PROGRAM OVERVIEW

Thank you for your interest in our APA-accredited predoctoral psychology internship program. On behalf of all our training staff, I want to emphasize how much we enjoy training psychology practicum students, interns, and post-doctoral fellows. We have four General Track positions and one Neuropsychology position. Interns in our program have the opportunity to work in three distinct facilities that are part of the VA Northern California Health Care System (VANCHCS): the Martinez Campus, the Oakland Behavioral Health Clinic, and the David Grant Medical Center at Travis Air Force Base in Fairfield. Spending a year working in such uniquely diverse settings provides a rich and comprehensive training experience that serves as the capstone for doctoral education in Clinical or Counseling psychology and prepares graduates for post-doctoral specialization or employment.

The training settings are described in this brochure and include rotations in PTSD, Neuropsychology, Cognitive Rehabilitation, Behavioral Medicine, Primary Care, Inpatient Psychiatry, Consultation and Liaison, General Mental Health and Substance Use Disorders. Interns complete 4 rotations (each is 2 days per week for 6 months). Additionally, interns meet weekly for a variety of didactic training seminars, including topics in; ethics, diversity, psychotherapy, assessment, professional development, and licensing. The seminars are led by training staff and outside speakers. Interns also participated in an intensive year-long psychotherapy training experience.

Our supervisory staff is committed to excellence in training and is made up of diverse professionals with an impressive list of accomplishments. Many faculty members are involved in national professional activities and organizations. Graduates consistently land competitive post-doctoral fellowships, including the seven fellowships located within VANCHCS. Four of these fellowships are in Neuropsychology, two are in Integrated Care and Behavioral Medicine, and one is in Post-Traumatic Stress Disorder. We take great pride in the professional development of our interns, who have consistently reported high satisfaction with their training experiences and the support they received during their internship.

Thanks again for your interest in our internship program. We hope this brochure is helpful in your decision-making about the internship application process. Please let us know if we can answer any additional questions.

Joel Schmidt, Ph.D.
Psychology Training Director
ACCREDITATION STATUS

The predoctoral internship at the VA Northern California Health Care System is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be in 2020.

The APA Office of Program Consultation and Accreditation can be reached at:

American Psychological Association
750 First St. NE,
Washington DC 20002-4242
Phone number (202) 336-5979.

INTERNERSHIP POSITIONS AND BENEFITS

We anticipate 5 internship positions for the 2018-2019 training year. Each intern receives an annual stipend of $28,382. Our interns are provided the option to elect health insurance coverage through the VA’s benefit program. Health insurance coverage is available for married spouses and dependents. The VA adheres to the recent Supreme Court decision which allows for health benefits for same-sex spouses of interns regardless of state or residency though unmarried partners of either sex are not eligible. Detailed information about the benefits offered for VA’s Psychology Training program is found at www.psychologytraining.va.gov/benefits.asp.

Please note: Non-funded internship positions are not offered.

MATCH NUMBERS

For our General Track (typically four positions) our APPIC match number is: 114112
For our Neuropsychology Track (typically one position) our APPIC match number is: 114113

APPLICATION DEADLINE:

Applications must be completed by November 1, 2017.
Review the Application & Selection Procedures section below for specific instructions on our application process. Please review the Internship Admissions, Support, And Initial Placement Data section for more information about admission requirements, stipend and benefits, and graduate placements.

PROGRAM DESCRIPTION AND TRAINING SITE INFORMATION

There are currently 23 core members of the Psychology Training Committee and a large number of ancillary staff members from several different disciplines actively involved in the training program.

The Clinical Psychology Internship Program sponsored by VA Northern California Health Care System is a full-time APA-accredited clinical internship providing 2080 hours of clinical experience. We offer training in a wide variety of clinical settings with diverse patient populations. The program is designed to train psychologists to effectively respond to the challenges and changes in the modern health care environment. VA NCHCS has had an APA-accredited predoctoral psychology internship program since 1977. Currently, we have five full-time permanently funded interns. For each of the last two training years, we have received temporary funding for a sixth intern.

The primary training sites for the internship program are in Martinez and Oakland, two communities in the East Bay region of the San Francisco Bay Area. A rotation is also offered at the David Grant Medical
Center (DGMC) which is on Travis Air Force Base in Fairfield. All three training sites are located in the Northeast section of the San Francisco Bay Area. Martinez is approximately 30 minutes from each of the other sites. Oakland and Fairfield are approximately 50 minutes apart from each other.

**MARTINEZ OUTPATIENT CLINIC**

The Martinez Outpatient Clinic is a multiple building campus that offers a full range of medical, surgical, and diagnostic services in addition to mental health care, and is home to a rehabilitation and extended care facility. Due to the breadth of specialty services offered across the campus, opportunities for close collaboration and consultation with interprofessional teams are abundant. The Martinez campus is home to the internship program which was the first VA program in California to obtain APA accreditation. Martinez has long had a leading Neuropsychology service there are a number of ongoing grant-funded research programs in affiliation with UC Davis, UC Berkeley, and UC San Francisco. The Martinez Behavioral Health Clinic moved into a new building on the Martinez campus in 2016. The new clinic includes additional office and meeting space, group therapy rooms, and state-of-the-art technology to aid clinical practice. The psychology training program is located in this new building.

The facility is located in a suburban neighborhood, not far from the shops and restaurants that make up historic downtown Martinez. Martinez is 27 miles from Oakland and 35 miles from downtown San Francisco. Topographically, Martinez runs from hill country to the waterfront and was the home to the famous environmentalist John Muir. It is also the birthplace of legendary baseball great Joe DiMaggio.

**OAKLAND BEHAVIORAL HEALTH CLINIC**

The Oakland Behavioral Health Clinic provides mental health and substance abuse treatment services, including treatment for drug and alcohol-related dependencies, medication management, methadone maintenance, and individual and group therapy. This clinic also manages a PTSD treatment program, Homeless Outreach Program and a Compensated Work Therapy Program.

The Oakland Behavioral Health Clinic, remodeled into a modern urban health facility in 2009, is located in the trendy Uptown neighborhood in Oakland and enjoys a colorful history which (according to legend) includes a stint as a practice studio for Green Day and other performers. The clinic serves an extremely diverse clientele and is known for its collaborative team approach, welcoming environment, and world-class potlucks.

**DAVID GRANT MEDICAL CENTER**

David Grant Medical Center (DGMC) is a teaching hospital and the Air Force’s largest medical facility on the West coast. Under a unique joint sharing agreement between the Department of Defense (DoD) and the VA, DGMC has an inpatient psychiatric facility designed to provide state-of-the-art psychiatric treatment for Veterans and active duty military personnel. This facility offers the distinctive opportunity to observe cross-agency collaboration in caring for both patient populations and to develop appreciation for the similarities and differences in Veteran and active duty behavioral health needs.
Located on the Travis Air Force Base, DGMC is a fully accredited hospital with a National Quality Approval gold seal by the Joint Commission. Travis Air Force base is the West Coast terminal for aeromedical evacuation aircraft returning sick or injured patients from the Pacific area.

LOCATION INFORMATION

Located in the San Francisco Bay Area, our trainees are offered a vast array of world class cultural and recreational opportunities, comfortable weather, and a rich multicultural environment. Northern California is home to Yosemite National Park, Lake Tahoe, the Sierra Nevada Mountain Range, Pacific beaches, and the wine country of Sonoma and Napa Counties. Psychology training in our region is enhanced by the close proximity to major research universities (UC Berkeley, UC San Francisco, Stanford) and the VA facilities in San Francisco and Palo Alto. Trainees typically have the opportunity to attend training workshops at the neighboring VA facilities.

While the cost of living in the San Francisco Bay Area is high, the East Bay is relatively more affordable and interns have been able to find affordable housing in communities convenient to VANCHCS training sites. Recent interns have often elected to live in either the Oakland/Berkeley area or the Walnut Creek/Martinez/Pleasant Hill/Concord area. Several interns have also lived in San Francisco. The VA offers a transit subsidy benefit which may assist with offsetting some public transportation commuting costs. For example, many trainees utilize this transit subsidy to ride BART (the local light rail) to the clinic in Oakland.

TRAINING IN THE VA

The VA is the largest health care system in the nation and is the largest training site for physicians, psychologists, and many other health care professionals. Mental Health services are currently a primary focus of attention in the VA, in large part due to concern about Post Traumatic Stress Disorder, Traumatic Brain Injury, and other issues among service members returning from Iraq and Afghanistan. In addition, the VA is in the middle of an ambitious agenda to define and implement state-of-the-art Mental Health care for all enrolled Veterans across all diagnoses and issues and across the life-span. This has led to a rapid expansion of employees and many new training initiatives. Tele-health initiatives are also now underway to provide specialized services to the more rural locations.

For the past several years, the VA has put significant resources into training its Mental Health clinicians in specific evidence-based psychotherapies (EBT), including Cognitive-Behavioral Therapy (for Depression, Chronic Pain, and Insomnia), Acceptance and Commitment Therapy, Cognitive Processing Therapy, Prolonged Exposure, Motivational Interviewing, Interpersonal Therapy, and several other approaches. Several members of our internship training faculty have completed these intensive trainings (which include supervision and review of session recordings) and these particular EBTs are emphasized during internship training.

OTHER PSYCHOLOGY TRAINING IN VANCHCS

Clinical Neuropsychology Postdoctoral Residency

The VA NCHCS Clinical Neuropsychology Postdoctoral Residency Program has been in existence for over 20 years and received APA accreditation in 2009. There are four postdoctoral residents funded through VA Central Office. Two residents are based at the Sacramento (Mather) Campus, and two are based in Martinez. Training also occurs at the Oakland Behavioral Health Clinic, David Grant Medical
Center on the Travis Air Force Base, UC Davis Department of Neurology, and the UC Davis Alzheimer Disease Center. The program has a unique strength in neurocognitive rehabilitation training. Brigid Rose, Ph.D., is the Director of the Clinical Neuropsychology Postdoctoral Residency Program.

Clinical Psychology Postdoctoral Residency

VA NCHCS has two postdoctoral residents in Clinical Psychology with an focus in Integrated Care and Behavioral Medicine and one with an focus in Post Traumatic Stress Disorder. This program is APA-accredited and has been in existence since 2011. These residents work in both the Oakland and Martinez facilities.

Student Practicum Programs

There are graduate student practicum programs at the Oakland, Martinez, Fairfield and Sacramento facilities and the Oakland Vet Center. These programs are based on formal training agreements with local Psychology graduate programs. The students work in several different settings, including general Mental Health, Cognitive Rehabilitation, inpatient psychiatry, and Neuropsychology. These practicum programs provide students for supervisory experiences for interns and postdoctoral fellows. Interns and fellows are provided with all aspects of the supervisory experience, including individual and group supervision, didactic presentations, evaluation, and selection.

TRAINING MODEL AND PROGRAM PHILOSOPHY

The program is designed to facilitate the transition from advanced graduate student to entry-level psychologist. While internship is primarily an intensive clinical training experience, the program exposes interns to the wide range of activities typical of psychologists in complex health care settings. For example, there is active neuropsychological research occurring at the Martinez campus, and training faculty across the various settings and clinical programs are in program leadership positions. Thus, in addition to the faculty members’ clinical activities, the program provides opportunity for exposure to research and administrative roles that build on graduate training in empirical methodology, scientific literature, and quantitative reasoning. Three of the faculty members serve as training consultants for two of the VA evidence-based psychotherapy training initiatives.

The training model reflects our adherence to the philosophy that psychological practice is based on the science of psychology which, in turn, is influenced by the professional practice of psychology. We expect that our graduates will have a broad range of clinical and consultation skills that are informed by the scientific literature and will have the ability to apply scientific principles and techniques in addressing clinical and administrative responsibilities. The uniquely broad range of clinical and demographic diversity across our training settings provides an exceptional environment for developing these competencies.

PROGRAM AIM AND COMPETENCIES

The aim of the Psychology Internship program at VA Northern California Health Care System is to provide training that will allow for successful entry into postdoctoral fellowships or entry level positions in health service psychology, with a particular emphasis on VA or other complex health care systems. The program trains for competency acquisition in nine domains and emphasizes broad and general practice in multiple clinical settings. Our Neuropsychology track provides the opportunity to emphasize training consistent with the sub-field's standards for preparation for advanced postdoctoral training (the Houston Conference Guidelines) while maintaining a broad and general training focus.
Internship training competencies are designed to build upon the basic clinical competencies acquired in graduate training. We have identified training objectives in nine broad areas:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and interprofessional/interdisciplinary skills

**Competency Area One: Research**
Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

Integrates current research and literature into clinical practice

**Competency Area Two: Ethical and Legal Standards**
Is knowledgeable of and acts in accordance with each of the following:

- The current version of the APA Ethical Principles of Psychologists and Code of Conduct.
- Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.
- Relevant professional standards and guidelines. (E.g., patients’ rights, release of information, informed consent, limits to confidentiality, management of suicidal behavior, and child/elder abuse reporting policies.)

Recognizes ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.

Conducts self in an ethical manner in all professional activities.

**Competency Area Three: Individual and Cultural Diversity**
Understands how personal/cultural history, attitudes, and biases may affect personal understanding and interaction with people different from oneself.

Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.

Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).

Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.
Competency Area Four: Professional Values, Attitudes, and Behaviors

Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

Engages in self-reflection regarding one’s personal and professional functioning; engages in activities to maintain and improve performance, well-being, and professional effectiveness.

Actively seeks and demonstrate openness and responsiveness to feedback and supervision.

Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Competency Area Five: Communication and Interpersonal Skills

Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.

Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Competency Area Six: Assessment

Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics.

Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Skillfully assesses behavioral and emotional problems using clinical interview.

Competency Area Seven: Intervention

Establishes and maintains effective relationships with the recipients of psychological services.

Develops evidence-based intervention plans specific to the service delivery goals.

Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
Demonstrates the ability to apply the relevant research literature to clinical decision making. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.

Evaluates intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

Appreciate his/her stimulus value to patient and effectively addresses this in therapy.

Provide psycho educational group programming consistent with clinical program needs (e.g., PTSD groups, Pain Management, Substance Abuse, etc.).

Effectively manage termination of therapy.

**Competency Area Eight: Supervision**

Applies the knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals.

Provides effective constructive feedback and guidance (e.g. direct, behaviorally specific, corrective guidance)

**Competency Area Nine: Consultation and Interprofessional/Interdisciplinary Skills**

Demonstrates knowledge and respect for the roles and perspectives of other professions.

Applies the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Identifies appropriate patient care issues that would benefit from interdisciplinary consultation (e.g., with psychiatry, social work, MOVE! Program).

Communicates information and recommendations to the referral source verbally and in writing that are timely, clear, and useful.

**PROGRAM STRUCTURE**

The internship typically starts on a Monday in late August and lasts for a full calendar year. Interns work from 8:00 am - 4:30 pm Monday through Friday. Work-life balance is emphasized and the internship is designed to involve 40 hours per week. Occasionally, additional time might be necessary to respond to clinical emergencies or complete tasks such as assessment reports. Interns spend various parts of the week at the VA facilities in Oakland and Martinez, and possibly at David Grant Medical Center in Fairfield.

**Planning the Training Year**

Prior to the start of the internship year, interns are sent a preliminary non-binding questionnaire to identify initial training interests. This information helps the Training Committee plan for the training year. At the beginning of internship, interns go through several days of orientation activities, which provide the opportunity to visit the clinical sites and meet all the prospective supervisors. During orientation, interns also complete a self-assessment to help identify strengths and training targets.
A training plan is developed individually for each intern in conjunction with the Training Director and other faculty input based on individual interests and training needs. The goal is to develop a broad-based training experience that includes exposure to multiple clinical settings and patient populations. Faculty members in addition to the Training Director are available for consultation to help navigate the various training options. Rotations are selected from the options below based on individual training needs and the program requirements for competency acquisition and broad clinical exposure. Interns are typically able to participate in the training activities that they desire but the exact structure and timing of various activities must fit with the overall organizational needs of the program. The Training Director, other faculty members, and the interns work together to ensure the training plan includes all requirements listed below.

The program is organized into two six-month segments. Rotations are scheduled for two days per week, so an intern will be working on two different rotations at a time. Interns' interests and priorities sometimes change over the course of the training year and changes in the training plan are permissible provided that they continue to allow for the intern to complete their required training experiences and the program has the capacity to absorb the switch. Mondays are reserved for seminars and the year-long psychotherapy experience. Time is scheduled for interns to have lunch together on Mondays and this is prioritized as an important professional socialization experience.

The neuropsychology track is designed to meet Houston Conference Guidelines for an internship in neuropsychology, and this requires that at least 50% of the training year is dedicated to specialized training in neuropsychology. This is met through assignment to the neuropsychology consultation service and, typically, to the cognitive rehabilitation service. The neuropsychology track intern has the opportunity to engage in at least one rotation in an area outside the emphasis area and the intern is guided to develop a training plan that includes sufficiently broad experiences in addition to neuropsychology specialization. Because neuropsychology track interns typically plan to apply for neuropsychology post-doctoral fellowships, the training plan is designed to emphasize specific experiences early in the year so as to maximize competitiveness for the fellowships by selection process.

**ROTATIONS**

**Behavioral Medicine**  
**Supervisors:** Matt Cordova, Ph.D., Crystelle Egan, Ph.D.

The Behavioral Medicine Rotation is located at the Martinez site. This rotation provides an opportunity to work with patients with a wide range of medical concerns and conditions. A particular emphasis is placed on pain management and habit control (such as smoking cessation and weight management). Interns receive experience in individual and psychoeducational group therapy, relaxation training, and biofeedback. They also conduct pre-surgical evaluations for patients being considered for stem-cell or solid organ transplants, bariatric surgery, and other procedures.

**David Grant Medical Center at Travis Air Force Base**  
**Supervisor:** Bill Steh, Ph.D.

This rotation provides the opportunity to work on a 12-bed, locked, inpatient psychiatric unit that is jointly staffed and managed by the Air Force and the VA. This is the only joint (VA/DoD) mental health unit of its kind. Patients served include active duty Air Force (as well as other branches), military retirees, military dependents, and Veterans. David Grant receives active duty members from all over the Pacific Rim and often complicated treatment and disposition decisions must be made. As such, this rotation emphasizes efficient psychodiagnostic (and occasional neuropsychological) assessment and rapid diagnosis. Interns are also an integral part of the treatment team, conduct psychiatric interviews,
psychoeducational groups, and individual sessions. Travis Air Force Base is in Fairfield and is about 35 minutes by car from the Martinez campus.

**General Outpatient Mental Health**  
**Supervisors:** Joel Schmidt, Ph.D., Mollie Dye, Psy.D.

The General Mental Health rotations take place in both the Martinez and the Oakland Behavioral Health Clinics. This rotation provides experience with a range of assessment activities, including triage, intakes, and formal psychological assessment. Psychotherapy experience is available for a wide range of presenting problems and from a range of theoretical perspectives. Specialized training in motivational interviewing is available on this rotation. Interns on this rotation carry a psychotherapy caseload of individual and possibly couples or family therapy. Interns also participate in treatment team meetings and staff consultation.

**Mental Health Consultation-Liaison**  
**Supervisor:** TBD

This rotation takes place in Martinez at the Community Living Center (CLC), also known as the Center for Rehabilitation and Extended Care (CREC). The CLC/CREC is a 120-bed nursing care facility that provides sub-acute medical care, rehabilitation, short term custodial/respite care, and inpatient hospice care. The intern operates as part of an interdisciplinary team consisting of a physician, a nurse practitioner, nurses, rehabilitation therapists (e.g., physical, occupational, speech, and recreation therapists), chaplains, and other specialty providers. In the Consultation-Liaison rotation, the intern engages in a range of activities, including psychodiagnostic assessment; brief, problem-focused psychotherapeutic intervention; patient and family psychoeducation (e.g., regarding pain and/or sleep management); brief cognitive screening and capacity evaluation; and, on the hospice unit, end of life emotional support. The intern educates the treatment team about how an individual’s medical condition might be influencing an underlying mental health diagnosis, and vice-versa. The intern also serves as a resource for medical staff by providing behavioral support recommendations when challenging behavior from dementia or treatment non-adherence interferes with patient recovery.

**Neurocognitive Rehabilitation**  
**Supervisors:** Jeff Kixmiller, Ph.D., Jim Muir, Ph.D., Diana Partovi, Psy.D.

The Neurocognitive Rehabilitation Service provides specialized treatment services for Veterans experiencing cognitive difficulties that negatively impact day-to-day functioning. Veterans typically present with cognitive concerns associated with known neurological issues (e.g., traumatic brain injuries, stroke, etc.), but they also can represent the secondary influences of complex co-occurring conditions (e.g., psychiatric, medical, substance abuse problems) that adversely affect thinking, everyday functioning (e.g., family, social, school, and/or work life) and overall quality of life; treatments therefore also address such co-occurring emotional and behavioral issues. When possible, we strive to involve families in the Veterans’ treatment plans. Our service provides outpatient services as well as inpatient services in the CREC. Interns provide treatment services in the context of individual and group psychotherapy, as well as cognitive and functional assessments. Interns work with the supervisory psychologists, providers from other disciplines, and other psychology trainees including post-doctoral residents and practicum students. Interns participate in advanced interdisciplinary team meetings with physicians and other disciplines. Depending on an intern’s specific training plan, there also may be opportunities for experience in providing supervision to practicum students.

**Neuropsychology**  
**Supervisors:** Donna Sorensen, Ph.D., Kristi Steh, Ph.D., Brigid Rose, Ph.D., Diana Partovi, Psy.D.
The Neuropsychology service is located on the Martinez Campus. Training and experience on the neuropsychology rotation serves to enhance the intern's working knowledge of brain-behavior relationships, and to introduce interns to the major neurologic syndromes and their neurobehavioral sequelae. Interns learn to integrate neuropsychological findings with those of neuro-imaging and knowledge of neuropathology. Interns develop preliminary competence in conceptualizing and conducting independent neuropsychological evaluations and in effectively communicating findings to referral sources and patients. Most neuropsychological evaluations are done in the outpatient clinic, but there are opportunities for inpatient evaluation at the CREC as well. Interns also participate in the monthly didactic seminar series held at the Martinez campus and at UC Davis Medical Center. These seminar series cover specialty topics related to Neuropsychology and Cognitive Rehabilitation, neuroimaging interpretation/review, clinical case conferences, and preparation for board certification in Clinical Neuropsychology.

**Post-Traumatic Stress Disorder (PTSD)**

**Supervisors:** Tanya Aaen, Ph.D., Olivia Chang, Ph.D., Pam Planthara, Psy.D., Laura Wiedeman, Psy.D.

The Martinez and Oakland Clinics both have multidisciplinary PTSD Clinical teams (PCT) responsible for providing specialized treatment for individuals experiencing the after-effects of trauma. Evidence-based assessment and treatment is emphasized. Both rotations offer training in the Clinical Administered PTSD Scale (CAPS) for DSM-5, Prolonged Exposure (PE), and Cognitive Processing Therapy (CPT). Additional training may involve facilitating Seeking Safety, Stress Inoculation Training (SIT), Skills Training in Affect and Interpersonal Regulation (STAIR), PTSD psychoeducational groups, and other coping skills group, depending on the intern’s training needs and goals. Interns also develop strong consultation skills by participating in interdisciplinary treatment team meetings and collaborating with mental and physical health practitioners. As the delivery of clinical services via telehealth technology is a growing priority in the VA, interns may have an opportunity to provide PE and CPT via telehealth modalities.

**Primary Care-Mental Health Integration**

**Supervisors:** Lisa Johnson-Wright, Ph.D., Lisa Alvy, Ph.D.

The Primary Care-Mental Health Integration Rotation is located at the Martinez and Oakland sites. This rotation provides an opportunity to gain exposure in brief assessment and intervention models for general mental health as well as behavioral health issues with an emphasis on promoting good health practices, improving adherence to medical regimens, and addressing psychological/behavioral difficulties that contribute to or result from medical illness. Behavioral health care delivered and integrated into primary care medical clinics is a major emphasis in VA and interns have the opportunity to engage in this work in Oakland and Martinez.

**Substance Use Disorder and Co-occurring Conditions**

**Supervisors:** Andreas Bollinger, Ph.D., Dylan Athenour, Ph.D., Heath Kilgore, PsyD.

The Substance Use Disorder rotation is located at the Addiction Recovery Treatment Services (ARTS) in the both Oakland and Martinez clinics. The Oakland program includes an Opioid Treatment (Methadone and buprenorphine) Program. Therapeutic services include individual, group, couples, and family treatment. Training experiences on the substance abuse rotation provide interns with an opportunity to enhance their understanding of substance use disorders and the medical, social, and psychological issues that typically accompany them. The rotation also provides an opportunity to assess and treat co-occurring disorders such as depression, PTSD, and other anxiety disorders. Interns function as treatment team members and are responsible for assessment, psychotherapy, and staff consultation. Cognitive-Behavioral and Motivational Interviewing interventions are emphasized. The rotation provides an
opportunity to develop experience with the unique ways psychologists can contribute to a multidisciplinary substance abuse treatment team.

**ADDITIONAL TRAINING ACTIVITIES**

Interns provide supervision and training to practicum students at the Martinez or Oakland facilities. This includes providing individual and group supervision, professional development mentoring, didactic instruction, evaluation, and assistance in the selection process. Interns are provided weekly group supervision of this process.

To assure a broad and general training experience, several activities are required independent of specific rotation assignments. These include intakes, comprehensive psychological assessments, triage work, group therapy, participation in evidence-based psychotherapy, treatment with veterans from different demographic backgrounds and a project or activity to demonstrate ability to evaluate and disseminate research or other scholarly activities. The program has a process for periodic review of activity completion.

There are additional experiences that may be available based on intern interest and fit with the overall training plan. Such activities are typically decided upon during orientation and incorporated into the training plan. One common example is the opportunity to work with a faculty member in a management position to develop an administrative project. Interns have developed new clinical processes, collected clinic utilization data, and have worked with clinical teams to implement changes based on these findings.

**WEEKLY SCHEDULE**

Seminars occur on Monday mornings in Martinez from 8:00 am - 10:00 am. There is a rotating schedule of Cultural Diversity, Ethics and Professional Development, and other topics of clinical and professional interest. Interns are provided time to have lunch together for professional socialization and to discuss their experiences from 12:00- 1:00 pm on Mondays. From 10:00 am - 12:00 pm and 1:00 pm - 3:00 pm, interns are assigned to supervisors for psychotherapy training based on interns’ individual training goals and needs. Supervision assignments are made based on interns’ stated preferences, training goals, and supervisor availability. From 3:00 PM to 4:00 PM interns will participate in a “supervision of supervision” training series. In some cases, there may be time on Mondays for additional projects, based on intern interest. Any such projects will be discussed by the training director, intern, and relevant supervisor and documented on the training plan.

The schedule for the rest of the week involves working on two different rotations (one on Tuesday and Wednesday, the other on Thursday and Friday).

**Typical Training Week**

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<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>8:00 am – 10:00 am</td>
<td>Intern seminars</td>
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<td></td>
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<tr>
<td>10:00 am – 12:00 pm</td>
<td>1:1 therapy</td>
<td>Individual Rotation Assignments</td>
<td>Individual Rotation Assignments</td>
<td></td>
</tr>
<tr>
<td>12:00 pm – 1:00 pm</td>
<td>Intern lunch</td>
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</tr>
<tr>
<td>1:00 pm – 2:00 pm</td>
<td>1:1 therapy</td>
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All interns are required to work in both Oakland and Martinez, as these sites each have unique patient populations and training experiences. Specific times assigned to each clinic are coordinated based on the collective schedules of all the interns. Several of the rotations (General Mental Health, BMed/Primary Care, PTSD) may involve experiences in both clinics. The clinics are approximately 35 minutes apart by car. It is possible to commute via public transportation, though most interns find it easier to commute via car. As noted above, the VA offers a transit subsidy benefit which may assist with offsetting some commute costs. Information about both traffic patterns and public transportation can be found at www.511.org.

Sample intern schedules are shown below. These are examples and there are several different options for planning your training year depending on your preferences and training needs as well as rotation/staff availability. These schedules are in effect for six months and the schedules rotate at the middle of the training year.

#1 General Track Intern: PTSD and CREC rotations:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday (PTSD)</th>
<th>Friday (PTSD)</th>
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</thead>
<tbody>
<tr>
<td>Intern seminars</td>
<td>Chart review</td>
<td>Chart review</td>
<td>PTSD intake</td>
<td>Chart review</td>
</tr>
<tr>
<td>1:1 therapy</td>
<td>See CREC patients</td>
<td>See CREC patients</td>
<td>PTSD EBP Consultation Call</td>
<td>1:1 PTSD EBP</td>
</tr>
<tr>
<td>Intern lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:1 therapy</td>
<td>See CREC patients</td>
<td>Hospice rounds</td>
<td>PTSD Group</td>
<td>1:1 PTSD EBP</td>
</tr>
<tr>
<td>supervision</td>
<td>See CREC patients</td>
<td>Supervision</td>
<td>Supervision</td>
<td>1:1 PTSD EBP</td>
</tr>
<tr>
<td>Supervision of supervision</td>
<td>Notes/wrap</td>
<td>Notes/wrap</td>
<td>Notes</td>
<td>Notes</td>
</tr>
</tbody>
</table>

#2 General Track Intern: SUD-PTSD Comorbid rotation and DGMC:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday (BMed)</th>
<th>Wednesday (BMed)</th>
<th>Thursday (DGMC)</th>
<th>Friday (DGMC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intern seminars</td>
<td>Supervision</td>
<td>1:1 patient</td>
<td>Check in</td>
<td>Check in</td>
</tr>
<tr>
<td>1:1 therapy</td>
<td>1:1 patient</td>
<td>MOVE! Group</td>
<td>Grand rounds, tx. team rounds</td>
<td>Grand rounds, tx. team rounds</td>
</tr>
<tr>
<td>Intern lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:1 therapy</td>
<td>Notes</td>
<td>Stress Mgmt Group</td>
<td>1:1 patients</td>
<td>1:1 patients</td>
</tr>
<tr>
<td>supervision</td>
<td>1:1 patients</td>
<td>1:1 patients</td>
<td>Discharge planning or H&amp;P</td>
<td>Discharge planning or H&amp;P</td>
</tr>
<tr>
<td>Supervision of supervision</td>
<td>Notes</td>
<td>Notes</td>
<td>Notes</td>
<td>Supervision</td>
</tr>
</tbody>
</table>
#3 – Neuropsychology Track Intern: Cog Rehab/Neuropsych

<table>
<thead>
<tr>
<th>Monday (Cog/Rehab)</th>
<th>Tuesday (Cog/Rehab)</th>
<th>Wednesday (Cog/Rehab)</th>
<th>Thursday (Neuro)</th>
<th>Friday (Neuro)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intern seminars</td>
<td>Notes</td>
<td>Chart review</td>
<td>Didactic – two</td>
<td>Chart review</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>didactic sessions, all day once per month, half day once per month</td>
<td></td>
</tr>
<tr>
<td>1:1 therapy</td>
<td>Cog rehab meeting/</td>
<td>Inpatient TBI group</td>
<td>(if no didactic) Full neuro assessment</td>
<td>Full neuro assessment</td>
</tr>
<tr>
<td></td>
<td>Group supervision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intern lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:1 therapy</td>
<td>1:1 patient rehab</td>
<td>1:1 patient rehab</td>
<td>Full neuro</td>
<td>Scoring, report writing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>assessment</td>
<td></td>
</tr>
<tr>
<td>supervision</td>
<td>1:1 patient rehab</td>
<td>Cognitive skills</td>
<td>Supervision</td>
<td>Feedback sessions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervision of</td>
<td>Interdisciplinary</td>
<td>Notes</td>
<td>Notes</td>
<td>Notes</td>
</tr>
<tr>
<td>supervision</td>
<td>inpatient meeting</td>
<td></td>
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</tr>
</tbody>
</table>

**FACILITY AND TRAINING RESOURCES**

Interns have access to networked PC workstations for clinical and educational activities. All clinical documentation in the VA is completed on the Computerized Patient Record System (CPRS). All computers have internet access and any use in support of clinical or academic activities is acceptable. All computers have the Microsoft Office programs. The training program has a shared folder on the network that contains a large volume of patient handouts, professional articles, and other resources to which interns are given access. Access to statistical software is available. VA Northern California has an extensive virtual library and interns have access to a broad range of academic resources. In addition to the training faculty, there are several administrative and support staff members available to help with orientation and to provide logistical support when needed. Clerical staff members at the Martinez Mental Health Clinic and the Oakland Behavioral Health Clinic are available to help with patient scheduling, computer access, scheduling leave time, and other tasks.

**VA NCHCS CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM CORE FACULTY**

Below are core internship faculty biographies. There are a number of additional staff members at each of the sites who also contribute to training and supervision.

*Joel Schmidt, Ph.D.*
Director of Psychology Training
Training Consultant, VA Motivational Interviewing Initiative
Staff Psychologist, Oakland Behavioral Health Clinic
Ph.D., Clinical Psychology, University of Arkansas, 1994
Internship: American Lake VAMC, Tacoma, WA

Professional Interests: Psychology training program management and national policy development; professional development; cognitive and behavioral therapies; brief therapy; coping skills training; habit and behavior change; couples communication skills training.

Favorite Pastimes and Bay Area Activities: Running, Kayaking on Lake Chabot, hiking in the East Bay Hills, family bike rides to the Farmer’s Market.

Tanya Aaen, Ph.D.
Staff Psychologist, Martinez PTSD Team
Program Director, PTSD Services
Ph.D., Clinical Psychology, Loma Linda University, 2005
Internship: Salem VAMC, Salem, VA

Professional Interests: Individual and group psychotherapy; PTSD and traumatic stress; CBT; Gestalt Therapy; adjustment disorders; post-deployment stress; and chronic and terminal illness.

Favorite Pastimes and Bay Area Activities: Spending time with my family, snow skiing, camping, hiking and yoga. I enjoy day/weekend trips in the Bay Area to the Upper Napa Valley, Mendocino, or taking the ferry to San Francisco for the day.

Lisa Alvy, Ph.D.
Clinical Psychologist, Primary Care Mental Health Integration
Martinez VA Outpatient Care Center
Ph.D., Clinical Psychology, University of Illinois, Chicago, 2013
Internship: University of Illinois Medical Center, Chicago, IL

Professional Interests: Primary Care Consultation; integrated care; Behavioral Medicine; health behavior change; behavioral pain management; obesity and bariatric surgery; LGBTQ health; CBT; Mindfulness; Motivational Interviewing.

Favorite Pastimes and Bay Area Activities: Sunday brunch with my partner Adam and little Chihuahua/Miniature Pincher Mix, Newton. Weekend trips in the surrounding area including to Lake Tahoe, Santa Cruz, Monterey, Sonoma, and more. After living in Chicago, Washington DC, LA, and SF proper, there’s nowhere I’d rather call home than the East Bay!

Dylan Athenour, Ph.D.
Clinical Psychologist, Martinez Addiction Recovery Treatment Services (ARTS) Program
Ph.D., Clinical Psychology, Seattle Pacific University, 2015
Internship: Yale University, New Haven, CT

Professional Interests: Substance Abuse; Motivational Interviewing; Dual Diagnosis Treatment; CBT; Harm Reduction and Abstinence Based Approaches; Individual and Group Psychotherapy; Evaluation for Residential and Outpatient Treatment

Favorite Pastimes and Bay Area Activities: Hiking, kayaking, skiing in Tahoe (winter), trips to the coast (Monterey, Santa Cruz, Big Sur, and Mendocino are some of my favorites), basically any excuse to get outdoors after work or on the weekends, and live music. I also enjoy traveling into San Francisco or Oakland for the day to explore and eat delicious food with friends/family.

Andreas R. Bollinger, Ph.D.
Clinical Psychologist, Oakland Behavioral Health Clinic
Assistant Professor, Department of Counseling Psychology, Dominican University of California
Ph.D., Clinical Psychology, Pacific Graduate School of Psychology, 1997
Internship: Boston VA Consortium, Boston, MA

Professional Interests: Individual and group psychotherapy; CBT; PTSD and traumatic stress; coping skills; substance abuse/relapse prevention; Motivational Interviewing; diagnostic interviewing; manual- and evidence-based treatments.

Favorite Pastimes and Bay Area Activities: From the dunes of Limantour to the summit of Mt. Diablo, from the taquerias of the Mission District to the vineyards of Napa, always in the pursuit of “more cowbell” with friends and family. . . but then again, it could be a Swiss thing.

Olivia Chang, Ph.D.
Clinical Psychologist, Martinez PTSD team
Ph.D., Clinical Psychology, University of Kansas, 2009
Internship: Salem VAMC, Salem, VA

Professional Interests: Individual and group psychotherapy; PTSD and traumatic stress; Cognitive Behavioral Therapy; Acceptance and Commitment Therapy; evidenced-based practice; interpersonal process in psychotherapy.

Favorite Pastimes and Bay Area Activities: Distance running, listening to live music, watching Kansas basketball, traveling, and spending time with friends and family. I love the easy access to San Francisco and the wide array of options for food, culture, and outdoor activities.

Matthew Cordova, Ph.D.
Clinical Psychologist, Behavioral Medicine/Primary Care
Associate Training Director
Associate Professor, Palo Alto University
Ph.D., Clinical Psychology, University of Kentucky, 1999
Internship: VA Palo Alto Health Care System, Palo Alto, CA

Professional Interests: Behavioral Medicine; primary care psychology; behavioral pain management; psychosocial oncology; traumatic stress; positive psychology; interpersonal process.

Favorite Pastimes and Bay Area Activities: Running, basketball (playing and watching), baseball (watching my kids and the Giants), and time with my family (my wife and my teenage son and daughter). My favorite getaways in the Bay Area (and nearby) are Monterey, Yosemite, Davis, and Gold Country (both summer and winter).

Mollie Dye, Psy.D.
Staff Psychologist, Martinez Outpatient Clinic
Psy.D, Clinical Psychology, Indiana State University, 2002
Internship: VAMC Lexington, Kentucky.

Professional Interests: Psychological assessment; Individual and group psychotherapy; IPT, CPT, PE and ACT; traumatic stress; treatment of anxiety related disorders; issues associated with adult adoptees.

Favorite Pastimes and Bay Area Activities: I’m relatively new to the Bay Area, and have had so much fun exploring! Just within 100 miles, there are so many amazing things to see and do. I enjoy “glamping” with my husband, and we have seen a lot of sights this way. My favorite is Point Reyes for
the spectacular coastline and whale watching. Also a drive down Highway 1 through Marin is about the most spectacular scenery to be found (and a really intense drive!!) I also love to read, knit and play on my iPad…which should be surgically attached to my hand.

Crystelle Egan, Ph.D.
Clinical Psychologist, Behavioral Medicine, Martinez Outpatient Clinic
Ph.D., Clinical Psychology, University of Rhode Island, 2010
Internship: VA Northern California Health Care System, Martinez, CA

Professional Interests: Behavioral medicine; integrated care; behavioral pain management; health behavior change; CBT for Insomnia; Chronic Kidney Disease; older adult substance misuse; program development and evaluation; interpersonal process.

Favorite Pastimes and Bay Area Activities: Listening to live music (there is so much here in the Bay Area!), hiking (from trails close to work and home to Pt. Reyes), yoga, and supporting small local theater. As a Bay Area native, I enjoy the many new surprises this area offers as well as my numerous old favorites.

Rita Hargrave, M.D., F.A.P.A.
Geriatric Psychiatrist, Martinez Outpatient Clinic
Consultant to UC Davis Alzheimer's Disease Center
Assistant Professor, Department of Psychiatry, University of California at Davis
M.D. Howard University Medical Center, 1979. Board Certified in Adult and Geriatric Psychiatry.

Professional Interests: Geriatric psychiatry; cross-cultural; psychiatry, psychopharmacology; consultation-liaison; neuropsychiatry.

Favorite Pastimes and Bay Area Activities: Producer, director of upcoming documentary—“The Last Mambo—The past, present and future of Bay Area Afro-Latin Music.” Percussionist for Calle Ocho—a East Bay Afro-Cuban music ensemble. Salsa dancer, events promoter and teacher.

James P. Howard, J.D., Ph.D.
Staff Psychologist, Oakland Behavioral Health Clinic
Ph.D., Clinical Psychology, University of Massachusetts, Amherst, 1988
Internship: VA Palo Alto Health Care System, Palo Alto, CA

Professional Interests: Individual; group; substance abuse/recovery; spirituality and psychotherapy; multicultural issues; smoking cessation; substance abuse; staff support/development.
J.D., University of Michigan 1976

Favorite Pastimes and Bay Area Activities: “Recovery and religious community, gardening (part. succulents), San Diego, chasing or being chased by my cats, Go Warriors!”

Lisa Johnson Wright, Ph.D.
Staff Psychologist, Mental Health Primary Care Integration Clinic, Oakland Outpatient Clinic
Ph.D., Clinical Psychology, Arizona State University, 2008
Internship: UCSD/VA San Diego Health Care System, San Diego, CA
Professional Interests: Behavioral Medicine; primary care psychology; behavioral pain management; behavioral weight management; cognitive and behavioral therapies; acceptance and mindfulness-based approaches; brief therapy.

Favorite Pastimes and Bay Area Activities: My favorite thing about the Bay Area is that there is SO much to do! Within a few hours, you can get to Napa, Yosemite, Tahoe, Monterey/Carmel, San Francisco, and Marin. It is by far the most diverse place that I have lived and I love going on day or weekend trips, going hiking, sneaking in a yoga class, getting some sunshine at the beach, and spending time with my family and friends.

Heath Kilgore, Psy.D.
Program Director, VA Northern California Healthcare System, Addiction Recovery Treatment Services Clinical Psychologist, Oakland, CA
Internship: Albert Einstein College of Medicine; North Bronx Healthcare Network; Jacobi Medical Center, NY, NY.

Professional Interests:
Healthcare Administration, Program Development, Recovery Model/Substance Abuse/Co-Occurring Disorder Treatment Services, Cognitive Behavioral Therapy, Narrative Therapy, Feminist Theory/Self-In-Relation Theory.

Favorite Pastimes and Bay Area Activities:
Travel with friends as often as possible, exploring the Bay Area and all that it offers (events, restaurants, activities, etc.), and enjoying the vast LGBTQ community resources.

Jeff Kixmiller, Ph.D.
Cognitive Rehabilitation Specialist/Neuropsychologist; Director, Post Deployment Assessment and Treatment (PDAT) Program, Center for Rehabilitation and Extended Care, Martinez
Ph.D., Counseling Psychology, Ball State University, 1992
Internship: Highland Drive VA Medical Center, Pittsburgh, PA

Professional Interests: Cognitive rehabilitation in neurological dysfunction; ecological validity of neuropsychological measures; outcome evaluation of cognitive interventions; functional assessment of neurologically impaired patients; relative influences of non-neurological factors on neuropsychological performance; social skills training; training and psychoeducational support of nursing staff in inpatient settings.

Favorite Pastimes and Bay Area Activities: I like to hang out with my family, travel around Northern California, and do day-visits to San Francisco, Napa, and Sonoma. We enjoy wine tasting and outdoor concerts in Livermore, CA.

James J. Muir, Ph.D.
Clinical Psychologist, Martinez Outpatient Clinic, Center for Integrated Brain Health and Wellness, Center for Rehabilitation and Extended Care, Martinez
Ph.D., Clinical Psychology, Georgia State University, 2002
Internship: University of Arizona, Tucson, AZ
Postdoctoral Fellowship in Clinical Neuropsychology; UC Davis Medical Center and VA Northern California HCS
Professional Interests: Neuropsychology and assessment; cognitive rehabilitation; psychotherapy and behavioral management; holistic approaches to care; traumatic brain injury; PTSD and polytrauma, adjustment to disability; degenerative disorders of aging; training and supervision; research into mindfulness-based interventions and development of new and novel therapy techniques.

Favorite Pastimes and Bay Area Activities:
Water and snow sports; woodworking, construction and period-correct home restoration; music enthusiast in all genres; restoration of vintage guitars

**Pamela Planthara, Psy.D.**
Staff Psychologist, Oakland PTSD team
Post-doctoral masters in psychopharmacology, Alliant International University, 2005
Internship: USAF – Malcolm Grow Medical Center, Joint Base Andrews, MD

Professional Interests: Individual and group psychotherapy; CBT; PTSD and traumatic stress; coping skills; combat/deployment stress; critical incident stress management; military psychology; bereavement; psychopharmacology.

Favorite Pastimes and Bay Area Activities: I love Paddle Boarding, hiking, Bikram yoga, and going to new places/activities in the bay area (and the list is endless of new discoveries) and spending time with family and friends.

**Diana Partovi, PsyD.**
Staff Clinical Neuropsychologist, VA Northern California Health Care System (Oakland/Martinez)
Psy.D, Clinical Psychology, Alliant International University, 2012
Internship: VA NCHCS, Martinez, CA

Professional Interests: Neuropsychology; neurocognitive rehabilitation; evaluation of capacity; movement disorders; neuropsychology (with a particular focus on hospice and palliative care); cultural diversity; management of difficult dementia-related behaviors; caregiver support/education; legacy interviews; traumatic brain injury

Favorite Pastimes and Bay Area Activities: Music (especially live performances), travel, hiking (Yosemite is one of my favorite places on this earth), and spending time with friends and family.

**Brigid Rose, Ph.D.**
Training Director, Clinical Neuropsychology Postdoctoral Residency Program
Staff Clinical Neuropsychologist at Martinez Outpatient Mental Health Clinic
Ph.D., Clinical Psychology, Loyola University Chicago, 2005
Internship: VA Palo Alto Health Care System, Palo Alto, CA

Professional Interests: Neuropsychological assessment and capacity determination; geriatric and rehabilitation psychology; adjustment to disability; dementia care; hospice/end of life care; management of challenging dementia-related behavior.

Favorite Pastimes and Bay Area Activities: Living here, I most enjoy the quick accessibility to the Sierra Nevada mountain range; every summer I make several trips to the mountains for lakeside camping and hiking. I also love exploring the local beach towns to the west (like Half Moon Bay or Bodega Bay) or
taking a beautiful drive in the North Bay wine country. When I’m at home, I enjoy going for runs in the East Bay hills, eating frozen yogurt in the hot Concord sun, and spending time with my family.

**Donna Sorensen, Ph.D.**  
Lead Psychologist, VA Northern California Health Care System  
Director, Neuropsychology and Neurocognitive Rehabilitation Services  

Ph.D., Clinical Psychology, University of Houston, 1992  
Internship: VA Northern California Health Care System, Martinez, CA  

Professional Interests: Neuropsychology; traumatic brain injury; subcortical dementia; neuropsychology of HIV; substance abuse and PTSD; consultation-liaison; forensic neuropsychology; inpatient psychiatry.

Favorite Pastimes and Bay Area Activities: Attending Giants and Warriors games, SF Opera, SF Ballet. Taking long neighborhood walks up and down the hills of the East Bay. Also enjoy Gardening.

**Bill D. Steh, Ph.D.**  
Staff Psychologist, David Grant Medical Center/Travis Air Force Base  
Ph.D., Clinical Psychology (Neuropsychology track), California School of Professional Psychology, Fresno, 2000  
Internship: Oak Forest Hospital of Cook County, Oak Forest, IL  

Professional Interests: Neuropsychological and psychodiagnostic assessment; psychology training; inpatient mental health; effects of mood and personality disturbances on cognitive functioning; med-legal and forensic psychology.

Favorite Pastimes and Bay Area Activities: Family time, coaching youth baseball & softball, Giants/Warriors/49ers/Sharks, working out, trail running, reading, melodic rock.

**Kristi Steh, Ph.D.**  
Staff Clinical Neuropsychologist at Martinez Outpatient Mental Health Clinic  
Ph.D., Clinical Psychology, California School of Professional Psychology, Fresno, 2002  
Internship: Federal Medical Center, Rochester, MN  

Professional Interests: Neuropsychological assessment; geriatric neuropsychology and issues of aging; dementia; traumatic brain injury; PTSD.

**Laurie Wiedeman, Psy.D.**  
Staff Psychologist, Martinez PTSD Team  
Psy.D. Clinical Psychology, Pepperdine University, 2012  
Internship: Hines VA Hospital, Hines, IL  

Professional Interests: Individual, couple, and group psychotherapy; PTSD, traumatic stress, and substance use; CBT; tele mental health; evidence-based therapies; military psychology.

Favorite Pastimes and Bay Area Activities: “I am happiest when spending the weekend hiking in the mountains or along the coast (Lake Tahoe and Sonoma County are personal favorites!), having leisurely meals with family and friends, getting lost in a good book, and teaching my dog new tricks!”

**INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA**
Internship program admissions:

Basic Eligibility
Applicants must meet all requirements for VA internship eligibility, which includes enrollment in an American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS) Clinical or Counseling Psychology doctoral program, approval for internship status by the graduate program training director, and U.S. Citizenship.

Applicants must complete at least 3 years of graduate training prior to internship and have at least 500 combined intervention and assessment hours documented on the AAPI. It is expected that applicants have successfully proposed their dissertation or final project prior to the application deadline. While exceptions to this may be considered on a case-by-case basis, it is incumbent on the applicant to articulate a realistic plan for project completion before or during the internship year. The Director of Clinical Training from the applicant’s program must verify readiness for internship on the AAPI.

Applicants who match with our site must also be aware of the following Federal Government requirements:

The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. All interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Fellows may be required to be tested prior to beginning work and once on staff, they are subject to random selection as are other staff members. Interns and Fellows are also subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens. **You do not need to submit any documentation for these issues at this stage.**

Application Materials
Our internship program participates in the APPIC match and application must be made through the online AAPI (which can be found at the APPIC website: [www.appic.org](http://www.appic.org)). No mail or email application materials will be accepted. We have a General Track and a Neuropsychology Track (described above). In your cover letter, please be sure to specify which track(s) you are applying to in the first sentence. It is acceptable to apply for both tracks but you must outline your specific interests for each. For applicants who apply for both tracks, we will be interested in how each of the specific tracks would satisfy your training interests.

Please make sure your cover letter indicates your specific interests in our program and lists your potential rotation interests in descending order of preference. In addition, please include your curriculum vita and three letters of recommendation through the online AAPI. Applications must be completed in the AAPI by November 1. Applicants are requested to complete the application before the deadline when feasible so that ample time will be available for application review.

Selection Criteria
Applicants are evaluated based on a number of criteria, including breadth and quality of clinical training experience, academic performance and preparation, scholarship and contributions to the profession (e.g., publications, presentations, participation in professional organizations), quality of written expression, progress on dissertation or final project, attributes outlined in recommendation letters, and compatibility of training preparation and interests with the program’s goals and resources.

Selection Procedures
We have a two-part selection procedure. First, application materials are reviewed for basic eligibility, strength of training and experience, and goodness of fit with our program. The selection committee develops a pool of applicants to invite for a formal interview based on these criteria. Interviews are an integral aspect of our selection process, and an on-site interview is highly preferred. However, given the challenges and expense associated with in-person interviews, the selection committee will consider requests for phone or video conference interviews on a case-by-case basis. We will notify applicants of their interview status by December 15 (or earlier if possible).

Upon the completion of our interviews, we rank order applicants in terms of their suitability for our program in accordance with APPIC guidelines.

**Interview Information and Dates**
We schedule interviews for five days in January. The interview provides the opportunity to learn more about our program and meet with the training director, several training staff members, and current interns. The interview day will last from approximately 8:30 am to 3:00 pm. Applicant attributes such as professionalism, communication skills, self-awareness, flexibility, and compatibility with the program’s training goals will be used in making selection decisions.

**Our interview dates for 2018 are listed below:**

Please note: There is a cap on the number of applicants per day but every attempt will be made to accommodate applicants’ preferences for interview dates.

- Tuesday, January 2
- Wednesday, January 3
- Monday, January 8
- Tuesday, January 16
- Thursday, January 18

**Statement of Nondiscrimination**
The Psychology Internship program strongly seeks and values diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, Veteran status, and political affiliation. Interns are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. If an intern feels that any form of discrimination is occurring, he/she is encouraged to discuss this with the Training Director and/or follow the grievance process outlined below. In addition the intern may elect to utilize the VA NCHCS EEO process (see VANCHCS policy). The intern can request confidential assistance in accessing the EEO program from the Training Director, Associate Training Director, any member of the training committee, or the program support assistant. The program seeks to obtain a diverse intern class while selecting the most qualified candidates. Individuals from diverse backgrounds are particularly encouraged to apply. The VA is an Equal Opportunity Employer and the training program follows institutional guidelines in this regard.

**Financial and other Benefit Support for upcoming training year**
We anticipate 5 internship positions for the 2018-2019 training year.

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<tbody>
<tr>
<td>Stipends for Full-time interns:</td>
<td>$28,382</td>
</tr>
<tr>
<td>Stipends for Half-time interns:</td>
<td>None</td>
</tr>
<tr>
<td>Program provides access to medical insurance:</td>
<td>Yes</td>
</tr>
<tr>
<td>Trainee contribution to cost required:</td>
<td>Yes</td>
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Coverage of family member(s) available
Yes
Coverage of domestic partner available: No
Hours of Annual (Vacation) Leave 104 (accrued 4 hours per 2-week pay period)
Hours of Sick Leave 104 (accrued 4 hours per 2-week pay period)
In event of medical conditions and/or Family needs that require extended leave
Does the program allow reasonable unpaid Leave in excess of personal time off and Sick leave? Yes

Other benefits: Our interns are provided the option to elect health insurance coverage through the VA’s benefit program. Health insurance coverage is available for married spouses and dependents. The VA adheres to the Supreme Court decision which allows for health benefits for same-sex spouses of interns regardless of state or residency though unmarried partners of either sex are not eligible. Detailed information about the benefits offered for VA’s Psychology Training program is found at www.psychologytraining.va.gov/benefits.asp.

Initial Post-Internship Positions (2015, 2016, 2017 graduating classes)
Number of interns in the three cohorts: 16
Total number who did not seek employment because they returned to complete their doctoral degree: 0

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<thead>
<tr>
<th>Position</th>
<th>Post-Doctoral Fellowship</th>
<th>Employed Position</th>
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<tbody>
<tr>
<td>Community mental health center</td>
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<td></td>
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<tr>
<td>Federally qualified health center</td>
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<tr>
<td>Independent primary care facility/clinic</td>
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<tr>
<td>University counseling center</td>
<td></td>
<td></td>
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<tr>
<td>Veterans Affairs medical center</td>
<td>10</td>
<td></td>
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<tr>
<td>Military health center</td>
<td></td>
<td></td>
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<tr>
<td>Academic health center</td>
<td>5</td>
<td></td>
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<tr>
<td>Other medical center or hospital</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Psychiatric hospital</td>
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<td></td>
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<tr>
<td>Academic university/department</td>
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<tr>
<td>Community college or other teaching setting</td>
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<tr>
<td>Independent research institution</td>
<td></td>
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<tr>
<td>Correctional facility</td>
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<tr>
<td>School district/system</td>
<td></td>
<td></td>
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<tr>
<td>Independent practice setting</td>
<td></td>
<td></td>
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<tr>
<td>Not currently employed</td>
<td></td>
<td></td>
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<tr>
<td>Changed to another field</td>
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</table>

PAST TRAINEES
Interns have come from the following graduate programs over the past several years:
Graduates of the program have primarily gone on to post doctoral fellowships and have completed research or clinical fellowships at the following locations in the past several years:

- Bedford VA Health Care System (clinical fellowship)
- Johns Hopkins (clinical neuropsychology fellowship)
- Kaiser Permanente (clinical fellowships in multiple Bay Area locations)
- Santa Clara Valley Health and Hospital System (clinical fellowship)
- Seattle VA (clinical fellowships)
- Stanford University School of Medicine (clinical and research fellowships)
- VA Loma Linda Health Care System (clinical fellowship)
- VA Northern California (Behavioral Medicine, Neuropsychology, PTSD, research)
- VA Palo Alto (both clinical and research fellowships)
- VA San Diego Health Care System (clinical fellowship)
- VA San Francisco (both clinical and research fellowships)
- UCLA (clinical and research fellowships)
- UC Davis School of Medicine (clinical fellowships)
- UC San Francisco (research fellowships)

Other graduates have entered group practices, entry-level psychologist positions, or other less-formal training opportunities. Following post doctoral training, graduates have entered a diverse range of clinical, research, and academic positions. By a substantial margin, the VA is the agency that employs the highest number of graduates.

**ADMINISTRATIVE POLICIES AND PROCEDURES**

**Leave**

Interns receive 13 paid vacation days and up to 13 paid sick days per year. It should be noted that this leave accumulates over time (4 hours per 2 week pay period for both vacation and sick leave), so interns should not plan on taking an extended leave early in the training year. In addition, up to 10 days per year can be used as "professional leave." This time can be used for dissertation work/research meetings, conference attendance, and post-doc or job interviews but must be approved in advance by the training director.
**Policy on Psychology Trainee Self Disclosure**

Consistent with the Ethical Code of the American Psychological Association, psychology trainees in the VA Northern California Health Care System are generally not required to self-disclose sensitive topics (e.g. sexual history, history of abuse and neglect, psychological treatment or conditions, and relationships with parents/family members, peers, and spouses or significant others) during application to the program or during the course of training. The only exception is in situations in which a trainee's personal problems or condition could reasonably be judged to put patient care, the trainee, or clinical and educational operations at risk. This policy is designed to balance the importance of trust and personal privacy in the supervisory relationship with the supervisor's responsibility for care of the patient and for the safety of all staff members and trainees. In cases when self-disclosure of personal information is necessary, the required disclosure is limited to circumscribed information related to managing the specific clinical, safety, or patient care concern. It should also be noted that disclosure might be included as an optional exercise in a learning experience. For example, trainees might be invited to complete a genogram exercise as part of the Cultural Diversity Seminar.

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**Intern Evaluation & Minimal Requirements**

Interns are evaluated at the beginning of the training year for areas of training need and interest. Throughout the year, evaluation and feedback occurs through the supervisory process to aid the intern in developing the program’s competencies. The Psychology Training Committee meets once a month and discusses each intern's progress. A midpoint evaluation is completed halfway through each training experience and is discussed with the intern in order to make any training adjustments needed for successful completion. At the internship midpoint (in February) and again at the end of the internship, a summative review of all training activities for each intern is conducted by the Psychology Training Committee. This process allows for analysis of performance across all supervisors and training experiences. The intern provides input regarding her/his assessment of performance during this process and receives formal written feedback.

During the summative evaluations, each of the program's six training objectives are linked to specific behavioral competencies on the intern rating form. Acceptable progress by the midyear evaluation is defined as receiving a rating score indicating an “intermediate level of competency” on all of the items on the summative evaluation. In order to successfully complete the program, interns must receive a rating score indicating an “intermediate to advanced level of competency” on all of the items in the end of year summative evaluation.

**Intern Grievance Policy**

The Grievance Policy provides an effective and consistently-applied method for an intern to present his/her grievances and have those grievances internally resolved at the lowest possible level. At the same time, the process allows for the opportunity to appeal up the chain of command (e.g., supervisor, Training Director, Associate Training Director, Associate Chief of Staff for Mental Health, Chief of Staff) if needed to ensure due process and help interns feel comfortable that concerns can be addressed without fear of reprisal.

It is the training program’s policy to be responsive to the interns and their concerns. Therefore, interns may use the process described below for the resolution or clarification of his/her grievances. The Director of Training is responsible to the Associate Chief of Staff for Mental Health (ACOS/MH) for carrying out the provisions of this policy.

Process:
A. All training staff and interns are responsible for attempting to resolve grievances at the lowest possible level to the satisfaction of all parties involved.

B. Interns should attempt to resolve minor grievances directly with the individual involved utilizing existing program structure (e.g., the supervision process).

C. In the event that interns do not feel comfortable addressing issues within the supervisory process, they may appeal directly to the Training Director for assistance in resolution. Minor grievances processed in this manner are considered informal.

D. An intern may choose to file a formal grievance at any point. The grievance must be presented in writing to the Training Director. The submission of the formal grievance should include (if applicable):
   1. The grievance and the date when the incident occurred
   2. Suggestions on ways to resolve the problem
   3. Information regarding any previous meetings to attempt to resolve the grievance

E. If the grievance is against the Training Director, the intern can file the grievance with the Associate Training Director or the ACOS/MH.

F. The program support assistant or any of the training faculty members can assist the intern in filing this grievance with the ACOS/MH.

G. Formal grievances will be presented to the Psychology Training Committee (PTC) for resolution. Interns may present their grievance directly to the PTC. The intern may invite a staff member of his/her choice to provide advocacy and emotional support. The body to hear the formal grievance will be assembled as soon as possible and in all cases within three weeks from the presentation of the formal grievance. If the grievance is against the Training Director or another individual normally assigned to this body, that individual is not involved in the body’s deliberation and may only attend to provide testimony, as indicated. Resolution may involve the Director of Training from the intern’s graduate program.

H. Any formal grievance and its resolution will be documented and copies forwarded to the Director of Training from the intern’s graduate program.

I. If adequate resolution cannot be achieved through this process, or interns wish to take the grievance outside of the existing training program structure, they may appeal directly to the ACOS/MH for resolution. The ACOS/MH will review the grievance as soon as possible and in all cases within three weeks from the presentation of the formal grievance. The program support assistant or any of the training faculty members can assist the intern in communicating with the ACOS/MH.

J. An intern may appeal any formal action taken by the Psychology Training Committee (PTC) regarding their program status (see also Due Process policy, below). Interns appeal first to the body itself (see item F above). This appeal is made directly by the intern (in association with any counsel he or she may choose). The body to hear the appeal will be assembled as soon as possible and in all cases within three weeks from the written notification of appeal.

K. If the intern is not satisfied with the result of their appeal, the intern may appeal directly to the ACOS/MH. After consideration, the ACOS/MH has the discretion to uphold, or overrule formal
action taken by the body. Should the ACOS/MH overrule the decision of the body, the decision is binding, and the Training Director, the intern, and supervisors shall negotiate an acceptable training plan (in consultation with the Director of Training from the intern’s graduate program). Should the ACOS/MH uphold the decision of the committee, the intern may appeal this decision to the Chief of Staff, VA Northern California Health Care System who will appoint a board of three psychologists in the system not involved in the training program. The decision of this panel is binding.

L. Specific questions regarding this policy should be directed to the Training Director.

**Remediation, Due Process, and Intern Termination**

The aim of the program is to successfully graduate interns into a career in professional psychology, and the program is designed to maximize the prospect for successful completion. The evaluation process mandates early intervention if needed to provide the opportunity for corrective action and ultimately successful mastery of each competency area.

If remediation is required, a formal remediation plan is developed with clear and specific expectations and is agreed upon by the intern, supervisor(s), and Training Director. When necessary, the Director of Training from the intern’s graduate program is notified and provides assistance in designing remedial efforts. The Training Director is responsible to the Associate Chief of Staff for Mental Health (ACOS/MH) for carrying out the provisions of this policy as described below:

**Process**

A. Supervisors are responsible for monitoring trainee’s progress in achieving the specific training objectives, providing timely feedback to interns, and developing and implementing specific training activities for ensuring intern professional growth and development. Supervisors are responsible for communicating about intern’s performance to the Training Director.

B. Interns are responsible for adhering to training plans.

C. Progress and performance within the internship program is monitored continuously using both informal and formal evaluation processes. Supervisors provide the first line of feedback to interns about performance and identify areas requiring additional growth. Supervisors and interns agree on training opportunities and experiences to meet the program’s and intern’s objectives.

D. The intern’s progress is tracked monthly by the Training Director during the Psychology Training Committee meeting.

E. When specific training competencies do not seem to be adequately developing as a result of the routine and ongoing supervisory feedback, the supervisor consults with the Training Director and other training staff to develop a specific remediation plan. This plan includes specific learning tasks and timelines for completion. The timelines are developed such that the adequacy of task completion can be assessed rapidly. The remediation plan is discussed with the intern, who has opportunities for input. The plan is provided in written form to the intern.

F. Performance on the remedial plan items is assessed frequently. If performance is not adequately improving after one month, the intern may be placed on academic probation for a period of one to three months. During this time, heightened oversight and assessment of the intern’s performance occurs and significant effort is made to help the intern remediate. The intern is provided with written feedback regarding whether the remediation plan items have been adequately resolved.
The Director of Training from the intern’s graduate program will be included in all subsequent decisions regarding the intern.

G. If the intern has progressed satisfactorily after the probationary period, the intern will be formally reinstated. If performance has not sufficiently improved, but the intern is making progress, reinstated. If performance has not sufficiently improved, but the intern is making progress, the probationary period may be extended. If the interns fails to progress, termination from the program may be considered. The intern is provided with written feedback regarding his/her performance as it relates to probationary decisions.

H. Formal actions (academic probation or dismissal) must receive a majority vote by the Psychology Training Committee. Prior to any vote on formal actions, the interns is afforded the opportunity to present his or her case before the training body that will be deciding the intern’s status (see also Grievance Policy, section F above). The interns may invite a staff member of his/her choice to provide advocacy and emotional support.

I. Concerns of sufficient magnitude to warrant formal action include but are not limited to: incompetence to perform typical psychological services in a clinical setting; violations of the ethical standards for psychologists; illegal acts; or behavior that hampers the intern’s professional performance.

J. Specific questions regarding this policy should be directed to the Training Director.

**Maintenance of training files**

A record is kept for each intern admitted to the program. This includes formal evaluations (mid-year and end-of-year summative evaluations), mid rotation evaluations, any additional documentation related to performance during the training year, and a record of successful completion of the program. These records are kept permanently so that the program may verify program completion throughout the trainee’s professional career. Graduates are encouraged to contact the Training Director or the Program Support Assistant as needed to request this verification.

**TRAINING PROGRAM CONTACT INFORMATION**

Thank you for your interest in our program! Please feel free to send any questions to the Training Director, Associate Training Director, or the Program Support Assistant at the contact information below.

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