between 150-200 applications each year and we interview only about 25-35 of those for our five positions. This is a difficult process

and we must cut many very well qualified applicants. Often, the margin between being accepted or rejected for interview is minimal.

Completed applications are reviewed by 2-5 members of our Psychology Training Committee. Sometimes current postdoctoral fellows and interns participate in this process, but no application will be rejected until reviewed by a staff member and/or the Director of Training. Application ratings are based on the applicant's academic work and accomplishments, breadth and quality of previous clinical training (minimum of 1000 total practicum hours required), understanding and skills in psychological assessment, match between our training program and the applicant's needs and interests, letters of recommendation, personal qualities of the applicant (maturity, ethics, responsibility, self-awareness) and organization and clarity of written material. Ultimately, our selection criteria are based on a "goodness-of-fit" and we look for interns whose interests and training goals match the training that we offer.

We will make a decision about accepting a particular individual for interview as quickly as possible after his or her application has been reviewed. All applicants will be notified by December 15 either by telephone or email whether they will be invited for an interview or not.

If you are interested in one of our five fellowship positions in research, please indicate this in your cover letter and we will have the preceptor review your application. While we do not guarantee your being selected into one of our fellowships, many of our interns have been subsequently selected as postdoctoral scholars at SFVAMC.

Interviews

The Director of Training (Dr. Rollins) will notify you if you have been selected for an interview by December 15. We strongly prefer onsite interviews. For applicants who absolutely cannot arrange for an on-site visit, we will consider telephone interviews.

Interviews will be scheduled across odd numbered dates the first three weeks of January 2017. They will consist of a series of 5-7 half hour interviews with Dr. Rollins, Director of Training, Dr. Rothlind, Director of Neuropsychology Program or his appointee, other key faculty (your preferences will be honored when possible), a current intern and possibly a postdoctoral fellow. Individual interview styles and structure vary among staff. Some clinical teams may choose to interview as groups.

Once you have been invited by Dr. Rollins, you may coordinate your date preferences with the program contact she provides (often a postdoctoral fellow). Interview days may be limited in January, but we will make every attempt to honor your preferences given the busy travel season. Please let us know if you have special requests for even numbered dates or interviews in December. We may not be able to accommodate, but we will try.

Rankings

An Internship Selection Committee is formed each year that is comprised of members of the Psychology Training Committee, current interns and postdoctoral fellows and is led by the Director of Training. Rankings of interviewees will be determined by this Committee and based on application materials and interviews. Final rankings will be submitted by the deadline of Wednesday, February 1, 2017. We abide by all APPIC policies.

Training Term

The internship is full-time for one year beginning ~ July 1, 2017 and ending on July 1, 2018. One year at full-time equals approximately 2080 supervised hours.

Interns are entitled to 10 federal holidays and earn sick leave and annual leave (vacation pay) at a rate of 4 hours of each per two-week pay period worked (for a total of 13 days of each). San Francisco VA Medical Center also offers generous paid leave for conferences, dissertation defense and other approved educational activities.

Stipend and Benefits

The current stipend is \$28,508 per year. State and federal income tax and FICA (Social Security) are withheld from interns' checks. Interns are not covered by Civil Service Retirement or leave and are not eligible for federal life insurance benefits. The United States Government covers interns for malpractice under the Federal Tort Claims Act. VA offers individual and family health insurance plans for interns on a matching basis, (i.e., interns pay half of the premium and the VA pays the other half.) Health benefits are not offered for all recognized marriages, please check with us for exceptions. Dental and vision insurance are also available. San Francisco VA Medical Center also offers a public transportation reimbursement program.

Match Policies

The San Francisco VA Medical Center Psychology Internship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and participates in the APPIC Internship Matching Program administered by National Matching Services Inc (NMS). The guidelines in effect for this application year are available from APPIC. This internship site agrees to follow APPIC guidelines and to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Application Procedures

To apply for our internship:

1. Complete the online AAPI (APPIC Application for Internship) and designate San Francisco VA Medical Center.
2. Submit three letters of recommendation and graduate school transcripts.
3. All application materials must be submitted through the online AAPI. No materials will be accepted by e-mail or US mail.

Contact Information

Given this is a busy season for program staff, we encourage you to read our materials and the VA website thoroughly before contacting us with administrative questions.

Questions regarding your application or other administrative questions should be directed to Jamey Kubick at jamey.kubick@va.gov or 415-221-4810 x 2-2004.

Specific questions regarding the training program may be directed to Dr. Kellie Rollins at kellie.rollins2@va.gov or 415-221-4810 x 2-4362.

Commission on Accreditation (CoA), American Psychological Association

750 First Street, NE

Washington, DC 20002-4242

202-336-5979

www.apa.org/ed/accreditation/

In accord with the Federal Drug-Free Workplace Program, interns may be subject to urine toxicology screening for illicit drug use. Other branches of the Federal Government (Office of Personnel Management) may conduct routine background checks at their discretion.

The San Francisco VA Medical Center is an Affirmative Action/Equal Opportunity Employer.

San Francisco VA Medical Center Psychology Training Staff

Keith R. Armstrong, LCSW is the Director of the Family Therapy Clinic, the social workers in Mental Health Service and is a Clinical Professor of Psychiatry at the University of California, San Francisco (UCSF). He is also a member of the Posttraumatic Stress Disorder Program. Prior to his 23 years of outpatient work at the VA he was the inpatient social worker for the VA's Psychiatric Inpatient Unit. He received his master's degree in Social Work from University of California, Berkeley in 1984. He is author of clinical and research articles and chapters addressing the treatment of traumatized individuals and families. He co-authored *Courage After Fire*, a self-help book for returning Iraq and Afghanistan veterans and their families and recently co-authored book *Courage After Fire for Parents*. In 2005 he also won the Excellence in Direct Teaching Award by the Haile Debas Academy of Medical Student Educators and in 2011 he won the prestigious George Sarlo award given to the top UCSF Department of Psychiatry instructor. In 2013 he was given his 5th excellence in teaching award by the University of California Psychiatry Residents Association. He is currently a consultant to the intensive Family Therapy program at UCSF and in 2013 was named national social worker of the year for the VA.

Nazneen Bahrassa, PhD is a Staff Psychologist on the Suicide Prevention Team based in the Santa Rosa CBOC. Dr. Bahrassa received her doctorate in counseling psychology from the University of Minnesota, Twin Cities, where her research focused on parent-child conflict among immigrant and non-immigrant families. She completed her pre-doctoral internship at the VA St. Louis Health Care System and postdoctoral fellowship at the San Francisco VA Medical Center, where she specialized in women's health and trauma. Dr. Bahrassa performs a range of clinical, administrative, and educational duties focused on the assessment, management, and treatment of suicidal behaviors in veterans in the northern CBOC communities (Santa Rosa, Ukiah, Eureka, and Clearlake). She also provides supervision to VA trainees in psychology and offers training in individual and group therapy services for women veterans including DBT and trauma-focused care. Dr. Bahrassa's current research interest include examining the impact of intimate partner conflict on women's health and well-being.

Steven L. Batki, MD is Chief of the Substance Abuse Programs, Director of the Addiction Psychiatry Fellowship Program, and Director of the Addiction Research Program at the San Francisco VA Medical Center. He is Professor in Residence in the UCSF Department of Psychiatry. In his previous role at UCSF, he was Director of the Division of Substance Abuse and Addiction Medicine at San Francisco General Hospital. Dr. Batki engages in clinical research in addiction psychiatry and psychopharmacology with a focus on the treatment of addiction and comorbid mental illness and medical disorders. His research work is currently funded by NIDA and the Department of Defense. His NIDA projects are aimed at improving the treatment of methamphetamine dependence. Dr. Batki's DoD-funded research at the San Francisco VAMC focuses on clinical trials to improve the treatment of alcohol use disorder in veterans with PTSD and in veterans with mild TBI.

Brian Borsari, PhD received his PhD in clinical psychology from Syracuse University in 2003. He also completed an internship at The Boston Consortium in Clinical Psychology in 2003. From 2003 to 2015 he was at the Center for Alcohol and Addiction Studies at Brown University. From 2007-105 he was at the Providence Veterans Affairs Medical Center as a clinical psychologist, and in 2015 he joined the San Francisco VAMC and UCSF. Over the past 20 years, Dr. Borsari has worked to develop a research program in implementing and evaluating brief motivational interventions for alcohol use in college students and other populations. Dr. Borsari is also investigating the in-session components of motivational interviewing that may be linked to subsequent behavior change (e.g., the working alliance). Dr. Borsari is also interested in the assessment and treatment of addictive behaviors, including high risk drinking behaviors in college students (e.g., pre-gaming, drinking games), marijuana use in returning Veterans, and enhancing treatment engagement for co-morbid disorders in a variety of populations.

Jennifer E. Boyd, PhD, CPRP is the Associate Chief of Mental Health for Psychosocial Recovery Services. She is also an Associate Adjunct Professor of Psychiatry at the University of California, San Francisco. Dr. Boyd was educated at Stanford University, the University of Maryland, Georgetown University, and Columbia University. Her most recent research focuses on the internalized stigma of severe mental illness. In clinical, teaching, and advocacy work, Dr. Boyd supports the recovery model of psychosocial rehabilitation. She received awards from the American Psychological Association Division 18 in 2009 for Outstanding Contributions in Psychosocial Rehabilitation, and in 2013 the Michael S. Neale award for service to people with serious mental illness. In 2014 she received an APA Presidential Citation for her work on stigma.

Kristine Burkman, PhD is a staff psychologist with the Substance Use and PTSD (SUPT) Clinic and the PTSD Research Program. Dr. Burkman received her doctorate in clinical psychology from Northwestern University, Feinberg School of Medicine, where her research focused on developmental trauma and risk behaviors among youth in the child welfare system. She completed her pre-doctoral internship and postdoctoral fellowship at the San Francisco VA Medical Center, where she specialized in traumatic stress and co-occurring substance use disorders. Dr. Burkman provides supervision to trainees in psychology and psychiatry, and participates in the SUPT educational seminar. She offers training in comprehensive diagnostic evaluations, engagement among highly ambivalent veterans, individual and group psychotherapy, including trauma-focused cognitive behavioral therapies, and program development. Her clinical interests include developmental trauma, war stress, attachment, addiction, harm reduction, motivational enhancement therapy, and skills based interventions for self-regulation (i.e., DBT, Seeking Safety, anger management, mindfulness). Dr. Burkman's research interests include psychological impact of killing in war, moral injury, gender difference in combat PTSD, and treatment development for PTSD and complex trauma.

Timothy P. Carmody, PhD is Director of the Health Psychology Program, Health Sciences Clinical Professor of Psychiatry, UCSF, and Associate Director for Mental Health for the Center of Excellence for Education in Patient-aligned Care Teams in Primary Care. He received his doctorate in clinical psychology from the University of Montana in 1977 and has been a member of the Psychological Services staff since 1985. His professional interests include nicotine dependence, chronic pain, obesity/weight control, and behavioral factors in the prevention and treatment of coronary heart disease. He is affiliated with the Department of Psychiatry's Treatment Research Center and NIDA-funded Drug Abuse Treatment/Services Research Training Program, focusing on tobacco use cessation in alcohol-dependent smokers. He has published in a variety of areas in behavioral medicine including smoking cessation, pain management, and prevention of coronary disease. Dr. Carmody has been the recipient of a Research Career Development Award from the National Heart, Lung, and Blood Institute (NHLBI) and has served on several ad hoc grant review committees for NHLBI. He was also a member of the Evidence-Based Behavioral Medicine Committee for the Society of Behavioral Medicine. His research has been funded by the VA HSR&D and RR&D Programs, NIDA, and the University of California Tobacco-Related Diseases Research Program. He serves as an editorial consultant to several professional journals and is a member of the editorial boards for the *Journal of Clinical Psychology in Medical Settings* and *Psychological Services*. He also serves as chair of the VA's National Technical Advisory Group for tobacco use cessation, member of the planning committee for the VA Psychology Leadership Conference, and is current chair of the APA Division 18/VA section.

Maggie Chartier, PsyD, MPH is a staff psychologist at the San Francisco VA Medical Center and an Assistant Clinical Professor at UCSF. She is also the National Public Health Clinical Psychologist for VHA's HIV, Hepatitis, and Public Health Pathogens Program (HHPHP) in the Office of Public Health/Clinical Public Health. She received her MPH in Epidemiology at the University of Washington, Seattle in 2004 and her PsyD from the PGSP-Stanford Consortium in Palo Alto, California in 2009. She completed her clinical internship at UCSF and her postdoctoral fellowship in HIV/HCV Psychology at the San Francisco VA. Her primary areas of interest are in the psychological care of patients with HIV and Hepatitis C, health psychology, and Acceptance and Commitment Therapy (ACT).

Jeremy Doughan, PsyD is an Assistant Clinical Professor of Psychiatry at UCSF School of Medicine and staff clinical psychologist at the San Francisco Department of Veterans Affairs Medical Center, Division of Geropsychiatry. Dr. Doughan provides clinical services to a number of programs and clinics throughout the medical center: Home Based Primary Care, Hospice/Palliative Care Service, Geriatric Medical Practice Clinic and Geropsychiatry Mood Assessment Clinic. In addition, Dr. Doughan is the Clinical Geropsychology Postdoctoral Fellowship Director and co-director for the Geropsychology training program at SFVAMC. Dr. Doughan received his undergraduate degree in psychology from the University of Minnesota. He subsequently received his master's and doctoral degree from the Minnesota School of Professional Psychology. During his graduate tenure, he completed an advanced practicum in geriatrics at the Minneapolis Department of Veterans Affairs Medical Center, a pre-doctoral APA clinical psychology internship at the Miami Department of Veterans Affairs Medical Center and APA postdoctoral fellowship in Clinical Psychology, with Geropsychology specialization, at the Department of Veterans Affairs Boston Healthcare System. He held academic appointments as a Teaching Fellow in Psychiatry at the Boston University School of Medicine and Clinical Psychiatry Fellow at Harvard Medical School. Currently he is an Adjunct Professor of Psychology at the University of San Francisco. Dr. Doughan's interests include geriatric-neuropsychological evaluations,

personality assessments of older adults, interpersonal psychotherapy of geriatric patients and academic teaching/supervision of trainees.

Michael L. Drexler, PhD, CPRP is the Director of the Telemental Health (TMH) Section and Workplace Violence Prevention Program (WVPP) Coordinator, and is a staff psychologist and neuropsychologist at the San Francisco VA Medical Center. Prior roles at SFVAMC have included Clinical Director of the Psychosocial Rehabilitation and Recovery Center, Local Psychosocial Recovery Coordinator (LRC) for Severe Mental Illness, Geriatric Neuropsychologist and Geropsychologist. He provides supervision and consultation to trainees at all levels in TMH, WVPP, Psychosocial Rehabilitation, Neuropsychology, and Hospice. Before coming to the VA, he worked at Laguna Honda Hospital and Rehabilitation Center in San Francisco, serving as Director of the Neuropsychology Service, Program Director of Psychosocial Units (with a focus on SMI), and Psychosocial Coordinator of the Dementia Cluster. Dr. Drexler has worked as the consulting neuropsychologist for Geriatric Services of San Francisco, Garfield Geropsychiatric Hospital in Oakland, Morton Bakar Geropsychiatric Center in Hayward (during which time Telecare Corporation embraced the psychosocial rehabilitation model), and Letterman Army Medical Center in San Francisco. He is Assistant Clinical Professor at UCSF, Adjunct Professor of Neuropsychology and Neuropsychological Assessment at the California School of Professional Psychology of Alliant International University, Instructor in Psychosocial Rehabilitation, Geropsychology and Neuropsychology at UC Berkeley Extension, and is Lecturer, Level 6, teaching the Gerontology Focus courses at Notre Dame de Namur University in Belmont California. He is a Fellow of the National Academy of Neuropsychology, and board certified by the Psychiatric Rehabilitation Association (formerly the United States Psychiatric Rehabilitation Association). Clinical placements while in training included Pyramid Alternatives in Pacifica, Garfield Geropsychiatric Hospital in Oakland (now Garfield Neurobehavioral Center), internship was at SFVAMC, and his Postdoctoral Fellowship (focusing on neuropsychology and rehabilitation psychology) was completed at Laurel Grove Rehabilitation Hospital (Eden Hospital) in Hayward California. He received his doctorate from the California School of Professional Psychology of Alliant International University, Berkeley, in 1988.

Nate Ewigman, PhD, MPH is a staff psychologist at the San Francisco VA Health Care System and Co-lead of the PACT Intensive Management Program. He received his MPH in Health Services Research, Management & Policy in 2009 and his PhD in 2014 from the University of Florida in Gainesville, Florida. He completed his clinical internship at the Edward Hines Jr., VA in Chicago and his postdoctoral fellowship in Primary Care Psychology from the San Francisco VAHCS. His primary interests include quality improvement, program development and evaluation, and applied research focused on innovative health care delivery approaches. Clinical interests include complex multimorbid patients, team-based intervention, psychological treatment for high-utilizing conditions and Motivational Interviewing (MI).

Maria Isabella Fernandez, MD is the Director of Psychiatric Intensive Care Unit and Assistant Clinical Professor at University of California, San Francisco. She graduated medical school at the University of Barcelona and completed residency at UCSF and a fellowship in geriatric psychiatry at Brown University. Her areas of interest are inpatient psychiatry, mood disorders, electroconvulsive therapy, and geriatric psychiatry. She teaches and directly supervises 3rd year UCSF medical students on their core psychiatry rotation and lectures in medical student rounds. She has published in the areas of panic disorder and treatments with buprenorphine.

Charles Filanosky, PhD, ABPP is a Staff Clinical Neuropsychologist board certified in Rehabilitation Psychology. He is an Assistant Clinical Professor of Psychiatry at UCSF and plays an active role in SFVAMC's Center of Excellence in Primary Care Education. Dr. Filanosky is detailed to primary care where he evaluates veterans who screen positive for mental and behavioral health concerns and provides consultation services to the medical staff. He also performs neuropsychological evaluations for PNAP where he specializes in traumatic brain injury (TBI). In addition, he is involved in the coordination of services for returning OEF/OIF veterans, performs compensation and pension evaluations at San Quentin and Napa State and is a member of the Polytrauma Clinical Support Team. He conducts brief evidence-based therapies including CBT and Problem Solving Therapy. Prior to this, he completed a two year post-doctoral residency in clinical neuropsychology and rehabilitation research at The Mount Sinai Medical Center in New York and was an adjunct member of the faculty at Hunter College of the City University of New York. He earned his doctorate at the Pacific Graduate School of Psychology (2004) and has a Master's degree in education from Boston University (1995). His research interests include neuropsychological assessment, TBI, applications of technology in within mental health, and coping with grief and bereavement.

Chris Galloway, PhD is Program Director for the Addiction Recovery Treatment Services (ARTS) Intensive Outpatient Program and Transitions Program. Additionally, he is the VISN 21 SUD Program Lead (the liaison for VA Central Office and the SUD programs at VA's in this region). Prior to these roles he developed and directed the Suicide Prevention Program at the SFVAMC, served as Co-Chair of the hospital's Disruptive Behavior Committee, Co-Chair for the Mental Health Service's Quality Improvement Committee, and led the Mental Health Service's Systems Redesign efforts. Volunteering outside of the VA he is President of the Board of the Greater SF Bay Area Chapter of the American Foundation for Suicide Prevention. After receiving his PhD in Clinical Psychology in 2006 from the University of North Carolina at Chapel Hill, he completed a Postdoctoral fellowship with the Dual Disorders team at the Center for Excellence in Substance Abuse Treatment and Education at the Seattle VA. Dr. Galloway offers opportunities for training in all aspects of assessment and treatment of addictions, as well as program development. Particular areas of emphasis include brief MI interventions for substance use problems in non-SUD settings, CBT for SUD, and continuity of care. Dr. Galloway's research interests include assessment, etiology, and treatment of substance use and comorbid mental health conditions.

Lisa Grossman, PhD is a staff psychologist in the Primary Care Clinic at the Santa Rosa CBOC. She completed her doctoral training at Pacific Graduate School of Psychology, with specialization in Neuropsychology, and her internship at the Reno VAMC. She then completed a postdoctoral fellowship in Neuropsychology at San Francisco General Hospital. Dr. Grossman practiced as a staff psychologist at Schwab Rehabilitation Hospital and Care Network in Chicago, and has also provided assessment and treatment in general medical, extended care, and outpatient practice settings. From 2004 to 2015, she served as Consulting Neuropsychologist on the Acute Rehabilitation Unit at Santa Rosa Memorial Hospital, while also providing individual psychological and neuropsychological treatment, cognitive rehabilitation, and family and medical staff consultation in her private practice. At the Santa Rosa CBOC, she provides full-time, direct patient care and consultation to the Primary Care providers, while also serving as a member of the larger Mental Health Clinic team. Her professional interests include behavioral medicine, individual and family adjustment to illness and injury, neuropsychological recovery from trauma, and cognitive rehabilitation.

Caitlin Hasser, MD is the Director of the Women's Mental Health Program, the VA site director for UCSF psychiatry residency training program and Assistant Clinical Professor at UCSF. She completed medical school at the University of Virginia in 2003 and her psychiatry residency at UCSF in 2007. Dr. Hasser works as a consultant to the Women's Clinic, a multidisciplinary clinic designed to provide comprehensive services to women veterans. The women's mental health program is currently expanding with increases in the services provided to women as well as educational opportunities for trainees in this integrated setting. Her interests include affective and anxiety disorders during pregnancy and the postpartum period, intimate partner violence screening, sexual trauma, post-traumatic stress disorder, primary care-mental health integration, multidisciplinary teaching and improving access to care. She has a strong commitment to teaching and regularly supervises psychology and psychiatry trainees. Her most recent publication is a perspective on intimate partner violence screening.

Ellen Herbst, MD is Associate Chief of the Addictions Recovery Treatment Services and Assistant Clinical Professor of Psychiatry at UCSF. She is the Medical Director of the Intensive Outpatient Program (IOP) for patients with substance use disorders and Staff Psychiatrist of the Student Veteran Health Program (SVHP) at City College of San Francisco. She is principal investigator of a study investigating the feasibility of Stay Quit Coach, a mobile app designed to help Veterans with posttraumatic stress disorder (PTSD) quit smoking, and is co-investigator on several of Dr. Steve Batki's clinical trials investigating pharmacotherapies for alcohol use disorder in Veterans with PTSD and/ or mild traumatic brain injury. Dr. Herbst has a strong commitment to teaching and regularly supervises UCSF psychiatry residents, psychology trainees, addictions psychiatry and anesthesia pain fellows, and medical students.

Michael E. Hoefler, MD is Chief of the Opioid Treatment Program (OTP) and Associate Director of the UCSF Addiction Psychiatry Fellowship Program. He is a Clinical Professor of Health Sciences in the UCSF Department of Psychiatry. He is also the trainee representative to the American Academy of Addiction Psychiatry (AAAP) representing trainee interests in the organization nationally. Dr. Hoefler's areas of interest are pharmacologic treatments for opioid use disorder, motivational interviewing, clinical drug testing, management of disability benefits in substance users, and drug policy.

William Q. Hua, Ph.D., is a clinical health psychologist in the Infectious Diseases and Liver clinics, where he provides behavioral medicine and integrated care services for veterans living with HIV, hepatitis C (HCV), and/or other liver diseases. He mentors providers to provide specialty HIV and HCV mental health care to veterans living in rural communities through the Specialty Care Access Network Extension for Community Healthcare Outcomes (SCAN-ECHO) program. Dr. Hua is an assistant clinical professor at UCSF and also serves the roles of director of the Integrated Care Psychology Fellowship in HIV and Liver Disease, co-lead for the UCSF/SFVA Clinical Psychology Training Program clinical seminar, and co-chair of the Psychology Diversity Committee. He is passionate about Acceptance and Commitment Therapy (ACT) and leads an ACT learning and supervision group. Prior to coming to the San Francisco VA in 2013, Dr. Hua received behavioral medicine training through the Palo Alto VA Health Care System psychology internship and fellowship programs. He completed his Ph.D. in Clinical Health Psychology & Behavioral Medicine from the University of North Texas. Dr. Hua is also the co-founder of a nonprofit organization called Here to Hope which focuses on promoting health and education for both HIV-positive and HIV-negative children living in children's homes in Guyana, South America.

Sabra Inslicht, PhD is the Director of the Psychology Research Fellowship Program for the San Francisco VA Advanced Fellowship in Women's Health, Assistant Professor at UCSF, and a Staff Psychologist at the PTSD Clinic at the San Francisco VA Medical Center (SFVAMC). She received her PhD in clinical and health psychology from the University of Pittsburgh, completed a clinical internship at the Palo Alto VA and postdoctoral fellowships at Stanford and UCSF/SFVAMC. Within the PTSD program, Dr. Inslicht specializes in evidenced based treatments for PTSD, including Prolonged Exposure (PE) for PTSD and she co-leads the PE seminar and supervises PE cases. Research interests include: mechanisms of biological risk and resilience in PTSD such as fear conditioning and extinction processes, neuroendocrine immune, and neurosteroid correlates, and neuroimaging correlates using fMRI; sex differences in the biology of PTSD; pharmacological adjuncts to enhance fear extinction; and the application of these findings to the treatment of PTSD in veterans. She is available for consultation on both research and clinical activities.

Jeremy Joseph, PhD is a Staff Psychologist with the Mental Health Clinic at the Santa Rosa CBOC. Dr. Joseph received his doctorate in Clinical Psychology from the University of Wyoming, where his research focused on the impact of trauma on meaning-making processes. He completed his pre-doctoral internship at the Southwest Consortium Predoctoral Psychology Internship where he trained with both the Albuquerque VA Hospital and Indian Health Service. Following internship, he completed a two-year postdoctoral fellowship with the South Texas Research Organizational Network Guiding Studies on Trauma and Resilience (STRONG STAR) located in the Department of Psychiatry at UT Health Science Center - San Antonio. Dr. Joseph provides individual and group therapies, triage assessment and intervention, and clinical supervision to graduate student externs. His ongoing research interests include cognitive flexibility, nightmare disorder, and the use of mindfulness to develop greater awareness of self and context.

Susan Karpenko, LCSW is a clinical social worker and certified group psychotherapist from the American Group Psychotherapy Association. She received her graduate degree in Social Welfare from the University of California Berkeley. She is a staff member with the San Francisco VA's Substance Use and Posttraumatic Stress Disorder program (SUPT). She provides treatment for veterans with co-occurring substance disorder and complex trauma histories, including combat, military accident and military sexual trauma. She supervises trainees from multiple health care provider disciplines in the SUPT program. She is a leader in providing and maintaining the Anger Management groups. She practices evidence-based treatments, including Prolonged Exposure and Cognitive Behavioral Therapies and has adapted them to group therapy settings. She is key provider of group therapy training to psychology interns, externs, residents and social work interns.

Karen Kasch, PhD is the Evidence-based psychotherapy coordinator and a staff psychologist in the general mental health clinic at San Francisco VA. She received her doctorate from SUNY Stony Brook, where she conducted research on chronic depression, as well as family studies of mood and anxiety. She completed her internship at Palo Alto VA and her postdoctoral research fellowship at Stanford University, where she continued her research on mood disorders. She later returned to Palo Alto VA where she served in several different roles, including as psychologist on the high acuity inpatient unit, in the psychosocial rehabilitation program, on the PTSD Clinical Team, and as chair of the Disruptive Behavior Committee. Dr. Kasch specializes in cognitive-behavioral interventions, with an emphasis on the behavioral, and has supervised trainees in the provision of Cognitive Behavioral therapy, Cognitive Processing Therapy, Prolonged Exposure, Motivational Interviewing,

among other therapies. She has served as a consultant for the Motivational Interviewing and Motivational Enhancement therapy initiative in VA since its inception in 2011 and is a member of the Motivational Interviewing Network of Trainers (MINT).

G. Dawn Lawhon, PhD is the training director for the Posttraumatic Stress Disorder Clinical Team (PCT) and a Health Sciences Assistant Clinical Professor of Psychiatry at the University of California (UCSF). After receiving her PhD in Clinical Psychology and Women's Studies from the University of Michigan (2004), Dr. Lawhon completed a clinical post-doctoral fellowship in PTSD at the San Francisco VAMC (2005) and a NIDA-funded research fellowship in substance abuse treatment at UCSF (2007). Within the PTSD clinical program, Dr. Lawhon conducts evaluations, leads therapy groups, and treats patients in individual therapy, with emphasis on enhancing motivation for treatment, particularly in the context of complex trauma. She also conducts intakes and serves as a specialty PTSD consultant in the Behavioral Health Access Center. Dr. Lawhon specializes in integrative group treatment of PTSD, in which psychoeducation and cognitive behavioral skill building are provided within a relational and mindfulness-based frame. She provides supervision to psychiatry residents, psychology interns, externs and fellows, and participates in the PCT educational seminar.

Kewchang Lee, MD is Director of the Psychiatry Consultation Unit at the SF-VAMC and Clinical Professor of Psychiatry at the UCSF School of Medicine. He is actively involved in clinical and teaching activities, focusing on consultation-liaison psychiatry and mental health issues in the primary care setting. He is Director of the UCSF Fellowship Program in Psychosomatic Medicine, and has published several chapters in psychiatry, internal medicine, and geriatric medicine texts. Dr. Lee was educated at Harvard University, and received his MD at New York University in 1992. He was trained in the psychiatry residency program at UCSF.

Russell Lemle, PhD is Psychology Director, Mental Health Service and Associate Clinical Professor, UCSF Medical School, Department of Psychiatry. He obtained his doctorate from SUNY at Buffalo in 1979. He completed his pre-doctoral internship at UCLA Neuropsychiatric Institute and postdoctoral fellowship in Family Therapy at Langley Porter Psychiatric Institute. Between 1984 and 1993, he was Chief of the SFVAMC Outpatient Alcohol Clinic, during which period he authored articles on alcohol treatment and etiology. Since 1992, he has been the Psychology Director (formerly called Chief Psychologist). Other areas of professional interest, teaching and publications include couples therapy, psychotherapy process and group therapy. Dr. Lemle is on the Planning Committee of the yearly national VA Psychology Leadership Conference and mentors trainees who are interested in the development of mental health policy. For his significant contributions to national VA Psychology issues, he received an APA Presidential Citation in 2005, the APA Division 18 Harold Hildreth Award in 2011 and the Antonette Zeiss Distinguished Career Award of the Association of VA Psychologist Leaders in 2013. Dr. Lemle is a Fellow in APA Division 18.

Shira Maguen, PhD is Director of the Psychology Fellowship Program for the VA Advanced Fellowship Program in Mental Illness Research and Treatment, Associate Professor of Psychiatry at UCSF, and a Staff Psychologist on the Posttraumatic Stress Disorder Clinical Team (PCT). Dr. Maguen completed her internship and postdoctoral training at the National Center for PTSD at the VA Boston Healthcare System after receiving her doctorate in Clinical Psychology from Georgia State University. She is involved with both the clinical and research components of the PTSD program. Within the PTSD clinical program, Dr. Maguen conducts evaluations and sees patients for individual therapy. She is involved in the provision of services for the returning Afghanistan and Iraq War veterans, and is the Mental Health Director of the OEF/OIF Integrated Care Clinic. Dr. Maguen specializes in evidence-based cognitive behavioral therapies, including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) Therapy and for PTSD. She leads the CPT seminar and supervision group offered through the PCT. She provides supervision to psychology interns, externs and fellows, teaches psychiatry residents in training with the PCT, and participates in the PCT educational seminar. Her research interests fall under the umbrella of PTSD and include risk and resilience factors in veterans, the psychological impact of killing in war, mental health issues in female veterans, and sleep and PTSD.

Nikhil Daniel Majumdar, MD, is the Medical Director for the Inpatient Psychiatry Unit and Psychiatric Emergency Services at the San Francisco Veteran Affairs Medical Center. He is board certified in Psychiatry and Addiction Medicine with plans for Brain Injury Medicine on the horizon. He has been trained in Mindfulness-Based Stress Reduction and Behavioral Activation

Therapy, which outlines two of his favorite off work topics, relaxing and finding interesting things to do. He has an occupational focus on recovery-oriented rehabilitative care for severe and persistent mental illness, especially when influenced by traumatic brain injuries and addictions. He strives to educate medical students, psychiatric residents, clinical psychology trainees, and other interdisciplinary team members on practicing the highest level of clinical care while also maintaining appropriate work-life balance and clinician self-care, because he's recovery-oriented toward his colleagues as well as his patients. He, of course, immediately undermines this point by working extensively in the California Department of Corrections and Rehabilitations during his off hours from the VA. He has published chapters in several books, presented at national conferences, and is co-investigator on two ongoing clinical research trials. He graduated from Ross University School of Medicine and was trained at the University of Nevada - Reno and Michigan State University - Kalamazoo Center for Medical Studies psychiatry programs.

Jennifer Manuel, PhD is a Staff Psychologist in the Health Promotion and Disease Prevention (HPDP) program and the Associate Director for Psychology in the Center of Excellence in Primary Care Education. She received her doctorate in clinical psychology from the University of New Mexico and completed her clinical internship at the Palo Alto VA Medical Center. Dr. Manuel completed a postdoctoral fellowship in drug abuse treatment services research at the University of California, San Francisco where her work focused on training healthcare providers in motivational interviewing and examining the efficacy of brief motivational interventions in healthcare settings. Following her postdoctoral fellowship at UCSF, she was the Program Evaluator for the VA Central Office Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET) Training Programs.

Megan McCarthy, PhD, is Suicide Prevention Coordinator at the San Francisco Veterans Affairs Medical Center (SFVAMC) and an Assistant Clinical Professor at the School of Medicine at the University of California, San Francisco. Dr. McCarthy enjoyed her predoctoral internship at SFVAMC, received her doctoral degree from UC-Berkeley, and completed postdoctoral training at Cambridge Health Alliance/Harvard Medical School. As Suicide Prevention Coordinator, and in collaboration with researchers at the Harvard Injury Control Research Center and VISN 19 MIRECC, she is responsible for the development, implementation, and evaluation of the Lethal Means Safety Demonstration Project at SFVAMC, which promotes safe storage of firearms for Veterans who are at risk for suicide. Dr. McCarthy is also trained in a range of evidence-based psychotherapies and has served in various administrative and teaching roles at SFVAHCS. She supervises Interpersonal Psychotherapy (IPT) and Time Limited Dynamic Psychotherapy (TLDP) and is a consultant for the VA IPT Training Program. She is interested in psychotherapy process and outcome research. In 2014 she was awarded the James Besyner Early Career Award by the Association of VA Psychologist Leaders (AVAPL).

John R. McQuaid, PhD, is Associate Chief of Mental Health for Clinical Administration at the San Francisco VA Medical Center, and serves as a staff psychologist for the General Psychiatric Outpatient Service (GPOS). He completed his undergraduate education at the University of California, San Diego, his PhD at the University of Oregon, and his internship and postdoctoral fellowship at the University of California, San Francisco. Prior to joining the San Francisco VA in 2009, Dr. McQuaid worked at the VA San Diego Healthcare System and UCSD for 13 years as Director of a mood clinic. Dr. McQuaid's clinical and research expertise is in the development and use of cognitive-behavioral interventions for psychiatric disorders and health management issues. He has served as a PI, co-investigator or consultant on several treatment studies applying cognitive-behavior therapy to treatment of psychosis, comorbid depression and substance dependence, phantom limb pain and high risk sex behaviors. Dr. McQuaid also has extensive experience as a clinical supervisor, having twice received the teaching excellence award from the VA San Diego/UCSD Psychology Internship Program.

Thomas Neylan, MD is the Director of the Posttraumatic Stress Disorders (PTSD) Clinical and Research Programs at the San Francisco Veterans Affairs Medical Center. He is a Professor, In Residence in the Department of Psychiatry at the University of California, San Francisco. Dr. Neylan has been an active researcher in the study of sleep and Posttraumatic Stress Disorder for the past 18 years. He has been the Principal Investigator on multiple funded projects sponsored by the National Institutes of Health, the National Institute of Justice, the Department of Defense, and the Department of Veterans Affairs. Dr. Neylan has first-authored multiple articles in prominent psychiatric journals including the Archives of General Psychiatry, the American Journal of Psychiatry, Biological Psychiatry, Chronobiology International, Journal of Clinical Psychiatry, Journal of Traumatic Stress, Neuropsychopharmacology, and Psychosomatic Medicine. He has presented his research at national

meetings such as the American Psychiatric Association, the American College of Neuropsychopharmacology, the American Sleep Disorders Association, and the International Society for Traumatic Stress Studies. Dr. Neylan has served on the National Institutes of Health, Center for Scientific Review, Adult Psychopathology and Disorders of Aging Study Section.

Tatjana Novakovic-Agopian, PhD is a Rehabilitation Neuropsychologist at SFVAMC TBI- Polytrauma Clinic. She is also an Assistant Professor at UCSF, and a Co-Director of the Program in Rehabilitation Neuroscience at SFVAMC, VANCHCS and UC San Francisco. She received her graduate education from Johns Hopkins University and California School of Professional Psychology, and her postdoctoral training at UCSF. Her clinical interests include assessment and cognitive rehabilitation/reintegration of individuals recovering from brain injury. Her research focuses on development and implementation of theory driven interventions for rehabilitation of executive control functions after brain injury, PTSD and in aging, and on ecologically valid multi-level outcome assessment methods. She is currently a Principal Investigator and a Co-Investigator on VA Merit and DOD sponsored clinical research studies investigating effectiveness of cognitive trainings in Veterans with PTSD, and history of TBI. She served as chair of the Brain Injury Research Committee of the California Pacific Regional Rehabilitation Center, and is a past president of the Northern California Neuropsychology Forum. She has presented her work internationally and is an author of a number of peer reviewed publications.

Nancy Odell, LCSW is an Associate Clinical Professor at the UCSF School of Medicine, Department of Psychiatry and a clinical social worker on the Substance Use/ Posttraumatic Stress Team. She is a certified group psychotherapist from the American Group Psychotherapy Association where she also holds an Academic Membership. She has over twenty years of experience in treating PTSD and provides group psychotherapy supervision for psychiatry residents receiving training in the treatment of co-occurring PTSD and substance use disorders. She coordinates the SUPT Clinical Seminar, an interprofessional training seminar, and provides supervision to interprofessional trainees when requested. Ms. Odell received her graduate degree in Clinical Social Work from Boston College and worked at the National Center for Posttraumatic Stress Disorder prior to working at the San Francisco VA Medical Center. She participated in an inter-cultural exchange in the Republic of Vietnam. She traveled to Vietnam and met with various mental health professionals, university and government officials to exchange treatment information on Posttraumatic Stress Disorder and substance use disorders. Ms. Odell participated in a treatment outcome study with Stanford University investigating the effectiveness of group psychotherapy for women diagnosed with Posttraumatic Stress Disorder from childhood sexual abuse. She participated in MIRECC and DOD funded studies investigating the effectiveness of exposure based treatments for Vietnam and Iraq/Afghanistan veterans. Ms. Odell has training in Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) and Mindfulness Based Stress Reduction treatment. She has extensive training in Control Mastery Theory and her orientation is cognitive/behavioral and psychodynamic. Ms. Odell has a private practice in San Francisco.

Sarah Palyo, PhD, CPE is the Clinical Director of the Intensive Pain Rehabilitation Program (IPRP) for the SFVAHCS Pain Clinic. She received her PhD in clinical psychology from the State University of New York at Buffalo and completed her clinical internship at the Palo Alto VA Medical Center. She completed a post-doctoral fellowship in Stanford University's Behavioral Medicine Clinic. Dr. Palyo specializes in the assessment and treatment of co-occurring chronic pain conditions and psychiatric disorders, with an emphasis on CBT and ACT based interventions. Treatment modalities include individual, group, and video conferencing sessions with patients in the Community Based Outpatient Clinics. Dr. Palyo helped develop the IPRP, which is a CARF-accredited, 12-week, interdisciplinary pain rehabilitation program. Dr. Palyo's research interests include co-occurring chronic pain and PTSD and resiliency.

Kellie Rollins, PsyD is the Director of Psychology Internship and Practicum Training Programs at San Francisco VA Medical Center (SFVAMC) and staff psychologist in the Opioid Treatment Program (OTP) within the Substance Abuse Programs at SFVAMC. She assumes a clinical educator role as Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco School of Medicine. Dr. Rollins received her Doctor of Psychology degree from Nova Southeastern University in 2005 after completing doctoral internship at Harvard Medical School/Boston VA Medical Center where she specialized in assessment and treatment of severe psychopathology in women Veterans and longer-term psychodynamic psychotherapy. She subsequently completed her postdoctoral fellowship at SFVAMC, focusing on the treatment of substance use disorders and posttraumatic stress and was hired on as staff in 2006. In her role as staff psychologist in Opioid Treatment Program (OTP), she provides individual psychotherapy and group psychotherapy for

Veterans with substance use disorders and co-occurring psychiatric, personality/characterological and medical conditions. As Director of Psychology Training at SFVAMC, Dr. Rollins leads the APA accredited clinical psychology doctoral internship and the practicum training programs. She is also Co-chair of SFVAMC Mental Health Service Quality Improvement (QI), Member-At-Large of the Executive Committee of the National VA Psychology Training Council (VAPTC) and Campus Training Representative for the APA Federal Education Advocacy Coordinators. Beyond the VA, she is chair of American Association for Treatment of Opioid Dependence (AATOD) conference workshop committee and has a part-time private practice in San Francisco.

Johannes C. Rothlind, PhD directs the Neuropsychological Assessment Program at the SF VAMC. He is an Associate Clinical Professor of Psychiatry at UCSF. Dr. Rothlind obtained his PhD in Clinical Psychology from the University of Oregon in 1990, with a focus in neuropsychology. He completed his pre-doctoral clinical psychology internship at the UCSD/San Diego VAMC with special emphasis in geriatric neuropsychology. From 1990-1992 he completed a NIA-sponsored postdoctoral neuropsychology fellowship at the Johns Hopkins University School of Medicine, where he was engaged in mentored research on the neuropsychology of Huntington's disease and received further supervised training in clinical neuropsychology. Dr. Rothlind came to the SFVAMC in 1995 after several years on the faculty of the University of Maryland School of Medicine, as an assistant professor of psychiatry. His responsibilities at the SFVAMC include leadership of the operations of the Neuropsychological Assessment Program. He provides evaluation and consultation services to a wide range of clinical programs including the various clinics of the Mental Health Service, Medical Practice Clinics, the PADRECC, Memory Disorders Clinic, Comprehensive Epilepsy Program, and TBI clinic. He is the director of the Clinical Neuropsychology Residency training program at the San Francisco VA, and provides teaching and supervision to clinical psychology trainees at all levels of experience (practicum students, interns, post-doctoral fellows). He leads weekly training seminars and case-conferences reviewing core topics in neuropsychological and psychological assessment, including functional neuroanatomy, and theoretical and empirical foundations of clinical neuropsychological assessment and consultation. Dr. Rothlind also maintains active collaboration with SFVAMC and UCSF investigators studying the effect of deep brain stimulation for treatment of Parkinson's disease. His research interests also include developing methods for brief and reliable assessment of disorders of self-awareness in patients with neuropsychological disorders.

Martha Schmitz, PhD, ABPP is a staff psychologist at the San Francisco Veterans Affairs Medical Center and Assistant Clinical Professor at University of California-San Francisco School of Medicine. She provides Posttraumatic Stress Disorder treatment to veterans residing in rural areas via telehealth, as well as at the medical center. Dr. Schmitz offers continuing education workshops and consultation in the treatment of PTSD and substance abuse to clinicians both nationally and abroad. She began working with Lisa M. Najavits, PhD, author of *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*, as a postdoctoral fellow at McLean Hospital-Harvard Medical School in 2000 and continues to work as her associate through Treatment Innovations. She received her doctorate in counseling psychology from the University of Missouri-Columbia after earning her master's and bachelor's degrees from the University of California-Davis. She has collaborated on several research projects in both the United States and France. Her clinical and research interests include posttraumatic stress disorder, substance abuse, and resiliency in survivors of trauma.

Sarah Shonkwiler, LCSW is the Outreach and Education Coordinator of the San Francisco Veterans Administration (SFVA) Family Therapy Program and is a Clinical Professor of Psychiatry at the University of California, San Francisco (UCSF). She received her master's degree from the Smith College School for Social Work in 2000 and completed her post-graduate training at the Ackerman Institute for the Family in New York City. Additionally, she has advanced training in Emotionally Focused Therapy (EFT) for Couples. Her extensive experience in VA and Community Mental Health settings has encompassed therapy provision, clinical supervision and program management.

John Straznickas, MD is the Team leader for the Substance Use Posttraumatic Team (SUPT) and a staff attending psychiatrist in the Addiction Recovery Treatment Services (ARTS) Program at the San Francisco VA Medical Center. He is an Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco School of Medicine, and has received several teaching awards from the residents in psychiatry including the Excellence in Teaching Award in 2004, 2007, 2008 and 2010. He organizes the substance abuse seminar for all the trainees and supervises the psychiatry residents and the psychology fellows, interns, externs and medical students. He has expertise in the theory and practice of

group psychotherapy and leads two group supervision seminars for both faculty group leaders and psychiatry residents. Dr. Straznickas received his medical degree from Duke University and is a graduate of the UCSF psychiatry residency program.

Andrew Turner, PhD, ABPP, is a Staff Psychologist in the Santa Rosa Community Based Outpatient Clinic of the SFVAHCS. He completed his doctoral training at the University of Missouri-Columbia, and his internship at the Mid-Missouri Psychological Consortium, a three-hospital program involving the VA, Medical School, and State Hospital. He then practiced in Wyoming for twenty-two years, first in community mental health and hospital care, and later at the University of Wyoming, as an administrator, clinician, and faculty member in both Psychology and Family Medicine. From 2003 to 2013, he served as an Assistant Dean in the University of Washington School of Medicine, and Associate Clinical Professor in the Departments of Family Medicine and Psychiatry, focused on rural medical education and behavioral health. In July 2013, he joined the Santa Rosa CBOC where he provides leadership for the psychology training program, the clinic's group therapy program, as well as direct patient care. His professional interests include multidisciplinary and culturally-sensitive care, trauma recovery, behavioral health, and supervision and training. Dr. Turner is certified as a national Cognitive Processing Therapy (CPT) provider.

Samuel Wan, PhD, is Director of the Postdoctoral Fellowship Training Program at the SFVAMC, Staff Psychologist and Clinical Supervisor with the Substance Use and PTSD Clinic (SUPT) and Assistant Clinical Professor of Psychiatry at the School of Medicine at the University of California, San Francisco. He completed his predoctoral internship with the Boston Consortium in Clinical Psychology and postdoctoral fellowship in Substance Use Disorders at the SFVAMC. He received his PhD in Counseling Psychology from Boston College, and BA in Psychology from the Univ. of California, Berkeley. As team member of the SUPT clinic, Dr. Wan performs a range of clinical, administrative, and educational activities focused on the assessment, management, and treatment of co-occurring substance use disorders and PTSD in the veteran population. Dr. Wan's clinical interests include substance use disorders, posttraumatic stress disorder, multicultural psychology, particularly Asian American psychology, and gender issues. He is a member of the VA Psychology Training Council's Multicultural and Diversity Committee, and is Co-Chair of the SFVAMC Psychology Diversity Committee, and has been Member-At-Large for Division 51 (Society for the Psychological Study of Men and Masculinity). He recently completed serving in his second and final year as Chair of the Conference Planning Committee for the Annual VA Psychology Leadership Conference. In 2014, Dr. Wan was awarded a Presidential Citation by APA President, Dr. Nadine Kaslow, and in 2012, he was selected to receive the James Besyner Early Career Award for Distinguished Contributions to VA Psychology by the Association of VA Psychologist Leaders. In 2008-09, Dr. Wan was an Early Career Leadership Fellow with the Asian American Psychological Association, a leadership development program that he subsequently co-chaired for several years.

Erin C. Watson, PsyD is a Staff Psychologist at the San Francisco VA Medical Center (SFVAMC) specializing in pain management in primary care. Dr. Watson earned her PsyD in Clinical Psychology with an emphasis in Primary Care Psychology & Behavioral Medicine at Adler University in 2014. She completed her Clinical Internship at the Portland VAMC/Oregon Health and Science University (OHSU), and Postdoctoral Fellowship at the SFVAMC, with a focus on HIV/Liver. Dr. Watson has specialized behavioral medicine training in chronic pain, infectious disease, HCV/liver, weight management/bariatrics, organ transplant, substance use, and primary care psychology. Her clinical and research interests include the integration of behavioral health in medical specialty clinics, education for allied health professionals, LGBT healthcare, and program development and evaluation.

Tauheed Zaman, MD is Medical Director of the Prescription Opioid Safety Team (POST), a multidisciplinary service that cares for medically complex, opioid addicted patients at the San Francisco VA. He supervises UCSF psychiatry residents in their Longitudinal Care Experience clinic, and UCSF Addiction Psychiatry fellows in managing a variety of substance use disorders. He has served on the Council for Addictions at the American Psychiatric Association (APA), authoring the APA's position statement on marijuana as medicine, and presented a series of APA workshops on behavioral addictions, and on integrated care. He has published on psychiatric comorbidities associated with substance use in both adults and adolescents, and on practical approaches to motivational interviewing for medical providers. He completed his psychiatry residency at the Harvard-Cambridge program, where he served as Chief resident, and completed his fellowship in Addiction Psychiatry at the UCSF/San Francisco VA.

Joan Zweben, PhD is part time staff psychologist at the VA where she supervises trainees in issues related to the treatment of addiction. Dr. Zweben is a Clinical Professor in the Department of Psychiatry, UCSF Medical Center. Dr. Zweben is an APA Fellow in the Addiction Division since 1997. Most of her time is spent as Director of the East Bay Community Recovery Project in Oakland, a substance abuse treatment program that provides psychological and medical services in residential and outpatient settings, and also offers supportive housing. Dr. Zweben is widely known as a consultant in the area of drug and alcohol treatment. She is an author of four books and over 70 journal articles and book chapters on substance abuse issues. She does consulting and training in a wide range of drug and alcohol treatment modalities.

Leila Zwelling, LCSW is the Director of the San Francisco VA's Interpersonal Psychotherapy Program, Assistant Director of the SFVA Women's Clinic Mental Health Clinic and an Assistant Clinical Professor with UCSF's Psychiatry Department. She also serves as a Staff Consultant for the VA Interpersonal Psychotherapy Rollout Program. Additionally, Ms. Zwelling coordinates and supervises trainees in the Women's Integrated Care Clinic, providing mental health treatment and consultation in the primary care setting. She provides gender-specific treatment for female veterans with complex trauma histories, including childhood abuse, combat and military sexual trauma, and intimate partner violence, and is VA-certified in Prolonged Exposure. Ms. Zwelling has played a key role in the expansion of women's mental health services at the San Francisco VA. A graduate of the University of Virginia, she completed clinical training with UCSF's Infant-Parent Program, and worked in San Francisco General Hospital's Psychiatry Department prior to joining the VA.

The Space Shuttle Endeavour on September 21, 2012 as seen from the San Francisco VA Medical Center.

