

UCSD/VA Psychology Internship Training Program

Department of Psychiatry
University of California, San Diego

VA San Diego Healthcare System
UCSD Outpatient Psychiatric Services
Childrens' Hospital Outpatient Psychiatry
UCSD Child and Adolescent Inpatient Psychiatric Services
UCSD Medical Center
UCSD Intensive Outpatient Eating Disorders Program

SECTION I

GENERAL INFORMATION

The University of California, San Diego School of Medicine, Department of Psychiatry, in affiliation with the Psychology Service, VA San Diego Healthcare System (VASDHS), UCSD Outpatient Psychiatric Services, UCSD Intensive Outpatient Eating Disorders Program, Children's Outpatient Psychiatry of Children's Hospital, UCSD Child and Adolescent Inpatient Psychiatric Services, and UCSD Medical Center offers a 12-month, full-time, APA-approved predoctoral internship in clinical psychology. The program begins each year on July 1. For 2011-2012, the stipend is \$26,080 for 2080 hours of training. Our program trains doctoral candidates to function as autonomous professionals in a variety of health care settings, with particular emphasis on the role of the psychologist in a sophisticated university-affiliated teaching and research hospital, adult or child outpatient, and inpatient child and adolescent psychiatric settings. The UCSD/VA Psychology Internship provides a solid grounding in basic clinical skills in a rich array of optional experiences for developing special expertise. The program emphasizes the Boulder, scientist-practitioner model of training in psychology and, therefore, accepts applicants who are oriented more toward research and clinical interests (i.e., academic careers) than those interested in professional psychology.

Since its inception in 1969, the Department of Psychiatry at UCSD has developed into one of the most innovative and vigorous of the academic departments of psychiatry in the country. The department has a strong commitment to the basic neurosciences and to biological psychiatry, but this is balanced by an equally strong commitment to the understanding of an individual's present feelings, thoughts and behaviors, the interpersonal relationships among family members and significant others, and empirically-validated psychotherapy interventions.

The relationships between the Department of Psychiatry at the University of California - San Diego Medical School, the VASDHS, UCSD Outpatient Psychiatric Services, Children's Outpatient Psychiatry of Children's Hospital, UCSD Child and Adolescent Inpatient Psychiatric Services, and UCSD Medical Center have long been characterized by a high degree of interdependence in synergistic collaboration. Many successful joint programs are currently in operation under the umbrella of the UCSD Department of Psychiatry. Noteworthy among these programs is a three-year Residency in General Psychiatry, psychiatric fellowships in geropsychiatry, child and adolescent psychiatry, alcohol and substance abuse treatment, affective disorders and a Joint Doctoral Program in Clinical Psychology (see Appendix A - Organizational Chart). The salient features of our psychology internship are discussed below.

ADMINISTRATION AND FACULTY

All faculty primary supervisors in the UCSD/VA Psychology Internship Program have academic appointments in the University of California, San Diego Department of Psychiatry, and many hold joint appointments with the VA San Diego Healthcare System. The Chairman of the Department of Psychiatry, UCSD Medical School and the Chief, Psychology Service VASDHS, have jointly appointed two Co-Directors of Clinical Training (DCT) to administer and coordinate the various psychology training activities of the Internship. The DCTs are also charged with carrying out the policies and procedures proposed by the Psychology Internship Training Committee (or Executive Committee) and approved by the Department Chairman and Chief Psychologist. The Executive Committee is composed of selected representatives from each of the training sites, and acts as a task force for the Psychology Internship Training Committee. The administrative office of the Training Program is housed in the Psychology Service at the VASDHS.

The Psychology Internship Training Committee (PITC) consists of most of the psychology faculty located in the training facilities of the Program. Primary supervisors are drawn from this committee. The Chief Interns also sit on the PITC. The PITC is involved with the details of interns' clinical training plans, evaluations, curricula, seminars, workshops, requests for special training experiences, grievances, probation decisions, major policy and procedures. This committee meets periodically throughout the year to conduct appropriate business and participate in the program's planning, implementation and self-study evaluation. By serving on this committee, supervisors participate actively in these activities. Each year one or more interns are chosen to represent their class on the training committee.

The Internship Faculty

Appendix B lists a brief bio for each of the approximately 40 doctoral level psychologists who have integrated UCSD academic appointments and allegiance to the Internship training sites. Psychologists in all settings are engaged in and are rewarded for patient care, professional training, and program evaluation or clinical research. Collectively, the faculty has many ongoing research grants and has published a great number of articles, books, and book chapters.

ORGANIZATION OF THE TRAINING PROGRAM

The Department of Psychiatry has developed six primary sites for the provision of training in clinical psychology:

1. The VA San Diego Healthcare System (VASDHS)
2. UCSD Outpatient Psychiatric Services
3. Children's Outpatient Psychiatry of Rady Children's Hospital
4. UCSD Child and Adolescent Inpatient Psychiatric Services (CAPS)
5. UCSD Medical Center
6. UCSD Intensive Outpatient Eating Disorders Program

Currently, the UCSD/VA Psychology Internship Program provides training experiences at all six affiliated sites. The Program is governed by The Co-Directors with the assistance of the Psychology Internship Training Committee (PITC). The PITC is comprised of the primary supervisor(s) from each rotation and two Chief Interns. Additionally, the PITC Executive Committee consists of 5 senior faculty plus the Training Co-Directors.

Our Internship is comprised of 19 Intern Positions. Each Position is comprised of two, year-long half-time rotations. Many interns will have rotations at the VASDHS and one of the UCSD sites. Some interns will have both rotations at either UCSD or at the VASDHS. In an effort to make it easier for applicants to identify potential Positions of Interest, we have grouped the Positions according to six clusters: Addictions, Behavioral Medicine, Child, Neuropsychology, Specialty Mental Health, and Trauma. Some Positions are classified into two clusters when the two paired rotations best fit into different clusters. When applicants apply to the program, we will request that they rank order two clusters of interest and choose two specific Positions of Interest within each cluster. This will help ensure that the appropriate faculty review relevant applications. Please see Appendix D for a list of Positions and the clusters to which they belong. The section below entitled, "Internship Sites and Rotation Descriptions" provides descriptions of each rotation. This will assist applicants in choosing appropriate Positions to which they wish to apply.

On each rotation, Interns will have one primary supervisor (see Appendix A for a list of primary supervisors, as well as Appendix B for brief bios of those faculty). In addition, many rotations have one or more secondary supervisors available for consultation and/or supervision in specific aspects of the rotation. The program Co-Directors are also always available for help and consultation.

Objectives, Goals and Core Competencies

The fundamental objective of our program is to facilitate the development of competent professional psychologists who are ready to assume the responsibilities of an entry level doctoral psychologist position. Our internship training is directed towards developing six basic core professional competencies expected of an entry level doctoral level psychologist in the areas of:

(1) Assessment, Diagnosis and Consultation: Competency in conducting clinical interview-based assessment and in administering and interpreting basic psychological tests in the areas of intellectual assessment, basic cognitive assessment, and personality assessment; familiarity with the prevailing diagnostic procedures, e.g., ability to assign appropriate diagnoses to individual patients; ability to communicate findings and recommendations orally and in writing in a clear and concise manner.

(2) Intervention and Treatment: Competency in conducting individual and group counseling/psychotherapy across a variety of problems and populations; familiarity with empirical findings concerning the efficacy of psychotherapy; an understanding and knowledge of empirically supported therapeutic approaches for specific mental disorders.

(3) Supervision: Familiarity with and understanding of methods and theories of supervision; Competency in supervising other trainees under the supervision of members of the psychology faculty

(4) Professional and Ethical Behavior: Demonstration of sound professional clinical judgment and behavior in the application of assessment and intervention procedures with individuals; familiarity with and understanding of professional and legal standards in professional psychology; a thorough working understanding of APA ethical standards.

(5) Cultural Diversity: Demonstration of understanding of and sensitivity to human diversity issues in the practice of psychology; familiarity with empirical findings pertaining to diversity issues in assessment and diagnosis, tests and measurement, psychopathology, interventions and treatment.

(6) Scholarly Inquiry and Application of Scientific Knowledge: Demonstration of understanding and knowledge of strategies of scholarly inquiry; awareness of current empirical studies in major professional practice journals; competency in reviewing and integrating relevant scholarly literature to assist in clinical problem solving.

The internship experience involves training which extends and integrates the intern's basic academic program. The internship is designed to offer a broad range of experiences to develop these core professional competencies. Interns have a shared responsibility in designing and planning the internship experience in collaboration with their primary supervisors, Program Co-Directors, and the Psychology Internship Training Committee (PITC). This process is intended to ensure that the intern's training

plan is integrated with the intern's overall graduate or professional school training plan, and that the internship provides a coherent progression from the basic knowledge and practical clinical skill competencies achieved in the academic program to the core practice competencies that are to be acquired in the internship. Upon completion of the internship, interns are prepared to assume an entry level doctoral psychology position in inpatient and outpatient adult and child medical, psychiatric and mental health settings.

Clinical Activities

The 12-month training year begins with an Orientation Week in which interns receive a thorough introduction to their assigned training sites. During the orientation period, faculty advisors begin to evaluate the intern's strengths and weaknesses with respect to psychological assessment and psychotherapy. The evaluation involves a review of previous clinical experience and training recommendations from the interns' home university, if available. Results of the evaluation period are used by faculty and interns to determine which training activities to emphasize during the year. In most cases, major aspects of these decisions and assignments can be determined before the intern arrives on site. One of the outstanding features of this program is the tremendous flexibility that an intern and his or her advisors have in developing an individualized training experience for the year.

Opportunities for the interns range from diagnostic evaluations and neuropsychological assessments to brief crisis oriented therapy to individual and group evidenced-based psychotherapy. Training is available in a variety of therapeutic modalities, including individual, marital, family, and group. Our program emphasizes empirically based psychotherapies, and supervision is available in many theoretical orientations, including cognitive-behavioral interventions, motivational interviewing, several trauma focused interventions (e.g., Prolonged Exposure, Cognitive Processing Therapy) and third wave interventions (e.g., Acceptance and Commitment Therapy, Dialectical Behavior Therapy, mindfulness). Assessment opportunities also vary depending on site and supervisor, from a strong emphasis on neuropsychology at the VASDHS, UCSD, and CAPS to a greater emphasis on developmental and personality factors at the child facilities. Please see Internship Sites and Rotation Descriptions for more details related to opportunities involved in each clinic.

Psychological Assessment

Psychological assessment plays an integral role in the services of a clinical psychologist. Most of the rotations offered by the internship involve a significant amount of psychological assessment of the population served at the sites. Interns will be expected to obtain intensively supervised psychodiagnostic assessment experience.

Seminars

There are a number of seminars available to the intern during the course of the year.

All of the interns are required to attend the weekly Psychology Internship Seminar Series and each will present at least one case at this seminar during the course of the year (see Appendix C - Internship Seminar Series for an example schedule). Many other seminars are available and may be elective or required depending on the rotation and setting in which the intern is assigned. Mention of these seminars is made in the site descriptions below.

The various seminars are provided as part of the internship training program and serve many functions. First, they provide an opportunity for the intern to acquire a body of knowledge which may or may not be available at home universities. Second, they allow the interns to expand their knowledge of a specific area. Third, they provide an opportunity for the training staff to meet with the interns for the purpose of updating their knowledge. While a tremendous variety of required and optional lectures are given each week throughout the program, it is generally expected that interns will spend three to four hours per week in didactic activities.

Supervision

Quality supervision is a particular point of emphasis in our program. All interns are expected to receive at least one hour individual, face-to-face supervision each week in each rotation. Interns will also receive at least one additional hour of supervision, often in the context of group supervisions and/or team meetings where additional training occurs. These supervisions may include review of audio or video taped therapy sessions, depending on the capabilities of the specific clinics. Furthermore, many rotations will include co-therapy with faculty or other senior therapists to allow for in vivo supervision.

Research

Intern applicants who have demonstrated interest in a research-oriented academic career are heavily recruited by this program. Although active research involvement is not a requirement of the internship, interns may elect to involve themselves in research activities during the internship year. Interns often choose to join any number of ongoing clinical research projects, to initiate an approved and sponsored project on their own, or to continue to work on their dissertations. Each year, several interns take advantage of the opportunity to participate in research. Note though, that no participation in research will be allowed until an intern has defended his or her dissertation. The vast majority of our internship graduates go on to obtain research and/or teaching oriented fellowships and positions in academic settings, many of them right here at UCSD.

INTERNSHIP SITES AND ROTATION DESCRIPTIONS

Each of the internship sites has its own unique set of opportunities and responsibilities. A description of each site follows. Please note that an intern cannot possibly participate in all the options at each site. However, the intern plays a fundamental role in formulating his or her training program, and should be highly independently motivated in order to delineate desired internship experiences. A unique strength of the UCSD/VA Psychology Internship Program is its commitment to providing the intern with a well-rounded clinical experience while remaining flexible with regard to the intern's specific needs and interests. Because of the diversity of available experiences, there is no "typical" schedule for an intern. However, Interns are expected to maintain a case load in each rotation that provides 12-14 hours of direct service each week. The remaining hours involve supervision, didactics, preparation for patients, and documentation.

Below is a description of each of the six Internship training sites (designated with letters) followed by descriptions of the specific rotations located at each site (designated by numbers). Please see Appendix D for the specific rotations pairings that comprise each Intern Position.

A. THE VA SAN DIEGO HEALTHCARE SYSTEM (VASDHS)

The VASDHS is a modern 350 bed general medical and surgical medical center situated adjacent to the University of California at San Diego and is closely affiliated with the UCSD School of Medicine. The VASDHS is located 10 miles north of downtown San Diego and just one mile inland from the community of La Jolla on the Pacific Ocean.

The VASDHS has approved residency training programs in medicine, surgery, anesthesia, neurology, pathology, psychiatry, radiology, and audiology. The medical staff is augmented by outstanding physicians, dentists, nurses, consultants, research investigators, and attendings in various specialties. There are over 2,000 full-and part-time professional and administrative staff members.

The VASDHS Psychiatry Service and Psychology Service have extensive inpatient and outpatient psychiatric facilities located in the main hospital in La Jolla. The entire second floor of the VA Medical Center La Jolla is almost exclusively inhabited by the Psychiatry and Psychology Services. There are 28 acute-care psychiatry beds. In addition, there is a 30 bed Alcohol and Drug Treatment Program which features a comprehensive aftercare program for alcoholics and their families. There is a Special Treatment and Evaluation Program (STEP) for the study of affective disorders and sleep disorders, as well as an outpatient mental health clinic located on the second floor, staffed by multi-disciplinary treatment teams which provide over 22,000 outpatient visits per year. Patient care activities in the outpatient programs include psychiatric admissions, crisis service, diagnosis, specific medication clinics, and individual, marital,

family, and group therapies. An active outpatient Gero-Psychiatric Unit also exists at VASDHS. Outpatient programs for Post Traumatic Stress Disorder and Dual Diagnosis also exist. There is a 20 bed Spinal Cord Injury Unit, offering inpatient and outpatient services. There is also a Psychology presence in the primary care clinics, where interns serve the psychological assessment, treatment and consultation needs of two multidisciplinary teams.

The Psychology Service at the VASDHS, while moderate in size, represents one of the most academically oriented staffs in the Department of Veterans Affairs hospital system. Currently, there are 45 positions assigned to the Psychology Service, all of whom are available are resources for the Interns. These include 36 Ph.D. clinical psychologists, 4 psychology technicians, 3 vocational rehabilitation specialists, and 2 administrative support staff. Many of the major sub-specialties of professional psychology are represented on the staff, including clinical psychology, neuropsychology, geropsychology, marital and family therapy, alcohol treatment, behavioral medicine, trauma specialists, specialists in treating serious mental illness, and related psychology research. There are complete facilities at the VA for computer-assisted psychological testing and videotaping of therapy sessions and all medical records charting is done electronically.

Located approximately 12 miles from the main hospital, in Mission Valley, there are extensive medical facilities and mental health programs for outpatient care at the VA Outpatient Clinic, housed in a modern building which opened in November, 1998. Mental health programs located at the VA Outpatient Clinic include a Mental Health Clinic, the Family Mental Health Program, all three of our trauma programs (the PTSD Clinical Team, the OEF/OIF PTSD Clinic, and the Military Sexual Trauma Clinic), and the Behavioral Medicine Program located within the primary care clinic.

Interns have the opportunity to work in rotations at both the main hospital and the Mission Valley location.

VASDHS - Internship rotations within the main La Jolla hospital

Inpatient training opportunities exist primarily in the Alcohol and Drug Treatment Program. Otherwise, mainly outpatient rotations are available to the intern at the VASDHS.

1. Alcohol and Drug Treatment Program

The Alcohol and Drug Treatment Program (ADTP) offers a variety of programs and services for veterans, on an inpatient and outpatient basis, including group and individual therapy, psychoeducational lectures, couples therapy for veterans and their significant others, tobacco cessation, and the Substance Abuse/Mental Illness (SAMI) dual-diagnosis program. The 30-bed inpatient program is a 28-day intensive treatment providing educational and therapeutic activities for veterans. The outpatient program offers psychoeducational and therapeutic services for individuals who can benefit from a

less intensive yet equally structured treatment plan. The SAMI program was established for individuals with substance dependence and one or more co-existing Axis I psychiatric disorders. All ADTP programs include six-month to year-long aftercare, involvement of family and friends, and educational components. The ADTP rotation provides the opportunity for an intern to gain experience appropriate to her/his level of training in the area of alcohol and drug treatment using empirically supported cognitive-behavioral, interpersonal, mindfulness, process, and motivational enhancement approaches, as well as exposure to working within an interdisciplinary team setting. The internship rotation involves participation in various components of the ADTP depending on the trainee's interests and program needs. These opportunities include group therapy, long-term individual outpatient therapy, behavioral couples therapy, emotionally focused therapy, acceptance and commitment therapy, psychological assessment (e.g., diagnostic interviews, personality testing), group and individual tobacco cessation treatment, involvement in SAMI program activities, psychoeducational lectures, and clinical research training.

2. The Neuropsychological Assessment Unit

The Psychological Assessment Service at the VASDHS is comprised of four Ph.D. clinical neuropsychologists, a neuropsychology postdoctoral fellow, and three psychometricians. This rotation provides the intern with the opportunity to conduct neuropsychological evaluations on a wide range of patient populations, including neurological, rehabilitation, psychiatric, geriatric, and general medicine patients. Opportunities for assessment and cognitive rehabilitation for veterans of Iraq or Afghanistan with mild to moderate traumatic brain injury are also available. Interns are taught how to use the Boston process approach to interpret a wide range of assessment instruments (e.g., Boston Naming Test, Wechsler Memory Scale - III; California Verbal Learning Test - 2; Delis-Kaplan Executive Function System, etc.) Interns will attend the Neuropsychological Assessment Seminar twice a week. There are many opportunities to integrate research projects with clinical services.

3. The Mood-Sleep Clinic

The Mood-Sleep clinic is formally comprised of the Cognitive Behavioral Interventions Program and the Behavioral Sleep Medicine Program. The Clinic trains psychologists and other mental health professionals in cognitive-behavioral treatments for mood and sleep disorders (with or without mood comorbidities). The focus is on developing skills in cognitive-behavioral interventions, and developing a strong theoretical understanding of this empirically based approach to treatment. Interns are trained in a case formulation approach to cognitive-behavioral therapy, and in evaluating the effectiveness of clinical interventions. Training opportunities include: a) individual and group CBT for unipolar depression; b) individual and group CBT for bipolar disorder; c) individual and group CBT and mindfulness-based approaches to treating insomnia; d) individual and group interventions for nightmares; e) Dialectical Behavioral Therapy skills for mood disorders; and f) the use of semi-structured and structured clinical

interviews for assessing psychiatric disorders. The sleep disorders patients provide interns with exposure to patients with sleep difficulties as a primary diagnosis, as well as patients with a range of co-morbid diagnoses, including mood, PTSD, anxiety, and pain patients. Interns can also participate in the Dialectical Behavior Therapy (DBT) program for treating Borderline Personality Disorder. All interventions employed are empirically supported, and most have manuals for group and/or individual interventions. Supervision includes individual supervision, group supervision, team meetings, review of videotape sessions, didactics, and co-therapy. Interns are encouraged to develop both clinical and research interests related to this rotation (e.g., co-leading a group that is of particular interest to the intern, conducting outcome research).

4. Substance Abuse/Mental Illness (SAMI) Program

The SAMI Program is a dual-diagnosis specialty clinic within the Alcohol and Drug Treatment Program, providing outpatient treatment to veterans with substance use disorders as well as independent major psychiatric disorders (including depression, bipolar, PTSD, social/generalized anxiety, chronic pain, and schizophrenia). Interns participate as integral members of a multidisciplinary treatment team of psychologists, psychiatrists, and social workers to provide a range of empirically supported group treatments for dual diagnosis veterans. Specific interventions include cognitive behavior therapy, relapse prevention, motivational enhancement, acceptance and commitment therapy, dialectical behavioral therapy, social skills training, Seeking Safety and cognitive processing therapies for PTSD, smoking cessation, as well as general life coping skills and psychoeducation. Interns will also provide individual therapy and receive extensive ongoing training in diagnostic evaluations in both outpatient and inpatient settings.

5. Traumatic Brain Injury Cognitive Rehabilitation Program

The rotation within the Traumatic Brain Injury Cognitive Rehabilitation Program at the VASDHS provides the intern with the opportunity not only to conduct neuropsychological assessments but also provide cognitive rehabilitation to veterans of Iraq or Afghanistan with mild to moderate traumatic brain injuries. Opportunities are available for cognitive rehabilitation focused on compensatory strategies, family education, and other interventions. Supervision is provided in both group and individual contexts. Given the high rate of comorbid mental health, orthopedic, and other health concerns within this veteran group, this rotation provides interns with numerous opportunities for interdisciplinary interactions. Additionally, there are many possibilities to integrate research projects with clinical services.

6. Behavioral Medicine and Primary Care Mental Health Integration

This rotation is located in the primary care clinic at the VA Hospital in La Jolla. Responsibilities include leading or co-leading psychoeducational groups (e.g., pain, oncology, tinnitus), conducting mental health assessments, brief individual interventions and inpatient/bedside support services, providing consultation to other providers in

primary care and other specialty clinics, and giving lectures in the alcohol and drug treatment program. The intern will also have the opportunity to consult with oncology services and facilitate an ongoing, multidisciplinary psychosocial cancer support group. The intern will also conduct cognitive testing for patients undergoing organ transplant, amputee, and interferon evaluations. Typical patient problems include chronic medical conditions (e.g., diabetes, obesity), somatic symptoms (e.g., fatigue, pain), health-threatening behaviors (e.g., noncompliance) and mental health concerns (e.g. stress, depression).

7. Behavioral Medicine: Spinal Cord Injury

The Spinal Cord Injury (SCI) unit is a multidisciplinary inpatient and rehabilitation unit for Veterans with new and existing spinal cord conditions. The SCI psychology team provides a range of services, including inpatient assessment and interventions, behavioral management planning, psychosocial rehabilitation with newly injured spinal cord patients, outpatient consultations, and group treatments. The most common psychosocial concerns include depression and adjustment disorders, substance abuse, chronic pain, and cognitive impairment.

8. Behavioral Medicine: Pain and Weight Control

The VA Weight Control Clinic is a multidisciplinary clinic for Veterans with obesity (BMI > 30), and includes services for patients considering surgical treatments (e.g., bariatric surgery) and non-surgical options for weight loss. Psychology provides comprehensive intake assessments for patients being considered for weight loss surgeries, offer individual therapy and consultation services, participate in multidisciplinary rounds, direct intake classes for the clinic, and lead psychoeducation and support groups covering a variety of topics. Interns will spend 10 hours/week in this clinic.

The VA Anesthesia Pain Clinic is a multidisciplinary outpatient clinic comprised of physicians, nurses, and psychologists providing treatment for chronic pain. The psychology service provides a range of services for the clinic, including individual pain management and therapy services, directing pain management groups, completing evaluations for patients being considered for chronic opioid therapy, and carrying out pre-surgical evaluations for patients being considered for implantable pain devices. Interns in this rotation will also attend multidisciplinary rounds where they will provide case presentations for team discussion.

9. OEF/OIF Program

The Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Program at the VASDHS provides assessment and treatment of posttraumatic stress disorder (PTSD) and its comorbidities (substance use disorders, depression, other anxiety disorders, re-adjustment issues) in recently deployed veterans. The focus for trainees in the clinic is on developing skills in empirically supported interventions for these disorders, and

developing a strong theoretical understanding of empirically based approaches to treatment. Training opportunities include: a) the use of structured clinical interviews for assessing PTSD and its comorbidities; b) individual and group cognitive processing therapy for PTSD; c) individual prolonged exposure therapy for PTSD; d) motivational interviewing for PTSD and substance use disorders; and e) interventions to reduce guilt related to combat experiences. The Program is part of a multi-disciplinary team represented by psychology, psychiatry, and social work. Staff members interface with primary care, the polytrauma team, and other mental health providers to provide integrated care for the myriad of physical and mental health concerns of OEF/OIF veterans. The clinic continues to grow and evolve as we learn more about the needs and preferences of OEF/OIF veterans. Thus, the intern will have the opportunity to take part in program development and evaluation. Supervision includes both group and individual supervision, review of videotape sessions, didactics, and co-therapy. Interns are encouraged to develop both clinical and research interests related to this rotation (e.g., co-leading a group that is of particular interest to the intern, conducting outcome research).

10. The VASDHS Tobacco Cessation Program

The Tobacco Cessation internship rotation at the La Jolla VA Medical Center provides the opportunity for an intern to gain experience appropriate to her/his level of training in the area of tobacco use cessation treatment for individuals with comorbid psychiatric disorders using empirically supported cognitive-behavioral and motivational enhancement approaches. The Mental Health Tobacco Cessation Program, which is the focus of this rotation, provides group-based cessation treatment for Veterans receiving treatment for substance use disorders in our Substance Abuse Residential Rehabilitation Treatment Program (SARRTP), our outpatient Alcohol and Drug Treatment Program (ADTP) and for Veterans receiving treatment for psychiatric disorders in our mental health clinics. In addition, group-based motivational interventions are provided to encourage patients to address their tobacco use behaviors. Additional experiences available include individual counseling for smoking cessation and tobacco cessation groups with non-comorbid smokers.

11. Substance Abuse Rehabilitation and Recovery Program (SARRTP)

The Substance Abuse Rehabilitation and Recovery Program (SARRTP) at the La Jolla Medical Center is a 28-day residential treatment program for veterans with a wide range of substance use disorders. There are 30 beds on the unit, with 8 of the beds reserved for veterans with comorbid PTSD and substance use disorders. Depending on the trainee's interests and program needs, the SARRTP intern will gain skill and experience evaluating and treating veterans with substance use disorders in both group and individual settings using evidence-based treatments including cognitive behavioral, mindfulness, and motivational enhancement approaches as well as coping skills and psychoeducation. Specialized treatment such as exposure therapy is also offered to veterans with comorbid PTSD and substance use disorders with the goal of increasing veterans' understanding of PTSD, and readiness to engage in more intensive, evidence-

based PTSD treatment by the end of the program.

VASDHS - Internship rotations within the Mission Valley and Mission Gorge clinics

12. Posttraumatic Stress Disorder Programs

The VA San Diego Posttraumatic Stress Disorder Clinical Team (PCT), based in the Mission Valley outpatient clinic, provides empirically-supported assessments and therapies for veterans with Posttraumatic Stress Disorder (PTSD) and related symptoms (e.g., depression, anxiety, nightmares, guilt, and anger). The PCT serves all veterans who served prior to 1999 (e.g., Persian Gulf War I/Operation Desert Storm, Vietnam War, Somalia, Korean War, and World War II) who developed PTSD in response to combat or military accidents. This multidisciplinary team consists of psychologists, psychiatrists, a social worker, a nurse, a chaplain, and a pharmacist, and the team meets weekly to discuss new cases. For interns, the focus is on developing empirically supported assessment and treatment skills for working with a diverse veteran population. Interns will learn how to administer and interpret: (1) full psychosocial intake interviews (including trauma histories), (2) the major structured clinical interviews (e.g., the Clinician-Administered PTSD Scale and the Structured Clinical Interview for DSM), and (3) self-report questionnaires for PTSD and related symptoms. They will also learn the state-of-the-art individual and group treatments for PTSD, including Prolonged Exposure Therapy, Cognitive-Processing Therapy, Seeking Safety, and Relaxation Training. Interns can receive training in Dialectical Behavior Therapy as it applies to PTSD as well. Interns may also participate in research as a therapist in a randomized clinical trial for older veterans with PTSD, and they will learn about other treatment studies in the clinic using video telemedicine (like video conferencing) to provide psychotherapy. Interns will benefit from group and individual supervision, including a review of videotaped sessions, and a weekly seminar on PTSD and related conditions.

13. Military Sexual Trauma (MST) & Women's Posttraumatic Stress Disorder (PTSD) Recovery Clinic

Activities in the MST Clinic include screening, educating, assessing and treating male and female veterans who are experiencing psychological distress primarily related to MST. The clinic also serves men and women who are affected by other interpersonal trauma. The MST Clinic also is tasked with awareness raising and education efforts to increase the MST screening rate throughout the VASDHS; to inform veterans and VA, military and community providers about sexual trauma sequelae and treatment; and to improve outreach and facilitate access to services for veterans who have experienced MST. The Clinic engages in ongoing research efforts aimed at increasing knowledge about the population served, uncovering risk and resiliency factors of posttraumatic distress, identifying treatment outcome predictors, and developing and testing

interventions addressing the unique presentations of distress identified in MST survivors. Direct clinical duties of the intern will include providing assessment, psychoeducation, and individual and group psychotherapy. The intern will work in a multidisciplinary setting where treatment planning includes consultation with professionals and trainees from psychology, psychiatry, pharmacy, social work, and primary care, among others. Training in assessing PTSD using standardized interviews (e.g., CAPS, SCID) and in providing empirically supported treatments for PTSD (e.g., Prolonged Exposure [PE], Cognitive Processing Therapy [CPT], Seeking Safety [SS], Acceptance and Commitment Therapy [ACT]) will be an important part of this rotation. Didactic and supervision opportunities include weekly one-on-one supervision, weekly treatment protocol training and consultation meetings, a PTSD Seminar, and the MST Clinic Team meeting. The intern will give formal case presentations at these meetings and will have the opportunity to be involved in the education and research efforts of the clinic, time allowing.

14. General Behavioral Medicine

This rotation is located at the VA Mission Valley Outpatient location. Responsibilities include leading or co-leading 2 psychoeducational groups per week (e.g., pain, emotional eating, diabetes), conducting behavioral and mental health assessments and brief individual intervention, providing consultation to other providers in primary care and other specialty clinics, and giving lectures in multidisciplinary hypertension, tobacco cessation, and weight control programs. The intern also has the opportunity to perform pre-transplant and interferon evaluations. Typical patient problems include chronic medical conditions (e.g., diabetes, obesity), somatic symptoms (e.g., fatigue, pain), health-threatening behaviors (e.g., noncompliance) and mental health concerns (e.g. stress, depression). Primary treatment approaches include cognitive-behavioral therapy (CBT), acceptance and commitment therapy, and motivational interviewing.

15. Family Mental Health Program (FMHP)

The Family Mental Health Program specializes in providing conjoint therapy for relationship distress. Referrals to the FMHP are received from throughout the VASDHS. All types of cases are evaluated for treatment potential, including couples and families coping with major psychiatric disorders (e.g., major depression, substance abuse recovery, schizophrenia, dementia, personality disorders, phobias, etc.), interpersonal conflict (e.g., domestic violence, child abuse, step-parenting issues, marital dysfunction) and medical problems (e.g., cancer, cardiac disease, diabetes, HIV infection, etc.). The program features an evidence-based approach to assessment and treatment, integrating behavioral/cognitive-behavioral, emotionally-focused, and systems approaches. Interns function as co-therapists with other mental health providers or as independent therapists when appropriate to their level of training. Patients and their families are seen both at the main VA hospital and a separate location in Mission Valley.

16. Psychosocial Rehabilitation and Recovery Center (PRRC)

The PRRC provides evidence-based psychosocial rehabilitation services to veterans with psychotic disorders in inpatient and outpatient settings at the VASDHS. Group and individual psychotherapy is provided using state-of-the-art psychoeducation, motivational interviewing, cognitive-behavioral therapy (CBT), social skills training, illness management and recovery, dual-diagnosis and supportive employment interventions delivered in the context of a rehabilitation and recovery model. Opportunities to participate in clinical research trials of manualized psychotherapy interventions, and diagnostic evaluation and psychological and neuropsychological assessment are also available. Interns participate in these clinical and research activities at the La Jolla VA Hospital (inpatient and outpatient) and at the Mission Gorge Clinic, where most PRRC are services are delivered in a community setting. Interns will develop a strong theoretical understanding of empirically-based individual and group psychosocial approaches to treating psychosis, with an emphasis on the recovery model. Interns are encouraged to develop both clinical and research interests related to this rotation.

17. Primary Care Mental Health Integration

Services are provided at the VA Mission Valley Outpatient location within the primary care clinic. The intern is a part of a collaborative multidisciplinary team with primary care physicians and nurses providing mental health and behavioral interventions. Responsibilities include conducting behavioral and mental health assessments and triaging to other specialty mental health clinics; providing consultation to medical providers in primary care for mental health/behavioral issues in their patients; brief individual and couples' therapy focused on mental health concerns such as depression, anxiety, substance use disorders, relationship issues, improving behavioral management of health, stress, and sleep. Therapy modalities used are all empirically supported and include Motivational Interviewing, Acceptance and Commitment Therapy, Mindfulness Based Cognitive Therapy, Cognitive Behavioral Therapy, and Problem Solving Therapy. The intern will also have the opportunity to co-lead psychotherapy groups: an Acceptance and Commitment Therapy group for depression and a mindfulness-based stress management group teaching skills from the Dialectical Behavior Therapy skills manual.

B. UCSD OUTPATIENT PSYCHIATRIC SERVICES

The UCSD Outpatient Psychiatric Service is the primary outpatient psychotherapy and psychosocial rehabilitation training site in the Department of Psychiatry for psychiatric residents, psychology students and interns, social work and marriage and family therapy interns and medical students. It consists of three distinct clinical services: 1) the Gifford Clinic, a public mental health service; 2) the Co-Occurring Disorders Integrated Treatment and Research Program; a publicly funded specialty service and 3) Psychiatric Associates, a private practice model mental health service. Over 2,000

patients from diverse socioeconomic, cultural and ethnic backgrounds are served annually.

18. UCSD Outpatient Psychiatric Services rotation

Interns selected for this service are provided a rich variety of clinical learning opportunities with supervision from a multidisciplinary group of experienced faculty and staff whose primary mission is clinical training. Interns work within the Gifford Clinic, a publicly funded outpatient mental health and psychosocial rehabilitation service. Interns evaluate two new patients a month, provide triage and crisis intervention on the Walk-In Service and provide care coordination, individual, couple and group psychotherapy. Each intern co-leads at least one psychotherapy group using evidence based group interventions such as Dialectical Behavior Therapy (DBT), Seeking-Safety and CBT for anxiety, depression and psychotic disorders. Interns work closely with psychiatric faculty and residents regarding psychopharmacologic treatment of their patients. Interns may also have the opportunity to work within the private Intensive Outpatient Programs for individuals with Borderline Personality Disorder and/or Co-Occurring Substance Abuse and other Mental Disorders. Experiences would include evaluation, individual and group psychotherapy utilizing Dialectical Behavior Therapy approach and other evidence based practices.

As part of the overall internship assessment requirement, interns conduct 4 integrated assessments over the year combining neuropsychological and personality assessment. They also learn to incorporate assessment measures into their initial patient evaluations and as a means to evaluate outcomes. Interns collaborate with psychiatric residents in an integrated case presentation for Departmental Professor's Rounds.

The educational experience includes weekly individual supervision using videotapes and audiotapes, participation in a weekly multidisciplinary evaluation team, weekly group supervision on assessment, a weekly clinical seminar focused on issues in psychotherapy and treatment of personality disorders and a weekly DBT consultation group for those involved in that program. All interns are encouraged to attend the Department of Psychiatry weekly Grand Rounds and other lectures and workshops sponsored by the Department.

C. UCSD CHILD PSYCHIATRY DEPARTMENT AT RADY CHILDREN'S HOSPITAL

Rady Children's Hospital and Health Center is the major comprehensive pediatric health care facility for San Diego County. Rady Children's Hospital has had a long standing relationship as a teaching facility for the Child Psychiatry division of UCSD Department of Psychiatry. It is located about six miles southeast of the UCSD Medical School and VA Medical Center in La Jolla. It is also equidistant between the downtown UCSD Medical Center and the UCSD Child and Adolescent Psychiatry Service (CAPS).

There are 200 beds at Rady Children's Hospital for acutely ill inpatients as well as extensive outpatient services in more than 37 specialized clinics. As part of the affiliated divisions of Rady Children's Hospital and Health Center, the Children's Outpatient Psychiatry Clinic serves diverse needs of children and their families from San Diego and Imperial Counties as well as from the hospital. The clinic is the largest provider of county funded outpatient services for youth and also serves as a teaching facility for clinical psychology training, general psychiatry residents, fellows in Child Psychiatry, and graduate students in social work and counseling.

19. UCSD Child Outpatient Psychiatry rotation

In the Children's Outpatient Psychiatry Clinic placement, interns gain experience in diagnostic evaluation, psychological testing, individual, group, and family psychotherapy, parent education and training, and psychiatric consultation/liaison services. Interns will gain experience with a diverse patient population, ranging in age from toddlers through adolescents and presenting with a variety of diagnoses, including disruptive, mood, anxiety, substance abuse, and developmental disorders. The patient population is also diverse in terms of socio-economic status, race/ethnicity, and family composition. Interns will collaborate with an interdisciplinary "Treatment Team" coordinating the care of all families receiving services. Interns also provide psychiatric consultation/liaison services for medical patients at Rady Children's Hospital, including crisis intervention, pain evaluation and management, parental education and training regarding needs of chronically ill children, and evaluation of suicide risk. The theoretical orientations of the faculty and staff in the clinic are eclectic. Exposure to, and supervision in, cognitive behavioral and behavioral interventions including parent training, family systems, humanistic, and psychodynamic approaches, is provided in the context of an understanding of developmental psychopathology. Depending on the patient characteristics and funding mechanisms, some patients and families receive intensive short term treatment, whereas others may remain in treatment for more than one year. Work with the families often includes case management and community liaison activities, including interaction with child protective services, family or juvenile courts, other health care providers, and the school systems.

In addition to individual and group clinical supervision, interns participate in a variety of didactic and professional development activities within the Division of Child and Adolescent Psychiatry at UCSD. These include Grand Rounds presentations, Consultation/Liaison seminar, forensic seminar, case conferences, journal club meetings, and staff in-service training sessions. On alternate years a neuropsychiatry seminar is also available.

D. UCSD CHILD AND ADOLESCENT PSYCHIATRIC SERVICES - (CAPS)

UCSD CAPS is a licensed inpatient unit that provides empirically supported psychiatric and psychological treatment to a largely under-served population of children and adolescents. CAP is part of the UCSD Medical Center and is currently located about 15

minutes from the San Diego VA Hospital and about 15 minutes from Rady Children's Hospital. It is an integral part of a broad system of healthcare and is an important component of the Department of Psychiatry, both at UCSD and at Children's Hospital.

CAPS is an outstanding academic and clinical center of excellence in patient care, scholarship and teaching. The multidisciplinary treatment team provides comprehensive services to emotionally disturbed children and adolescents between the ages of two and eighteen. As its goal, CAPS offers state of the art interventions which include both biological and psychological treatments. All intervention strategies reflect empirically based, humane, responsible and progressive techniques. Aside from patient care activities, CAPS is also a teaching venue for doctoral interns and practicum students in clinical psychology as well as fellows in child psychiatry, residents in adult psychiatry and medical students electing rotations in child and adolescent psychiatry. The multidisciplinary treatment team includes psychiatrists, psychologists, pediatricians, fellows in child/adolescent psychiatry, social workers, nurses, pharmacists and educators.

20. UCSD CAPS rotation

The psychology internship at UCSD CAPS is designed to provide interns with hospital-based experience in the comprehensive assessment and treatment of children, adolescents and their families. Children/adolescents admitted to CAPS typically have histories of emotional disturbance complicated by a variety of psychosocial stressors, such as physical/sexual abuse, abandonment, in utero exposure to drugs and alcohol, family histories of substance abuse and psychiatric disorders and legal problems. Nearly all youngsters admitted to the facility have one or more major psychiatric disorders. Length of stay is variable but often averages 1 week. A multidisciplinary treatment team meets weekly to develop a comprehensive treatment plan that includes individual, family and group therapy as well as pharmacological intervention, nursing care, and occupational and recreational therapy. Active involvement of the family is strongly encouraged and extensive contact with community and social service agencies to plan after care services augment the internship training experience. In addition, psychology interns provide assessment services including intellectual, achievement, neuropsychological and personality evaluations. All interns will train under the guidance of a licensed psychologist but will participate as active members of a multidisciplinary treatment team. Each intern will have experience working with both children and adolescents.

E. UCSD MEDICAL CENTER, HILLCREST

UCSD Medical Center, Hillcrest, is a modern 440-bed full-service teaching and research facility. The Medical Center is located near the Downtown area of San Diego, about 20 minutes by car from the main UCSD campus in La Jolla. The UCSD Medical Center is a rich environment which offers exposure to state-of-the art treatment and research

opportunities and participation in educational opportunities in the area of psychology/psychiatry and other related specialties.

UCSD MEDICAL CENTER rotations

Two positions in the Behavioral Medicine cluster have rotations at the UCSD Medical Center (see 19-21, below). Both interns in these positions will spend half of their time at their VA sites (see Appendix D), and the other half of their time at UCSD Medical Center sites. For one intern, the Medical Center rotation will be located in the UCSD Pain Clinic. For the other intern, the rotation will include the UCSD Burn Center and the UCSD Moore's Cancer Center. The Pain Clinic, Burn Center, and Cancer Center are described below.

21. UCSD Medical Center Pain Clinic

The intern in the UCSD Center for Pain and Palliative Medicine (at the UCSD Thornton Hospital in La Jolla) will play a central role in a multidisciplinary treatment team. The clinic is under the auspices of the Department of Anesthesiology and the patient population represents a fairly wide range of chronic pain diagnoses.

The bulk of intern time (probably 75-90%) in the clinic will be devoted to initial assessment and consultation on patients. This will include:

- 1) Pre-procedure psychological evaluations of patients being considered for invasive surgical techniques (including intrathecal pump and neurostimulator implant procedures);
- 2) Chronic opiate psychological evaluations intended to provide input to the attending physicians who are making recommendations to primary care providers for long-term management of chronic pain conditions;
- 3) General psychological evaluations of patients with co-morbid psychiatric issues, substance abuse problems (both prescription and illicit), and other behavioral and coping-related issues.

All evaluations include a short battery of self-report questionnaires with which the intern will become familiar through the year, and interns are encouraged to supplement these measures with more extensive personality or neuropsychological tests when the case warrants it. Interns will also have the opportunity to participate as a co-facilitator of ongoing Pain Management psychotherapy groups, to periodically work on a short-term basis with patients in individual psychotherapy, and to become involved in clinical research. The multidisciplinary treatment team meets once per month for one hour to review the cases of patients seen by our service, and interns are expected to present their cases to the team and facilitate discussion of relevant issues. In addition, interns will be expected to consult on cases as needed with the multidisciplinary pain clinic team.

22. UCSD Medical Center Burn Clinic

The UCSD Regional Burn Center is located at the UCSD Medical Center in Hillcrest on the 5th floor. The intern at the UCSD Burn Center will work primarily with adult and child inpatients and their families in the 8-bed Intensive Care Unit or the 10-bed Special Care Unit (step down from ICU).

Roles consist of (1) psychological assessment to assess for psychiatric disorders and past or current substance abuse problems, (2) use of various interventions and provision of support for patient and families in coping with physical injuries and treatment (including behavioral interventions to assist patient with acute pain, emotional/cognitive/behavioral responses to traumatic experience, discussion of body image concerns, brief motivational interviewing for substance use-related injuries), and (3) providing recommendations to multidisciplinary staff to enhance outcomes of working with the patient and his/her family. The intern will also participate in weekly Thursday morning rounds. The intern will learn extensively about burn care and the physical and psychological effects of burn injury. As part of the Medical Center Psychiatry consult-liaison team, the intern will gain experience in rapid psychiatric and psychological assessment and formulation of treatments recommendations for medically ill patients with psychiatric symptoms. Interactions with patients can be as brief as a one-time meeting or twice weekly follow-up with the patient and his/her family lasting up to a few months depending on the extent of the injury. In addition, the intern will learn how to work closely with other medical disciplines, combine assessment and brief intervention in the span of a few sessions, and tailor your recommendations to fit with the fast-paced trauma care environment. The intern will be at the Burn Center two half-days per week. Additionally, the intern will have the opportunity to assist in supervising practicum students who are working at the Burn Center.

23. UCSD Moore's Cancer Center

The intern in this rotation will play a central role in the fast-growing "Patient and Family Support Services" program of this NCI-designated Comprehensive Cancer Center. Working as part of a team consisting of social workers, psychiatrists, psychology practicum students, and licensed psychologists, the intern will primarily focus upon providing brief assessment, individual psychotherapeutic intervention, and therapy/support group facilitation. This rotation will also include overseeing a Smoking Cessation Consultation Service based upon a Motivational Interviewing model. Interns attend twice-monthly psychosocial rounds meetings, a monthly psycho-oncology seminar series, and weekly group supervision (including both psychology and social work trainees, with a rotating faculty of supervisors). In the course of the year, the intern will also have the opportunity to take on some supervisory duties in working with practicum-level students also providing services in the Cancer Center. Since the UCSD Center for Mindfulness is housed in the Cancer Center, the intern will have the opportunity to be exposed to mindfulness- and acceptance-based interventions and supervision.

24. UCSD Medical Center, Senior Behavioral Health (SBH).

SBH is a voluntary, inpatient, geriatric psychiatry unit located at the UCSD Medical Center in Hillcrest on the 7th floor. As an intern at SBH, you will work with elderly adults suffering from a variety of neurologic illnesses (e.g., dementia, stroke) and psychiatric conditions (e.g., depression, psychosis, bipolar disorder).

Roles consist of (1) conducting inpatient neuropsychological assessment to identify cognitive decline and assist in the diagnosis of dementia or other neurologic conditions; (2) providing recommendations to multidisciplinary staff to maximize treatment outcomes and develop effective staff interventions; (3) leading a weekly Connections Group geared toward helping patients manage diverse issues such as disease-related stress, age related losses, or other psychosocial stressors. You will also participate in treatment team rounds on Monday, Wednesday, and Friday mornings. In addition to working with inpatients, you will also conduct one weekly outpatient neuropsychological assessment, and have the opportunity to provide direct feedback to patients and families.

On this rotation, you will learn extensively about psychiatric and neuropsychological issues in the geriatric population, and be exposed to a myriad of medical and social issues important in the care of geriatric patients. In addition, you will learn how to work closely with other disciplines (psychiatry, social work, internal medicine, nursing, occupational therapy) in creating a comprehensive plan for each patient's care after discharge.

25. UCSD Medical Center Neuropsychological Assessment Program

This rotation is ideal for those who have trained in neuropsychology and want to further develop their skills in the use of integrating standardized neuropsychological testing results, as well as specialized neurobehavioral examination techniques. Interns will develop interpretative and consultative skills that are necessary to evaluate individuals with cognitive, central nervous system and medical disorders. At the UCSD Medical Center we offer neuropsychological services in support of the various medical services at hospital. Consequently the interns are exposed to a variety of patient populations.

UCSD Transplantation program: There are three solid organ transplant teams and we evaluate over 250 patients per year - Heart/Lung, Kidney/Pancreas, and Liver.

UCSD Comprehensive Epilepsy Center: Interns conduct pre- and post-operative neuropsychological assessments with epilepsy patients, including intracarotid amytal procedures (aka. Wada procedures) and intraoperative language mapping (where we assist the neurosurgical and neurology teams in the operating room.)

General Neuropsychology Service: We provide comprehensive assessment from a broad range of referral sources including neurologists and primary care physicians, occupational medicine and insurance companies.

Forensic assessment: The faculty are often involved in a variety of forensic assessments that include civil proceedings, independent medical evaluations, workers compensation, fitness for duty, and competency assessments. Interns have an opportunity to participate in these assessments, as well.

Supervision includes at least one hour of individual supervision in addition to weekly group supervision, weekly Neuropsychology Clinical Training Seminar, and a host of other possible opportunities (Transplant Rounds, Transplant Selection Committees, Epilepsy Case Discussions, Brain Pathology (brain autopsies with neuropathology), Psychiatry Consultation/Liaison, and Psychiatry Grand Rounds. The weekly Neuropsychology Clinical Training seminar covers training in neuroanatomy, neurobehavioral syndromes (e.g., visual field deficits, aphasia, alexia, agnosia, etc.), and neurobehavioral injuries (e.g., cerebrovascular accidents, multiple sclerosis, traumatic brain injuries, HIV, dementia, Parkinson's Disease, Huntington's Disease and more). This neuropsychology training format is consistent with the Houston Guidelines.

F. UCSD EATING DISORDERS (ED) PROGRAMS

Interns in the Eating Disorders (ED) Program at UCSD will have an opportunity to both participate in treatment of patients as well as assist in developing new treatment strategies. Our objective is to foster interns who approach their clinical work with an inquisitive, investigative and empathic attitude and are competent to function exceptionally as clinicians. The program is based on the scientist-practitioner model.

26. Intensive Outpatient Program for Eating Disorders rotation

Interns selected for this service will work with a team of multidisciplinary professional staff. This group will incorporate results from empirical science into the treatment approach for eating disorders. Interns will have the opportunity to receive specialized training in the assessment and treatment of anorexia and bulimia nervosa, as well as more general concerns with weight and/or physical appearance. Interns will have the opportunity to work with teens as well as adults. Treatment is multidimensional and may involve combinations of comprehensive assessments (including specialized eating disorder questionnaires and neuropsychological testing), individual, group, family, and couples psychotherapy. The intern will carry a caseload of approximately 5 individual eating disorder clients and co-lead treatment groups throughout the training year. Interns will also be able to further develop their skills in report-writing. Furthermore, interested interns will have the opportunity to participate in ongoing research opportunities, including treatment studies, and genetic and brain imaging studies. Interns will train under a licensed psychologist but will also collaborate with a multidisciplinary treatment team. Interns will learn about the interface of psychotherapy

and psychopharmacology and their integration in individualized treatment. Interns will evaluate the efficacy of their work with clients on an ongoing basis with their supervisors and will review the current literature for guidance about which treatment strategies are best suited to particular problems.

SECTION II

INTERNSHIP POLICIES AND PROCEDURES

This section presents our current policies regarding a number of common issues affecting internships.

Qualification Standards

Only applicants from APA-approved doctoral programs in clinical or counseling psychology will be considered. Interns are expected to have completed at least three years of doctoral study before beginning the internship year, including at least 1,000 clinical practicum hours. Students should also have proposed their dissertation before applying to this internship. Furthermore, only students who have completed their department's practicum requirements and whose department indicates that the student is ready for a pre-doctoral internship should apply. Our internship program trains doctoral candidates to function as autonomous psychologists in health care settings which place a strong emphasis on teaching and research, using the Boulder, scientist-practitioner model. As such, we attempt to recruit students with balanced experiences in both clinical and research domains rather than students with predominantly clinical professional focus. The majority of our Interns develop careers that include a research component.

The Internship Program is fully accredited by APA. To confirm status contact APA at the following address:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, N.E.
Washington, DC 20002-4242
Phone: (202) 336-5979
Fax: (202) 336-5978
Email: apaaccred@apa.org

Application Procedures

The internship year begins on July 1, 2012. The application deadline is October 31, 2011. By December 15, 2011 a select number of applicants will be invited for a full day of interviews January 4-6 and 9-10, 2012. Serious candidates are strongly encouraged to visit San Diego if selected for an interview. Applicants who are unable to schedule a personal interview may be interviewed by phone.

Interested students can obtain specific application instructions for our training site by visiting our website: <http://psychiatry.ucsd.edu/psychology/Internship.html>

Starting 2009, applicants will complete and submit the AAPI Online to internship programs of interest. The AAPI can be completed at <http://www.appic.org>. In addition, the usual application packet (cover letter, CV, letters of recommendation, DCT verification of AAPI, graduate transcripts, and program specific application) will all be submitted through the online application portal.

Applicants are asked to rank order up to two clusters that define their primary interests, and to choose up to two specific Positions within each cluster for which they wish to apply (see Appendix D for Clusters and Positions).

If you have questions about the application procedures, please call or email our Internship Coordinator:

Phone: (858) 642-3944
Email: pinterns@ucsd.edu

Selection of Interns-APPIC

The UCSD/VA Psychology Internship Training Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). Offers are tendered to applicants through the APPIC National Computer Match process in strict compliance with APPIC policy regarding internship offers and acceptances. Instructions for the APPIC-MATCH Procedures can be found on the APPIC Web Site at www.appic.org/match. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant. (There will be early notification to any applicants who are not included in the match by UCSD.) Applicants are similarly expected to conform their behavior to the requirements of the APPIC program. All participating agencies of the UCSD Psychology Internship Program are Equal Opportunity Employers and we encourage ethnic minority applicants.

Supervision

At the beginning of the internship year, the Psychology Internship Training Committee assigns each intern two primary supervisors, one for each rotation within their Position. These supervisors are responsible for the direct training of the intern throughout the year. Responsibilities of the primary supervisors are to: (1) review the intern's previous training, identifying areas of strength and weaknesses; (2) utilize this information in organizing intern's training activities; (3) insure that the intern has a rotation supervisor for every activity and that supervision is occurring; (4) make appropriate reports or convey requests to the Psychology Internship Training Committee; (5) meet with the intern each week to review the progress of the intern's training; (6) fulfill all other duties described. It is the intern's responsibility to confer regularly with the supervisors. In some instances primary supervisors may be changed during the year if faculty leave the

program or a change proves advantageous for the intern.

In addition to the primary supervisors, each intern will likely have several other rotation supervisors assigned to him or her during the course of the year. Rotation supervisors are senior psychologists assigned to the unit on which the intern is rotating. Additional specialized supervision may also be provided by psychologists who are active clinicians in the community but are not directly assigned to the rotation unit. Primary supervisors, rotation supervisors and community supervisors all assume direct responsibilities for teaching, instructing, observing, and otherwise maintaining supervision for specific clinical training activities. All supervisors have faculty or staff appointments in the Department of Psychiatry, UCSD.

Training Methods

In helping interns acquire proficiency in the core competency areas noted previously, a training approach is used in which internship learning objectives are accomplished primarily through experiential clinical learning under the supervision and mentoring of licensed psychologists. All work performed by interns during the internship year must be under the supervision of a licensed psychologist. Interns work with and are supervised by psychologists who serve as consultants to medical staff members or who serve as members of multidisciplinary teams in treatment units or programs. As a consultant or team member under supervision, the intern's core competencies are developed and the intern learns to gradually accept increasing professional responsibility. Interns are given a wide range of experience in psychological treatment and assessment modalities provided by the service. The internship is primarily learning oriented and training considerations take precedence over service delivery. Since interns enter the program with varying levels of experience and knowledge, training experiences are tailored so that an intern does not start out at too basic or too advanced a level. Generally, an intern's training on a given rotation will follow a progression from observation to increasingly autonomous, albeit monitored and supervised, activity. This progression might typically include:

- 1 Observation of the supervisor performing assessments, intervention or consultation;
- 2 Simulated practice of specific skills;
- 3 Assessment or therapy conducted jointly by the intern and supervisor;
- 4 Supervisor directly observing intern performing assessment or intervention with patient;
- 5 Audio or video taping of intern assessment or therapy sessions for subsequent review in supervision;
- 6 Intern gives written or verbal summaries of clinical activities in supervision.

Essentially a developmental approach to experiential clinical learning and supervision is utilized. Interns receive a minimum of four hours of supervision each week. Each intern receives at least two hours of individual supervision each week: An hour or more by each by their major rotation supervisors and one to three hours of group supervision. Many interns receive more supervision hours than this through "drop in" supervision, etc. In addition to the core competency areas, supervisors also teach and provide supervision to interns in specific methods of assessment and treatment approaches, depending on the particular rotation and particular supervisor. Complementing basic individual and group supervision, through the process of working closely with a number of different supervisors, interns are also exposed to role modeling and mentoring on an ongoing basis.

Competency Model of Evaluation

The basic goal of our internship program is to promote the professional development of interns in each of the core competency areas so that interns are ready to assume the responsibilities of a postdoctoral fellow or entry level doctoral psychologist position. Most people in the general public who utilize psychological services and most professionals in psychology would agree that a primary outcome of professional education and training in psychology is the preparedness of graduates to function in the profession. To assist in our internship training and evaluation process, and to document the attainment of basic core competencies, overall competency ratings and specific objective ratings within each domain are completed for each of the following six domains: (1) Assessment, Diagnosis and Consultation, (2) Intervention and Treatment, (3) Supervision, (4) Professional and Ethical Behavior, (5) Cultural Diversity, and (6) Scholarly Inquiry. Based on Falender and Shafranske (2004; Clinical Supervision: A Competency-Based Approach, Washington, DC: APA), the methodology we use to both evaluate and integrate competency into the curriculum consists of (a) clearly articulated training objectives that are defined by specific quantifiable descriptors of expectations for each developmental skill level for each of our six core competency domains; (b) a ratings form for the beginning of the year prior to the start of training, mid-year evaluations, and end-of-the-year evaluations of each defined competency in both self-report and supervisor report; and (c) a training plan that lays out the specific training activities and expectations that address the specific training needs of each intern. Interns complete a self-assessment of the six core competencies at the beginning of the training year. Strengths and weaknesses that emerge from this self-assessment are discussed with primary supervisors in developing a training plan for the internship year. Interns complete self-evaluations and supervisors complete competency evaluations of interns at mid-year and end-of-year points for each major and minor rotation. We use a developmental rating scale that is intended to reflect progression toward becoming an independent psychologist. Level 1 is expected of beginning practicum students, but some interns may enter internship training at this level for some domains. Level 2 is where practicum students are expected to be at the end of their graduate program, and where pre-doctoral interns are expected to begin

their internship year in most domains. Although Level 2 is expected of incoming interns, Level 2 ratings are not usually given until an intern is observed and evaluated by the supervisor, typically at the end of the first evaluation period. Level 3 is the competency level expected of pre-doctoral interns at the end of the internship year, and is where entry level doctoral psychologists seeking post-doctoral supervision towards licensure are expected to be at the beginning of their post-doctoral training. Level 4 represents the practice competence of independent psychologists who are licensed. Level 3 is the minimum level of competence expected and required of interns by the end of the internship in at least 80% of the specific competencies.

In addition to the ongoing feedback and evaluation which is a natural part of the supervision process, each intern receives formal, written evaluation ratings from each of his/her primary supervisors at the midpoint and at the completion of each training year. The mid-point evaluations are intended to be a progress report for interns to increase self-awareness and awareness of supervisor's perceptions, discrepancies between intern self-ratings and supervisor ratings, and to help the intern focus on specific goals and areas of work for the second part of the rotation. Interns are requested to provide a written evaluation of each supervisor at mid-year and upon completion of the rotation. This and the supervisor's evaluation of the intern are discussed by the intern and supervisor to facilitate mutual understanding and growth. Copies of the intern's and the supervisor's mid-year and final rotation evaluations are forwarded to the Training Director. Intern evaluations will be forwarded to the Director of Training at the intern's graduate school.

To successfully complete the internship, interns are expected to demonstrate an appropriate level of professional psychological skills and competencies in the core areas described in the section on the Objectives and Goals of the Internship Program. Interns will be certified as having completed the internship at UCSD with the concurrence of individual supervisors and the Psychology Internship Training Committee. Interns successfully completing the training program will be issued a certificate of internship completion consistent with APA guidelines.

Office Hours and Vacation Policy

The general office hours for the internship cover Monday through Friday. Interns are generally expected to work 45 hours/week. However, the intern's professional responsibilities may extend the work week beyond its customary 45 hours on some rotations. Additionally, some rotations require evening clinics on one night of the week. Interns and supervisors will negotiate the exact schedule to meet the needs of the clinic and the intern. Since time required for documentation varies greatly across interns, an average amount of time sufficient for an intern to complete documentation on any given rotation shall be built into the typical work day. If an intern requires greater than an average amount of time for documentation, the intern is expected to complete documentation beyond the typical 45 hours/week, rather than sacrifice other rotation responsibilities. In this case, a plan will be developed with the supervisor to help the intern increase the efficiency of documentation.

There are a total of 20 leave days allowed per year, for ALL personal absences (i.e., vacation, sick leave, dissertation defense, conferences, etc.). Interns must reserve 4 of these personal days until his/her dissertation is defended. This will help ensure adequate time is available to return to the home university for the defense.

Interns must formally request leave at least 30 days in advance from both primary supervisors. Supervisors and the intern must sign advance leave slips BEFORE leave is approved. This is necessary for planning for coverage.

An exception to the ADVANCED SUPERVISOR APPROVAL rule would be a true emergency (i.e., a death in the family). Emergency leave would count against the 20 days total.

The Internship Program Assistant is responsible only for keeping track of approved leave. Quarterly reports are issued to the Directors and intern's primary supervisors, so they can be aware of accumulated leave taken.

No leave is allowed in June, July or during interview week in January. Requests for brief leave for exceptionally special purposes during these times will be considered, but only with advanced approval, as above.

Any leave taken outside of the above procedures would be subtracted from the 20 days. There are no exceptions or extensions to the 20 day leave policy.

In addition to these 20 days of leave, regularly scheduled holidays and those designated by appropriate administrative authority are available to the interns. Where federal and state authorized holidays differ, the intern will be given the holiday appropriate to the major rotation (federal or state facility) on which he or she is assigned that particular holiday. Typically, interns are given 13 paid holidays.

Requirements for Completion of the Internship

To successfully complete the internship, interns are expected to meet the following requirements:

1) 2080 Hours: The internship requires one year of full-time training to be completed in no less than 12 months. Interns must complete 2080 hours of supervised on-duty time during the internship year. Interns have the option of completing additional hours beyond the 2080 hours to meet certain states' licensing requirements.

2) Patient Contact: Each intern is expected to average 24 hours each week minimum in direct patient contact. These minimums may, at times, be exceeded. For this requirement, direct patient contact includes only "face to face" contact with patients for any type of group or individual therapy, psychological testing, assessment activities, or

patient education. Successful completion of the internship requires a minimum of 1200 hours of direct patient contact.

3) Psychotherapy: In major rotations in which treatment is a significant element, interns will typically be expected to be involved in at least one form of intervention. Most major rotations offer opportunities for group therapy. If the rotation offers individual therapy, interns will be expected to carry at least three individual psychotherapy cases. On some rotations it may be possible to substitute a family or couples therapy case for a therapy group or individual patient. On neuropsychological assessment rotations, psychotherapy activities are not expected, although interns on these rotations participate in psychotherapy activities on their other rotation.

4) Psychological Assessment: Interns must complete a minimum of 8 comprehensive assessment reports. Interns on neuropsychology rotations will complete over 40 assessments. These assessments must be based on data integrated from multiple sources and must include written reports with diagnostic impressions and recommendations. Assessments based solely on interviews or single tests do not meet this requirement. In meeting this requirement, each intern must develop and demonstrate proficiency in the administration, scoring, and interpretation of the WAIS-III or WASI, MMPI-2, and/or other cognitive personality, or specialized tests (e.g. achievement, aptitude, neuropsychology or vocational) relevant to their rotation(s).

5) Didactic Training: Interns are required to attend weekly Psychology Internship Seminar Series presented by department faculty members and are encouraged and often required to attend inservice conferences and other didactic presentations associated with their rotations.

6) Case Presentations: In addition to informal case presentations made in group supervision, interns are required to present one psychotherapy/counseling case or one assessment/diagnostic case as part of the Psychology Internship Seminar Series in order to demonstrate competency in these areas (See Evaluation Section). As part of each case presentation, the intern should review and discuss research literature relevant to that case.

7) Competence in Clinical Activities: At the end of each rotation, in the judgment of his/her supervisor and the Training Directors, each intern must have achieved a satisfactory level of competence. To successfully complete the internship, interns must meet minimal competency requirements [Level 3] in 80% of the competency objectives identified above, and have no level 1 or unacceptable competency ratings.

PROGRAM SELF-ASSESSMENT AND QUALITY IMPROVEMENT

The Internship Training Program is committed to program self-assessment and quality improvement. The Directors, PITC and current intern class have the basic responsibility for program self-assessment and quality improvement. The program is evaluated in an on-going manner by both faculty and interns participating in the program. The Directors and PITC review formal intern evaluations of the internship experience and their suggestions for improvements at the mid-point and at the end of the year. The PITC meets periodically to review the status of the program and any opportunities for improvement. The PITC is responsible to ensure the goals and objectives of the Internship Program are being met and opportunities for improvement considered. Informal evaluation of the internship is a continuing on-going process. Interns are encouraged to bring up issues, concerns, and suggestions for improvement throughout the year to their supervisors, members of the PITC, the Training Directors, and to the Chief Interns. The Directors meet briefly with the interns at the beginning of each weekly intern seminar to discuss possible concerns. Mid-year and at the completion of the program, interns provide a more detailed evaluation of the internship. This includes a description of the primary activities of each rotation, including aspects of the rotation found to be most beneficial and suggestions for improving rotations. The interns are also asked to include suggestions for improving the training program overall. Particular attention is paid to diversity of cases and volume, supervision, facility resources, and on-site seminars.

Grievance Procedures

The grievance procedures allow interns to seek resolution of complaints about faculty actions or policies that could not be resolved by direct methods. Possible issues include, but are not limited to, poor technical supervision, inadequate or unavailable supervision time, excessive workload, evaluations perceived as unfair, conflict over scientific ownership, or disagreement with internship policies and procedures. Under most circumstances, appeal to the Directors or PITC is not an appropriate initial step in dealing with problems in the internship program. Interns are first encouraged to express their concerns and dissatisfactions to the faculty involved. However, policy complaints and issues involving possible sexual harassment could be brought directly to the Directors, Executive Committee, or PITC. All grievance matters will be treated as confidential to the extent possible and all parties to the action will be so advised. Please note, however, that such matters are not privileged communication in the eyes of a court of law.

An intern who disagrees with the supervisor's evaluation may refuse to sign the evaluation and submit a written rebuttal, and/or may inform the Directors or the PITC about the nature of the disagreement.

If other grievances should occur, they will be handled in the following way:

Generally, interns would first take issues to their primary supervisor at the site where they are training. If the issue cannot be resolved at that level, a complaint must be filed with the Training Directors, who will gather information from the relevant student(s) and faculty member(s). If the grievance is filed against one of the Directors, the Executive Committee will appoint a replacement for the Director to administer the grievance process. In all other instances, the Training Directors will act as mediator to attempt to resolve the grievance. If mediation fails and the relevant intern(s) and/or faculty member(s) are not satisfied with the response of the Directors, the next level for appeal is the full PITC. At this point, written materials will be requested from the intern and supervisor (or from the Training Directors, in the case of grievance(s) regarding internship policies). If the grievance still cannot be resolved to the satisfaction of the intern(s), faculty or Training Directors at this level, appeal can be made to the Internship Chief Psychologist and Director of Graduate Education for the UCSD Department of Psychiatry to resolve the matter. The final, binding arbitrator is the Chair of the UCSD Department of Psychiatry.

It is also possible to bring any issue up during one of the formal opportunity for intern program evaluation (mid-year and end of the year).

The grievance procedures of the UCSD Psychology Internship Training Program may not supersede grievance procedures of the university. These guidelines do not preclude attempted resolution of difficulties by adjudication at a school or university level. The intern class can pursue grievances without fear of retribution.

Probation Procedures for Serious Skill and/or Knowledge Deficits:

One of the purposes of the internship year is for interns to identify and remedy gaps in their knowledge and experience. The internship program attempts to help interns identify these areas and provide guidance on how they might improve their skills through additional readings, experiences, or rotation placements. A serious skill or knowledge deficit, however, may be identified during the internship year. If a clinical supervisor determines that an intern is not performing at a satisfactory level of competence, the clinical supervisor is expected to discuss this with the intern, to increase his/her supervisory guidance and to direct the intern to other appropriate resources (e.g, didactics, additional therapy or assessment experiences, etc.). At this point, no formal communication with the Internship Directors is required. However, the clinical supervisor should note in writing to the intern what concerns led to the discussion and remedial steps which were proposed.

Occasionally, the problem identified may persist and continue to be of sufficient seriousness that the intern may not receive credit for the internship unless that problem is remedied. Any time when this is the case, the problem must be brought to the attention of the Directors and the Executive Committee. The memoranda developed in the initial communication of the problem to the intern should be included in the communication to the Directors. The following procedures will be followed at this point:

- 1) The Directors will review all pertinent data, interview the intern and supervisor

involved, and bring the issue to the Executive Committee, which will vote to make one of four recommendations: (a) No action required; (b) corrective action short of probation; (c) probation for a specified length of time; (d) immediate dismissal from the program.

2) The Executive Committee may require an intern placed on probation to carry out a specific remedial action, take a particular rotation, or issue guidelines for the type of rotation the intern should choose to remedy such a deficit.

3) The intern, the intern's supervisor, and the Executive Committee together draw up a contract specifying the kinds of remedial activities, knowledge, skills and behavior that are necessary for the intern to develop in order to remedy the identified problem.

4) Once an intern has been placed on probation, and a learning contract has been written and adopted, the intern may or may not move to a new rotation placement. Any new placement will be carefully chosen by the Executive Committee and the intern to provide a setting to work on the identified problems. In some instances, an intern and supervisor may feel it would be to the intern's benefit to remain in the current placement.

5) The intern and supervisor report to the Directors on a regular basis, as specified in the contract (not less than once each month) as to the intern's progress.

6) The intern's probationary status is communicated to the intern's home academic program and a copy of the learning contract is sent to the Academic Training Director.

7) The intern may be removed from probationary status with the approval of the Executive Committee when the intern's progress in resolving the problem(s) specified in the contract is sufficient. The intern will only be removed from probationary status if the intern's performance is at the appropriate level to receive credit for the internship.

8) If the initial recommendation was immediate dismissal, or if the intern is not making sufficient progress to receive credit for the internship, the Executive Committee and Directors will so inform the intern immediately.

9) The dismissal decision is made by the majority vote of the Executive Committee based on all available data with particular attention to the intern's fulfillment of the learning contracts drawn up for the probationary status.

Whenever possible, probationary and disciplinary actions will be carried out within the framework of the Internship Program. However, this may not always be possible. An infraction could automatically trigger intervention by external persons or agencies.

Any time the intern, by action of the Executive Committee, is dismissed from the program, he/she may appeal this decision to the full PITC through to the Chair of the Department of Psychiatry, according to the sequential procedures described in the grievance policy.

Students Judged to be Impaired:

An intern will not be continued in active status in the program when the competency of the student to perform in the program is or could reasonably be expected to be impaired due to an apparent medical, mental, emotional, physiologic, pharmacologic, or substance abuse condition. In the event that a supervisor suspects that a student may have one or more conditions that are interfering with his/her internship activities, the following steps will be taken.

1) The supervisor will meet first with the Directors to discuss the matter.

The Directors will call a meeting of the intern (if possible), and supervisor. Any identified problems and proposed remedial action, (e.g., according to the "Skills Deficit" procedures, above) or other action deemed appropriate, will be presented in writing to the intern by the Directors.

3) The student will be allowed two weeks to respond to the identified problems and proposed actions if he/she chooses, and to request a reconsideration hearing before the Executive Committee. The student may select any consenting representative (including another intern) to appear with him/her before the Executive Committee.

4) The Executive Committee will then decide on a course of action to be followed, specified in writing and signed by the intern. If it is determined necessary to refer to student for psychological assessment, the referral will be made to a qualified psychologist who has not had personal or professional connection with the Internship Program. A list of at least three acceptable choices would be made available to the intern who would be allowed to make the final selection.

5) The intern is responsible for any costs incurred in the required assessment.

6) Depending on the results of the psychological assessment, the intern may be asked to a) take a leave of absence, the length to be determined by the Executive Committee, in order to attempt to improve/resolve the problem (with lost hours to be completed upon return through an extension of the internship year); or b) resign from the program. The Executive Committee may also recommend to the student that he/she secure medical care or psychotherapy, at his/her own expense.

7) At the end of the agreed upon time of leave and/or other specified progress evaluation, the Executive Committee would once again meet to decide if the criteria have been met, and whether or not the student should be retained in the program. To determine the student's fitness to remain in the program, the Executive Committee may require the intern to authorize the Executive Committee to obtain any and all records relating to the alleged mental and/or physical condition, including that individual's personal medical, psychiatric and or psychological records.

8) If, at any point, during the process, the intern fails to comply with any of the requirements of the evaluation, rehabilitation or remediation, the intern may be dismissed from the program without regard to academic standing, status of research, or any other consideration.

9) The intern may elect to resign from the program without submitting to the psychological assessment, the leave of absence, or the specified remediation/rehabilitation plan. In such a case, the intern would be informed in writing that readmittance to the Internship Program at any future time is not an option. A copy of that letter would be placed in the intern's confidential file. The intern would be designated as having resigned from the program while not in good standing.

Illegal or Unethical Behavior:

The program is bound by the Ethical Principles of Psychologists and Code of Conduct set forth by the American Psychological Association (APA, 2002, and included in the internship training manual). In addition, we are bound by other ethical and professional principles promulgated by APA. Any serious breach of any part of these principles is grounds for dismissal from the program without further qualification, regardless of quality of clinical work, research or other internship achievement.

Under no conditions are interns permitted to treat clients without supervision. Interns also are not permitted to privately engage in any professional activities within or outside the program institutions without prior approval of the PITC. Failure to obtain proper approval may jeopardize the intern's standing in the program.

Illegal or unethical conduct by an intern should be brought to the attention of the Director of Internship Training in writing. Any person who observes such behavior, whether staff or intern, has the responsibility to report the incident.

Infractions of a very minor nature may be dealt by the Director of Internship Training, the supervisor, and the intern. A written record of the complaint and action become a permanent part of the intern's file.

Any significant infraction or repeated minor infractions must be taken up by the Executive Committee, after the written complaint is submitted to the Training Director. After a careful review of the case, the Executive Committee will recommend either probation or dismissal of the intern. Recommendation of a probationary period must include specific guidelines including a time frame and periodic reporting to the Executive Committee, as described in the probationary policy procedures. A violation of the probationary contract would necessitate the termination of the intern's appointment in the UCSD/VA Psychology Internship Program.

**PSYCHOLOGY INTERNSHIP PROGRAM
ORGANIZATIONAL CHART**

Lewis Judd, M.D.*
Chairman, Department of Psychiatry

Sid Zisook, M.D.*
Chairman, Graduate Education

Susan F. Tapert, Ph.D.
Acting Chief Psychologist

Sandra J. Brown, Ph.D.
Co-Director of Internship Training

Sean P.A. Drummond, Ph.D.
Co-Director of Internship Training

PSYCHOLOGY INTERNSHIP TRAINING COMMITTEE (PITC)

| | | |
|--|-------------------------------------|-------------------------------------|
| Niloofar Afari, Ph.D. | Ann Garland, Ph.D. ^{4,7} | Marc Norman, Ph.D. |
| Carolyn Allard, Ph.D. | Abigail Goldsmith, PhD | Sarah E. Nunnink, Ph.D. |
| Leslie Anderson, PhD | Eric Granholm, Ph.D. | William Perry, Ph.D. ^{6,7} |
| Wayne Bardwell, PhD | Pia S. Heppner, Ph.D. | Valerie Rice, Ph.D. |
| Mark W. Bondi, Ph.D. | Archana Jajodia, PhD | Jay Rosen, PhD |
| Kerri Boutelle, Ph.D. ^{1,7} | Amy Jak, Ph.D. | Thomas R. Rutledge, Ph.D. |
| Gregory Brown, Ph.D. | Patricia Judd, Ph.D. ^{5,7} | Susan F. Tapert, Ph.D. ⁷ |
| Sandra J. Brown, Ph.D. ^{2,3,7} | Walter Kaye, M.D. | Steven R. Thorp, Ph.D. |
| Lisa Campbell, PhD | Joshua Madsen, Ph.D. | Ryan S. Trim, Ph.D. |
| Martha Carlson, Ph.D. | Corey McCulloch, PhD | Elizabeth W. Twamley, Ph.D. |
| Sean P.A. Drummond, Ph.D. ^{2,7} | Arpi Minassian, Ph.D. | Tamara L. Wall, Ph.D. |
| J. Vince Filoteo, Ph.D. | Mark G. Myers, Ph.D. | Katherine Williams, Ph.D. |
| Ruthlyn Fox, PhD | Carla M. Nappi, PhD | Giovanna Zerbi, Psy.D. |
| | | Intern Representatives |

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1. Training Director, UCSD Eating Disorders Clinic
 2. Co-Director of Internship Training;
 3. Training Director, Child and Adolescent Inpatient Psychiatry Service
 4. Training Director, Children's Outpatient Psychiatry
 5. Training Director, UCSD Outpatient Psychiatric Services
 6. Training Director, UCSD Medical Center
 7. Member Executive Committee

*ex officio member, PITC

APPENDIX B

PSYCHOLOGIST TRAINING FACULTY

Vitae Abstracts

Niloofer Afari, Ph.D. received her Ph.D. in Clinical Psychology from the University of Nevada, Reno in 1996. She completed a predoctoral internship and postdoctoral training at the University of Washington School of Medicine in Seattle, Washington, where she also was a faculty member from 2000-2006. She is Associate Professor in Residence of Psychiatry at the University of California, San Diego, Director of Clinical Affairs for the VA Center of Excellence for Stress and Mental Health, and the Co-Director of the Behavioral Medicine program at the San Diego VA Psychology Service. Dr. Afari is the primary supervisor for the Behavioral Medicine rotation at the Mission Valley Outpatient Clinic. Her clinical work is focused on the use of Acceptance and Commitment Therapy to treat chronic pain, binge eating in obesity, and other chronic medical conditions. Her research uses NIH-funded twin studies to examine the genetic and environmental contributions to chronic pain. She also is interested in outcome studies related to the treatment of stress in health conditions..

Carolyn B. Allard, Ph.D. received her Ph.D. in Clinical Psychology from the University of Oregon following a predoctoral internship at UCSD/VASDHS. Dr. Allard is Director of the Military Sexual Trauma Program, VASDHS, and Assistant Clinical Professor of Psychiatry at the University of California, San Diego. Her current research activities include studying the effects of interpersonal trauma, risk factors of posttraumatic distress, revictimization, and predictors of treatment outcomes. She provides psychotherapy and supervision in empirically supported trauma informed treatments, including prolonged exposure, cognitive processing therapy, acceptance and commitment therapy. She is a member of the International Society for Traumatic Stress Studies, charter member of APA's Division 56 and co-chair of the Division's Early Career Psychologist Committee, and is on the editorial board of the Journal of Trauma and Dissociation.

Leslie Karwoski Anderson, PhD received her PhD in clinical psychology from the University of Kansas, and completed her clinical internship at Duke University Medical Center. She is currently an assistant clinical professor and director of the Adult Day Treatment program at the UCSD Eating Disorder Program. She runs dialectical behavior therapy groups for both adolescents and adults with eating disorders, and sees patients in the eating disorder program for family-based and individual treatment of anorexia, bulimia, binge eating disorder and EDNOS. Her research interests are in treatment development, evaluation, and outcomes.

Wayne Bardwell, Ph.D.,MBA received his PhD in Clinical Psychology from the California School of Professional Psychology, San Diego in 1997. He completed his predoctoral internship at the VA Medical Center, Miami, FL, and post-doctoral training at UC San Diego Psychiatry and VA San Diego Primary Care and Mood Disorders Clinics. Dr.

Bardwell is currently an Associate Professor of Psychiatry in the UCSD School of Medicine, Director of the Patient and Family Support Service at the UC San Diego Moores Cancer Center, and Director of the Doris Howell Palliative Care Service Hillcrest/Thornton. He is also President of the American Psychosocial Oncology Society. His research focuses on how psychosocial factors (depression, fatigue, sleep) interact with illness sequelae in medically ill patients (breast cancer, obstructive sleep apnea). He also conducts outcome studies related to Palliative Care. His clinical work focuses on management of psychosocial symptoms in medical patients, stage-of-life transitions in young adults, and issues related to sexual orientation.

Mark W. Bondi, Ph.D. received his Ph.D. in Clinical Psychology from the University of Arizona in 1991 after completing a Predoctoral Internship in Clinical Psychology and Neuropsychology at the Veterans Affairs San Diego Healthcare System (VASDHS) and the University of California, San Diego (UCSD) School of Medicine (1990-1991). He then completed an NIH Postdoctoral Fellowship at UCSD from 1991-1993 prior to joining UCSD's faculty. Dr. Bondi is currently a Professor of Psychiatry at UCSD and a Staff Psychologist at the VASDHS. He is a Diplomate of the American Board of Professional Psychology – Clinical Neuropsychology subspecialty – and Fellow of APA Division 40 (Clinical Neuropsychology) and the National Academy of Neuropsychology. He serves on the Board of Governors of the International Neuropsychological Society and on the Board of Directors for the American Board of Clinical Neuropsychology. Dr. Bondi is the current recipient of a Mid-Career Investigator Award in Patient-Oriented Research from the National Institute on Aging, and he is principal investigator of additional NIH and Alzheimer's Association grants. His research interests center on the cognitive and brain changes of individuals at risk for dementia. He has published over 95 articles and book chapters, serves as a reviewer for a number of journals and grant agencies, and he is an Associate Editor for the Journal of the International Neuropsychological Society.

Kerri Boutelle, Ph.D. received her Ph.D. in Clinical Psychology from the Illinois Institute of Technology in 1996. She completed an internship at the University of Mississippi Medical Center, and then a postdoctoral fellowship in the Division of Epidemiology at the University of Minnesota. She is an Associate Professor in the Departments of Pediatrics and Psychiatry, UCSD, and Behavioral Director of the Weight and Wellness clinic, a clinic for overweight children. Dr. Boutelle's research interests include clinical trials for youth who are overweight, who binge eat, or who have eating disorders. She is developing treatments based on cue sensitivity training for children who binge eat. She also studies parenting interventions for weight management, and adolescents who have successfully lost weight.

Gregory G. Brown, Ph.D. received his Ph.D. in Clinical Psychology from Wayne State University in 1977. Dr. Brown is Professor of Psychiatry, UCSD Department of Psychiatry, Associate Director, VISN 22, MIRECC and Associate Director of Clinical Neurosciences at the UCSD Functional MRI Center. His research has focused on abnormalities of brain metabolism and blood flow associated with neurological diseases and psychological disorders; mathematical modeling of pharmacologically induced and naturally occurring memory pathology; and functional magnetic resonance imaging. Dr.

Brown is a Diplomate of the American Board of Professional Psychology - Clinical Neuropsychology Subspecialty, Fellow of Division 40 of the American Psychological Association, and is a consulting editor to the *Journal of Clinical and Experimental Neuropsychology*, and *The Clinical Neuropsychologist* and an Associate Editor for *Neuropsychology Review* and the *Journal of the International Neuropsychological Society*.

Sandra J. Brown, Ph.D. received her Ph.D. in clinical neuropsychology from the University of Windsor in 1987 after completing an Internship at Henry Ford Hospital in Detroit, specializing in neuropsychology. She is currently a Clinical Professor of Psychiatry in the UCSD School of Medicine, the Co-Director of Internship Training and directs the internship rotation training program at the UCSD Child and Adolescent Inpatient Psychiatric Service (CAPS). Dr. Brown is also a Diplomate of the American Board of Professional Psychology with a speciality in Neuropsychology. Her clinical interests include neuropsychological functioning in children and adults with neurological and psychiatric disorders.

Martha A. Carlson, Ph.D. received her PhD in Clinical Psychology from the University of North Carolina Greensboro and completed her internship and postdoctoral training at the VA San Diego Healthcare System. Dr. Carlson is currently an Associate Professor of Psychiatry in the UCSD School of Medicine, as well as staff psychologist at the Psychology Service VASDHS working in the OEF/OIF/OND PTSD clinic. Her clinical work uses PE, CPT, and MI to treat co-morbid PTSD and SUD. Dr. Carlson specializes in teaching motivational interviewing techniques to staff.

Sean P.A. Drummond, Ph.D. received his PhD in Clinical Psychology from the University of California San Diego / San Diego State University Joint Doctoral Program in Clinical Psychology in 2000. Dr. Drummond is currently an Associate Professor of Psychiatry in the UCSD School of Medicine, as well as the Director of the Behavioral Sleep Medicine Program and Associate Director of the Mood Disorders Psychotherapy Program in the Psychology Service VASDHS. He also serves as Co-Director of the Psychology Internship Training Program. His research uses cognitive testing and functional MRI to examine the effects of sleep, sleep deprivation, and sleep disorders on brain function and cognition. He also conducts outcome studies related to the treatment of sleep difficulties in PTSD. His clinical work uses CBT, IRT, and mindfulness to treat chronic insomnia and nightmares, as well as CBT to treat mood disorders.

J. Vincent Filoteo, Ph.D. received his Ph.D. in Clinical Psychology in 1994 from the Joint Doctoral Program in Clinical Psychology at the University of California, San Diego, and San Diego State University. He completed his internship at the University of California, San Diego and the Veterans Administration Hospital in San Diego, where he specialized in adult neuropsychology. Dr. Filoteo is currently an Associate Professor, In Residence, in the Department of Psychiatry at the University of California, San Diego. His research interests are in the cognitive neuroscience of learning, memory, and attention, as well as the neuropsychology of dementia (Alzheimer's disease, Dementia with Lewy Bodies)

and basal ganglia disorders (Parkinson's disease). His clinical interests include dementia and neurocognitive dysfunction in rehabilitation medicine.

Ruthlyn Fox, Ph.D. received her Ph.D. in Clinical Psychology from the University at Albany, State University of New York in 2008. She completed her predoctoral internship at UCSD School of Medicine / VASDHS and her postdoctoral fellowship in dissemination and implementation research at the UCLA Integrated Substance Abuse Programs. Dr. Sodano is currently an Assistant Clinical Professor of Psychiatry at the UCSD School of Medicine, as well as Staff Psychologist at the VASDHS. Her clinical interests include treatment of Posttraumatic Stress Disorder and substance use disorders with evidence based practices. Dr. Fox's research focuses on dissemination and implementation of evidence-based practices for substance use disorders and PTSD, as well as treatment evaluation for these disorders.

Ann F. Garland, Ph.D. received her Ph.D. in Clinical and Community Psychology from Yale University in 1993 and completed her predoctoral internship at the UCSD Psychology Internship Consortium. Dr. Garland is a Professor of Psychiatry in the Division of Child and Adolescent Psychiatry and Deputy Director of the Child and Adolescent Services Research Center (CASRC - For more information see www.casrc.org). She is also the Supervising Psychologist for the Out-Patient Psychiatry Clinic at Rady Children's Hospital. Dr. Garland is the principal investigator of federally funded studies examining treatment processes and outcomes for publicly funded mental health services for children and adolescents.

Abigail A. Goldsmith, Ph.D. received her Ph.D. in Clinical Psychology at the University of Cincinnati in 2009 with a focus in Adult Health Psychology. She completed her predoctoral internship in the UCSD/VA San Diego Psychology Internship Program, specializing in addiction and PTSD. Dr. Goldsmith is a Staff Psychologist in the Alcohol Drug Treatment Program at the VA San Diego, where she conducts and supervises inpatient and outpatient individual, couple, and group interventions for substance use disorders. She is also a Research Health Science Specialist in PTSD research at the VA and an Assistant Clinical Professor in the UCSD Department of Psychiatry. Dr. Goldsmith's primary research and clinical interests include examination of psychopathology models for co-occurring anxiety and substance use disorders. She is particularly interested in the development and empirical validation of prevention and intervention programs for comorbid PTSD and alcohol use disorders in young adults.

Eric Granholm, Ph.D. received his Ph.D. in Clinical Psychology from the University of California, Los Angeles, in 1991. At the UCLA Neuropsychiatric Institute, he completed both a Clinical Psychology Internship and a Post-Doctoral Fellowship in Neuropsychology. Dr. Granholm is a Professor of Psychiatry at the UCSD Medical School, Staff Psychologist at the Psychosocial Rehabilitation and Recovery Center (PRRC) at the VASDHS, and Training Director of the VA Psychosocial Rehabilitation Fellowship Program. He is a member of the Neuropsychology and Experimental Psychopathology Tracts of the SDSU/UCSD Joint Doctoral Program in Clinical Psychology. He is a cognitive neuropsychologist and an active basic and clinical

researcher in the areas of attention, memory, psychophysiology (pupillography) and CBT in patients with schizophrenia.

Pia S. Heppner, Ph.D. received her Ph.D. in Clinical Psychology from the University of California San Diego / San Diego State University Joint Doctoral Program in 2004 with a specialty in behavioral medicine. Dr. Heppner is currently an Assistant Clinical Professor within the UCSD Department of Psychiatry and School of Medicine. She is a staff psychologist at the VA La Jolla Medical Center FIRM/Primary Care Clinic. Her clinical interests include integration of mental health services in primary care settings and use of empirically supported treatments such as cognitive behavior therapy, mindfulness and acceptance and commitment therapy to treat chronic medical conditions (e.g., chronic pain) and comorbid psychiatric symptoms. Her research focuses on examination of health and physiological impacts of chronic posttraumatic stress disorder.

Archana Jajodia, Ph.D. received her Ph.D. in clinical psychology from the University of Southern California, Los Angeles, in 2007. She completed a predoctoral internship at the San Diego VA/UCSD and two year post-doctoral training in quantitative psychology at USC. She joined the UCSD faculty in 2009 as Assistant Clinical Professor of Psychiatry. She is currently also a Staff Psychologist in the Behavioral Medicine program at the Mission Valley Outpatient Clinic of the San Diego VA. She has expertise in the use of acceptance and mindfulness based approaches to treat mental health issues, especially in using Acceptance and Commitment Therapy. She's had extensive experience with treating substance use disorders, PTSD, other anxiety and mood disorders; albeit the main focus is on health psychology cases in the behavioral medicine clinic. She also has a background in Cognitive Behavioral Therapy from having trained at USC in a strong empirically grounded program with CBT experts like Dr. Gerald Davison. Her dissertation focused on using implicit alcohol associations and alcohol expectancies to predict alcohol use in a community sample. Her post-doctoral and more recent research has focused on applications and extensions of cutting edge quantitative methodology, such as, longitudinal dynamic change structural equation models, mixed models with skewed longitudinal distributions, multivariate twin models, and longitudinal models of twin data.

Amy J. Jak, Ph.D. received her Ph.D. in Clinical Psychology from the University of Cincinnati in 2004 after completing a predoctoral internship in clinical psychology at the VASDHS and UCSD. She completed a postdoctoral fellowship in neuropsychology at the VASDHS/Veteran's Medical Research Foundation. Dr. Jak is an Assistant Professor of Psychiatry, UCSD School of Medicine, and director of the Traumatic Brain Injury Cognitive Rehabilitation Program at the VASDHS. Dr. Jak's research interests include integrating neuropsychology, neuroimaging, behavioral variables, and genetics to better understand traumatic brain injury as well as disorders of aging.

Patricia A. Judd, Ph.D. received her Ph.D. in Clinical Psychology from the California School for Professional Psychology, San Diego and her Masters in Social Work from

San Diego State University. Dr. Judd is a Clinical Professor of Psychiatry, Director of the UCSD Co-Occurring Disorders Prevention, Treatment and Research Program and Director of Clinical Training for allied mental health professionals at the UCSD Outpatient Psychiatric Services. Dr. Judd's clinical and research areas include; Borderline Personality Disorder and other personality disorders and the characteristics and course of patients with co-occurring substance abuse and other mental disorders.

Walter H. Kaye, M. D., is a Professor of Psychiatry at the University of California San Diego. Dr. Kaye attended Ohio State Medical School, trained in neurology at the University of Southern California, and trained in psychiatry at the University of California, Los Angeles. Dr. Kaye was then a fellow and research physician at the National Institute of Mental Health for 7 years where he conducted research on neurobiology and treatment of anorexia and bulimia nervosa. Dr. Kaye joined the faculty of the University of Pittsburgh in 1986 and joined the faculty of UCSD in 2006. His current research is focused on exploring the relationship between brain and behavior using brain imaging in anorexia and bulimia nervosa. He is also the principal investigator for an international, multi site collaboration on the genetics of anorexia and bulimia nervosa. At UCSD he has started a clinical treatment program and research laboratory with the mission of developing innovative treatments for eating disorders. These include psychological and pharmacological interventions focused on affective regulation and impulse control, as well as pioneering methods to test response to treatment using fMRI imaging. Dr. Kaye has been the recipient of numerous NIH and foundation grants including a senior scientist award. Dr. Kaye has an international reputation in the field of eating disorders and is the author of approximately 300 publications. The eating disorder program is interested in supporting interns and fellows who seek training in treatment, imaging, and genetics of anorexia and bulimia nervosa.

Joshua W. Madsen, Ph.D. received his Ph.D. in Clinical Psychology from the University of Colorado at Boulder in 2006, and completed a predoctoral Internship in Clinical Psychology at the San Diego VA and University of California, San Diego. Dr. Madsen is the director of the San Diego VA Family Mental Health Program, and is beginning an appointment as Assistant Clinical Professor of Psychiatry, UCSD. He has held lecturer positions in the SDSU/UCSD Joint Doctoral Program in clinical psychology as well as the USD Marriage and Family Therapy program. He is currently participating in multi-site VA projects evaluating the effectiveness of couple therapy within the VA system, as well as mechanisms of action of such treatment. He is a member of APA and ABCT.

R. Corey McCulloch, Ph.D. received his Ph.D. in clinical psychology from the University of Florida, Department of Clinical & Health Psychology in 2009. He completed his predoctoral internship in the UCSD Psychology Internship Training Program, with an emphasis in behavioral medicine. He is currently an Assistant Clinical Professor of Psychiatry in the UCSD School of Medicine and serves as a staff psychologist at the VA San Diego Healthcare System and is involved in both the Spinal Cord Injury Unit and the Military Sexual Trauma Clinic. Dr. McCulloch serves as clinical supervisor for the Spinal Cord Injury rotation and facilitates the weekly Behavioral Medicine Seminar for

interns and practicum students. His clinical interests include adjustment to chronic medical problems/injuries and adjustment to interpersonal trauma.

Arpi Minassian, Ph.D. received her doctorate from the California School of Professional Psychology-San Diego. She completed her predoctoral internship in the UCSD Psychology Internship Training Program and continued at UCSD as a post-doctoral fellow in the NIMH Fellowship in Biological Psychiatry and Neuroscience. She joined the faculty of the Department of Psychiatry and is currently an Assistant Clinical Professor. Her research interests center on psychopathology and brain functioning, specifically how psychophysiological measures can be informative about cognitive and behavioral dysfunction in severe psychiatric illnesses. She has applied measures such as pupil dilation, visual scanning, and prepulse inhibition to study attentional, visual organizational, and sensorimotor gating deficits in severe mental illness. Since completing her NIMH fellowship, she has studied dysregulation of behavior in psychotic and affective disordered patients and how these relate to genotype and real-world functional ability. Dr. Minassian's clinical work is primarily focused upon consultation-liaison and bedside therapeutic interventions with hospitalized medically ill patients. She is the psychologist at the UCSD Regional Burn Center, where her duties include psychological assessment, pain management, and psychotherapy, and psychiatric consultation-liaison for burned adults and children. She supervises psychology trainees at the Burn Center and at other rotations on the Neuropsychiatry and Behavioral Medicine Service. Dr. Minassian also serves as a member of the Psychiatry Consult/Liaison team for the UCSD Medical Center.

Mark G. Myers, Ph.D. received his Ph.D. in clinical psychology in 1991 from the UCSD/SDSU Joint Doctoral Program in Clinical Psychology, completed his predoctoral internship at Brown University, and completed a post-doctoral fellowship at the Brown University Center for Alcohol and Addiction Studies. He is currently a Professor in the Department of Psychiatry at UCSD, and the lead clinician for tobacco use cessation at the VASDHS. Dr Myers is a licensed psychologist in the State of California. His research and clinical interests include youth tobacco use and smoking cessation, smoking cessation among individuals with comorbid psychiatric disorders, and adolescent substance abuse.

Carla M. Nappi, Ph.D. received her PhD in Clinical Psychology from Rosalind Franklin University of Medicine & Science in 2008. She completed her predoctoral internship at UCSD School of Medicine / VASDHS and a postdoctoral fellowship in evidence-based psychotherapy for mood disorders and suicidality at VASDHS. Dr. Nappi is currently a staff psychologist at VASDHS, where she serves as the Director of the Mood Disorders Psychotherapy Program and Associate Director of the Behavioral Sleep Medicine Program. Her clinical interests include treatment of mood and sleep disorders with CBT interventions. Dr. Nappi also integrates acceptance and mindfulness strategies in her clinical work and assists in the coordination of VASDHS's Dialectical Behavior Therapy program. Dr. Nappi's research focuses upon outcome studies related to the treatment of nightmares in PTSD. She is also interested in program development as a means of enhancing and disseminating evidence-based mental health services for Veterans.

Marc Norman, Ph.D. received his Ph.D. in Clinical Psychology from Brigham Young University. Dr. Norman is currently an Associate Professor of Psychiatry in the UCSD School of Medicine. He maintains a clinical practice through UCSD's Neuropsychological Associates and Neuropsychiatry and Behavioral Medicine. He provides clinical service to the Epilepsy Clinic and Center for Transplantation. He has active research interest in epilepsy, neuropsychological assessment, and multiple sclerosis. Further training information can be found at <http://www.medicalneuropsych.com>. Additionally, Dr. Norman is active in Disaster Mental Health.

Sarah E. Nunnink, Ph.D. received her Ph.D. in Clinical Psychology from University of Nevada, Las Vegas in 2006, and completed her pre-doctoral internship in Clinical Psychology at Mississippi State Hospital. She holds both clinical and research positions within the VA San Diego Healthcare System, and is based in the Mission Valley Outpatient Clinic. Dr. Nunnink is a staff psychologist and clinical supervisor for the Military Sexual Trauma service. She practices and provides supervision for empirically validated therapeutic modalities, including Acceptance and Commitment Therapy, Cognitive Processing Therapy and Cognitive Behavior Therapy. Dr. Nunnink is published in the area of women's health and sexuality, and current research includes evaluating the negative impact of Posttraumatic Stress Disorder on sexual health. She is study psychologist on a multi-site collaborative project exploring risk and resiliency factors in PTSD, and is co-investigator on a DOD/NIH grant proposal examining peritraumatic behavior and its relation to PTSD development.

William Perry, Ph.D. is a Professor of Psychiatry, Department of Psychiatry, UCSD. He is also the Associate Director of Neuropsychiatry and Behavioral Medicine at UCSD Medical Center. Dr. Perry received his Ph.D. from the California School of Professional Psychology - San Diego in 1989. He completed his internship and post-doctoral fellowship at UCSD. Since 1991, he has served as the Chief Supervising Psychologist at UCSD Medical Center, and as an Attending Psychologist and member of the medical staff. Dr. Perry is Past-President of the National Academy of Neuropsychology (2007). He has been awarded Fellow status by The National Academy of Neuropsychology and by the Society for Personality Assessment. His primary research is in the area of neuropsychology and information processing in neuropsychiatric patients. He also studies the neuropsychology of liver disease, HIV and methamphetamine addiction. He has published on topics involving neuropsychology, psychophysiology, and thought disorder in psychiatric patients and on the neuropsychological deficits of patients with hepatitis disease.

Valerie Rice, Ph.D. completed her undergraduate training at UCSD. She received her graduate school training at Washington University, St. Louis. Her doctorate is in Clinical Psychology with specialties in Aging and Neuropsychology. Dr. Rice is currently an Assistant Clinical Professor of Psychiatry at UCSD. She is the Staff Neuropsychologist and Program Manager at the UCSD Senior Behavioral Health Program, which is a 14 bed, geropsychiatric, inpatient unit. Dr. Rice's duties include neuropsychological

assessment, report-writing, and family education with older adults seen through the SBH inpatient and outpatient programs. She is also responsible for facilitating group, cognitive-behavioral therapy sessions, and program development of the unit's social milieu.

Jay Rosen, Ph.D. received his doctorate in Clinical Psychology from DePaul University in 2010 after completing an internship in neuropsychology, TBI/Cognitive Rehabilitation, and PTSD. Dr. Rosen is an Assistant Clinical Professor in the UCSD School of Medicine Department of Psychiatry, as well as Staff Psychologist in the Psychology Service VASDHS. Dr. Rosen's research examines treatment accommodations for individuals with neurocognitive impairments and the use and development of adaptive technology. Additionally, Dr. Rosen conducts mixed-method research to investigate the employment and education experiences of people with mental health and physical disabilities. In his clinical work he uses CBT and mindfulness based methods to treat mood disorders, as well as, CPT and PE for PTSD. Dr. Rosen also completes neuropsychological assessments to determine eligibility for psychiatric treatment and cognitive rehabilitation services.

Thomas R. Rutledge, Ph.D. received his Ph.D. in clinical psychology from the University of British Columbia in 1999. He completed his internship at the Toronto Hospital, and a postdoctoral fellowship specializing in the study of behavioral factors in cardiovascular disease at the University of Pittsburgh. Dr. Rutledge is an Associate Professor In-Residence with the UCSD School of Medicine, and a clinical psychologist in the Psychology Service at the VA Medical Center. Dr. Rutledge directs the behavioral medicine services in the Weight Control Clinic, works in the Spinal Cord Injury Unit (SCIU), and provides chronic pain assessment and treatment services within the Anesthesia Pain Clinic. Each of these clinics is comprised of multidisciplinary provider teams in which psychology offers a variety of services ranging from consultation, to treatment, and research. Dr. Rutledge provides clinical supervision for these rotations to practicum students in the UCSD/SDSU Joint Doctoral program and to psychology interns in the VA/UCSD psychology internship program. Training in these clinics includes a strong focus on rehabilitation and health behavior change.

Susan F. Tapert, Ph.D. received her doctorate in clinical psychology from the UCSD-SDSU Joint Doctoral Program in 1998. After her internship at Brown University, she completed a postdoc specializing in functional magnetic resonance imaging at the UCSD Biological Psychiatry & Neuroscience Fellowship in 2000. Dr. Tapert is a Professor in the UCSD Department of Psychiatry; Associate Chief, Psychology Service and Director, Substance Abuse Mental Illness program at the VA San Diego Healthcare System, and a licensed clinical psychologist in California. Her research focuses the effects of alcohol and other drugs on brain functioning, and brain development from adolescence through young adulthood. NIAAA and NIDA currently fund her research.

Steven R. Thorp, Ph.D. is an Assistant Professor of Psychiatry at UCSD and a staff psychologist at the VA San Diego Healthcare System. He earned his doctorate in Clinical Psychology at the University of Nevada, Reno and completed postdoctoral

research fellowships in geriatric psychiatry at Duke University Medical Center and at UCSD. He is the Program Director of the VA Posttraumatic Stress Disorder (PTSD) Clinical Team. He conducts research and clinical work with veterans who have experienced psychological trauma. His primary interest is in testing empirically supported treatments (such as prolonged exposure therapy, cognitive processing therapy, and imagery rehearsal therapy) for veterans who have PTSD. Current research projects include a VA-sponsored grant to compare types of psychotherapies for older veterans who have PTSD (including how neuropsychological functioning affects treatment outcomes) and a test of psychotherapy done via telemedicine technology (at a distance, over a video screen) vs. face-to-face meetings for veterans with PTSD.

Ryan S. Trim, Ph.D. received his Ph.D. in Clinical Psychology from Arizona State University after completing the predoctoral internship at the San Diego VAMC and the University of California, San Diego. Dr.

Trim is a staff psychologist in the Substance Abuse/Mental Illness (SAMI) Clinic and Assistant Professor of Psychiatry at the University of California, San Diego. Dr. Trim provides clinical supervision and uses cognitive-behavioral and interpersonal approaches for the treatment of substance use disorders, dual diagnosis profiles, mood/anxiety/ sleep disorders, and PTSD. He also conducts clinical assessments for the VASDHS Same-Day Access Clinic and serves on the Psychiatric Emergency Team for UCSD's Thornton Hospital. Dr. Trim has an extensive research background examining environmental and individual risk factors for substance use outcomes across the lifespan and his work has been published in multiple peer-reviewed journals and presented nationally. He is a co-investigator and consultant for several substance use research groups at both UCSD and SDSU, and he helps coordinate training opportunities in both substance use research and treatment at UCSD and the VASDHS.

Elizabeth W. Twamley, Ph.D. is an Associate Professor of Psychiatry and Co-Chief of the Neuropsychology Unit of the Center of Excellence for Stress and Mental Health at the VA. Following her doctoral program at Arizona State University, she completed her clinical psychology internship and postdoctoral fellowship at UCSD and joined the faculty of the Department of Psychiatry in 2003. Dr. Twamley's research focuses on bridging neuropsychology and interventions for individuals with severe mental illness or traumatic brain injury. Current intervention studies focus on supported employment and compensatory cognitive training. Other research interests include the neuropsychology of everyday functioning, genetic markers of cognition in schizophrenia, and cognitive impairment in PTSD. Dr. Twamley is a licensed clinical psychologist specializing in neuropsychological assessment, cognitive rehabilitation, and supported employment.

Tamara L. Wall, Ph.D. received her Ph.D. in Clinical Psychology from the joint doctoral program between the University of California, San Diego and San Diego State University in 1991. She completed an internship and a postdoctoral fellowship in Clinical Psychology at the University of California, San Francisco where she specialized in substance abuse services. Dr. Wall is a Professor of Psychiatry, UCSD School of Medicine, Associate Chief, Psychology Service and Director of Psychological Services for the Alcohol and Drug Treatment Program at the VASDHS. She is an active

researcher in the alcohol and substance abuse field. Her studies examining the combined contributions of genetic and sociocultural factors to alcohol use and alcohol sensitivity among different ethnic and racial groups are funded by the National Institute on Alcohol Abuse and Alcoholism. This work is aimed at identifying specific vulnerability factors that either contribute to or protect against the development of alcohol use disorders. Dr. Wall is a Fellow of the American Psychological Association and the American Psychological Society.

Katherine Nguyen Williams, Ph.D. received her Ph.D. in Clinical Psychology from Loma Linda University in 2006. She completed her predoctoral internship at the UCSD Psychology Internship Consortium. Dr. Williams is a Supervising Psychologist for the Rady Children's Hospital, Outpatient Psychiatry clinic. Her research interests focus on understanding the factors that influence the fidelity and effective implementation of evidence-based practices in the treatment of childhood emotional and behavioral disorders. She currently works at the Child and Adolescent Services Research Center (CASRC) on the NIMH-funded Incredible Years Study with Drs. Michael Hurlburt and Carolyn Webster-Stratton.

Giovanna Zerbi, Psy.D. received her Psy.D. in Clinical Psychology from the School of Professional Psychology in 1993. She has worked extensively in community mental health, both as a Program Director, and a Consultant, engaged in program development and grant writing, as well as the clinical supervision of interns. She also participated in the writing of the grant proposal and the implementation of the Women Resilience Program at the California School of Professional Psychology, in which she served as the Supervising Psychologist. Dr. Zerbi's clinical interests include the use of Dialectic Behavioral Therapy for the treatment of Personality Disorders, Buddhist and mindfulness based psychotherapy, as well as the treatment of trauma using resilience based model. She is also a certified Eye Movement Desensitization and Reprocessing (EMDR) therapist. In addition, Dr. Zerbi is a member of the UCSD PACE faculty, where she teaches Anger Management for Health Care Professionals.

| Date | Name | Topic |
|--------------------|------------------------------------|---|
| July 7, 2011 | None | |
| July 14, 2011 | Carla Nappi/ Jeanne Maglione | Suicide Assessment / Suicide Support Plan |
| July 21, 2011 | Jill Stoddard | EMPIRICALLY BASED TREATMENTS |
| July 28, 2011 | Interns & Co-Directors | Beach Party |
| August 4, 2011 | Josh Madsen | Family & Couple Therapy |
| August 11, 2011 | Steven Sparta | Ethics in Clinical Work |
| August 18, 2011 | Mark Bondi | Neuropsychological Assessment of Mild Cognitive Impairment and Dementia |
| August 25, 2011 | Steve Thorp | PTSD Assessment and Interventions |
| September 1, 2011 | Ann Garland | CHILD PSYCHOPATHOLOGY |
| September 8, 2011 | Amy Jak | TBI |
| September 15, 2011 | Sean Drummond | Sleep, Insomnia, and Psychiatric Disorders |
| September 22, 2011 | None - Saturday workshop this week | |
| September 24, 2011 | Martha Diaz | Motivational Interviewing - All day Saturday workshop |
| September 29, 2011 | Panel | How to Find a Postdoc |
| October 6, 2011 | Mary Baker | AUTISM |
| October 13, 2011 | Ryan Trim | Dual Diagnosis |
| October 20, 2011 | Bob Heaton | Understanding Faculty Positions |
| October 27, 2011 | Julie Wetherell | TREATMENT OF OLDER ADULTS |
| November 3, 2011 | Sandy Brown | MMPI |
| November 10, 2011 | Gabrielle Cerda | Working with Latino/a populations |
| November 17, 2011 | Kerri Boutelle | Treatment of Eating Disorders |
| November 24, 2011 | Thanksgiving | |
| December 1, 2011 | Ellen Heyneman | |
| December 8, 2011 | Dan Sewell/Rina Shul | WORKING WITH LGBT |
| December 15, 2011 | Holiday party | |
| December 22, 2011 | Happy Holidays | |
| December 29, 2011 | Happy Holidays | |
| January 5, 2012 | Intern recruitment | |
| January 12, 2012 | Carla Nappi | DBT |
| January 19, 2012 | Panel | How to Avoid Professional Burnout |
| January 26, 2012 | Joe Price | Child Maltreatment |
| February 2, 2012 | Mark Myers | Smoking Cessation |
| February 9, 2012 | Tom Rutledge | Relapse Prevention |
| February 16, 2012 | Lauren Brookman-Fraze | Adapting Psychotherapy for Children with ASD |
| February 23, 2012 | Wayne Bardwell | WORKING WITH CANCER |
| March 1, 2012 | Jay Rosen | |
| March 8, 2012 | Sarah Nunnick and Carolyn Allard | MST |
| March 15, 2012 | Pat Judd | WORKING WITH BORDERLINE |
| March 22, 2012 | Valerie Rice | Assessment of Elder Adults |
| March 29, 2012 | Arpi Minassian | WORKING WITH BURN PATIENTS |
| April 5, 2012 | Mariana Cherner | CULTURE AND ASSESSMENT |
| April 12, 2012 | Sandy and Sean | |

| | INTERN CASE PRESENTATIONS | |
|----------------|---------------------------|---------------------------------------|
| April 19, 2012 | 3:00-4:00 | KATHERINE J.W. BAUCOM |
| | 3:00-4:00 | ABBY BRADEN |
| April 26, 2012 | 4:00-5:00 | COLBY CHLEBOWSKI |
| | 3:00-4:00 | BRITTANY COOK |
| May 3, 2012 | 4:00-5:00 | JOEY FUNG |
| | 3:00-4:00 | Jill Gjerde |
| May 10, 2012 | 4:00-5:00 | ELIZABETH GOETTER |
| | 3:00-4:00 | JESSICA GUNDY |
| May 17, 2012 | 4:00-5:00 | CASSIDY GUTNER |
| | 3:00-4:00 | LORI B. HAASE |
| May 24, 2012 | 4:00-5:00 | KATIA A HARLE |
| | 3:00-4:00 | ALLISON KAUP |
| May 31, 2012 | 4:00-5:00 | EMILY C. MERZ |
| | 3:00-4:00 | ERIC R. PEDERSEN |
| June 7, 2012 | 4:00-5:00 | EVA PIROGOVSKY |
| | 3:00-4:00 | DIAN RANCOURT |
| June 14, 2012 | 4:00-5:00 | JESSICA SKIDMORE |
| | 3:00-4:00 | APRIL SMITH |
| June 21, 2012 | 4:00-5:00 | NAOMI TUCHMAN |
| June 28, 2012 | 3:00-4:00 | TURN IN KEYS AND CHECK OUT OF VA/UCSD |
| June 29, 2012 | Hail & Farewell | |

2012-2013 Intern Positions, Supervisors, and Clusters

| Rotation A | Supervisor A | Rotation B | Supervisor B | Cluster A | Cluster B |
|---|---------------------------|---|------------------------|-----------|-----------|
| VA Substance Abuse/Mental Illness (SAMI) | Trim/Tapert | VA OEF/OIF PTSD Clinic | Carlson | SA | T |
| VA Substance Abuse Rehabilitation and Recovery Program (SARRTP) and Tobacco Cessation Program | Fox and Myers | VA PTSD North County Clinic | Rosen | SA | T |
| VA Behavioral Medicine: Pain and Weight Control | Rutledge | VA Mood-Sleep Clinic | Drummond/Nappi | BM | SMH |
| Military Sexual Trauma and Women's Health Clinic | Allard/Nunnick | VA Mood-Sleep Clinic | Drummond/Nappi | T | SMH |
| VA OEF/OIF PTSD Clinic | Carlson | VA Cognitive Rehabilitation | Jak | T | NP |
| VA Primary Care Mental Health Integration | Jajodia | VA Alcohol Drug Treatment Program | Wall/Goldsmith | BM | SA |
| VA Cognitive Rehabilitation | Jak | VA PTSD North County Clinic | Rosen | NP | T |
| UCSD Child and Adolescent Psychiatric Services | SJ Brown | UCSD Child Outpatient Psychiatry | Garland/Williams | C | C |
| UCSD Child and Adolescent Psychiatric Services | SJ Brown | UCSD Child Outpatient Psychiatry | Garland/Williams | C | C |
| UCSD Eating Disorders Clinic | Boutelle/Anderson | UCSD Outpatient Psychiatry | Judd/Zerbi/Twamley | BM | SMH |
| UCSD Senior Behavioral Health | Rice | UCSD Medical Center Neuropsychological Assessment | M. Norman/Perry | NP | NP |
| VA General Behavioral Medicine | Afari | UCSD Medical Center Burn and Cancer Clinics | Minassian and Bardwell | BM | BM |
| UCSD Medical Center Pain Clinic | Perry/Minassian | VA Spinal Cord Injury Unit | McCulloch | BM | BM |
| VA Schizophrenia Psychosocial Rehabilitation | Granholtm | UCSD Outpatient Psychiatry | Judd/Zerbi/Twamley | SMH | SMH |
| VA Family Mental Health Program | Madsen | UCSD Child and Adolescent Psychiatric Services | SJ Brown | SMH | C |
| VA Behavioral Medicine and Primary Care Mental Health Integration | Hepner | UCSD Easting Disorders Clinic | Boutelle/Anderson | BM | BM |
| VA Neuropsychological Assessment Unit | G Brown/Bondi/Filoteo/Jak | UCSD Child and Adolescent Psychiatric Services | SJ Brown | NP | C |
| VA Posttraumatic Stress Disorder Clinic Team | Thorp/Campbell | UCSD Outpatient Psychiatry | Judd/Zerbi/Twamley | T | SMH |
| VA Neuropsychological Assessment Unit | G Brown/Bondi/Filoteo/Jak | UCSD Outpatient Psychiatry | Judd/Zerbi/Twamley | T | SMH |

Cluster definitions

C = child

SA = substance abuse

BM = behavioral Medicine

SMH = speciality mental health

NP = neuropsychology

T = trauma

APPENDIX E

San Diego Area

San Diego was founded in 1769 as the first of 21 California missions. It is currently the eighth largest city in the United States and the second largest city in California with a population of over 1.3 million. The County of San Diego has a population of over 3 million. The three major industries in the county are Defense, Manufacturing (high technology, electronics), and Tourism. San Diego is the site of one of the largest naval fleets in the world. In addition, San Diego's economy focuses on several main industry clusters, consisting of agriculture, biotechnology/biosciences, computer sciences, electronics manufacturing, defense-related manufacturing, financial and business services, ship-repair and construction, software development, and telecommunications.

San Diego features a matchless climate and spectacular scenic vistas. San Diegans enjoy mild, mostly dry weather with an average of 201 days above 70°F. The average high temperature is 71 degrees Fahrenheit, with the high and low differences in temperature averaging 14 degrees the year round. San Diego County has approximately 70 miles of beaches along the Pacific Ocean, numerous golf courses, and mountains and deserts within an hour drive. Major tourist attractions include the world famous San Diego Zoo and Wild Animal Park, SeaWorld, Legoland, Balboa Park, a variety of historic museums, and Old Town National Historic Park. San Diego also features the following major league sports activities: football, baseball, soccer, and horse racing. Camping, picnicking, hiking, riding, and fishing are readily available in numerous scenic parks throughout the surrounding countryside. Tijuana, Mexico is a 30-minute drive to the south of City Center and provides ample opportunity for shopping and colorful nightlife.

San Diego has four major universities and several private and junior colleges. It also has a heavy concentration of scientific research institutions and medical centers. These include the Salk Institute for Biological Studies, Gulf General Atomic, Scripps Clinic and Research Foundations, Scripps Institute of Oceanography, Western Behavioral Sciences Institute, the U.S. Bureau of Commercial Fisheries and the Naval Regional Medical Center.

Finally, San Diego County is a rich socio-cultural environment with 49% Caucasian not of Hispanic origin, 32% Hispanic/Latina(o), 11% Asian/Pacific Islander, 5% African American, and 6% Native Americans and others. Politically, voter registration is 36% Democrat, 36% Republican, 23% Decline to State, and 5% other affiliations.

UCSD/VA SAN DIEGO APPLICATION FORM

Submission of this form with your APPIC application is **mandatory** for us to review your file

Directions for Rank Ordering Preferences

The UCSD/San Diego VA Internship Training Program has positions available for 19 interns. Interns spend the full year with their time divided into 2 half-time rotations. The 19 positions (i.e., rotation combinations) listed below are thematically grouped into 6 clusters (Behavioral Medicine, Specialty Mental Health, Neuropsychology, Addictions, Child, and Trauma). Applicants will notice that some positions are listed in more than one cluster as the two rotations composing that position may reflect different clinical activities. For example, a VA rotation in Neuropsychology is paired with a UCSD rotation in Specialty Mental Health. That position can be found in the Neuropsychology cluster as well as in the Specialty Mental Health cluster.

Applicants should consider the training they desire. Then: **a) rank order their top two clusters; and b) within each of those two clusters, choose no more than two positions for which they would like to be considered.** Please note that faculty will occasionally consider an applicant for other positions if they believe the applicant would be well suited. Thus, if selected for an interview, an applicant may be notified that s/he is interviewing for one or more of the positions they ranked and/or another position within a ranked cluster. You do not need to have extensive experience in both rotations of the position(s) you rank. However, please know that our faculty look for goodness-of-fit with at least one of the rotations in a given position when deciding whom to interview. As you identify positions of interest, please keep in mind that non-US citizens are not eligible to be hired for any position where all of the rotations are within the VA. Please see the rotation descriptions in the brochure and the rotation names below to determine which are within the VA. The following is an example of how to rank cluster preferences:

An applicant is interested in further developing their skill in the assessment and treatment of mood disorders. The applicant also has prior experience with or strength in behavioral medicine. That applicant would likely select the Specialty Mental Health cluster and the Behavioral Medicine cluster. Within each of those two clusters, the applicant would identify up to 2 specific positions of interest.

Please numerically identify your 2 choices from the 6 clusters below. Remember to rank order no more than 2 cluster preferences:

BEHAVIORAL MEDICINE _____

SPECIALTY MENTAL HEALTH _____

NEUROPSYCHOLOGY _____

ADDICTIONS _____

CHILD _____

TRAUMA _____

Cluster and Rotation Combinations

Below, you will find the 19 positions for the UCSD/VA San Diego Psychology Internship Training Program, grouped by the cluster to which they belong. For each cluster rank-ordered above, please circle two positions for which you would like to be considered. Please note that some positions are found in more than one cluster. You may choose to circle that position within both clusters or only within one of the clusters. The order of the rotations listed for each position does not in any way reflect the emphasis of the positions. All positions are split evenly between each half-time rotation. The names of the faculty associated with each rotation are also identified.

BEHAVIORAL MEDICINE

VA Behavioral Medicine: Pain and Weight Control (Rutledge) — VA Mood-Sleep Clinic (Drummond/Nappi)

UCSD Medical Center Pain Clinic (Perry/Minassian) — VA Spinal Cord Injury Unit (McCulloch)

VA General Behavioral Medicine (Afari) — UCSD Medical Center Burn Clinic and Moores Cancer Clinic (Minassian and Bardwell)

VA Behavioral Medicine and Primary Care Mental Health Integration (Heppner) — UCSD Eating Disorders Clinic (Boutelle/Anderson)

VA Primary Care Mental Health Integration (Jajodia) — VA Alcohol Drug Treatment Program (Wall/Goldsmith)

UCSD Eating Disorders Clinic (Boutelle/Anderson) — UCSD Outpatient Psychiatry (Judd/Zerbi/Twamley)

SPECIALTY MENTAL HEALTH

UCSD Eating Disorders Clinic (Boutelle/Anderson) — UCSD Outpatient Psychiatry (Judd/Zerbi/Twamley)

VA Schizophrenia Psychosocial Rehabilitation Program (Granholm) — UCSD Outpatient Psychiatry (Judd/Zerbi/Twamley)

VA Behavioral Medicine: Pain and Weight Control (Rutledge) — VA Mood-Sleep Clinic (Drummond/Nappi)

VA Mood-Sleep Clinic (Drummond/Nappi) - VA Military Sexual Trauma Clinic (Allard/Nunnink)

VA Family Mental Health Program (Madsen) — UCSD Child and Adolescent Psychiatric Services (S.J. Brown)

UCSD Outpatient Psychiatry (Judd/Zerbi/Twamley) - VA Neuropsychological Assessment Unit (G. Brown /Bondi/ Filoteo/Jak)

VA Posttraumatic Stress Disorder Clinic Team (Thorp/Campbell) - UCSD Outpatient Psychiatry (Judd/Zerbi/Twamley)

VA Behavioral Medicine and Primary Care Mental Health Integration (Heppner) — UCSD Eating Disorders Clinic (Boutelle/Anderson)

NEUROPSYCHOLOGY

UCSD Outpatient Psychiatry (Judd/Zerbi/Twamley) - VA Neuropsychological Assessment Unit (G. Brown /Bondi/ Filoteo/Jak)

VA Neuropsychological Assessment Unit (G. Brown /Bondi/ Filoteo/Jak) - UCSD Child and Adolescent Psychiatric Services (S.J. Brown)

VA Traumatic Brain Injury Cognitive Rehabilitation Program (Jak/Bondi) - VA PTSD North County Clinic (Rosen)

VA Traumatic Brain Injury Cognitive Rehabilitation Program (Jak/Bondi) - VA OEF/OIF PTSD Clinic (Carlson)

UCSD Senior Behavioral Health (Rice)- UCSD Medical Center Neuropsychological Assessment Program (M. Norman)

ADDICTIONS

VA Behavioral Medicine and Primary Care Mental Health Integration (Heppner) — VA Alcohol Drug Treatment Program (Wall/Goldsmith)

VA Substance Abuse/Mental Illness (SAMI) Program (Trim/Tapert) - VA OEF/OIF PTSD Clinic (Carlson)

VA Substance Abuse Rehabilitation and Recovery Program (SARRTP) and Tobacco Cessation Program (Fox and Myers) - VA PTSD North County Clinic (Rosen)

CHILD

UCSD Child and Adolescent Psychiatric Services (S.J. Brown) - UCSD Child Outpatient Psychiatry (Garland/Williams)

There are two positions with this combination of rotations

VA Family Mental Health Program (Madsen) — UCSD Child and Adolescent Psychiatric Services (S.J. Brown)

VA Neuropsychological Assessment Unit (G. Brown /Bondi/ Filoteo/Jak) - UCSD Child and Adolescent Psychiatric Services (S.J. Brown)

TRAUMA

VA Substance Abuse/Mental Illness (SAMI) Program (Trim/Tapert) - VA OEF/OIF PTSD Clinic (Carlson)

VA Substance Abuse Rehabilitation and Recovery Program (SARRTP) and Tobacco Cessation Program (Fox and Myers) - VA PTSD North County Clinic (Rosen)

VA Traumatic Brain Injury Cognitive Rehabilitation Program (Jak/Bondi) - VA OEF/OIF PTSD Clinic (Carlson)

VA Posttraumatic Stress Disorder Clinic Team (Thorp/Campbell) - UCSD Outpatient Psychiatry (Judd/Zerbi/Twamley)

VA Traumatic Brain Injury Cognitive Rehabilitation Program (Jak/Bondi) - VA PTSD North County Clinic (Rosen)

VA Mood-Sleep Clinic (Drummond/Nappi) - VA Military Sexual Trauma Clinic (Allard/Nunnink)

Interview: In general, it is significantly to the benefit of all if you visit us for a personal interview. If invited, could you come to San Diego for an interview on one of the following dates in 2012: January 4, 5, 6, 9, or 10? **Yes:** _____ **No:** _____

Please note: Interviews will be arranged on an invitation basis only after the application is received and reviewed. All applicants whose applications were complete and received by the deadline will be notified of status by phone or email by December 15, 2011.

References: We require a letter from your Director of Training if Part II is not completed by the Training Director certifying your readiness for internship. In addition, please provide a letter addressing your training interests and needs from your major research advisor and two additional letters of recommendation from supervisors who are well-acquainted with your clinical work. Letters should be addressed to the Intern Selection Committee. A complete application contains three letters and Part II of the APPIC.

Incomplete files will not be reviewed and applicants that submit materials after **October 31, 2011 will not be reviewed as file review begins on November 1, 2011.**

APPLICATION CHECK LIST

A completed application will include:

1. Cover letter _____
2. Official graduate transcript _____
3. Vita _____
4. APPIC application _____
5. This application form completed _____
6. Part II APPIC completed by Director of Training. _____

Name of Director of Training: _____

7. One (1) letter of reference, interests and needs from major advisor. _____

Name of Advisor: _____

8. Two (2) letters of reference from clinical supervisors. _____