San Francisco VA Healthcare System

Doctoral Internship in Health Service Psychology

2019-2020

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Doctoral Internship

The doctoral internship in health service psychology at San Francisco VA Healthcare System (SFVAHCS) is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (the next site visit will be in 2019) and has been since 1979. The program is affiliated with University of California, San Francisco (UCSF) School of Medicine, Department of Psychiatry. SFVAHCS 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, 2018. We have five available positions for the 2019-2020 academic year.

The Training Setting

Hospital Community

The San Francisco VA Healthcare System (SFVAHCS), 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 17 buildings.

Each year SFVAHCS 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. SFVAHCS 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, SFVAHCS 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 and the Council of Teaching Hospitals of the Association of American Medical Colleges. UCSF Medical Center has been ranked as one of America's Best Hospitals for 18 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, SFVAHCS has a large, well-funded research program with more than $70 million in annual research expenditures. There are over 220 active research projects currently being conducted. Areas of particular interest are: PTSD, addictions, neuroscience disease, aging, breast and prostate cancer, hypertension, stroke, cardiovascular disease, Hepatitis C, health services research and advanced medical imaging.

SFVAHCS 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. NCIRE was founded in 1988 on SFVAHCS grounds to administer VA-approved research and related educational funding. Additionally, SFVAHCS 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 Healthcare System 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 LGBTQA 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 are Vietnam Era veterans and the 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, women veterans and sexual minorities.

Psychology Setting within San Francisco VA Healthcare System

Psychological services and psychology training at SFVAHCS are embedded into the Mental Health Service (MHS). MHS teams are interdisciplinary in structure with the following disciplines represented: psychology, psychiatry, social work, nursing, nurse practitioners, 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 and Suicide Prevention Team. We also have psychologists in our outlying Community Based Outpatient Clinics (CBOCs) such as Santa Rosa and downtown San Francisco.

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 approximately 40 licensed psychologists supervising interns with 25 core supervising psychologists belonging to the Psychology Training Committee led by the Directors of Psychology Training. All supervising psychologists and psychiatrists have, or will 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 SFVAHCS. 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, SFVAHCS inaugurated a VA-funded clinical Postdoctoral 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, integrated health psychology, psychosocial rehabilitation, rural psychology, LGBTQ interprofessional healthcare and 2-year residency in clinical neuropsychology. These fellowships are APA accredited (next site visit: 2021 for the clinical program, 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 SFVAHCS. Please see our brochure for more information.

Additionally, we have seven advanced research fellowships at SFVAHCS which are briefly described below:

Addiction Research Fellowship: The primary goal of this fellowship would be to help train psychologists to become leading VA clinical researchers in the field of addiction. Fellowship training will include hands-on conduct of clinical interventions and assessment of addictive behaviors, data collection and analysis, and active engagement in ongoing research and grant submissions of the SFVA Addiction Research Group and/or other research programs (e.g., Geropsychology, PTSD/Trauma, Schizophrenia/Psychosis, Dementia). The director of this fellowship is Dr. Brian Borsari (Brian.Borsari@va.gov).

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. Allison Kaup (Allison.Kaup@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 or 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 Inslicht (Sabra.Inslicht@va.gov).

Additionally, SFVAHCS 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 Healthcare System Website Link

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

San Francisco VA Healthcare System Training Program Website Link

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

San Francisco VA Healthcare System Internship Program Admissions Data Website Link

https://www.sanfrancisco.va.gov/docs/InternshipProgramAdmissionsData.pdf

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 and 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 training 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 health service 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, often at their top ranked sites. 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, third wave, 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 and flexible integrated adaptation. Interns are not likely to find themselves in a bind between staff members who are theoretically hostile toward each other. We also have other programmatic ways to increase consultation across specialties such as in our multicultural consultation groups. This allows interns a fertile atmosphere for evolving independent views within the current structure of closely supervised training experiences.

Most of our staff have active scholarly or research interests and activities. The atmosphere in our setting encourages the role of a psychologist as a scientist-practitioner who values and engages in academic/research endeavors and incorporates science into practice. There is 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, qualitative and quantitative feedback and the freedom to explore the issues involved in becoming a professional psychologist (e.g. professional identity, ethical behavior, interprofessional healthcare, cultural competence, etc.). Consistent with our overall philosophy, we also expect interns to be, within reason and when safe, open to self-exploration of countertransference. This is most typically broached in supervision and also discussed later in this brochure.

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 and issues of social justice. In our efforts to train culturally aware and competent psychologists, our program integrates diversity-focused training in the forms of clinical supervision, didactic seminars, clinical case conferences, consultation groups, events and trainings. Our program faculty have expertise working with patients from a wide array of racial and ethnic groups, sexual orientations, gender identities, religious affiliations, age groups and other forms of diversity. This is also reflected through the work of our thriving Psychology Diversity Committee of which interns may take an active role.

Program Competencies, Aims and Learning Elements

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 which are consistent with required profession-wide competencies.

The goal of our program is for interns to develop competency within the following domains: assessment; intervention; consultation and interprofessional/interdisciplinary skills; provision of supervision; research; professional values, attitudes, and behaviors; communication and interpersonal skills; ethical and legal standards; individual and cultural diversity.

Objectives or aims within each competency domain are summarized below as well as learning elements in order to successfully achieve them.

1. Interns will develop competence in psychological evaluation and assessment of adults with a variety of diagnoses, problems and needs through closely supervised clinical experiences in psychological assessment and related didactics and case discussion. Although interns receive supervised training using a

wide range of assessment techniques, emphasis is placed on the administration and scoring of neuropsychological and psychological assessment instruments, interpretation of findings and delivery of results in succinct clear report writing and when possible, consultation with other providers.

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 tailored to the interns array of rotation experiences. Clinical intervention is experiential, will be observed sufficiently as well as reviewed in regularly scheduled supervision.
3. Interns will develop competence in providing consultation on interprofessional healthcare teams by translating and teaching psychological principles to colleagues, trainees and others on interdisciplinary teams. 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. Each intern will have an opportunity to work on an interdisciplinary team with psychologists as mentors or supervisors and gain experience in supervision of other trainees, possibly from other disciplines.
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 through their research placement experience.
5. Interns will develop the ability to utilize supervision and mentoring regarding professional development and growth throughout their training experiences. Interns are expected to develop openness, flexibility and a sincere interest in learning about themselves and their identity as a psychologist and conduct themselves in a manner that reflects the high standard of which psychologists should maintain. Interns will employ interpersonal and communication skills that are also reflective of this high standard which will be observed by psychologists and other professionals in a number of settings.
6. Interns will understand legal and ethical guidelines and demonstrate behavior that is consistent with professional standards. They will take appropriate actions when necessary if ethical issues or legal issues arise throughout training.
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 throughout training.

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 rotation, offering a 10-12 hour per week training experience for most interns, typically involving 4-6 hours of supervised clinical service delivery. Greater involvement is optional for appropriately qualified trainees. Our rationale for the year-long requirement for all interns is that sustained exposure to current practices and empirical data related to clinical neuropsychology during the internship contributes to a strong foundation for the biopsychosocial understanding of a range of conditions clinicians face across practice domains. 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. The rotation also offers interns further opportunity to engage in supervised experiential training focused in interdisciplinary systems/consultation, and to gain experience with delivering assessment and feedback services

for therapeutic benefit. The year-long exposure permits interns with a generalist background to gain greater knowledge of the strengths and limitations of psychological and neuropsychological evaluation strategies.

Trainees who have had neuropsychology as an area of focus in graduate school, and are aiming to pursue specialization in neuropsychology at the post-graduate level, may elect for the clinical neuropsychology rotation to be an *emphasis area* or even a *major area of study* (16+ hours per week) during their internship. However, please note that if you are pursuing post-doctoral specialization in this area, internship may serve as a last formal opportunity for supervised clinical training in more general clinical settings and the wider range of clinical intervention techniques. The skills and perspective gained in these other rotations may also provide invaluable foundation for the practice of clinical neuropsychology in diverse settings. Therefore, we strongly encourage *all* interns to give careful consideration to the broader range of clinical training experiences offered at the SFVAHCS.

The requirement in substance use disorders treatment may be met by rotating through a clinic 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 and gives a solid general foundation for working with SUD. 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 or provide supervision to other trainees. 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 training seminar designed for the exploration of professional development, clinical and training issues held at either at SFVAHCS or UCSF. For 16 weeks, the Clinical 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. The other weeks, here on campus, will be held with the Director of Training and will either be didactic based, focused on professional development (such as postdoc and career panels) and is also used as a regular, and hopefully safe space, for check-ins and problem-solving any issues that may arise for interns.

Time commitment: The internship requires a 12-month full-time (40 hours per week) training commitment equaling approximately 2080 supervised hours. Hours are typically 8-4:30pm with some slight variations. We find that our interns are able to hold to a 40 hour workweek.

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 often 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 during all evaluation periods, or observation of intern-supervisee or intern-staff 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 audio 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 as well.

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, accommodations will be made thoughtfully with intern choice in mind. 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 objectives and aims 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. Each evaluation will include a form of live observation.

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 and suggestions for the program going forward. Additionally, interns will be asked to complete an anonymous Alumni Survey after exiting the program.

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 Training after completion of the internship. Additional items such as progress letters requested by the graduate programs will be honored.

Internship Rotations

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

Many SFVAHCS 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 SFVAHCS 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, SFVAHCS 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:

- 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 SFVAHCS 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; Nicole Crocker, PhD; Allison Kaup, 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 weekly team meetings (2 hours per week) which includes case-based learning and supervision. Topics in the didactic portion of the meetings include: basic neuroanatomy; review of current literature concerning brain-behavior relationships; neuropsychological assessment strategies; review of psychometric issues pertinent to neuropsychological assessment, 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 autopsies, 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 may also be available. Individual and group supervision is provided by rotation faculty.

The rotation offers further supervised opportunity for interns to confront and manage ethical and legal issues that arise in the practice of psychological assessment, and to reflect on diversity issues as they pertain to assessment and consultation practices, gaining understanding and appreciation for the way individual differences affect the process and outcomes of assessment, application of normative data, and clinical interpretation.

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.

Interns electing to make neuropsychology an emphasis area or major area of study can attend additional rounds and didactics, have added opportunities for case experience in the rotation, and may elect to take other rotations offering opportunities for supervised clinical neuropsychological service delivery (e.g. Geropsychology, Telemental Health, Rehabilitation Medicine TBI Clinic, and Integrated Care Psychology in HIV and Liver Disease Clinic), and may also have opportunity to focus on a topic pertinent to clinical neuropsychology for their scholarly project during internship.

3. Addiction Recovery Treatment Services: General Addictions Programs (3-6 hours per week): Christopher Galloway, PhD; Stephanie Cardoos, PhD; Kellie Rollins, PsyD; 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 an interdisciplinary treatment 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, ACT for Shame and Self-Stigma in SUD, and (currently pending) 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 issues. 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, in some years, 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: Substance Use/PTSD Team (SUPT) (8-10 hours per week): Sam Wan, PhD; Kristine Burkman, PhD; John Straznickas, MD

This is a 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 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 bi-weekly interdisciplinary team meeting and a weekly didactic seminar during which trainees have the opportunity to present their cases and/or topics of interest and to learn from the team about the complex nature of treating co-occurring PTSD and substance use disorder.

6. Posttraumatic Stress Disorder Clinical Team (PCT) (10-12 hours per week for full year): 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 focus areas.

PCT offers a fast-paced and rewarding interdisciplinary training environment, in which interns sharpen their skills and explore empirically validated treatments for PTSD. 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.

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.

Training in PCT includes: (1) weekly didactic seminar series with opportunities for case presentation, (2) 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), (3) participation 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), and (4) provision of Cognitive Processing Therapy (CPT), an empirically-

validated exposure-based treatment for PTSD. Co-facilitation of a psychoeducation group or a process group for PTSD is also encouraged when the intern's schedule allows.

7. General Psychiatric Outpatient Services (GPOS) (6-20 hours per week): John McQuaid, PhD; Nehjla Mashal, 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. Mashal, Fryer, Kasch or McQuaid), and co-therapy opportunities in group are available with Kristi Chambers, CNS. In addition, interns typically participate in a didactic seminar on evidence-based psychotherapy and group supervision.

8. 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 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 co-facilitate a DBT skills group. Trainees may also conduct screening assessments of veterans referred to the DBT program. Trainees 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, and psychology postdocs, interns, and externs. DBT is a yearlong rotation.

9. Psychiatric Intensive Care Unit (PICU) (2 hours): Kellie Rollins, PsyD; Isabella Fernandez, MD

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 a group 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 observation of electroconvulsive therapy (ECT) may be provided.

10. 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), co-lead weekly pain management groups, and/or provide individual therapy (MI, CBT, ACT) for the management of chronic pain.

11. Integrated Care Psychology in HIV and Liver Disease (5-8 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. The ID clinic also treats HIV-negative veterans who are on pre-exposure prophylaxis (PrEP) to reduce risk of HIV transmission; for patients on PrEP, interns work to provide psychoeducation and risk reduction counseling, promote medication adherence, and discuss sexual health practices. For veterans living with hepatitis C, interns will see patients for treatment-focused psychosocial evaluations 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 multicultural humility and work with diverse patient populations. As such, elements of diversity and 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.

12. Acceptance and Commitment Therapy (ACT) Clinic and Learning Group (2 hours per week): William Hua, PhD; Erin Watson, PsyD

This is a year-long clinical experience and supervision for interns and fellows that includes a biweekly learning group, required reading assignments, and a commitment to see a minimum of two veterans for ACT through the course of the year. The learning experience includes a blend of process, experiential, and didactic training as well as case discussions with optional audio taping. ACT cases will be drawn either from the supervisors' home clinics (i.e. Infectious Disease, Liver, Pain); or from another of the trainee's clinical rotations with permission from the primary supervisor. We also get referrals from the GPOS-ACT consult. This clinic and group supervision provides an opportunity to learn ACT or enhance your existing experience with ACT. No previous ACT training is required.

13. 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, 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.

<u>Psychosocial Rehabilitation and Recovery Center (PRRC) (2-6 hours per week): Elena Bassett, PhD. and/or Jennifer Boyd PhD CPRP</u>

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 have the opportunity to co-facilitate 1-2 groups for at least one full quarter (3

months). They will 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 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.

Workplace Violence Prevention Program (WVPP) (hours negotiable): Michael Drexler PhD
Some individuals with SMI who also find it difficult to interact with others, particularly in a health care setting, are often helped by being provided an individualized plan for receiving services (specifying the time, manner and place of care) to provide structure and decrease ambiguity. Interns would be provided an opportunity to assist in developing such plans.

14. Geropsychology (4-10 hours per week): Elizabeth Shumaker, PhD, ABPP

Community Living Center (CLC)

The CLC is an approximately 100-bed facility for veterans admitted for long-term skilled nursing or dementia care, respite, hospice or short-stay rehabilitation. Veterans present with a wide range of psychological and neuropsychological conditions, often interacting with the medical and functional issues that require extended care and/or rehabilitation as well as psychosocial challenges. Psychological diagnoses may include major depression, PTSD, substance use disorders, bipolar disorder, anxiety disorders, schizophrenia, schizoaffective disorder, personality disorders, problems with interpersonal functioning, bereavement, end of life issues and adjustment disorders. Neuropsychological conditions can include dementia, mild neurocognitive disorder, head injuries, stroke, Parkinson's disease, and multiple sclerosis, among others. Referral questions include but are not limited to psychodiagnostic, cognitive, capacity and risk assessment; behavioral assessment and management; individual and group therapy; and motivational approaches including enhancement of treatment compliance. Interns will have the opportunity to work closely within an integrated interdisciplinary team and their primary focus can be adapted flexibly based on their training goals. For example, they may attend weekly interdisciplinary distressed behavior rounds based on the STAR-VA model and provide support and training to nursing staff as part of a focus on behavioral management. Alternatively, they may choose to focus more on the Social Focus Cohort (SFC), a 15-bed unit for veterans with psychiatric diagnoses and/or personality disorders that are exacerbated by being in the CLC. The primary goal is to improve veterans' overall quality of life through various groups, individual therapy, and community integration activities with providers with specialty expertise in mental health.

Geriatric Mood Assessment Clinic (GMAC)

Interns have the opportunity to complete psychodiagnostic assessments and provide evidence-based individual and group therapy using a variety of modalities (e.g., Problem Solving Therapy, Cognitive Behavioral Therapy, Life Review, and Acceptance and Commitment Therapy, among others) in this outpatient clinic.. Additionally, interns interested in this experience would attend a weekly GMAC interdisciplinary team meeting led by the Chief of the Department of Geropsychiatry (Arnaldo Moreno, MD).

15. 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.

16. 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.

17. 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 six 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.

18. 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 SFVAHCS 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
Group Therapy: Part II
CBT & the Therapeutic Relationship
Clinical Supervision
Death & Dying: Psychologists in Hospice and Palliative Care
Death & Dying Part II
Career Panel Discussion: Research vs Clinical vs Combination
Conceptualization "Debates"
Working with Transgender Patients
Women's Issues
Panel discussion: Fellowship Selection Group Discussion
Gender Issues Working with Male Populations
Cultural Competence
Law & Ethics
Mock Job Talks / Dissertation Presentations
It Takes a Village: PTSD/SUD Treatment
Suicide Prevention
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*
Seminar contacts: Will Hua, PhD
Speakers, & Topics:

Welcome and Introductions, CPTP and SFVA Clinical Psychology Fellows meet
Providing Effective Clinical Supervision; Bev Lehr, PhD
Windows into Diverse Settings: Fertility Counseling at the UCSF Center for Reproductive Health; Lauri Pasch, PhD
Professional Roles: Leadership and Public Policy in Healthcare; Maggie Chartier, Psy.D., M.P.H.
Psychology and Social Advocacy; Erin Watson, Psy.D.
The Clinical Psychology Licensure Process: Tips for Success

Group 1 (interns): Lauren Haack, Ph.D., Matthew Capprioti, Ph.D.
Group 2 (post-docs): Melissa Hagan, Ph.D., Anna Sapozhnikova, Ph.D.
CBT for Psychosis; Shilpa Reddy, Ph.D.
Diversity Panel Presentation; Organized by the SFVA Psychology Diversity Committee Christina Mangurian, M.D.
Building a Clinical Practice; Michael Burnias, Psy.D.
Approaches to Pain Management; Sarah Palyo, Ph.D.
Technology-Based Treatment Interventions; David Pennington, Ph.D.
Windows into Diverse Settings: The UCSF Infant Parent Program; Maria St. John, Ph.D., LMFT
Providing LGBT-Affirming Care; Heliana Ramirez, Ph.D.
Professional Roles: Inside Look into Leadership Positions; Stephen Hinshaw, Ph.D., and John McQuaid, Ph.D.

Other ongoing seminars:

- UCSF Department of Psychiatry Grand Rounds
- SFVAHCS Mental Health Service Grand Rounds
- Substance Use Disorders Faculty/Fellows Seminar
- Psychology Diversity Committee
- Continuing Care Division Clinical Conference
- TBI Series
- TMH Series
- Psychosocial Rehabilitation Forum
- Child and Adolescent Psychiatry Grand Rounds – UCSF
- Psychiatry Grand Rounds – UCSF
- Chronic Pain SCAN-ECHO

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 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 SFVAHCS 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 SFVAHCS 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 training program and/or the San Francisco VA Healthcare System;
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 Healthcare System 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 Lead 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 Lead 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 Lead 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 Lead 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

<u>Eligibility</u>

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**
- **Additional VA eligibility information:**

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

1. ***U.S. Citizenship.*** *HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.*

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

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

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

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

6. ***Affiliation Agreement.*** *To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at https://www.va.gov/oaa/agreements.asp (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.*

7. ***TQCVL.*** *To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit https://www.va.gov/OAA/TQCVL.asp*

    a. ***Health Requirements****. Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. Declinations are EXTREMELY rare. If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.*
    b. ***Primary source verification of all prior education and training*** *is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.*

8. ***Additional On-boarding Forms.*** *Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at https://www.va.gov/oaa/app-forms.asp. Falsifying*

any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

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

Additional information regarding eligibility requirements (with hyperlinks)

- *Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FType=2*
- *Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties*

Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):

(b)*Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:*
(1) *Misconduct or negligence in employment;*
(2) *Criminal or dishonest conduct;*
(3) *Material, intentional false statement, or deception or fraud in examination or appointment;*
(4) *Refusal to furnish testimony as required by § 5.4 of this chapter;*
(5) *Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;*
(6) *Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;*
(7) *Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and*
(8) *Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.*

(c)*Additional considerations. OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:*
(1) *The nature of the position for which the person is applying or in which the person is employed;*
(2) *The nature and seriousness of the conduct;*
(3) *The circumstances surrounding the conduct;*
(4) *The recency of the conduct;*
(5) *The age of the person involved at the time of the conduct;*
(6) *Contributing societal conditions; and*
(7) *The absence or presence of rehabilitation or efforts toward rehabilitation.*

Selection Process

The internship program at San Francisco VA Healthcare System is competitive. We receive between 140-180 applications each year and we interview only about 25-40 of those for our five positions. This is a difficult process and we must deny many very well qualified applicants. Often, the margin between being accepted or rejected for interview is minimal and based on multiple factors.

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 after internship, many of our interns have been subsequently selected as postdoctoral scholars at SFVAHCS.

Interviews

Director of Training, Dr. Rollins, or Assistant Director, Dr. Lawhon, will notify you if you have been selected for an interview by December 15. We prefer onsite interviews but for applicants who cannot arrange for an on-site visit, we will consider telephone interviews or Vtel interviews.

Interviews will be scheduled during the first three weeks of January 2019 (January 3, 7, 8, 10, 14, 15, 17, 18). Dr. Rollins and/or Lawhon will conduct a morning overview session and have time for questions. The rest of the interview day will consist of a series of 4-5 half hour interviews with key faculty (your preferences will be honored when possible and will also include one of our neuropsychologists), at least one current intern and possibly a postdoctoral fellow. Individual interview styles and structure vary among staff.

Once you have been invited to interview, you may coordinate your date preferences with the program contact provided. Interview days are limited, 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 other dates. 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, Psychology Diversity Committee, research psychologists, current interns and interested postdoctoral fellows. It is led by the Director and Assistant Director of Training and meets at least three times in January prior to the APPIC Match deadline. Rankings of interviewees will be determined by this Committee and based on application materials and interviews. Final rankings will be submitted by Wednesday, February 6, 2019. We abide by all APPIC policies and procedures.

Match Policies

The San Francisco VA Healthcare System 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.

Training Term

The internship is full-time for one year beginning July 1, 2019 and ending on June 30, 2020. 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 12 days of each). San Francisco VA Healthcare System also offers generous paid leave for conferences, dissertation defense and other approved educational activities.

Stipend and Benefits

The current stipend is $31,589 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.) Dental and vision insurance are also available. San Francisco VA Healthcare System also offers a public transportation reimbursement program but there may be a delay in the start date of this benefit as interns are processed with all other employees nationally.

Application Procedures

To apply for our internship:

1. Complete the online AAPI (APPIC Application for Internship) and designate San Francisco VA Healthcare System.

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.

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 Healthcare System is an Affirmative Action/Equal Opportunity Employer.

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 Matthew Brauer at Matthew.Brauer@va.gov or (415) 750-2189.

Specific questions regarding the training program may be directed to Dr. Kellie Rollins at kellie.rollins2@va.gov or 415-221-4810 x 24362.

Commission on Accreditation (CoA), American Psychological Association

750 First Street, NE
Washington, DC 20002-4242
202-336-5979
www.apa.org/ed/accreditation/

San Francisco VA Healthcare System Internship Program Admissions Data Website Link

https://www.sanfrancisco.va.gov/docs/InternshipProgramAdmissionsData.pdf

Internship Program Admissions

Date Program Tables are updated:

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

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:			
Total Direct Contact Intervention Hours	**N**		Amount:
Total Direct Contact Assessment Hours	**N**		Amount:

Describe any other required minimum criteria used to screen applicants:
At least 1000 hours of practicum training between intervention, assessment and supervision.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	31,589	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	**Yes**	
If access to medical insurance is provided:		
Trainee contribution to cost required?	**Yes**	
Coverage of family member(s) available?	**Yes**	
Coverage of legally married partner available?	**Yes**	
Coverage of domestic partner available?	**No**	
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	96	
Hours of Annual Paid Sick Leave	96	

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	**Yes**	
Other Benefits (please describe): 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 12 days of each). San Francisco VA Medical Center also offers generous paid leave for conferences, dissertation defense and other approved educational activities.		

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

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2016-2018	
Total # of interns who were in the 3 cohorts	15	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	**EP**
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	11	
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		
Academic university/department	1	1
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting	1	1
Not currently employed		
Changed to another field		
Other		
Unknown		

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

Staff Psychologists: Who-is-Who!

	Nazneen Bahrassa, PhD, is a Staff Psychologist on several of PTSD research teams (Stress & Health, THRIVE) at the San Francisco VA. 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 Healthcare System, where she specialized in women's health and trauma. In 2014, she was hired on as a staff psychologist for the suicide prevention team, provided specialty therapy services for women veterans, and became co-director of the DBT treatment team. In her present role, Dr. Bahrassa provides supervision and consultation for trainees and staff conducting structured clinical interviews, including SCID & CAPS assessments.
	Elena D. Bassett, PhD, is a Clinical Psychologist in the San Francisco VA Healthcare System's Psychosocial Rehabilitation and Recovery Center (PRRC), specializing in recovery-oriented services for Veterans with serious mental illness (SMI). Dr. Bassett earned her doctorate in Clinical Psychology from Northwestern University and completed her pre-doctoral internship at the VA San Diego/University of California, San Diego. She completed a postdoctoral fellowship at the Palo Alto VA, where she focused on psychosocial rehabilitation and recovery-oriented services for Veterans with SMI and PTSD. Elena has expertise in evidence-based treatments for SMI, particularly cognitive behavioral therapy for psychosis (CBTp), and has provided CBTp to numerous populations, including recently returned Veterans with early psychosis and those with histories of trauma/PTSD. She also provides clinical supervision, training, and consultation in CBTp and recovery-oriented services for individuals with SMI. Her clinical and research interests include the role of trauma/adversity in SMI, early intervention in psychosis, and evidence-based services that promote recovery and community integration for Veterans with SMI.

	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 2007-2015 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., pregaming, 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 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.
	Lindsey Brown, PhD, is a Staff Psychologist at the Santa Rosa Community-Based Outpatient Clinic (CBOC). Dr. Brown earned her Ph.D. in Counseling Psychology from the University of Oregon in 2015. During her time as a Duck, her research and clinical work was concentrated on mental health, vocational, and social justice issues related to relational trauma and violence, particularly women's experiences of intimate partner violence and sexual violence. She completed her Predoctoral Internship at Marin County Mental Health and Substance Use Services with a specialization in Forensic Psychology. She was a General Mental Health Postdoctoral Psychology Fellow at SFVAHCS from 2015-2016, working at both the Women's Clinic and the Santa Rosa CBOC. Dr. Brown provides individual and group therapy, triage services and crisis intervention, and is the MST Coordinator for the Santa Rosa CBOC. She is passionate about being of service to Veterans with diverse needs, and improving the access to appropriate care for traditionally underserved groups.

	Kristine Burkman, PhD, is an attending psychologist with the Substance Use and PTSD (SUPT) Clinic and the PTSD Research Program, and is an Assistant Clinical Professor at University of California, San Francisco School of Medicine. Dr. Burkman received her doctorate from Northwestern University, where her research focused on developmental trauma and risk behaviors among youth in the child welfare system. She completed her internship and fellowship at the San Francisco VA Healthcare System, where she specialized in the assessment and treatment of traumatic stress and co-occurring substance use disorders. Dr. Burkman provides supervision in diagnostic assessment, as well as individual and group psychotherapy within a phase-based, integrated model of care. She leads the Cognitive Processing Therapy (CPT) seminar and group supervision within the SUPT Clinic. Dr. Burkman's research interests include psychological impact of killing in war, moral injury, gender difference in combat PTSD, and treatment outcomes for veterans with PTSD and complex trauma.
	Michael P. Burnias, PsyD, is a Staff Psychologist at the San Francisco VA Healthcare System (SFVAHCS) and Downtown Clinic (DTC). He is the preceptor of the Interprofessional LGBTQ Health Care Postdoctoral Psychology Fellowship at the SFVA. He is the LGBQ Special Emphasis Program Manager, focusing on creating an inclusive environment for LGBQ VA employees. He is also the LGBT Veteran Care Coordinator which is the primary contact for questions regarding care for LGBTQ Veterans. Dr. Burnias obtained his PsyD in Clinical Psychology at Pepperdine University. He completed his Clinical Internship at the Institute of Living at Hartford Hospital and his Postdoctoral Fellowship in LGBTQ Health Care at the SFVAHCS. Dr. Burnias' main clinical interests involve LGBTQ health care, identity development across the lifespan, cultural competency/humility, and psycho-diagnostic assessments.
	Stephanie L. Cardoos, PhD, is a staff psychologist for the Drug and Alcohol Treatment Clinic (DAT) and Prescription Opioid Safety Team (POST). Dr. Cardoos earned her PhD in clinical psychology from the University of California, Berkeley in 2015 after completing her predoctoral internship at the SFVAHCS. She subsequently returned to the SFVAHCS to complete a postdoctoral fellowship in the Substance Use and Co-occurring Disorders Treatment emphasis area. Dr. Cardoos's clinical and research interests include understanding the mechanisms of health risk behavior throughout the lifespan, assessment and integrated treatment of substance use and co-occurring disorders (e.g., chronic pain; PTSD), collaborative patient-centered

	care among health care providers, increasing access to care for a diverse patient population, and program development and evaluation.
	Maggie Chartier, PsyD, MPH, is the Deputy Director for VHA's HIV, Hepatitis, and Public Health Pathogens Program (HHPHP) in the Office of Patient Care Services and is a staff psychologist at the San Francisco VA Healthcare System and an Assistant Clinical Professor at UCSF. 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).
	Nicole Crocker, PhD, is a Clinical Neuropsychologist at the San Francisco VA Healthcare System (SFVAHCS). Her clinical interests include assessment and consultation with a broad range of patient populations with neuropsychiatric and neurological conditions, including neurodegenerative disease and dementia, traumatic brain injury, stroke, epilepsy, developmental disorders, substance use disorders, mood disorders, and PTSD. Dr. Crocker earned her PhD in Clinical Psychology with an emphasis in Neuropsychology from the San Diego State University/University of California, San Diego Joint Doctoral Program in 2014. She completed her Clinical Internship and two-year postdoctoral Neuropsychology Residency here at the SFVAHCS.
	Jeremy Doughan, PsyD, is a faculty Clinical Psychologist at the San Francisco VA Healthcare System, Division of Geropsychiatry, and an Assistant Clinical Professor of Psychiatry at UCSF School of Medicine. Dr. Doughan provides clinical services to a number of programs and clinics throughout the medical center: Home Based Primary Care Clinic, Geriatric Neuropsychology and Geriatric Mental Health. In addition, Dr. Doughan is adjunct faculty for the Geropsychology, as well as Dr. Stephen Rao Interprofessional LGBT postdoctoral training programs. 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 VA Healthcare system, a pre-doctoral APA clinical psychology internship at the Miami VA Healthcare System and APA postdoctoral fellowship in Clinical Psychology, with Geropsychology specialization, at the Boston VA 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, Coordinator, Workplace Violence Prevention Program (WVPP), staff psychologist, and neuropsychologist at the San Francisco VA Healthcare System. Prior roles at SFVAHCS 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 for the San Francisco Department of Public Health and was stationed 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 Associate 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 Lifespan Development, Clinical Assessment and Treatment Planning, and Gerontology Focus courses (such as Dying, Death, and Bereavement) 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. Clinical placements while in training included Pyramid Alternatives in Pacifica, Garfield Geropsychiatric Hospital in Oakland (now Garfield Neurobehavioral Center), internship was at SFVAHCS, 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.

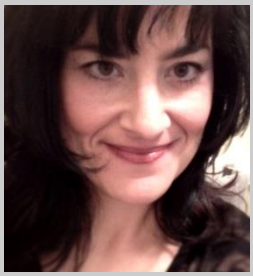
	Nate Ewigman, PhD, MPH, is a Staff Psychologist at the San Francisco VA Health Care System and co-lead of the PACT Intensive Management Program. He received his MPH in Health Services Research, Management & Policy in 2009 and his PhD in 2014 from the University of Florida in Gainesville, Florida. He 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).
	Susanna Fryer, PhD, is an Assistant Professor in the UCSF Department of Psychiatry and staff clinical research psychologist at the San Francisco VA Healthcare System. She completed her undergraduate work at Stanford University where she first became excited about clinical neuroscience while participating in the departmental honors research program in Human Biology. She then earned her PhD from SDSU/UCSD's Joint Program in Clinical Psychology with a specialization in neuropsychology, after completing a clinical internship in psychology at the San Francisco VA Healthcare System. Dr. Fryer's research, funded by the NIH and the VA, applies neuroimaging and neuropsychological methods to study brain and behavior relationships in adolescent and young adult populations at risk for developing mental illness, with an emphasis on motivated behaviors and self-regulation. Her research focuses on i) improving our understanding of the cognitive features and brain alterations that underlie risk for, and conversion to, psychopathology, and ii) the brain-based mechanisms of how that risk might be ameliorated through psychotherapeutic intervention. She is a licensed clinical psychologist specializing in cognitive-behavioral therapy (CBT) and mindfulness-based techniques, and is particularly interested in how behavioral interventions can be applied to improve aspects of affect and attentional regulation across traditional diagnostic nosologies. She supervises psychology trainees and provides evidence-based mindfulness and cognitive behavioral therapies in the San Francisco VA General Psychiatry Outpatient Service.

	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 SFVAHCS, 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.

	Tate Guelzow, PhD, is a staff psychologist in the Suicide Prevention Program. He completed his undergraduate education at the University of Colorado at Boulder, and worked for several years with at-risk children and families, and as a research assistant at New York State Psychiatric Institute. He earned his doctorate in clinical psychology from the University of California at Berkeley, where his work focused on ADHD in young adults and the stigmatization of mental illness. Dr. Guelzow completed his internship at the SFVAHCS, where he also completed a postdoctoral fellowship in the substance use and co-occurring disorders emphasis area. He joined the Suicide Prevention Program in 2014. His clinical interests include emotion-focused and mindfulness-informed approaches to psychotherapy, suicide postvention, and suicide prevention training in the VA and the community.
	William Q. Hua, PhD, 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 and hepatitis C virus (HCV). At the San Francisco VA Healthcare System, he also serves the roles of chair of the Psychology Diversity Committee, preceptor for the Integrated Care Psychology Fellowship in HIV and Liver Disease, and director of the Mental Health HIV/HCV Specialty Care Access Network-Extension for Community Healthcare Outcomes clinic. Dr. Hua is an assistant clinical professor at University of California-San Francisco (UCSF) and co-lead for the UCSF/SFVA Clinical Psychology Training Program clinical seminar. 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 Assistant Professor at UCSF, and a Staff Psychologist at the PTSD Clinic at the San Francisco VA Healthcare System (SFVAHCS), and co-director of the Psychology Research Fellowship Program for the San Francisco VA Advanced Fellowship in Women's Health. 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/SFVAHCS. 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, neuroimaging of fear circuitry using fMRI; sex differences in the biology of PTSD; pharmacological adjuncts to enhance fear extinction; stress measurement using wearable technology, 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, couples, 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.
	Kaela M. Joseph, PhD, is the Women Veterans Program Manager and a Staff Psychologist in the San Francisco VA Healthcare System (SFVAHCS). Dr. Joseph earned her PhD in Clinical Psychology, with an emphasis in LGBTQ Psychology, from Palo Alto University in 2015. She completed her Clinical Internship at the Boise VAMC, and completed the Stephen M. Rao Fellowship in Interprofessional LGBT Health Care through the SFVAHCS. Dr. Joseph is experienced in providing clinical care and consultation in the areas of LGBTQ psychology, sexual health/functioning, women's health, chronic pain, and substance use disorders. Dr. Joseph is an active member of national and international professional organizations concerning various facets of human sexuality including the American Association of Sexuality Educators, Counselors, and Therapists (AASECT) and the World Professional Association for Transgender Health (WPATH). Dr. Joseph was the recipient of the I CARE Award for Outstanding LGBT Veteran Service in 2015, and received a Certificate of Recognition from the American Psychological Association's HIV Office for Psychology Education (HOPE) in 2014 for her previous work as a regional trainer. Dr. Joseph has a strong interest in teaching and supervision, and works as an adjunct lecturer at the California Institute of Integral Studies (CIIS). Her teaching and clinical interests include human sexuality and gender

	psychology, quality improvement in healthcare settings, adapting EBP's to better address diversity and minority stress, Acceptance and Commitment Therapy (ACT), feminist psychology, and the psychology and sociology of popular culture fandoms (aka communities of fans of popular media such as "Star Wars," comic book heroes, and sci-fi television shows).
	Karen Kasch, PhD, is the Evidence-based psychotherapy coordinator and a staff psychologist in the General Psychiatric Outpatient Services 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 depression research. 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. She has been a member of the Motivational Interviewing Network of Trainers (MINT) since 2014.
	Allison R. Kaup, PhD, is a Clinical Research Psychologist and Clinical Neuropsychologist at SFVAHCS and an Assistant Adjunct Professor in the UCSF Department of Psychiatry. Dr. Kaup is a graduate of the UCSD/SDSU Joint Doctoral Program in Clinical Psychology (Neuropsychology Track). She completed her clinical psychology internship at UC San Diego / VA San Diego, where her training emphasized neuropsychological and psychological evaluations of older adults, transplant patients, and other medically-complex inpatients and outpatients (UCSD Medical Center Neuropsychological Assessment and UCSD Senior Behavioral Health rotations). Dr. Kaup completed a post-doctoral fellowship with the SFVAHCS Mental Illness Research Education and Clinical Center (MIRECC) - Dementia Core, where she conducted epidemiological research on cognitive aging/dementia and performed clinical neuropsychological assessments in the SFVAHCS Neuropsychology Program and Memory Evaluation Clinic. In her current position, Dr. Kaup conducts research to increase understanding of how to promote cognitive health in older adulthood, particularly among older adults who are at high-risk for dementia. She uses mobile technology in her research, in order to investigate whether novel tools can be used to assess and improve

	cognition in older adults. For example, she is investigating whether mobile neuroscience-based cognitive training can improve cognition in older Veterans with past traumatic brain injury – the "Brain Aging in Veterans (BRAVE) Training study." In her clinical role, Dr. Kaup provides neuropsychological evaluations of Veterans and supervises psychology trainees in the SFVAHCS Neuropsychology Program.
	G. Dawn Lawhon, PhD, is a Health Sciences Associate Clinical Professor in the UCSF Department of Psychiatry, the Assistant Director of the SFVAHCS Psychology Doctoral Internship Program, and the training coordinator for the SFVAHCS Posttraumatic Stress Disorder Clinical Team (PCT), where she has been on staff since 2007. After receiving her Ph.D. in Clinical Psychology and Women's Studies from the University of Michigan (1998-2004), Dr. Lawhon completed a clinical post-doctoral fellowship in PTSD at the San Francisco VAMC (2004-2005) and a NIDA-funded research fellowship in substance abuse treatment at the University of California, San Francisco (2005-2007). Within the PCT, Dr. Lawhon conducts evaluations, leads therapy groups, and treats patients in individual therapy, with emphasis on enhancing treatment motivation and engagement, particularly in the context of complex trauma. 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. Dr. Lawhon also provides supervision to psychiatry residents, psychology externs, interns, and fellows, and participates in the PCT educational seminar.
	**Jacy A. Leonardo, PhD, MA** is a Licensed Psychologist at the San Francisco VA Healthcare System (SFVAHCS), specializing in women's mental health. She started her psychology career after earning a Bachelor's from Boston College. Since then she worked for and with various not-for-profit community mental health programs and public hospitals. She has experience with diverse clinical populations, across the lifespan, with a particular interest and focus on complex trauma and women. After years as a clinician, Dr. Leonardo returned to school to obtain her MA in Social-Organizational Psychology from Teachers College, Columbia University. She worked as an administrator doing program development and assessment for several years before resuming clinical work. Dr. Leonardo later earned an MA and PhD in Clinical Psychology from Alliant International University. Since re-engaging in clinical work, Dr. Leonardo has been dedicated to work with Veterans. She completed her pre-doctoral internship at the Denver VA and post-doc at the SFVAHCS, in Women's Mental Health and Trauma. Dr. Leonardo has also participated in research and program development activities, including assessing the impact of informal caregiving and exploring the effects of PTSD on interpersonal relationships. Dr.

	Leonardo worked at the National Center for PTSD designing an employer initiative program for Veterans and most recently transitioned back to the SFVAHCS from the Peninsula Vet Center in Menlo Park.
	Shira Maguen, PhD, is Mental Health Director of the OEF/OIF Integrated Care Clinic, Staff Psychologist on the Posttraumatic Stress Disorder Clinical Team (PCT) at the San Francisco VAMC and Associate Professor in the Dept. of Psychiatry, UCSF School of Medicine. She is also the San Francisco site lead for the VA Women's Practice Based Research Network (PBRN) and co-director of the MIRECC Postdoctoral Research Fellowship. Dr. Maguen is involved with both the research and clinical components of the PTSD program. Her clinical work and teaching focus on evidence-based treatments for posttraumatic stress disorder, with a particular focus on newly returning veterans. She also works in a clinical capacity within the OEF/OIF Integrated Care Clinic. Her research interests fall under the umbrella of PTSD, moral injury, and suicide, and include risk and resilience factors in veterans, with a particular focus on female veterans. Dr. Maguen was the recipient of a VA Health Services Research and Development Grant that examined the impact of killing in veterans of war and moral injury, and recently completed a grant that examined a novel treatment for veterans who have killed in war. She has three additional grants that examine trauma-related eating problems in female veterans; the effectiveness of evidence-based treatments in Iraq and Afghanistan veterans via natural language processing; and the effectiveness of a behaviorally-based treatment for insomnia (BBTI) in primary care. Dr. Maguen is the author of numerous peer-reviewed publications, most of which focus on veteran mental health.
	Jennifer K. Manuel, PhD, is a Staff Psychologist in the Health Promotion and Disease Prevention (HPDP) program, the Associate Director for Psychology in the Center of Excellence in Primary Care Education, and a Health Sciences Assistant Clinical Professor of Psychiatry at the University of California, San Francisco (UCSF). She earned her doctorate in clinical psychology from the University of New Mexico and completed her clinical internship at the Palo Alto VA Healthcare System. Dr. Manuel completed a postdoctoral fellowship in drug abuse treatment services research at UCSF 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.

	Payal Mapara, PsyD, is a Staff Psychologist with the Pain Clinic, Integrated Pain Team (IPT), and the Prescription Opioid Safety Team (POST) at the SFVAHCS. Dr. Mapara provides individual and group chronic pain treatment to veterans at the SFVAHCS and rural clinics via tele-mental health, as well as consultation to medical providers regarding the treatment and assessment of chronic pain. She received her Psy.D. in Clinical Psychology from the Ferkauf Graduate School of Psychology at Yeshiva University and completed her clinical internship at the Manhattan Campus of the VA New York Harbor Healthcare System. She completed a post-doctoral fellowship in Primary Care at the San Francisco VAMC, where she focused on Pain Management. Dr. Mapara's clinical interests include the integration of pain management into primary care as well as the assessment and treatment of co-occurring chronic pain and substance use disorders.
	Susan Maxwell, PsyD, is a staff psychologist with the Posttraumatic Stress Disorders Clinical Team, and is an Assistant Clinical Professor at the University of California, San Francisco School of Medicine. Dr. Maxwell received her doctorate at the Wright Institute in Berkeley and completed her dissertation on mindfulness interventions for PTSD. She has also worked overseas and locally with refugee populations. She completed her externship and her postdoctoral fellowship in the Posttraumatic Stress Disorders Clinical Team at the San Francisco VA. Dr. Maxwell provides supervision to psychology and psychiatry trainees in the interdisciplinary 360 clinic. She also provides individual and group psychotherapy for trauma, in stabilization, trauma processing, and maintenance treatment phases. Her clinical interests include meditation and mindfulness for PTSD, posttraumatic growth, moral injury, and relational psychotherapy for PTSD. Prior to entering psychology, Dr. Maxwell had a career as a modern dancer and completed an MFA in Poetry at the Iowa Writers' Workshop.
	John R. McQuaid, PhD, is Associate Chief of Mental Health for Clinical Administration at the San Francisco VA Healthcare System, 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 in the Public Service and Minorities Cluster. 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.
	Elizabeth Nazarian, PsyD, is a Staff Psychologist at the Santa Rosa Community-Based Outpatient Clinic. Dr. Nazarian earned her degree in clinical psychology from the California School of Professional Psychology at Alliant International University in 2015. She completed her pre-doctoral internship at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, Massachusetts, where she focused on general outpatient psychology, evidence-based trauma-focused interventions, and Primary Care Behavioral Health. She completed her postdoctoral fellowship at the San Francisco VA Healthcare System in the Substance Use and Co-occurring Disorders Treatment emphasis area. Dr. Nazarian's primary clinical interests include the integrated treatment of substance use disorders and co-occurring conditions (particularly the co-occurrence of substance use and posttraumatic stress), fostering resilience in at-risk and traditionally underserved populations, enhancing access to appropriate clinical care, and promoting early treatment engagement.
	Tatjana Novakovic-Agopian, PhD, is a Rehabilitation Neuropsychologist at San Francisco VA Healthcare System Rehabilitation Medicine –TBI Program, and Assistant Professor at UCSF School of Medicine. She directs Neuropsychological Rehabilitation clinical research program at SFVAHCS and co-directs Program in Rehabilitation Neuroscience, a collaborative program of the SFVAHCS, VANCHCS in Martinez, UC SF and UC Berkeley. She is a training director for the TBI/Polytrauma Neuropsychology Research fellowship, and is actively involved in training of neuropsychology residents and other trainees interested in assessment and treatment of brain injury. 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 Principle-Investigator on VA Merit 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.
	Sarah Palyo, PhD, CPE, is a psychologist and the Clinical Director of the Intensive Pain Rehabilitation Program and the Clinical Director of the Integrated Pain Team for the San Francisco VA Healthcare System. She is an Assistant Clinical Professor at the University of California, San Francisco. She received her Ph.D. in clinical psychology from the State University of New York at Buffalo and completed her clinical internship at the Palo Alto VA Healthcare System. She completed a post-doctoral fellowship in Stanford University's Behavioral Medicine Clinic. She received her Certified Pain Educator (CPE) credential from the American Society of Pain Educators in 2013. 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. Dr. Palyo also led the development of the San Francisco VA's Intensive Pain Rehabilitation Program, which is the CARF-accredited, tertiary pain program for VISN21. She also received funding from the Office of Rural Health to help develop the Integrated Pain Team for the San Francisco VA's rural CBOCs. She is a Director of the San Francisco VA's SCAN-ECHO program, which provides education and consultation to providers on a variety of health conditions all across VISN21. Dr. Palyo's research interests include co-occurring chronic pain and PTSD and resiliency.
	David L. Pennington, PhD, is a Clinical Research Psychologist and Assistant Director of the Addiction Research Program at SFVAHCS, and Assistant Professor in the Department of Psychiatry at UCSF. He received his Ph.D. in Clinical Psychology from Palo Alto University in 2009, completed a postdoctoral clinical fellowship at SFVAHCS in 2010 and a research fellowship in Biomedical Imaging in the Department of Radiology at UCSF in 2013. Dr. Pennington is a Clinician Investigator with a background spanning translational and clinical research. Dr. Pennington's research program seeks to identify underlying neurobiological and cognitive substrates of impaired self-control and to develop new and more efficacious behavioral and pharmacologic treatments for alcohol and substance use disorders and common comorbid disorders (PTSD and Traumatic Brain Injury). As a Hispanic/Latino and Native American minority from an economically and educationally disadvantaged community, his research also focuses on developing interventions which enhance the psychological resiliency needed to succeed despite the socioeconomic barriers faced by under-represented communities. In his clinical role, he provides supervision of psychology trainees conducting neuropsychological evaluations of veterans in the Addiction and Recovery Treatment Service, and is assisting in the

	implementation of the VA's Measurement Based Care Initiative. Dr. Pennington also mentors trainees in the Addiction Research Program, UCSF's Postdoctoral Program in Drug Abuse Treatment/Services, UCSF's First Generation Support Services Program, and at the Center for Imaging of Neurodegenerative Diseases.
	Donna Rasin-Waters, PhD, is a clinical psychologist and neuropsychologist on the Behavioral Education and Support Team (BEST), an embedded mental and behavioral health team in acute medicine at the SFVAHCS. Dr. Rasin-Waters received her doctoral degree from Long Island University, Brooklyn, NY and her neuropsychology certification from Fielding Graduate University. She was in full time private practice before joining the staff at the New York Harbor VA – Brooklyn Campus, where she was Director of Training for the Postdoctoral Residency in Geropsychology. She has held numerous leadership and committee roles at the American Psychological Association (APA), state psychological associations, and national and state neuropsychological organizations. She is a past president of the New York State Psychological Association and has been involved in advocacy for many years, meeting with members of Congress on behalf of the APA. She presently serves as the Federal Advocacy Coordinator for the APA, Division 12 (Society of Clinical Psychology). Dr. Rasin-Waters has received an American Psychological Association Practice Organization (APAPO) Federal Advocacy Award for leadership in advancing the profession and an APA Presidential Citation for significant contributions to integration of psychological assessment and treatment in all level of health care.
	Daniel Rataj, PhD, is a staff psychologist at the Ukiah VA Community Based Outpatient Clinic (CBOC). He completed his undergraduate education at the University of Michigan and received his doctoral degree in clinical psychology from Northwestern University Medical School in Chicago. In addition to his experience in the private sector (psychotherapy, neuropsychological assessment), he has worked with veterans at VA facilities in Chicago (Jesse Brown VA Medical Center), Northern Michigan (Alpena CBOC) and Northern California (Yuba City CBOC). Clinical interests include working with older adults and mood disorders. In a previous career, Dr. Rataj worked as an advertising agency TV commercial producer.

	Shilpa Reddy, PhD, is a staff Psychologist in the TMH Section, who provides a range of evidence-based interventions, with some focus on those with Severe Mental Illnesses. She completed her Postdoctoral Fellowship at the SFVAHCS with an emphasis on Psychosocial Rehabilitation, with experience working across a number of clinics and sections. She has experience in providing individual, couples and group interventions by TMH. She has training in CBT, ACT, Emotion Focused Couple's therapy and Cognitive processing therapy. Her experience over the last 15 years spans three different countries (U.S., India and Australia) and she brings a deep awareness of diversity issues that influence health and illness. Shilpa is a board member of the San Francisco Psychological Association, currently serving as the Diversity Committee chair. She is Thesis Committee Member in Art Therapy Psychology at Notre Dame de Namur University. She is faculty at the Felton Institute of Research and Training and she trains community mental health professionals in Cognitive Behavioral Therapy and Cognitive Behavioral therapy for psychosis. In addition, she is co-founder of Actualize LLC, a consulting practice focused on bring creative solutions informed by behavioral science to the people and business.
	Kellie Rollins, PsyD, is the Director of Psychology Internship and Practicum Training Programs at San Francisco VA Healthcare System (SFVAHCS) and staff psychologist in the Addiction Recovery Treatment Services (ARTS) at SFVAHCS. 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 SFVAHCS, 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 ARTS, 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 SFVAHCS, Dr. Rollins leads the APA accredited clinical psychology doctoral internship and the practicum training programs. She is a past Member-At-Large in the VA Psychology Training Council and chair of American Association for Treatment of Opioid Dependence (AATOD) conference workshop committee.

	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 SFVAHCS 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 SFVAHCS 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 SFVAHCS 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 on the PTSD Clinical Team at the San Francisco Veterans Affairs Healthcare System (SFVAHCS) and Associate Clinical Professor at University of California-San Francisco School of Medicine. 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 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 treatment

	of complex PTSD, co-occurring PTSD and substance use disorders, dissociation, and resiliency in survivors of trauma.
	Meredith S. Sears, PhD, is a Clinical Psychologist at the San Francisco VA Healthcare System (SFVAHCS) specializing in suicide prevention and Dialectical Behavior Therapy (DBT). Dr. Sears earned her PhD in Clinical Psychology with a minor in Health Psychology at the University of California, Los Angeles (UCLA) in 2015. She completed her Clinical Internship with the Palo Alto VA Healthcare System, and clinical Postdoctoral Fellowship at the SFVAHCS, with a focus on Empirically Based Practice and Women's Mental Health. Dr. Sears practices from cognitive behavioral and third wave psychotherapy frameworks, and has particular experience teaching and supervising DBT and ACT. Her clinical and research interests include behavioral strategies that reduce suicide risk (such as limiting access to lethal means), and the intersection between emotion regulation skills and behavior, with an emphasis on behavior in interpersonal relationships.
	Elizabeth Mulligan Shumaker, PhD, ABPP is Staff Psychologist who serves as a consultant to the SFVAHCS's Community Living Center and the Assistant Director of Postdoctoral Fellowship Training at the SFVAHCS. She earned her doctorate in Clinical Psychology from Washington University in St. Louis and completed her internship and postdoctoral fellowship at VA Boston, both with specializations in geropsychology. She is also board certified in professional geropsychology. Prior to her time in the CLC, she worked as a staff psychologist at the Santa Rosa Community Based Outpatient Clinic, where she was a consultant to the Home-Based Primary Care team and provided geriatric cognitive assessments and group therapy in the outpatient clinic. Additionally, before moving to the Bay Area in 2016, she was a staff psychologist in an outpatient Geriatric Mental Health Clinic at VA Boston, with roles include supervising interns, fellows, and psychiatry residents through the Harvard South Shore program and serving as the Track Coordinator for Geropsychology training. Nationally, Dr. Shumaker is the Chair of the Council of Professional Geropsychology Training Programs, the early career representative to the American Board of Geropsychology, and a member of APA's Commission for the Recognition of Specialties and Proficiencies in Professional Psychology. She is VA certified in Cognitive Behavioral Therapy for Insomnia (CBT-I) as well as Cognitive Processing Therapy (CPT) and is currently participating in STAR-VA consultation. Her primary professional interests include supervision and training, bereavement, late-life family relationships, cancer survivorship, and trauma recovery among older adults.

	Erik Shumaker, PhD, is a Staff Psychologist in the Telemental Health Section providing evidence-based interventions to veterans over secure videoconferencing with a focus on CBT for anxiety, depression, and traumatic stress. Prior to coming to the SFVAHCS, he served as a Staff Psychologist at the Edith Nourse Rogers Memorial VA Hospital in Bedford, MA. At the VA Boston Healthcare System he completed a two-year fellowship and helped oversee assessments for a multi-site PTSD research consortium. He has extensive experience in evidence-based assessments for PTSD including the Clinician-Administered PTSD Scale for DSM-5.
	Michael Stroud, PhD, currently works in Rapid Access and VA Community Care. He received his PhD in Clinical Psychology from the University of Alabama. He completed his internship at the University of Washington School of Medicine. He remained there for two research fellowships in Rehabilitation Psychology with an emphasis in pain management. He then completed a fellowship in Clinical Health Psychology at VA Connecticut Health Care System. He has worked in primary care psychology at VA Palo Alto Health Care System and in pain management at Eastern Colorado VA Health Care System. In collaboration with Dr. Robert Kerns, he has contributed to the WHO ICD-9 classification on pain. In his spare time, Dr. Stroud enjoys participating in wheelchair 5K events. He usually comes in last but always finishes.
	Courtney Valdez, PhD is a Clinical Psychologist at the San Francisco VA Healthcare System (SFVAHCS) specializing in Posttraumatic Stress Disorder (PTSD). Dr. Valdez obtained her Ph.D. in Clinical Psychology at Arizona State University. She completed her Clinical Internship at the VA of Northern California Health Care System and her Postdoctoral Fellowship at the University of California at San Francisco (UCSF) Child and Adolescent Services Multicultural Clinical Training Program. After completing her training, Courtney served as faculty through the National Center for PTSD at the VA Palo Alto Health Care System, conducting training and research in military sexual trauma (MST). During her time at NC-PTSD she also served as a parenting skills training consultant for VA Central Office's Integrative Behavioral Couples Therapy (IBCT) dissemination initiative. Before coming to SFVAHCS, Dr. Valdez provided direct clinical services to veterans exposed to combat and/or MST at the San Francisco Vet Center. She now works part-time as an after-hours clinician for the PTSD Clinical Team (PCT) and with the Women's Clinic at SFVAHCS. She also maintains a part-time role with the San Francisco Vet Center, running two long-standing PTSD psychotherapy groups for Vietnam Veterans in Marin County. She is a VHA Certified Provider of Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Skills Training

	in Affective and Interpersonal Regulation (STAIR), and Integrative Behavioral Couples Therapy (IBCT).
	Samuel Wan, PhD, is Director of Training for the Postdoctoral Fellowship Training Program at the SFVAHCS, Staff Psychologist and Clinical Supervisor with the Substance Use and PTSD (SUPT) Clinic and Assistant Clinical Professor of Psychiatry at the School of Medicine at the University of California, San Francisco. He completed his doctoral internship with the Boston Consortium in Clinical Psychology and postdoctoral fellowship in Substance Use Disorders at the SFVHCS. 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. In 2016, Dr. Wan was elected Treasurer for the Association of VA Psychologist Leaders (AVAPL), and in 2015 he completed serving as Chair of the Conference Planning Committee for the 17th and 18th Annual VA Psychology Leadership Conferences. He is a member of the VA Psychology Training Council's Multicultural and Diversity Committee, and is a member (and former chair) of the SFVHCS Psychology Diversity Committee, and is former Member-At-Large for APA Division 51 (Society for the Psychological Study of Men and Masculinity). 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 AVAPL. 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 Clinical Health Psychologist at the San Francisco VA Health Care System (SFVAHCS) where she provides behavioral medicine and integrated care services. She is an Adjunct Faculty member at the University of San Francisco (USF) and Research Staff at the University of San Francisco, California (UCSF). Dr. Watson earned her PsyD in Clinical Psychology with an emphasis in Primary Care Psychology and Behavioral Medicine from Adler University in 2014. She completed her Doctoral Internship at the Portland VAMC/Oregon Health and Science University (OHSU), and Postdoctoral Fellowship at the SFVAHCS, with a focus on HIV/AIDS and Liver Disease. Dr. Watson has specialized behavioral medicine training in chronic pain, infectious disease, hepatitis C and liver disease, weight management/bariatrics, organ

	transplant, and primary care psychology. Her clinical and research interests include the integration of behavioral health in medical specialty clinics, education for allied health professionals, social responsibility and health disparities, and program development and evaluation. Dr. Watson was the recipient of a 2016 Federal Employee of the Year award for her team efforts in integrated care diversity-related programming. Dr. Watson serves as a consultant for the National VA Motivational Interviewing and Motivational Enhancement (MI/MET) therapy initiative, and practices evidence-based cognitive behavioral and acceptance and commitment therapies.
	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 85 journal articles and book chapters on substance abuse issues. She does consulting and training in a wide range of drug and alcohol treatment modalities.

Additional San Francisco VA Healthcare System 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.

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 Healthcare System. 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.

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.

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. Hoefer, 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. Hoefer'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.

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-occuring 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.

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.

Thomas Neylan, MD is the Director of the Posttraumatic Stress Disorders (PTSD) Clinical and Research Programs at the San Francisco Veterans Affairs Healthcare System. 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.

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 Healthcare System. 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 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 Healthcare System. 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.

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.

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 San Francisco VA Healthcare System.

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