

Predoctoral Internship Training Program

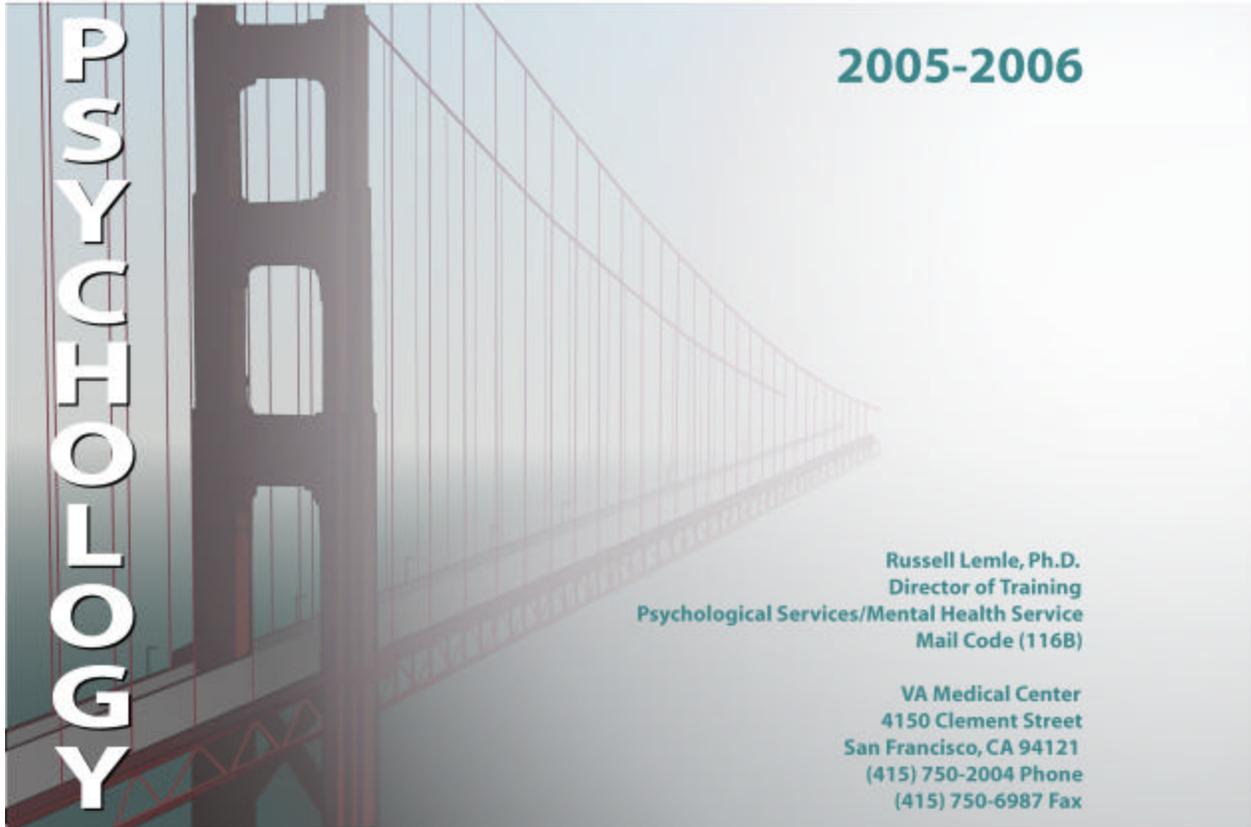


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**Department of Veterans Affairs
Medical Center
4150 Clement Street
San Francisco CA 94121**

In Reply Refer To: 116B

- **Predoctoral Psychology Internship Applicant
San Francisco VA Medical Center**

Dear Prospective Applicant:

Thank you for your interest in the Predoctoral Psychology Internship Training Program at the San Francisco VA Medical Center. The internship class for which you are applying will begin July 1, 2005. Three stipended slots will be available, at a rate of \$18,750 annually. Selection will be through the national APPIC Match. Enclosed find a copy of our current brochure, a Specific Goals Statement Form (Appendix H), and Application Checklist (Appendix I).

Please read the brochure in order to acquaint yourself with the training offered at our site. You must be a US citizen currently enrolled in an APA-approved clinical or counseling psychology program in order to apply. To apply, please send the AAPI minus Section 2, item 4 ("How do you envision our internship site..."). Instead complete the Specific Goals Statement essay for SFVAMC. Include three letters of recommendation, graduate transcripts, and three self-addressed mailing labels. The AAPI itself can be found on the APPIC website, at www.appic.org. This website also provides updated Match policies and information.

As a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), we adhere to its policies. You can request information about the APPIC Match Policies along with an Applicant Agreement form at www.natmatch.com/psychint/.

We normally interview about 30 applicants for our three positions. We will make a decision about accepting individuals for interview as quickly as possible after the application deadline. We will then communicate this decision by phone or e-mail so that on-site interviews can be scheduled. For applicants whom are accepted to interview but who cannot afford or arrange for an on-site visit, we will interview via telephone. Please be advised that applicants who have had on-site interviews have had greater success in matching our internship in the past.

Interviews will consist of meetings with myself and other members of Psychological Services staff as well as with present interns and fellows. Interviews will be scheduled from mid December through mid January. Interview slots are limited, but where possible we will attempt to honor your preferences and travel arrangements.

For questions about the status of your file and for other administrative/technical questions, please call my program assistant, Mrs. Gloria Patel at (415) 750-2004. If you

would like to speak with me about substantive questions relating to the internship, please leave telephone numbers and times that I can return your call.

Sincerely,

A handwritten signature in black ink, appearing to read "Russell Lemle, Ph.D.", written in a cursive style.

Russell Lemle, Ph.D.
Chief Psychologist and
Director of Psychology Training

Associate Clinical Professor of Psychiatry
UCSF School of Medicine

(415) 221-4810, ext. 2348
(415) 415-6987 (fax)

GENERAL INFORMATION

Hospital Community

The VA Medical Center, San Francisco or "Fort Miley" as it is known to native San Franciscans, is a nationally known teaching hospital in one of the most cosmopolitan cities in the world. Located on a hill 7 miles from downtown San Francisco, the hospital overlooks the Pacific Ocean to the west, and the Golden Gate to the north. The grounds cover approximately 30 acres and include 23 buildings. (See map in Appendix F.)

Each year the VA Medical Center provides basic and primary inpatient care for over 10,000 veterans and over 200,000 visits are made to 45 outpatient clinics. The Medical Center provides diagnostic and treatment services in a number of specialty areas including neurological diseases, cardiology, cancer chemotherapy, renal dialysis, and open heart surgery.

Through major affiliations with the Schools of Medicine, Nursing, Dentistry and Pharmacy of the University of California San Francisco, and a number of other institutions, the medical center conducts formal, integrated educational programs at the undergraduate, graduate, house staff, and fellowship levels. Each year more than 1500 students are trained in 60 professional and allied health academic programs.

The Medical Center is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations for its general medical and surgical programs as well as its psychiatry and substance abuse programs. It is approved by the American Medical Association for the training of medical students and residents in all of the major specialties and subspecialties, the Council of Teaching Hospitals of the Association of American Medical Colleges, and the West Bay Hospital Conference.

Patient Population:

The San Francisco VA Medical Center serves a predominantly male population ranging in age from 18 to 90+ years. The two largest age cohorts are the World War II/Korean Conflict veterans, most of whom are 60 to 80 years old, and the Vietnam Era veterans who are now in their forties and fifties. Persian Gulf veterans have also been receiving health care in the VA system. All racial/ethnic groups are represented but whites, blacks and Hispanics, in that order, constitute the major proportion of patients. Patients do span the spectrum of socioeconomic classes but most can be characterized as working class. As might be anticipated given the location in San Francisco, a significant number of gay/homosexual clients are treated. Reflecting an increased effort to serve women veterans, a new Women's Health Program has recently been created.

In addition to medical-surgical problems, this VA population of patients (and their spouses or other family members) can require psychological evaluation and treatment for a variety of problems in living, serious emotional or cognitive difficulties, chronic or acute medical conditions which affect psychological and social coping, substance abuse, stress response syndrome, neurological disease or impairment, marital/family dysfunction, or vocational readjustment.

MENTAL HEALTH SERVICE

In 1997, separate Psychiatry and Psychology Services were merged within an integrated Mental Health Service. The Chief Psychologist and Director of Training for Psychology have full authority over the Psychology training program. The internship rotations involve placements in mental health programs under the primary supervision of licensed psychologists. Thirteen psychologists participate as supervisors for the internship, as well as psychiatrists and social workers on particular rotations. All supervising psychologists have clinical faculty appointments in the Department of Psychiatry (Langley Porter Psychiatric Institute), University of California San Francisco Medical School. (Brief biographies of the supervising staff are included in Appendix A.)

PSYCHOLOGY INTERNSHIP TRAINING PROGRAM

General Description and Philosophy of Training

The Psychology Predoctoral Internship Training Program at the San Francisco, VA Medical Center is fully accredited by the American Psychological Association. We only accept predoctoral students from APA-approved clinical or counseling programs who are U.S. citizens. We anticipate three stipended (\$18,750 plus benefits) intern slots. The training year is from July 1 to June 30 (1900 hours).

The San Francisco VA Medical Center Psychology Internship does not offer specialty training in Counseling Psychology. We do, however, accept qualified students from APA-approved counseling programs who are interested in and who qualify for a general clinical internship.

A cornerstone of our training philosophy is an emphasis on breadth while also allowing for individual interests. In our view, a major strength of our training program is in its ability to provide interns with an overall breadth of training without sacrificing the quality, meaningfulness, or depth provided in each individual rotation. Interns can expect to obtain a well-rounded yet thorough exposure to experiences that are basic to the practice of clinical psychology. Past interns frequently have given us feedback about how useful this type of training experience was to them in preparing for real-world careers and/or advanced training. This generalized training is reflected both in the variety of training assignments provided and in the range of theoretical orientations among the psychology staff.

Another focus and, we believe, strength of our program is in the relatively "integrative" theoretical atmosphere that exists here. Our emphasis is on interns gaining basic conceptual tools for thinking through the implications of varying conceptual perspectives. They are not likely to find themselves in a bind between staff members who are theoretically hostile toward each other. This allows interns a fertile atmosphere for evolving their own independent views.

Most of our staff have active scholarly or research interests and activities. The atmosphere in our setting definitely encourages the image of a clinical psychologist as a Scholar-Practitioner who values and who engages in academic/research endeavors. When there is intern interest, there is ample opportunity for discussing research issues on an individual basis with staff or in the context of the Intern Seminar. Occasionally, an unusually clinically advanced intern may be allowed to participate in staff studies or to formulate a new mini-project with a staff member. However, as a general rule, it is our view that one year is hardly enough time for interns to achieve their own desired clinical goals for their internship. Actually, we align ourselves with those within APA who feel that a one year period for internship is probably no longer adequate to prepare our students for the complexities of modern clinical practice. From this perspective we view it as unrealistic and as undesirable to set up expectations that blocks of time can or should be set aside during a one-year internship specifically for research activities.

A major goal of the training program is to encourage and to promote open communication, ample feedback, and the freedom to explore the issues involved in becoming a professional psychologist (e.g. professional identity, ethics, interface with colleagues from other disciplines, etc.). As part of the training experience, every intern participates in a weekly one-hour seminar designed for the exploration of professional, clinical, and training issues with fellow interns and staff. (See Appendix B for a listing of some past Psychology Intern Seminar topics.)

Competency Objectives

We believe that a major goal of professional training as a clinical psychologist is to develop core competencies. Ten general competencies are summarized and operationalized in Appendix G. In response to APA's increasing emphasis on setting, measuring and objectifying criteria for acquisition of these skills, a particular Training Plan is constructed for each trainee at the beginning of each clinical rotation and Trainee Evaluations track successful mastery of each competency area.

To successfully complete our internship, an intern's final set of rotation evaluations should all be rated as "competent."

Post-Doctoral Training Opportunities

The San Francisco VA Medical Center has been awarded two funded (\$40,000 plus benefits per stipend annually) post-doctoral psychology fellowships with emphasis in PTSD and Substance Abuse. Predoctoral interns are welcome to apply for these slots, providing the potential for two sequential years of training in professional psychology.

Selection of Intern Schedules

The training program is organized, with some variations, into two six-month semesters. Two rotations are required: 1) The Neuropsychology/Assessment rotation is a year-long commitment, 2) the PRIME rotation requires one semester. The rest of the interns' training experiences are determined by their particular interests and needs. Rotations may be divided into "major" and "minor" electives. Trainees select assignments totaling a 40-50 hour per week time commitment. We make every effort to maximize the opportunity for each intern to choose rotations of his or her choice, consistent with prior experience and relative deficiencies, constraints of ongoing commitments to certain training sites, and the desires of the other interns. We feel that we have been able to achieve this aim quite well.

To summarize requirements, each intern is required to take the PRIME rotation (including four hours of Health Psychology), and the year-long neuropsychology/assessment sequence.

Rotation selection takes place at the end of Orientation Week (the first week of training). This Orientation Week allows trainees to meet the staff and to receive specific information about each rotation before making commitments for the year. Appendix D contains the schedules of some recent interns.

Rotations:

I. Psychology PRIME Program (15-20 hours) - Timothy Carmody, Ph.D. Kewchang Lee, M.D.

The Psychology PRIME Program is a six-month rotation and is part of the interdisciplinary Primary Care Education Program for Medical Residents and Associated Health Trainees (PRIME). The larger PRIME Program has been organized by the General Internal Medicine Section of the Medical Service of the SFVAMC and the Department of Medicine at the University of California, San Francisco (UCSF), in cooperation with teaching programs in clinical psychology, psychiatry, social work, pharmacy, podiatry, physical therapy, and optometry based at the SFVAMC. The overall goals of the PRIME Program are to foster the development of primary/managed care training and to provide education in comprehensive, interdisciplinary team care in the primary care setting.

Consistent with our broad-based training philosophy, the goal of the PRIME rotation is to educate young psychologists so that they will be able, if they choose, to function in interdisciplinary, medical settings which require broad-based clinical skills. On the PRIME rotation, interns carry out psychological consultations and brief interventions in a wide range of clinical areas, including health psychology, pain management, differential diagnosis, brief individual and group psychotherapy, personality assessment, and patient-physician communication. They contribute to the training of primary care medical residents in the area of mental health and receive training in medical illnesses as well as in managed-care concepts and interdisciplinary systems issues. Interns provide services directly in the primary care clinic staffed by the PRIME medical residents and periodically participate in a case conference along with these same residents. Interns also provide services to primary care or to other ambulatory care medical patients within the Health Psychology clinic. Interns taking this rotation attend a 1 hour PRIME/Health seminar and case conference. Four hours of training in aspects of Health Psychology considered essential for primary care consultations are required as part of the PRIME rotation.

II. Health Psychology (4-6 hours) – Timothy Carmody, Ph.D.

The Health Psychology Program is closely related to the PRIME Program. As part of the PRIME rotation, interns carry out Health Psychology consultation and treatment services. Four additional hours of training in aspects of Health Psychology considered essential for primary care consultations/interventions are required. Separate from the PRIME Program, additional training in Health Psychology is also available via a minor rotation (4-6 hours).

In the Health Psychology Program, psychological consultation and treatment services are provided to medical and surgical patients with an emphasis on the application of cognitive-behavioral interventions. Patients are referred from several ambulatory care clinics, including cardiology, hypertension, neurology, pulmonary medicine, rheumatology, general internal medicine, metabolism, neurosurgery, and orthopedic surgery.

In the Health Psychology Clinic, cognitive-behavioral treatment is conducted both in an individual and group format. Typical presenting problems include chronic pain, adjustment disorders, and depression. Treatment approaches include hypnosis, stress management, and cognitive-behavior therapy. Brief time-limited group interventions are conducted for patients with chronic pain and nicotine dependence. In addition, trainees participate on the interdisciplinary pain consultation team. Individual supervision of consultation and treatment cases is provided on a weekly basis.

Clinical training is also available in applied psychophysiological assessment and treatment, using computerized biofeedback systems. Biofeedback training procedures are used in combination with cognitive-behavioral approaches in the treatment of a variety of stress-related disorders and chronic pain syndromes.

Didactic training is provided in the weekly PRIME/Health Psychology seminar. Topics include chronic pain, psychophysiological disorders, stress management, cognitive-behavioral therapy, coronary-prone behavior, biofeedback, and hypnosis. In addition, cases are reviewed on a regular basis during this seminar.

III. Acute Psychiatry Services (APS) (20 hours) – Joshua Israel, M.D.

This rotation is on an acute care, co-ed general psychiatry locked ward. The length of stay for patients is usually one to two weeks. A variety of disorders is represented, including schizophrenia, affective disorders, borderline and narcissistic personality disorders, anxiety disorders, organic syndromes, post-traumatic stress disorder and severe substance abuse of various kinds. The intern is a member of a multidisciplinary team consisting of nurses, social workers, psychiatrists, and pharmacists. The unit is an active teaching unit, with nursing and medical students, in addition to the psychology intern. In general, the intern will be primary therapist for two or more inpatients at any given time, and will be involved in intake interviewing, including a detailed history and mental status exam, developing and carrying out a treatment plan, coordinating discharge planning, and writing the discharge summary. The intern may perform some formal psychological/neuropsychological assessment batteries with patients of interest. The intern spends three to six months on the locked unit.

This rotation gives the intern in-depth training in the assessment and treatment of severe psychopathology utilizing a variety of modalities (individual, group, family, milieu and pharmacological therapies), and also training in multidisciplinary treatment-team functioning and the systems dynamics of inpatient units. Supervision is provided by an attending psychiatrist. The other experience is working as a co-facilitator of a cognitive behavioral group on the Partial Hospital Program.

IV. General Psychiatric Outpatient Services (GPOS) (6-10 hrs.) & POSAP (5 hrs.) – Jennifer Ritsher, Ph.D. John Devine, M.D. Nick Kanas, M.D.

GPOS offers evaluation and treatment for patients with a broad spectrum of psychiatric illnesses, including affective disorders, schizophrenia and other psychotic disorder, personality disorders, adjustment reactions, and organic mental disorders. The psychology inter can work within the setting of a multi-disciplinary evaluation and treatment team, and receive comprehensive training in diagnostic assessments, development of treatment plans and in conducting appropriate psychological treatment. Treatment modalities utilized include individual psychotherapy,

(psychodynamic, supportive and cognitive-behavioral approaches), group psychotherapy, day treatment and psychopharmacology clinics. Participation can occur, depending upon the intern's specific interests, within a particular specialty program in GPOS. These include a Woman's Program, HIV Program, Transpersonal Program, and Affective Disorders Clinic. Weekly supervision is provided in addition to participation in team meetings and case conferences.

The Psychiatric Outpatient Services AIDS Program (POSAP) experience within GPOS provides an opportunity to learn about diagnostic evaluation and psychological/psychiatric treatment issues with patients infected with HIV.

V. Neuropsychology and Psychological Assessment Program (12 hours) – Johannes Rothlind, Ph.D.

The Neuropsychology and Psychological Assessment Program provides neuropsychological and personality assessment to inpatients and outpatients upon referral. Patients with known or suspected neuropsychiatric disorders are evaluated to assist in differential diagnosis, assess level of functioning, track recovery/deterioration, and evaluate efficacy of treatment interventions. Consultation is provided to aid in patient management and treatment/rehabilitation planning. Counseling and psychoeducational interventions with brain-impaired patients and their loved ones are provided to promote recovery and to facilitate adaptation to losses.

Training in assessment includes didactic training as well as supervised experience in neuropsychological and psychodiagnostic evaluation. The training program extends year-long (two rotations) and requires participation in two weekly seminars/case conferences (1.5-2.5 hours per week), rotation through the multidisciplinary Memory Disorders Clinic as well as weekly individual supervision.

Seminar topics include: basic neuroanatomy, neuropsychological assessment strategies; projective testing, assessment of personality and psychosocial functioning; review of current literature concerning brain-behavior relationships; case formulation; differential diagnosis; treatment and consultation issues; and report-writing. Interns may also elect to attend brain cuttings and relevant neurology and psychiatry grand rounds as time permits.

The didactic training and the case supervision are designed to enhance skills and to provide further experience in the areas of neuropsychological assessment, personality evaluation, and behavioral consultation. Interns provide clinical assessment services under the supervision of the program director.

VI. Substance Use/PTSD Team (SUPT) (4-10 hours) – John Straznickas, M.D. Psychologist position currently being recruited Nancy Odell, LCSW

This is a six-month or year-long rotation in which the intern receives clinical and didactic training in assessment and treatment with veterans suffering from the dual problems of post-traumatic stress disorder and addictive disorders. These are common and important co-morbidities encountered in veteran and non-veteran populations. The co-complicating natures 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, psychoeducational modalities (anger management; PTSD symptom management; relapse prevention) and individual psychotherapy and case-management. The intern will work with a multidisciplinary team under the supervision of staff psychologists. The trainee will be exposed to the latest uses of group therapy, cognitive-behavioral techniques, psychopharmacological and cognitive/psychodynamic techniques that help traumatized people become abstinent from substance use in order to begin the stabilization of chronic PTSD, mood, anxiety, psychotic and personality disorders. An important feature of this rotation is the opportunity to co-lead a weekly Phase 2 Group for higher functioning patients. Supervision on this team is provided by the postdoctoral fellows. There is a weekly multidisciplinary team meeting and a didactic seminar during which trainees have the opportunity for case presentations.

VII. Substance Abuse Outpatient Program (SAOP) Clinic (4-6 hours) – Joan Zweben, Ph.D.
Patrick Reilly, Ph.D.
Yong Song, Ph.D.

This is a six-month rotation (offered both in the Fall and Spring) in which the intern functions as a full member of the Drug and Alcohol Team (DAT) or the Opioid Replacement Team (ORT) of the Substance Abuse Outpatient Clinic. As the empirical literature is demonstrating significant rates of co-occurring substance use disorders among populations with mood and anxiety disorders, this clinic rotation offers interns training in assessment, treatment, and multidisciplinary consultation for patients with co-occurring Axis I and Axis II disorders. Interns can select either or both teams from the SAOP Clinic:

Drug and Alcohol Treatment (DAT): The DAT Team is a multidisciplinary outpatient substance abuse clinic that focuses on patients with a variety of substance use disorders. The clinic provides comprehensive treatment services that address substance abuse and dependence, psychiatric disorders, behavioral problems, and psychosocial needs such as homelessness. The primary goal of treatment is the facilitation of a drug and alcohol free lifestyle. Group therapy is the primary mode of treatment, although individual therapy is also provided. Attendance at community-based 12-step meetings, such as Alcoholic's Anonymous or Narcotic's Anonymous, is strongly recommended. The DAT Team is staffed by a clinical psychologist, psychiatrist, social worker, and two addiction therapists. The DAT Team rotation is supervised by Patrick Reilly, Ph.D.

Opioid Replacement Treatment (ORT): The ORT Team is a multidisciplinary outpatient substance abuse clinic that focuses on patients with primary opioid dependence. The ORT Team is staffed by a Clinical Psychologist, Psychiatrist, Addiction Therapists, and Nurses, and provides interdisciplinary treatment for opioid dependence (primarily heroin). The integrated clinical services of the ORT include pharmacotherapy in the form of opioid agonist medication (e.g., methadone & buprenorphine) to treat the physiological components of heroin dependence supplemented with comprehensive psychosocial treatments (individual counseling and group psychotherapy) to address the behavioral and psychosocial components of addiction. The ORT Team rotation is supervised by Yong Song, PhD.

In both rotations, interns engage in and receive weekly individual supervision in patient evaluations, group psychotherapy, cognitive-behavioral therapy, and didactic materials to enhance understanding of diagnosis and treatment of patients with substance use disorders. Examples of clinical opportunities include co-facilitation of Phase I (i.e., early recovery focus) or Phase II (i.e., focus on maintaining abstinence) groups, anger management groups, long-term process-oriented psychotherapy groups, initial patient evaluations, and participation in interdisciplinary team clinical meetings. In addition, interns are welcome to participate in the weekly Substance Abuse Program seminar, a clinical & research seminar co-led by Drs. Joan Zweben and Peter Banys for professional staff (staff psychiatrists and psychologists) and trainee (psychology fellows and psychiatry residents/fellows) development

VIII. Posttraumatic Stress Disorder Clinical Team (PCT) (8 hours) – Victoria Tichenor, Ph.D.
Paula Domenici, Ph.D.
Keith Armstrong, LCSW
Frank Schoenfeld, M.D

The PTSD rotation has been designed to give trainees a background in understanding of the experience of trauma and its emotional and biological sequelae. The PCT treats veterans who are diagnosed with PTSD due to an event in combat, combat support sexual assault/harassment during active service and military training. Trainees will participate in weekly didactic presentations concerning theory and treatment of PTSD. In addition, they will present individual therapy cases to staff and other trainees in the seminar. Assessment clinic also meets weekly. Along with trainees from other disciplines, psychology trainees evaluate and formulate treatment plans for veterans referred to PCT. Trainees treat veterans with PTSD individually. One hour of individual supervision is given for individual cases and other issues on the rotation. Group treatment is the modality of choice for the PTSD program, and trainees will have the opportunity to participate in one of our various group therapies with a senior clinician. They will review and discuss group process with their co-therapist for one-half hour following the group session. If interested, the trainees can participate in family therapy training on the rotation, with an emphasis on the impact of PTSD on the family system.

The PTSD clinic serves veterans who have combat trauma or traumatic experiences related to their military service, including sexual harassment and assault. On occasion, veterans with civilian trauma are seen in the clinic. Our staff is multi-disciplinary with a bio-psychosocial approach to assessment and treatment.

IX. Geriatrics and Extended Care Rotation (5-10 hours) – Michael Drexler, Ph.D.

Training in the Geriatrics and Extended Care (GEC) Line at SFVA includes involvement at the Nursing Home Care Unit (NHCU) and Home Based Primary Care Program (HBPC). The ethnically and culturally diverse veteran population served by the interdisciplinary teams in these programs present with a wide range of neuropsychological conditions and psychological problems, often interacting with the physical difficulties that require extended care and/or rehabilitation. Among the neuropsychological conditions are head injuries, strokes (CVA's), dementia, multiple sclerosis, amyotrophic lateral sclerosis, to name a few. Many of those served have histories of major depression, anxiety disorders (including PTSD), and adjustment disorders are also common reasons for psychological intervention. A variety of physical problems are seen including such things as recent amputation, spinal cord injury, severe COPD, and others. Trainees also can become involved in palliative (hospice) services. Patients presentations in NHCU and HBPC are similar, though those maintained in home based care are generally physically healthier.

Interns can select minor (5 hrs/wk) or major (10 hrs/wk) rotations. An important component of the experience is the opportunity to work directly with all members of the interdisciplinary treatment team. This differs somewhat from other rotations in that the team primary focus is on physical illness and rehabilitation rather than specifically psychiatric, yet affording the trainee considerable room for input from a psychological perspective. The overlapping interdisciplinary teams that trainees work with in the NHCU and HBPC include medicine, nursing, psychology, neuropsychology, occupational therapy, physical therapy, nutrition services, activity/recreation therapy, chaplaincy services, and others as needed. Interdisciplinary teams meet weekly to discuss patient issues, and trainees are expected to attend and provide feedback and suggestions directly to the team.

The experience involves a combination of psychological therapy/intervention, assessment, and consultation. Therapy/intervention often involves dealing with issues related to adjustment, depression, chronic pain, and interpersonal functioning. End of life issues may become a focus, especially with those in palliative (hospice) care. Behavioral case management may involve evaluation and consultation to team about approaching various individuals with problematic behavior such as non-adherence, confusion, and environmental manipulation to address behavioral issues and cognitive loss. Neuropsychological and psychological assessment will often involve complex questions related to such issues as capacity for decision making, differential diagnosis, treatment compliance, and so forth. Assessment differs from the general Neuropsychological/Psychological Assessment rotation in choice of assessment procedures utilized and in that patients are in a skilled nursing and rehabilitation facility and/or are seen as home.

Weekly supervision and a didactic seminar are provided, with additional supervision as needed.

X. Training in Long-Term Psychotherapy (2 hours weekly) - Russell Lemle, Ph.D.

Interns can engage in year-long psychotherapy with a selected patient. Weekly supervision is from an existential/process perspective. Videotapes of sessions are attentively reviewed together. Cases are drawn from a wide spectrum of presenting problems.

XI. Process Psychotherapy Seminar (1 hour weekly) – Russell Lemle, Ph.D.

Interns may elect to attend a weekly one-hour seminar that delves the core of psychotherapy. It is run for the entire year. The seminar covers three topics: (1) Reviewing videotapes of actual psychotherapies, starting with the work of existential psychologist James Bugental, Ph.D., the mechanisms of psychotherapy process are dissected at a micro level. The pluses and minuses of various techniques are discussed. (2) Moving outward from #1 above, larger issues about the nature of psychotherapy are considered. (3) It is inevitable in conducting psychotherapy, and in being in

this field, that emotional and personal reactions arise. The seminar takes time to explore and share these reactions in a supportive context.

XII. Training in Family Therapy (4-6 hours) – Keith Armstrong, LCSW
Victoria Tichenor, Ph.D.

The Family Therapy Group offers training in Family Therapy from a systems perspective. Interns treat 2 families, participate in one and a half hour weekly didactic and receive 1 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.

XIII. Time Limited Dynamic Psychotherapy (4hours) Victoria Tichenor, Ph.D.
John Devine, M.D.
Marc Jacobs, M.D.

Using Hanna Levenson, Ph.D.'s model of TLDP (developed at SFVAMC); interns carry one individual psychotherapy patient in weekly therapy. Cases are formulated in the format of cyclical maladaptive patterns. Issues of alliance, defense, transference, counter transference and termination are significant foci. The therapy and supervision are process centered. Group supervision as well as didactic sessions weekly (with second year psychiatry residents) co-led by Victoria Tichenor, Ph.D., John Devine, M.D. and Marc Jacobs, M.D. Interns/residents present their videotaped sessions in group supervision. Trainees serve as consultants for one another. No previous psychodynamic experience required. This is a six month rotation.

XIV. Psychosis Support Group – (1 hour) - Jennifer Ritscher, Ph.D.
Nick Kanas, M.D.

This weekly outpatient psychotherapy group meets for 45 minutes and is for veterans with schizophrenia or related psychotic disorders. Supervision occurs immediately after the group for 15 minutes, making the entire commitment 1 hour per week for a 6-month rotation. Co-therapy is available either with Jennifer Ritscher, PhD or Nick Kanas, MD. There may also be a psychiatry resident trainee as well. The group uses Kanas' model as outlined in his book, Group Therapy for Schizophrenic Patients. The model is eclectic and includes elements of cognitive behavior therapy as well as psychosocial rehabilitation and recovery orientations. We focus on coping with symptoms such as hallucinations and delusions as well as the stress, stigma, and relationship issues often associated with these disorders

Other Training Opportunities

Psychological Services staff members are involved in a variety of research studies. Trainees may participate in these studies or formulate a new mini-project with a staff member. However, it is not feasible to carry out dissertation research at this station during the internship year.

APPLICATION AND SELECTION

Only citizens of the United States who are enrolled in an APA-approved predoctoral or counseling program are eligible for a VA internship. **It is understood that individuals who come to our predoctoral internship agree not to count hours spent in this internship as postdoctoral hours or experience when applying for licensure.**

The final **deadline** for receipt of the completed application forms and all supporting materials is closed of business **NOVEMBER 1ST**. Please read the brochure carefully in order to acquaint yourself with the training offered at our site. To apply, please send the AAPI minus Section 2, item 5 (“How do you envision our internship site...”). Instead of this section of the AAPI, complete the Specific Goals Statement essay for SFVAMC (see Appendix H). Include three (3) letters of recommendation, graduate transcripts, and three (3) self-addressed mailing labels. The AAPI itself

can be found on the APPIC website, at www.appic.org. Also posted on the APPIC website are the updated policies for the national match for psychology training.

We normally interview about 30 applicants for our three positions. We will make a decision about accepting a particular individual for interview as quickly as possible after all his or her application materials have been received. We will then communicate this decision by phone or e-mail so that on-site interviews can be scheduled. For applicants whom are accepted to interview but who cannot afford or arrange for an on-site visit, we will consider arranging telephone interviews. Please be advised that applicants who have had on-site interviews have had greater success in matching our internship in the past.

Interviews will consist of meetings the Director of Training and other members of Psychological Services staff as well as with present interns and fellows. Interviews will be scheduled from mid December and mid January. Interview slots are limited, but where possible we will attempt to honor your preferences and travel arrangements.

Completed application packets are reviewed by the Psychological Services Training Committee (which includes an intern representative) and by other staff members, interns and fellows. Ratings are based on the applicant's academic work and accomplishments, breadth and quality of previous clinical training, match between our training program and the applicant's needs and interests, letters of recommendation, and personal qualities of the applicant (maturity, ethics, responsibility, etc.). Final rank orderings are determined by the Director of Training with the Training Committee.

Selection procedures follow the national computer match guidelines established by The Association of Psychology Postdoctoral and Internship Centers (APPIC). Our internship program is an APPIC member. APPIC policies require that you request a registration package, which includes an Applicant Agreement form and other information about the APPIC match. You may request the registration package at the APPIC website: www.natmatch.com/psychint/.

Because we are a Department of Veterans Affairs Medical Center, interns who match with our program may be subject to pre-employment and post-employment urine testing for illicit drug use.

The San Francisco VAMC is an Affirmative Action/Equal Opportunity Employer.

Completed applications should be sent to:

Russell Lemle, Ph.D.
Director of Training
Psychological Services (116B)
Mental Health Service
SFVA Medical Center
4150 Clement Street
San Francisco, CA 94121-1598

APPENDIX A Supervising Mental Health Service Staff

Keith R. Armstrong, L.C.S.W. is the Director of the Family Therapy clinic, the social workers in mental health service and is an Associate Clinical Professor of Psychiatry at the University of California, San Francisco. He is also a member of the Posttraumatic Stress Disorder Clinical Team. Prior to his 15 years of outpatient work at the VA he was the inpatient social worker for the VA's Psychiatric Inpatient Unit. He received his masters 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. In 2003 he was given his 3rd excellence in teaching award by the University of California Psychiatry Residents Association. He also maintains a private practice in the Bay Area.

Timothy P. Carmody, Ph.D. is Director of the Health Psychology Program and Psychology PRIME Programs. He is a Clinical Professor in the Department of Psychiatry, UCSF, and has been a member of the Psychological Services staff since 1985. Dr. Carmody received his doctorate in clinical psychology from the University of Montana in 1977. For eight years, he was a faculty member in the Department of Medical Psychology at the Oregon Health Sciences University. His professional interests include nicotine dependence, chronic pain, behavioral factors in the prevention and treatment of coronary heart disease, stress/anxiety management, biofeedback, and obesity/weight control. He is affiliated with the Department of Psychiatry's Treatment Research Center in which he directs a clinical trial on tobacco use cessation in alcohol-dependent smokers. He has published in a variety of areas in behavioral medicine including smoking cessation, coronary risk factors, pain management, dietary management of hyperlipidemia, coronary-prone behavior, and medical adherence. He is section editor on a recently published book entitled: Obesity Assessment: Tools, Methods, Interpretations. Dr. Carmody has been the recipient of a Research Career Development Award from the National Heart, Lung, and Blood Institute (NHLBI) and he has served on several ad hoc grant review committees for NHLBI. His research has been funded through the VA HSR&D Program and the University of California Tobacco-Related Diseases Research Program. He serves as an editorial consultant to several professional journals and also serves on the VA's National Technical Advisory Group for tobacco use cessation.

John Devine, M.D., is the Director of the General Psychiatry Outpatient Services and is an Assistant Clinical Professor, Department of Psychiatry, University of California, San Francisco. He is an Associate Director of the UCSF Psychiatry Residency Training Program and oversees the training activities at the SFVAMC for residents in psychiatry. Dr. Devine received his medical degree from the University of Vermont in 1988, and completed his internship and residency in psychiatry at the University of California, San Francisco in 1992. He served as Chief Resident in Psychiatry at the SFVAMC from 1992-93, and has since worked as a staff psychiatrist in the outpatient services. His interest include psychiatric education, psychodynamic psychotherapy, group psychotherapy, treatment issues related to affective disorders and the psychiatric issues of patients with HIV infection. Dr. Devine's most recent publication has been a chapter on psychotherapy of patients with HIV infection in a book entitled: The UCSF ADS Health Project Guide to Counseling: Perspectives on Psychotherapy, Prevention and Therapeutic Practice.

Paula L. Domenici, Ph.D is a staff psychologist on the Posttraumatic Stress Disorder Clinical Team (PCT). Dr. Domenici received her doctorate in Counseling Psychology from the University of Maryland in 2002; completed her internship at the Baltimore VAMC and postdoctoral fellowship at the San Francisco VAMC. Dr Domenici has been a member of the PCT staff since 2004. Dr. Domenici coordinates intake screenings and group therapies for the PCT. She has developed and leads the partners support feature of the PCT. She also conducts evaluations, leads therapy groups, and performs individual therapy. Dr. Domenici provides supervision to psychology interns, externs and fellows and teaches psychiatry residents in training with the PCT and participates in the PCT educational seminar. She is helping to spearhead services to returning soldiers from Iraq with PTSD. She currently is participating as a clinician on a CBT study that incorporates skills training and exposure therapy for Vietnam War veterans.

Michael L. Drexler, Ph.D. is the Geropsychologist and Geriatric Neuropsychologist in the Geriatrics and Extended Care Line at the San Francisco VA Medical Center. His time is spent largely in the Nursing Home Care Unit and Home Based Primary Care, with additional hours in areas such as Geriatrics Clinic. Prior to coming to the VA, he worked for 10 years at Laguna Honda Hospital and Rehabilitation Center in San Francisco, one of the largest skilled nursing and subacute rehabilitation facilities of its kind, where he served as Director of the Neuropsychology Service, Program Director of Psychosocial Units, and Psychosocial Coordinator of the Dementia Cluster. Dr. Drexler has worked as the consulting psychologist/neuropsychologist for Geriatric Services of San Francisco, Garfield

Geropsychiatric Hospital in Oakland, Morton Bakar Geropsychiatric Center in Hayward, and Letteman Army Medical Center in San Francisco. He is adjunct professor at the California School of Professional Psychology of Alliant University, Berkeley/Alameda, and at the Wright Institute in Berkeley, and is clinical instructor at UCSF. Dr. Drexler is a Fellow of the National Academy of Neuropsychology, and served as Chair of the Education Committee for that organization. He is President of the Northern California Neuropsychology Forum. He received his doctorate from the California School of Professional Psychology (Alliant International University), Berkeley, in 1988.

Joshua Israel, M.D. is Director of the Psychiatric Intensive Care Unit and is an Assistant Clinical Professor, Department of Psychiatry, University of California, San Francisco. Dr. Israel received his medical degree from the University of Massachusetts 1995, and completed his residency in psychiatry at Massachusetts General Hospital in 1999. Dr. Israel was a clinical fellow at Harvard University from 1995-1999. He completed a UCSF fellowship in Consultation-Liaison Psychiatry at the San Francisco VA in 2000. From 2000-2001 he was an attending psychiatrist on the Inpatient Psychiatric Unit at the California-Pacific Medical Center in San Francisco where he was also a staff physician on the electroconvulsive therapy service. He worked as a staff psychiatrist at the San Francisco VA since 2001. Dr. Israel's interests include psychopharmacology of mood and thought disorders, attention deficit disorder and medical education. Dr. Israel's most recent publication has been a chapter on somatic therapies for depression in *The Massachusetts General Hospital Psychiatry Update and Board Preparation Guide*.

Kewchang Lee, M.D. Dr. Lee is Director of the Psychiatry Consultation Unit at the SF-VAMC and Assistant 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 founded the Fellowship in Consultation-Liaison Psychiatry at the SF-VAMC in 1999, and has published several chapters in psychiatry, internal medicine, and geriatric medicine texts. Dr. Lee was educated at Harvard University, and received his MD at New York University in 1992. He was trained in the psychiatry residency program at UCSF.

Russell Lemle, Ph.D. is Chief Psychologist and Psychology Training Director, Mental Health Service and Associate Clinical Professor, UCSF Medical School, Department of Psychiatry. He obtained his doctorate from SUNY at Buffalo in 1979. He completed his predoctoral internship at UCLA Neuropsychiatric Institute in 1978 and his postdoctoral fellowship in Family Therapy at Langley Porter Psychiatric Institute. Between 1984 and 1993, he was Chief of the SFVAMC Outpatient Alcohol Clinic, during which period he authored clinical articles on alcohol treatment and etiology. Since 1992, he has been the Chief Psychologist. Other areas of professional interest and teaching include counter-transference, couples and group therapy. Dr. Lemle is on the Planning Committee of the yearly national VA Psychology Leadership Conference and postdoctoral fellows are encouraged to attend the conference. In 2003, he received the Association of VA Psychology Leaders Leadership Award for his significant contributions to national VA Psychology issues. Dr. Lemle is a Fellow in the APA Division 18 (2004).

Nancy Odell, L.C.S.W. is a clinical social worker on the Substance Use/ Posttraumatic Stress Team (SUPT) and an Assistant Clinical Professor at UCSF Medical School, Department of Psychiatry. She received her graduate degree in Clinical Social Work from Boston College and worked at the National Center for Posttraumatic Stress Disorders prior to working at the San Francisco VA Medical Center. She provides group psychotherapy supervision for psychiatry residents and coordinates the SUPT Clinical Training Seminar. Ms. Odell 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 clinical and treatment information on Posttraumatic Stress Disorder and substance abuse disorders. She participated as a psychotherapist in a nationwide three-year study investigating group therapy treatment of Posttraumatic Stress Disorder. She has specific training in Control Mastery and her orientation is cognitive/behavioral and psychodynamic.

Patrick M. Reilly, Ph.D. is Chief of the Substance Abuse Outpatient Clinic and an Associate Clinical Professor in the Department of Psychiatry at the University of California, San Francisco. He received his doctorate in counseling and health psychology from Stanford University in 1989, where he was an American Psychological Association Minority Fellow. His professional interests include substance abuse treatment, anger management, and the treatment of violent behavior. He has been an Investigator on several federally funded research studies focusing on the treatment of drug dependence, including grants awarded by the National Institute on Drug Abuse (NIDA) and the Veteran's Administration. He was awarded the 1999 Interdisciplinary Achievement Award by the Langley Porter Psychiatric Institute Alumni-Faculty Association at UCSF. His recent publications include "Anger Management for Substance Abuse and Mental Health Patients: A Cognitive-Behavioral Therapy Manual" through the Center for Substance

Abuse Treatment, Washington, D.C., “Anger Management Group Treatment for Cocaine Dependence: Preliminary Outcomes” in the American Journal of Drug and Alcohol Abuse, “Self-Efficacy and Illicit Opioid Use in a 180-Day Methadone Detoxification Treatment” in the Journal of Consulting and Clinical Psychology, and “Anger Management and Temper Control: Critical Components of Posttraumatic Stress Disorder and Substance Abuse Treatment” in the Journal of Psychoactive Drugs.

Jennifer B. Ritscher, Ph.D. is a psychologist on the General Psychiatric Outpatient Services (GPOS) team at the San Francisco VA and an Assistant Adjunct Professor of Psychiatry at the University of California, San Francisco. Dr. Ritscher received her PhD in Clinical/Community Psychology at the University of Maryland (1997) and completed a three-year postdoctoral fellowship in psychiatric epidemiology at Columbia University in 2000. Her research investigates the influence of sociocultural factors on psychopathology, such as the cross-cultural validity of psychological measures, and the effect of internalized stigma on the course of severe mental illness. Recent papers include “Hearing voices: Explanations and implications,” “Internalized stigma of mental illness: Psychometric properties of a new measure,” “Internal validity of an anxiety disorder screening instrument across five ethnic groups,” “Differences in patterns of mood states among Russian and American space station crews” “Association of Rorschach and MMPI psychosis indicators and schizophrenia spectrum diagnoses in a Russian clinical sample” and “Integrating qualitative and quantitative approaches in the study of psychopathology across cultures.” Dr. Ritscher is a board member of Stamp Out Stigma (a local speakers bureau and advocacy group) and a board member of the Interprofessional Fellowship Program in Psychosocial Rehabilitation at the Palo Alto VA. In clinical work, Dr. Ritscher uses the recovery model of psychosocial rehabilitation.

Johannes C. Rothlind, Ph.D. is Director of the Neuropsychology and Psychological Assessment Program. He obtained his doctorate in clinical psychology from the University of Oregon in 1990, and he completed a two-year postdoctoral fellowship in clinical neuropsychology research at the Johns Hopkins University School of Medicine in 1992. Before joining the VAMC, he worked for three years as the Director of Neuropsychology and Assistant Professor of Psychiatry at the University of Maryland School of Medicine in the Department of Psychiatry. He is currently an Assistant Adjunct Professor at the UCSF Medical School. Dr. Rothlind’s professional interests include neuropsychological assessment of higher intellectual capacities including attention, working memory, “executive” functions, language, visuospatial processing and memory. Specific clinical interests include evaluation and consultation regarding disorders of insight and self-awareness and to improve psychosocial adaptation in the context of neuropsychological disability.” Current research interests include investigation of neuropsychological outcomes of neurosurgery for Parkinson’s disease, and memory disturbances in PTSD

Frank Schoenfeld, M.D. Dr. Frank Schoenfeld has devoted his 34-year career, as a psychiatrist in government service, to the treatment of combat-related stress disorders. Dr. Schoenfeld is the Director of the Posttraumatic Stress Disorder Program at the San Francisco Department of Veterans Affairs (DVA) Medical Center. He is a member of the Department of Veterans Affairs Undersecretary for Health’s Special Committee on PTSD, tasked with charting the future direction of services for the nation’s veterans with PTSD. Dr. Schoenfeld is also Clinical Professor of Psychiatry at the University of California School of Medicine, San Francisco, where he excels as a teacher of advanced principals of pharmacology for chronic mental disorders. Dr. Schoenfeld was instrumental in designing a four-stage treatment model for chronic complex PTSD that has influenced ambulatory care of veterans nationwide. Under his clinical leadership the San Francisco PTSD Program has grown to become one of the nation’s largest outpatient programs for veterans with PTSD and is one of two programs recognized by the DVA as a Clinical Program of Excellence. Dr. Schoenfeld was honored by the San Francisco Bay Area Federal Executive Board as the Federal Employee of the Year in the professional category in 2000.

Yong S. Song, Ph.D. is a staff psychologist in the Opioid Replacement Team (ORT) of the Substance Abuse Outpatient Clinic (SAOPC) and Assistant Clinical Professor in the Department of Psychiatry at UCSF School of Medicine. In the ORT clinic, Dr. Song supervises the delivery of psychosocial care and provides direct clinical services to patients with primary opioid dependence. Dr. Song is a graduate of the predoctoral internship program at the San Francisco VA Medical Center (1997-1998). Dr. Song subsequently received his PhD in Clinical Psychology from Virginia Commonwealth University, and completed a NIDA-funded NRSA postdoctoral fellowship in Drug Abuse Treatment Research at UCSF. Prior to joining the faculty at the San Francisco VA Medical Center in 2004, Dr. Song served on the faculty of the UCSF-Langley Porter Psychiatric Institute’s Clinical Psychology Training Program (CPTP) while he served as the Program Director for the Opiate Treatment Outpatient Program at San Francisco General Hospital. Dr. Song’s current research interests include improving health promotion behaviors

among substance users in treatment, particularly patients with infectious diseases (e.g., HIV, HCV). Currently, he is participating as the site PI for a NIDA/CTN-funded multi-site randomized trial testing a behavioral intervention to reduce HIV-risk behaviors among men in drug treatment.

Victoria Tichenor, Ph.D., is the Director of Training and the coordinator for individual therapies in the PCT. Dr. Tichenor is one of the founders of the Family Therapy and women's clinical services components of the PTSD Program. Dr. Tichenor received her Ph.D. in Counseling Psychology at the University of Maryland (1989), and is currently is an Assistant Clinical Professor of Psychiatry at the UCSF. She has been a member of the PCT staff since 1989. She has published articles on the relationship of peritraumatic dissociation and PTSD in female Vietnam Theater veterans therapeutic alliance on psychotherapy process.

Joan Zweben, Ph.D. obtained her doctorate in 1971 from the University of Michigan. She 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. She is also Director of the Fourteenth Street Clinic and East Bay Community Recovery Project in Oakland, an outpatient drug program with psychological and medical services. Dr. Zweben is widely known as a consultant in the area of drug and alcohol treatment. She has numerous publications and is on the editorial board of the Journal of Psychoactive Drugs. She does consulting and training in a wide range of drug and alcohol treatment modalities.

APPENDIX B
PSYCHOLOGY INTERN SEMINAR
July 2003-June 2004

June 03

27	Update on Laws and Ethics <u>(optional)</u>	Dan Taube, Ph.D.
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July

7	Charting and Mandated Reporting	Mark Zaslav, Ph.D.
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14	No Seminar	
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21	Issues and Procedures for Licensure	Paula Domenici, Ph.D., Mark Balabanis, Ph.D.
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28	Group Therapist Development	Mark Zaslav, Ph.D.
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August

4	Group Therapy – Dr. Yalom’s Video I	Mark Zaslav, Ph.D. Russell Lemle, Ph.D.
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11	Group Therapy – Dr. Yalom’s Video II	Russell Lemle, Ph.D.
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18	Check in – Agenda Development	
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25	No meeting	
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September

1	Holiday	
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8	Group Psychotherapy. Review Yalom tape.	Russell Lemle, Ph.D.
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15	Forensic Evaluations & Case	Mark Zaslav, Ph.D.
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22	Therapeutic Boundaries.	Russell Lemle, Ph.D. & Mark Zaslav, Ph.D.
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29	Plan for rest of year.	
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October

6	Group Psychotherapy. Review Yalom tape.	Russell Lemle, Ph.D.
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13	Federal Holiday	
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20	Check in. Rotation feedback.	
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27	Therapist responses to patient deaths	David Wasserman, Ph.D.
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November

- | | | |
|----|---|----------------------|
| 3 | Clinical evaluation and management of the potentially violent patient | Dale McNeil, Ph.D |
| 17 | Gender related issues in working with male clients | Nancy Odell, LCSW |
| 24 | Group Psychotherapy. Review Yalom tapes. | Russell Lemle, Ph.D, |

December

- | | | |
|----|---|---|
| 1 | Clinical Postdocs. | Ginger Rhodes, Ph.D. & Garnette Cotton, Ph.D. |
| 8 | Check in | |
| 15 | Cultural Issues in Assessment and Therapy | Jennifer Ritsher, Ph.D. |
| 22 | No meeting | |
| 29 | Check in; plan for semester rotation | |

January 04

- | | | |
|------|---|------------------------|
| 7-28 | Substance Abuse (4 successive Wednesday mornings) | Palo Alto VAMC |
| 5 | Diversity Issues in Assessment and Therapy | Garnette Cotton, Ph.D. |
| 12 | Group Psychotherapy. Review Yalom tape. | Russell Lemle, Ph.D, |
| 19 | Holiday | |
| 26 | Starting a Private Practice | Russell Lemle, Ph.D. |

February

- | | | |
|----|--|---|
| 2 | Starting a Private Practice II | Russell Lemle, Ph.D |
| 4 | Domestic Violence (4 hr. presentation) | Suzanne Pallak, Ph.D. |
| 9 | Clinical Postdocs. | Ginger Rhodes, Ph.D. & Garnette Cotton, Ph.D. |
| 16 | Holiday | |
| 23 | Check in | |

March

- | | | |
|----|---|------------------------|
| 1 | Check in | |
| 8 | Aging and Long Term Care (3 hr. presentation) | Michael Drexler, Ph.D. |
| 15 | Psychopharmacology | Frank Schoenfeld, M.D |

22	Psychopharmacology part II	Frank Schoenfeld,M.D.
29	Integrating 12 step programs with psychotherapy	David Wasserman, Ph.D
April		
5	Procedural review	Russell Lemle, Ph.D.
12	no seminar scheduled	
19	“Our Turn to Serve” video on returning Iraqi War veterans	
26	no seminar scheduled	
May		
3	Integrating 12 step programs with psychotherapy, II	David Wasserman, Ph.D.
10	Assessment and Clinical Considerations with Gay, Lesbian and Bisexual Populations	Stacey Hart, Ph.D. and David Coon,Ph.D.
17	Psychopharmacology part III	Frank Schoenfeld,M.D.
24	Ethics and other Professional Issues	Russell Lemle, Ph.D.
26	Child Abuse	Palo Alto VAMC licensing course
31	No seminar	
June		
7	Dissertation presentation	Victoria Beckner, M.A.
14	Orals practice	Laura Wald, M.A.
21	Orals Practice	Ju Hui Park, M.A.
23	Human Sexuality	Palo Alto VAMC licensing course
28	Internship Evaluation	

APPENDIX D Recent Intern Schedules

Fall Semester

Spring Semester

Intern A:

PRIME	15
Neuropsych/Assessment	12
Brief Therapy	5
Psych. Outpatient Service Aids Program	6
Intern Sem & Long-term Therapy	3
Alcohol Group	<u>2</u>
Total = 43 hours	

Geropsych	8
PCT	10
Neuropsych/Assessment	12
Substance Abuse Outpatient Program	10
Intern Sem & Long-term Therapy	<u>3</u>
Total = 43 hours	

Intern B:

Family Therapy	5
Acute Psychiatry Services	18
Neuropsych/Assessment	12
Substance Abuse Outpatient	5
Intern Sem	<u>1</u>
Total = 41 hours	

PRIME	15
Neuropsych/Assessment	12
Health	5
POSAP	4
Psychiatric Outpatient Services	8
Intern Sem	<u>1</u>
Total = 45 hours	

Intern C:

PRIME	15
Neuropsych/Assessment	12
Brief Therapy	5
PCT	10
Intern Sem & Long-term Therapy	<u>3</u>
Total = 45 hours	

Anger Management	2
Acute Psychiatry Services	18
Neuropsych/Assessment	12
SUPT	4
ORT Group	4
Intern Sem & Long-term Therapy	<u>3</u>
Total = 43 hours	

Intern D:

Acute Psychiatry Services	18
Neuropsych/Assessment	12
SUPT	8
Intern Sem & Long-term Therapy	<u>3</u>
Total = 41 hours	

PRIME	15
Neuropsych/Assessment & Memory Clinic	16
Brief Therapy	5
Health	5
Intern Sem & Long-term Therapy	<u>3</u>
Total = 44 hours	

APPENDIX E Other Seminars

**A PARTIAL LISTING OF OTHER SERVICE SEMINARS
OPEN TO PSYCHOLOGY INTERNS**

Advanced Psychotherapy Seminar with Dr. Mardi Horowitz
(at Langley Porter Psychiatric Institute)

UCSF Department of Psychiatry Grand Rounds
(at Langley Porter Psychiatric Institute)

Substance Abuse Seminar

Substance Abuse Grand Rounds

Continuing Care Division Clinical Conference

Neuroradiology Conference

Neuropathology Conference

Neurology-Neurosurgery Teaching Conference

Neurosurgery Multidisciplinary Case Conference

APPENDIX G

**Psychology Predoctoral Internship Training Program
San Francisco VAMC**

**End of Rotation
Supervisor's Evaluation of Intern**

Intern: _____

Supervisor: _____

Training Setting: _____

Date: _____

Rotation (circle): First Second

Please review the Exit Competencies in the attached document, all of which should be relevant in most training settings, and rate each according to the scale provided. In addition, you must complete your own site-specific competency rating form.

Please discuss all of these ratings with the intern. In the feedback, it is important to give specific examples of what you think the intern does well as well as concerns you have.. Please use the feedback session to discuss what the intern might emphasize in his/her continued training. After you have reviewed all feedback with the intern, please sign at the end of this form and return all of the materials to the Director of Training **before** the end of the 6th month of the rotation.

Please indicate below what modalities you have used to obtain information for making your evaluations. Check off all that are applicable:

- _____ Intern's self-report of interview/therapy sessions
- _____ Audiotape review of interview/therapy sessions
- _____ Videotape review of interview/therapy sessions
- _____ Direct, live observation of interview/therapy sessions
- _____ Individual supervision sessions
- _____ Group supervision sessions
- _____ Observation during team meetings
- _____ Co-therapy conducted by intern and supervisor
- _____ Review of written evaluations, care plans, progress notes and consultations
- _____ Consultation with team members/other staff
- _____ Oral case presentations to team
- _____ Observation during seminars
- _____ Behavioral measures from interventions
- _____ Other: _____

GENERAL TRAINING OBJECTIVES ACROSS SITES

1. To pass a rotation, interns must have ratings on every item (except as discussed below in point 2) of “Intern has developed competency in this area” by the end of the rotation. To obtain that rating, within at least the last month of the rotation, the intern should consistently display the specific quality in every clinical area and/or know when he/she needs to consult.
2. There may be settings where some of these general skills will not be relevant or there may not be enough information to rate some items (e.g., knowledge of California and Federal laws). In such cases, please use the last column (“Inadequate opportunity to rate...”). Such ratings will not be held against interns in considering whether they have passed a rotation.

	Intern having difficulty in this area	Intern has developed competency in this area	Inadequate opportunity to assess, but no problem noted
<u>GENERAL CLINICAL SKILLS:</u>			
Demonstrates appropriate empathy and elicits cooperation from patients.			
Attends to the process and content of a patient’s interpersonal interactions.			
Attends to and responds effectively to a patient’s thoughts, actions, and feelings.			
Understands problems and/or diagnostic categories that guide appropriate assessment and/or treatment strategies.			
Considers what additional information should be gathered after initial contact.			
Intern's formulation of problems and goals is used to inform both treatment plans and expectations for treatment.			
Communicates effectively with patients, their families, and other care providers, covering a range of topics from simple information sharing to more complex clinical conceptualization.			
<u>SENSITIVITY TO DIVERSITY:</u>			
Has knowledge of cultural and other diversity issues and of how these affect needs in the clinical setting.			
Incorporates such knowledge into the theoretical/conceptual framework guiding assessment and treatment planning in the clinical setting.			

	Intern having difficulty in this area	Intern has developed competency in this area	Inadequate opportunity to assess, but no problem noted
Implements effective clinical strategies with patients different from self in diverse ways in the clinical setting.			
Is aware of personal emotional reactions to diversity, understands those reactions and their impact and takes action to reduce the tendency to be biased.			
<u>DIAGNOSIS:</u>			
Understands differential diagnosis using a system appropriate to the setting.			
Modifies diagnosis as necessary when new information is available.			
<u>CRISIS MANAGEMENT:</u>			
Can conduct a lethality assessment and knows actions to take when confronted with a patient who is a danger to self or others.			
<u>ETHICAL/LEGAL:</u>			
Shows sensitivity to ethical issues in clinical practice and seeks consultation as needed.			
Knows and, if necessary, acts according to specific procedures for reporting child, elder, and/or spousal abuse as well as for Tarasoff situations.			
Shows familiarity with California and Federal laws with respect to the practice of psychology as applicable in the setting.			
<u>TEAM FUNCTIONING AND CONSULTATION:</u>			
Understands the structure of teams to which intern belongs or with which intern consults at assigned training sites.			
Can identify different team members' roles, including the psychology intern's role and function			
Forms collaborative professional relationships and presents psychological issues to non-psychologist staff.			
Contributes to the team in each relevant training site, such as communicating important information about patients, being sensitive to the needs of other team members and responding appropriately, and/or using skills as a psychologist to facilitate team functioning.			

	Intern having difficulty in this area	Intern has developed competency in this area	Inadequate opportunity to assess, but no problem noted
<u>RESEARCH INTEGRATION:</u>			
Uses knowledge of current theoretical and empirical literature to inform decisions regarding treatment planning and delivery.			
Articulates a personal theoretical or conceptual perspective that is comprehensive and flexible, or the components of a developing conceptual perspective, and demonstrates understanding of a scientist-practitioner approach within that perspective.			
<u>PROFESSIONALISM:</u>			
Demonstrates professional responsibility: e.g., is on time for appointments, produces written evaluations, assessments, and process notes in a timely fashion, is prepared for supervision, follows program procedures, and is self-directed and able to function independently within the scope of competence.			
Shows emotional maturity in professional contexts by tolerating ambiguity and anxiety and considering the views of others, even in charged situations.			
Accurately evaluates level of competency and considers own limitations when working with patients; knows when own level of expertise is exceeded; seeks appropriate consultation when needed.			
Demonstrates an openness to self-exploration of counter-transference and other personal reactions that manifest in contact with patients.			
Demonstrates knowledge of self and the impact of self on the conduct of therapy			
Manifests interest in professional psychology organizations.			

Comment about any of the above rating areas and/or other aspects of the intern's performance.

Trainee's main strengths:

Areas to improve (even if the intern is rated as fully competent):

I have reviewed the above evaluation material with (intern's name) _____ on (date) _____, including the general and site-specific competencies. We have discussed the intern's strengths and any areas of expected improvements

Supervisor

date

Intern

date

RL:gp 6/2004

APPENDIX H

Specific Goals Statement – San Francisco VA Medical Center Predoctoral Psychology Internship

Please answer the following in 500 words or less. Please note that this essay is meant to be used in place of Section 2, item 5 on the AAPI:

Upon familiarizing yourself with our internship as outlined in the enclosed brochure, please discuss your goals for the internship. Be specific (e.g., particular interests, deficiencies in past training, etc.) regarding the types of clinical experiences you are seeking. Also describe your current career goals (including what professional settings and activities you see yourself being involved in). Finally, please state why you think our internship program might be a good fit for you, both in terms of your internship goals and your career aspirations.

APPENDIX I

APPLICATION CHECKLIST

**San Francisco VA Medical Center
Predoctoral Psychology Internship Training Program
(APA Approved)**

1. ___ APPIC Application for Psychology Internship (AAPI - minus Section 2, item 5)
2. ___ Specific Goals Statement for San Francisco VA Medical Center
3. ___ Curriculum Vitae
4. ___ Three letters of recommendation
5. ___ Graduate Transcripts
6. ___ Three self-addressed mailing labels (postcards or envelopes are not acceptable)

Mail Application Materials to: **Russell Lemle, Ph.D.
Director of Psychology Training, Mental Health (116B)
VA Medical Center
4150 Clement Street
San Francisco, CA 94121-1598**

Questions regarding application should be directed to **Mrs. Gloria Patel at (415) 750-2004**