
Psychology Internship Training Program

VA Palo Alto Health Care System
3801 Miranda Avenue
Palo Alto, California 94304



2015 - 2016



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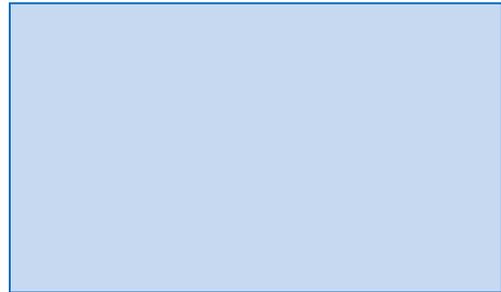
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Selecting a Psychology Internship

An internship is only a year long, but it plays a major role in professional development. Every year, graduate students spend large amounts of time and money to examine internship sites, and many move long distances for what may be a single year of training. There are spirited debates across the country about the necessity of this system and the way it functions. Yet the internship has been an integral part of training since the Boulder conference in 1947, which established the scientist-practitioner model as the basis for professional self-definition of Clinical and Counseling Psychologists. Internship is a year when you can work in a setting primarily designed to provide direct health care services to patients, rather than those primarily designed to provide training. On internship you can use empirically-supported approaches, and you can work with problems for which there currently are no empirically-supported treatments. You can sharpen clinical and counseling skills, generate research ideas, and, if you choose, conduct clinically-relevant research. You will function at a new level of professional responsibility on internship, making a major transitional step in your journey from student to independent professional.

It is important that you think carefully about where you apply for internship. Do your interests fit the training philosophy and strengths of the internship? Does this institution give you the kind of training you need for the career you want? Would you consider working for, or consulting at, this institution? Would your knowledge generalize to other institutions or public service settings where you may want to work? Once you know what you are looking for, you will find that many internship sites could help you meet your goals.

The purpose of this brochure is to describe the internship program at the VA Palo Alto Health Care System and the training experiences offered. Our program has been continually accredited by the [American Psychological Association](#) (APA) since 1977 (the next accreditation site visit will occur in 2016). We have a complex, multi-faceted program, which can provide many kinds of training experiences. We believe it is one of the strongest internships in the country. At the same time, no internship program is perfect for everyone; you will be seeking the best match for your own interests and needs, just as we will be seeking the best matches for our program. We hope this brochure can help you decide whether you want to learn more about Palo Alto by being in more direct, personal contact with us.



You might wonder why the [Department of Veterans Affairs](#) would pay several million dollars a year across the country to fund psychology internship positions. Part of the answer is that training prepares staff who might work for the VA system. It gives VA an opportunity to develop a pool of psychologists experienced with the system and with the kinds of patients and problems that are common in VA. However, the training mission of VA is broader, and VA is explicitly committed to training for the nation, as well as for the VA system. We train interns who go on to VA jobs, and we train interns who go on to work in academia, other medical centers, the private sector, etc. The whole profession of Psychology and the whole health care system in this country are served by having well-trained, enthusiastic, creative professionals. We strive to support VA's training mission, for VA's specific goals and for the nation.

Psychology Training Model and Philosophy

The VA Palo Alto Health Care System provides a particular kind of training, based on our view of the role of Psychology in the VA system. Specifically, we are committed to the scientist-practitioner model of psychology, and the internship training experience is organized accordingly. The internship program at VA Palo Alto is a member of the [Academy of Psychological Clinical Science](#), which is a coalition of doctoral training programs and internship sites that share a common goal of producing and applying scientific knowledge to the assessment, understanding, and amelioration of human problems. Our membership in the Academy indicates that the Internship Program at VA Palo Alto is committed to excellence in scientific training and to using clinical science as the foundation for designing, implementing, and evaluating assessment and intervention procedures.

*"Palo Alto is indeed a special place, made so by so many who are dedicated and committed to training – but, more importantly, to serving veterans. Personally, this has been a transformative year."
~Recent intern*

Palo Alto has broad strengths in training. We have a large staff of psychologists who represent a wide range of areas of expertise and are dedicated to training and supervision of our future psychology colleagues. There are opportunities for training in psychological and neuropsychological assessment, and for training in interventions with adults and families in geriatric settings, medically-based settings including primary care, inpatient

and outpatient mental health settings, and substance abuse settings. There are opportunities to do clinical research, either as part of rotations that are primarily clinically-focused, or in rotations that emphasize health services research, program evaluation and implementation/dissemination, or translational research. These experiences are intended to supplement and complement training experiences obtained in your graduate program. Our limitations include few clinical opportunities to see children, except as part of family treatment, or to work with developmentally disabled adults. In addition, although women veterans increasingly use the VA system for their health care and behavioral health needs, there is clearly more work with men than with women in any VA internship.

Our program is committed to general clinical training in the internship year, but within that model there are opportunities for special emphasis areas. Some of these are represented by our training tracks: behavioral medicine, geropsychology, and clinical neuropsychology. Other training emphases often sought by interns include: PTSD/trauma, traumatic brain injury and cognitive rehabilitation, rehabilitation psychology, and substance use disorders. All of the track-related training and other training rotations are described more fully in this brochure.

In this introduction we describe the Training Program procedures such as application, selection, and how the program is organized. We also discuss our philosophy of training and expectancies about competencies that interns will acquire. The next sections describe the training sites, including specific details on program structure, patient population, theoretical orientation of the supervisor, and the nature of supervision for each training site. Appendices include a listing of all the psychologists in the training program, with brief biographical sketches, and a summary table of all the training sites.

This brochure also contains a brief section on Psychology Postdoctoral Training within Psychology Service, the Mental Illness Research, Education, and Clinical Center (MIRECC) postdoctoral fellowship, and the Health Services Research and Development (HSR&D) Center for Innovation to Implementation. We also have a complete Postdoctoral Training Manual, which can be found on the Psychology Training website; some information is included here because we know that the availability of postdoctoral options is often important information for intern applicants when considering ranking decisions.

VA Palo Alto Health Care System Facilities

VA Palo Alto is part of a national network of hospitals and clinics operated by the Department of Veterans Affairs to provide comprehensive health care to men and women who have served in the armed forces. This health care system is responding to many national changes in the health care field; our training program changes in concert with the changing organization and emphases of health care.

The Veterans Affairs Palo Alto Health Care System ([VAPAHCS](#)) is a teaching hospital, providing a full range of patient care services across 10 different hospital/clinic sites, with state-of-the-art technology as well as education and research. Internship training sites are available in four of these locations (Palo Alto, Menlo Park, San Jose, and Livermore), with the great majority concentrated in the Palo Alto Division and the Menlo Park Division. As of July 2014, this health care system has over 4300 employees, is located on more than 300 acres, and operates on an annual budget of over \$850 million in Fiscal Year 13 (FY13). Our health care facilities operate nearly 900 inpatient beds, including three Community Living Centers (formerly known as nursing homes) and a 100-bed homeless domiciliary, and over 50 primary care and specialty outpatient clinics, serving nearly 67,000 unique patients per year.

The VAPAHCS is affiliated with the [Stanford University School of Medicine](#) and shares training programs for medical residents in psychiatry, medicine, surgery, rehabilitative medicine, and other medical specialties. In addition to these and the psychology training program, VAPAHCS also has training programs for audiology/ speech pathology, dentistry, dietetics, hospital management, nursing, pharmacy, social work, recreation therapy, occupational therapy, and optometry. Psychology operates in an interprofessional, collegial fashion with other disciplines, and interns obtain training and clinical experience in interprofessional work. The Psychology Internship Program is operated by Psychology Service, which reports to the Associate Chief of Staff for Mental Health Services. Psychology Service is a voting member of the Executive Review Board, and Psychology Service professional staff members have medical center privileges.

In addition to basic medical and mental health care programs, this VA has a variety of specialized regional programs, including a Polytrauma Rehabilitation Center, a Spinal Cord Injury Center, the Western Region Blind Rehabilitation Center, the National Center for PTSD (NCPTSD), the Men's and Women's Trauma Recovery Programs, the Homeless Veterans Rehabilitation program, a Geriatric Research, Educational, and Clinical Center (GRECC), and a Mental Illness Research, Education, and Clinical Center (MIRECC). Special psychological programs are available in health psychology, geropsychology, inpatient and outpatient psychiatric care, drug and alcohol treatment, and brain injury rehabilitation. Training opportunities are available in all of these programs.

VAPAHCS is one of the top three research programs in VA with annual funding of over \$50M. VA Palo Alto encompasses extensive research centers in geriatrics (GRECC), mental health (MIRECC), Alzheimer's disease, spinal cord regeneration, schizophrenia, and post-traumatic stress disorder. VAPAHCS also manages several centers supported by the VHA Office of Research and Development, including the Rehabilitation Research and Development Bone and Joint Center of Excellence, Health Services Research and Development (HSR&D) Center for Innovation to Implementation (Ci2i), Program Evaluation Resource Center (PERC), and Health Economics Resource Center (HERC). Training resources are available for research or consultation at these and other programs.

Psychology Internship Program Funding, Benefits, and Eligibility

The Psychology Internship Program is funded by the Office of Academic Affiliations of the Department of Veterans Affairs Central Office as an annual, earmarked allocation to the medical center. The current annual internship stipend at VA Palo Alto is \$28,382. This stipend requires a full calendar year of training; our start date is in late August each year. For the 2015-16 year, the start date will be Monday, August 24, 2015. VA provides health care benefits for interns and postdoctoral fellows as for

any other VA employee. Health benefits are also available to dependents and married spouses of interns and fellows, including to legally married same-sex spouses of interns and fellows regardless of state of residency. Unmarried partners of either sex are not eligible for health benefits, even those in legal civil unions or domestic partnerships. Insurance programs can be selected from a wide array of options. More information about VA stipends and benefits are available at www.psychologytraining.va.gov/benefits.asp.

Our training is geared to advanced level predoctoral students, or to students who previously obtained psychology doctoral degrees and are now obtaining training for re-specialization in clinical or counseling psychology. Eligibility requirements for VA internships are determined nationally and we have no authority to over-ride these requirements locally. All information about VA eligibility requirements is available at www.psychologytraining.va.gov/eligibility.asp. The number of internship positions at VA Palo Alto has varied in the past and has been stable at 14 for many years; beginning in 2015-2016, we will have 15 permanently funded internship positions.

For the coming year (2015-2016), seven of the 15 funded slots are labeled "general" slots and provide broad training, usually with considerable emphasis on PTSD, substance use disorders, and/or serious mental illness. Three other positions are specifically funded for geropsychology. Four of the 14 positions emphasize behavioral medicine experience. Finally, one slot will be used for an emphasis in Clinical Neuropsychology. Each of these programs has a unique APPIC Match Number:

114711	General	7 positions
114713	Geropsychology	3 positions
114714	Behavioral Medicine	4 positions
114715	Neuropsychology	1 position

Interns with training emphases in neuropsychology, geropsychology, or behavioral medicine spend fifty percent of their training time (2 of 4 rotations) throughout the year with the relevant emphasis area. All interns in the general training track spend at least 25% of their training time focusing on work with older adults or work in a medically-based setting. Typically, general track interns meet this expectation by selecting one half-time, six-month rotation in a site emphasizing health psychology and/or geropsychology. Outside of these requirements, all interns can choose from rotations in any area (e.g., a neuropsychology intern can choose to work in an Inpatient Psychiatry unit, a behavioral medicine intern can choose to work in a geropsychology rotation, a geropsychology intern can work in Addiction Treatment). Thus, all interns get broad-based, generalist training. There can be considerable overlap in the rotation schedules of each member of the intern class, regardless of training track.

"Overall, the internship experience at Palo Alto surpassed my expectations. I was surprised at the warm interpersonal relationships cultivated with supervisors and the extent to which intern interests/goals guided the work assigned. ~Recent intern

Psychology Internship Structure at VA Palo Alto

The internship consists of a calendar year of full-time, supervised training, beginning in the last week of August each year. Training is based on a 40-hour work week, so the total hours over a year come to 2,080. Out of those 2,080 hours, there is time off for vacation (13 days), illness (up to 13 days), Federal holidays (10 days), and authorized absence for professional activities (up to 10 days).

The internship year is divided into two six-month periods. Within each six-month block, interns typically spend half-time at each of two sites (e.g., half time in the Mental Health Clinic and half time at the Hospice program). Occasionally, interns may do two full-time three-month rotations during a six-month period (e.g., 3 months in an Inpatient Psychiatry Unit and 3 months at the Trauma Recovery Program). Interns typically spend 25% to 37% of their time in direct service throughout the year (10-15 hours weekly) and receive at least 4 hours per week of supervision from psychology supervisors, at least 2 hours of which are individual, face-to-face supervision. The typical rotation schedule for the year can be represented by the table below:

First Rotation (August- February)	Second Rotation (February-August)
Rotation 1 – half-time	Rotation 3 – half-time
Rotation 2 – half-time	Rotation 4 – half-time

There also are optional mini-rotations that require 3 to 6 hours per week. Electing mini-rotations generally requires adding extra hours to the 40-hour work week, because the half-time rotations are already full training experiences. Some but not all possible mini-rotations are laid out in this brochure, since they are often individually tailored to meet specific intern training interests and needs. Examples of mini-rotations in recent years include learning about grant writing, doing research on anxiety in older adults, or carrying a long term psychotherapy case. If you have an idea about a mini-rotation that you might be interested in doing, raise it with the Training Director if you are invited for an interview.

You will have the opportunity to participate in the assignment of your rotations. We do not have a pre-set pattern of rotations for any of the training tracks. Each intern's year is designed, in collaboration with the Training Director, to fit the intern's training needs and interests, as balanced with the expectations and resources of the program. Discussion of this process will be emphasized during your visit or in phone interviews, if you are invited for an interview. Final rotation assignments will be determined after the intern Match, sometime in the spring before internship begins.

In addition to training assignments, interns have Wednesday afternoons set aside for an intern seminar series throughout the year. That takes 4 hours each week, so each "half-time" rotation is actually 18 hours. In addition, some interns are involved in mini-rotations or research projects at their rotation sites that require additional time and effort. Thus, it is usually difficult to work everything into the time allotted. Like staff, you get paid for 40 hours, no matter

"This internship is an excellent training program, very well-organized and well-run. I feel so lucky to have been a VA Palo Alto intern. The internship provided me with a variety of clinical experiences that built upon my prior work and also challenged me to learn new areas. In addition, the research rotation has been very useful in giving me an understanding of what life as a VA researcher might look like." ~Recent intern

how much time you put in. Most staff do not get their work done in the allotted 40 hours, and we suspect you will not either. A key notion in VA is that we are a "Service," not a department. To serve patients we must be available, and you will see considerable emphasis on being available, even if that means staying beyond your usual ending time occasionally. See below for a breakdown of a typical intern workweek for interns in clinical rotations (note that the focus on assessment and various therapy experiences will vary by rotation):

Supervision & Training	10
Individual (face to face) Super. with Primary Supervisor	2
Group Supervision with Primary Supervisor	2
Individual (face to face) Super. with Delegated Supervisor	
Group Supervision with Delegated Supervisor	
Training Activities (e.g., Seminar, Case Conf., Didactics)	6
Professional Services Performed (Direct service)	15
Individual Psychotherapy	4+
Couples and/or Family Therapy	
Group Psychotherapy	3+
Testing & Assessment	(4+)
Intake assessment	2
Consultation/Education	1
Community meetings	
Treatment team planning	3
Case management	2
Providing supervision/teaching of trainees	
Other Work Performed	15
Staff Meeting	2
Administrative Duties (e.g., writing notes, documentation)	13
Research	
Other Prof. Activities _____	

On the other hand, this is not a 60-hour per week or more internship. You will work at least 40 hours intensively each week. How much more than that you work depends on many factors, including your interest in additional training experiences, your research involvement, how time-effective you are in completing clinical documentation, etc. The Training Director will help you plan a realistic program that balances taking advantage of training opportunities with time for a full, rich life outside of work.

Intern Seminars and Meetings

Intern seminars are scheduled Wednesday afternoons. Early in the training year, seminars are scheduled by the Training Director and staff on the Seminar Committee. Each intern class selects representatives to the committee. As the year proceeds, interns have opportunities to decide on seminar topics and speakers. Interns evaluate each seminar speaker and topic, so the Committee has considerable data on who is available to speak and whether previous audiences have found their presentations valuable. The overarching goal in Seminar is to obtain training on topics essential to practice as a Psychologist, such as legal and ethical issues, handling patients in crisis, multicultural competence, and the interaction between research and clinical practice. We emphasize continual examination of what current research findings are relevant to clinical practice and what experiences in clinical practice might prompt valuable research questions. We also emphasize topics that support and promote interns' professional development during this year of transition from student to professional, and topics which may broaden

interns' knowledge base of different clinical models and applications. Please see below for a selected list of seminar topics from a typical training year.

Basic Issues in Clinical Management

- Legal Issues – Tarasoff/risk management, child and elder abuse reporting, competency evaluations
- Psychopharmacology
- Prevention and management of disruptive behavior
- Brief cognitive screening
- Suicide assessment and prevention

Multicultural Competence – Awareness, Knowledge, and Skills

- Overview of military culture
- Overview of Multicultural Psychology
 - Multidimensional assessment
 - Clinical applications
 - Expert/consultant panel
- Psychology and disability
- Clinical issues with lesbian, gay, and bisexual clients
- Spirituality and mental health
- Issues in geriatric mental health
- Cultural considerations in assessment
- Transgender identities and experiences

Careers in Psychology

- Academic job panel
- Job panel – clinical positions and private practice
- Job panel – academically-affiliated medical centers
- Non-traditional careers in psychology
- Job search and negotiation skills

Professional Development

- Postdoctoral decision-making
- Postdoctoral panels – clinical, research
- Vita preparation and interviewing skills
- Licensing information and process
- Integrating personal and professional lives
- Becoming a supervisor
- Job search process and negotiation

Clinical Models and Applications

- Motivational Interviewing
- Overview of Group Therapy
- Brief dynamic psychotherapy
- Family therapy approaches
- Mindfulness-based approaches
- Dialectical Behavior Therapy
- Acceptance and Commitment Therapy
- Cognitive Processing Therapy
- Prolonged Exposure
- Functional Analytic Psychotherapy
- Integrative approaches and treatments
- Compassion training

Other Special Topics

- Moral injury
- Policy and advocacy in psychology
- Dissemination and implementation science
- Using technology and mobile apps in clinical practice

California Psychology licensing law requires that psychologists have specific training in Human Sexuality, Child Abuse Assessment and Reporting, Partner/Spousal Abuse Assessment and Treatment, Aging and Long-term Care, and Substance Dependence Assessment and Treatment. With the exception of Partner/Spousal Abuse training (requiring 15 hours), we provide each of these classes during the year for you to attend. More information about licensure in California can be found at www.psychboard.ca.gov. Licensed psychologists in California are required to have continuing education; we are accredited by APA to provide that training, and most CE training for staff is open to interns and postdoctoral fellows. Each year there are several full-day CE conferences at the VA Palo Alto Health Care System attended by interdisciplinary staff and open to interns and postdoctoral fellows; topics vary from year to year though typically include topics such as supervision and legal/ethical issues in the practice of psychology.

In addition, several VA research centers such as the National Center for PTSD, GRECC, MIRECC, and Health Services Research, as well as Stanford Department of Psychiatry, have their own seminar series or grand rounds that are open to interns and fellows. Finally, many rotations have didactic

seminars as part of their clinical training. Please reference descriptions of individual training sites for specific types of didactic opportunities offered.

"The structure and support of the internship program provided a solid and reliable foundation that enabled me to grow professionally and personally in a complex medical setting. The program did an excellent job of fostering cohesion in our cohort and providing opportunities such as the internship support group and the seminar series for us to build supportive relationships with one another." ~Recent intern

Intern Group

The training program hires a clinical psychologist from outside the VA system to run a weekly group for the interns. This is an optional training experience which takes place in additional time outside the basic 40-hour week, for interns who choose to be involved. A main purpose is to be a support group for interns, most of whom are new to the area as well as to each other. In addition, the group provides an opportunity to learn more about group process by being a participant. Beyond funding this group and reviewing anonymous evaluations at the end of the year to ensure that we are providing a valuable experience, no VA staff member, including the Director of Training, has anything to do with the operation of this group. It is directed by the facilitating psychologist and the participating interns themselves.

Research

While participating in research is not a requirement of the internship program, there are many research opportunities here, and interns who have completed their dissertations are in an especially good position to take advantage of them. In general, having your dissertation completed will enable you to enjoy internship more and be able to concentrate better on training and other opportunities here. A number of training sites are excellent models of scientist-practitioner functioning, in which clinical work continually guides ongoing research, and in turn the research findings inform the clinical work. Interns can get involved in research in these treatment settings; decisions about whether the intern will be involved in research and, if so, the level of research involvement will be determined by the intern with the primary supervisor in the setting. Since our internship requires interns to attain numerous clinical competencies to complete the internship, interns who request a primarily clinical research rotation may participate in only one such rotation (such as in health services research) out of the four total 6-month rotations. In these latter cases, the Training Director works with interns to determine a combination of rotations that will provide optimal opportunities for clinical immersion and clinical research consistent with the internship program's overall goal of broad-based, generalist training.

The internship program also operates a Clinical Research Career Mentoring Program offering participating interns exposure to key elements of clinical research through linkage to an established VA Palo Alto principal investigator and/or alumni. Potential mentors include researchers at VA Palo Alto (HSR&D Ci2i, MIRECC, NCPTSD), at Stanford, USF, and UCSF. Participation in this program is optional and is most relevant for interns pursuing academic careers or positions that involve a substantial research component. This program is not a research rotation or a mini-rotation but, instead, focuses on clinical research career development topics such as:

1. Assistance in negotiating the post-doctoral research application process
2. Challenges and benefits of doing research with clinical samples
3. Understanding of VA-specific research requirements
4. Mechanics of applying for VA grants, VA early investigator grants, or NIH grants as a VA investigator
5. Networking with VA Palo Alto internship alumni

It is expected that mentor-intern meetings will occur 1-2 times per month throughout the internship year. Should an intern and research mentor wish to collaborate on a research project, this work will be conducted in addition to the intern's regularly scheduled internship rotations.

Internship Training Goals and Objectives

Embodied in our training philosophy and policy is experience distilled from over fifty years of working with successive classes of interns. We believe that interns should receive well-rounded clinical experience that includes work with mental health and medical populations, and we expect all interns to obtain training on internship with geriatric patients or in a medical setting as well as in mental-health settings. Further, psychologists should be able to assess and provide at least initial clinical care to patients across the spectrum of severity; interns who have not had intensive doctoral-level training experiences prior to internship with assessment and/or patients with serious mental illness will be expected to do rotations that provide such experience here. We believe that psychologists should be prepared to work as members of interprofessional health care teams, interacting collaboratively with the full range of disciplines that provide health care services. Most of our care settings are interprofessional, because of the nature of service provision in a complex health care system like ours; thus, interns will have at least one rotation during which they work with an interprofessional team. Within these requirements, assignment to rotations and selection of supervisors primarily is based on the intern's training needs and interests.

Development of professional responsibility and a professional identity as a psychologist are major themes of our training. We affirm collaborative decision-making between interns and training staff regarding each intern's development. Formal, written evaluation takes place every 3 months, though we view evaluation as a mutual and ongoing process among interns, supervisors, and the training program as a whole. We believe this is necessary to insure continued growth for each intern and for the training program. For a copy of our complete evaluation and due process guidelines, please email the Training Director at Jeanette.Hsu@va.gov.

"I have definitely been challenged this year but in a way that has made me a better clinician, professional, and student. I am looking forward to my next role as a postdoctoral fellow and definitely feel prepared after my training here. I will miss everyone here at VA Palo Alto!"
~Recent intern

General Training Objectives

To capture and expand the principles described above, we define the following core training objectives. In addition to meeting these general clinical competencies, by the completion of internship all interns should demonstrate basic competence in at least four of five training areas: assessment, outpatient mental health, serious mental illness, behavioral medicine and/or geropsychology. Some key competencies within each of those areas are outlined following the general clinical competencies below that we expect all interns to demonstrate.

Assessment, Diagnosis, and Intervention:

1. Demonstrates knowledge of (including strengths/limitations), and ability to select, assessment approaches appropriate to situation (referral question, presenting problem).
2. Systematically conducts clinical/diagnostic interviews as a basis for case conceptualization and treatment planning.
3. Understands differential diagnosis using a system appropriate to the setting.
4. Demonstrates knowledge of, and applies concepts of normal and abnormal behavior, to case formulation.
5. Writes clear and concise assessment reports/progress notes, integrating behavioral observations, historical data, medical records, interview, and/or test-based information.
6. Formulates well-conceptualized recommendations.
7. Effectively communicates assessment results and recommendations to patients/family members and/or relevant providers.

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8. Conducts ongoing assessment and modifies diagnosis/case formulation as necessary when new information is available.
 9. Demonstrates appropriate empathy, is responsive, and elicits cooperation from patients.
 10. Attends to, and responds effectively, to patients' interpersonal and internal process (e.g. impact on others, avoidance of emotions).
 11. Attends to, and responds effectively to, patients' thoughts, actions, and feelings.
 12. Understands problems and/or diagnostic categories within an evidence-based theoretical/conceptual framework that guides appropriate assessment and/or treatment strategies.
 13. Suggests relevant treatment possibilities from a number of modalities based on the formulation of problems and goals.
 14. Uses formulation of problems and goals to inform treatment plans/expectations for treatment.
 15. Communicates effectively with patients, their families, and other care providers throughout the treatment process using verbal and written means.
 16. Evaluates treatment progress and modifies planning as indicated.
 17. Can conduct a lethality assessment and knows actions to take when confronted with a patient who is a danger to self or others.

Scholarly Inquiry/Integrating Science and Practice:

1. Articulates a personal theoretical or conceptual perspective that is comprehensive and flexible, and demonstrates understanding of a scientist-practitioner approach within that perspective.
2. Demonstrates a systematic, hypothesis-driven approach to case conceptualization and treatment.
3. Reviews the literature to identify evidence-based practices (EBP) for patients' problems and flexibly applies this knowledge to case conceptualization and treatment.
4. Determines when problems are not fully addressed by EBP.
5. Incorporates data from the literature into conceptualizations and interventions for complex cases in which evidence-based interventions do not fully address the problems.
6. Ability to compare and contrast EBP approaches with other theoretical perspectives and interventions in the context of case conceptualization and treatment planning.

Team Functioning and Consultation:

1. Able to clarify and refine referral question based on analysis/assessment of question.
2. Knowledge of and ability to select appropriate and contextually sensitive means of assessment/data gathering that answers consultation referral question.
3. Understands the structure of teams to which intern belongs or with which intern consults in assigned training sites.
4. Can identify different team members' roles, including the psychology intern's role and function.
5. Effectively presents psychological issues to non-psychologist staff.
6. Contributes to the team in each relevant training site, such as communicating important information about patients, being sensitive to and responding appropriately to the needs of other team members, and/or using skills as a psychologist to facilitate team functioning.
7. Provides constructive consultation to other psychology colleagues.
8. Negotiates conflictual, difficult, and complex professional relationships.
9. Recognizes opportunities for, and engages in, effective collaboration with other professionals toward shared goals.

Supervision and Teaching:

1. Understands basic supervision concepts and principles, and the developmental process of clinical supervision.
2. Demonstrates ability to effectively teach colleagues and trainees in areas of expertise.
3. Understands complexity of the supervisor role including ethical, legal, and contextual issues.

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4. Beginning to develop a philosophy or model of supervision and reflect on how this model is applied in practice.
 5. (If supervising) Aware of the current needs of supervised trainees, and reflects on how to provide developmentally appropriate feedback to supervisees.

Program Evaluation:

1. Demonstrates awareness and understanding of how ongoing collection of clinical data can guide treatment service delivery.
2. Demonstrates awareness and understanding of programmatic strengths and weaknesses in implementing evidence-based practices.
3. Critically evaluates program procedures and services and provides constructive feedback and suggestions for improvement.
4. Effectively participates in meetings or other activities pertaining to evaluation of program and/or services, if available.

Cultural and Individual Diversity:

1. Demonstrates knowledge of cultural and other diversity issues and of how these impact the clinical setting (e.g., assessment, intervention, consultation, use of the literature).
2. Incorporates such knowledge into the theoretical/conceptual framework guiding assessment and treatment planning in the clinical setting.
3. Implements effective clinical strategies with patients different from self in diverse ways in the clinical setting.
4. Independently able to articulate, understand, and monitor own cultural identity in relation to work with others.
5. Able to critically evaluate feedback and initiate consultation or supervision when uncertain about diversity issues.

Professional, Ethical, and Legal Issues:

1. Demonstrates professional responsibility: on time for appointments, documents clinical work in a timely way, prepared for supervision, follows program procedures, self-directed/able to function independently within the scope of competence.
2. Shows emotional maturity in professional contexts by tolerating ambiguity/anxiety and considering the views of others, even in charged situations.
3. Accurately evaluates level of competency and considers own limitations when working with patients; knows when level of expertise is exceeded; seeks appropriate consultation.
4. Responds to consultation and feedback from supervisors and other professionals with constructive action or changes.
5. Demonstrates knowledge of self and the impact of own behavior on the conduct of therapy, the public, and the profession.
6. Views supervision as professionally enriching rather than primarily evaluative and uses supervision to expand awareness of personal strengths and limitations.
7. Demonstrates development of emerging professional identity as a “Psychologist.”
8. Demonstrates professional growth and maturity by dealing effectively with authority figures and showing willingness to challenge self and others for the sake of improving services provided.
9. Shows awareness of ethical issues that arise in professional activities and demonstrates behavior consistent with APA ethical guidelines.
10. Shows ability to accurately identify, analyze and proactively address complex legal and ethical issues (e.g. seeks consultation when appropriate; shows awareness of potential conflicts; demonstrates willingness to confront peers/organization when necessary)
11. Demonstrates knowledge and awareness of California and Federal laws with respect to the practice of psychology as applicable in the setting.

-
12. Knows and, if necessary, acts according to specific procedures for reporting child, elder, and/or spousal abuse as well as for Tarasoff situations.

Competency Area Objectives

As stated above, interns are additionally expected to develop basic competence by the completion of internship in at least four of the following five training areas: **assessment, outpatient mental health, serious mental illness, behavioral medicine, and/or geropsychology**. Your rotations have been mutually determined with the Training Director to meet these breadth requirements. Key competencies in each of these areas are highlighted below, many of which overlap with general competencies outlined above. Thorough documentation of site-specific competencies (if any) for specific rotations will be provided as you begin rotations. Evaluations in each rotation are based on attainment of the general and site-specific competencies as well as adherence to professional standards of ethics and responsibility.

Assessment

- Administer, score and interpret neuropsychological and psychodiagnostic screening tests
- Know limits as an assessor and when to ask for consultation or make a referral
- Communicate assessment results verbally and in writing to professionals, patients, and families
- Know how to provide specific suggestions, based on assessment that will improve treatment planning and quality of care for the patient

Outpatient Mental Health

- Assess the risk a patient poses to self or others
- Evaluate a patient's need and appropriateness for different types (individual, group, or family) and durations (crisis management, brief, long term) of therapy
- Utilize psychoeducational interventions
- Determine when brief therapy can be used to accomplish patient goals and provide brief therapy when appropriate
- Provide long term therapy to complex patients using a conceptual rationale and defining goals that can be evaluated over time

Serious Mental Illness (inpatient or outpatient settings)

- Understand the course of acute and/or chronic disorder and its treatment
- Accurately diagnose acutely disordered patients
- Provide interventions, in conjunction with the interprofessional team, for violent, extremely agitated, and self-destructive patients
- Increase comfort in working with acutely disordered patients
- Provide treatment in an intensive treatment environment where the impact and consequence of the treatment process can be immediately observed and discussed

Medically-based Settings/Behavioral Medicine

- Understand the role of psychology in interprofessional medical settings and work collegially with other health professionals in such settings
- Utilize health psychology principles and strategies to provide psychoeducational and/or psychotherapeutic interventions for promoting health and wellness
- Provide intervention for stress reduction, pain management, adjustment to physical injury or disease, and rehabilitation
- Work with terminally ill patients and support the dying patient and family/loved ones

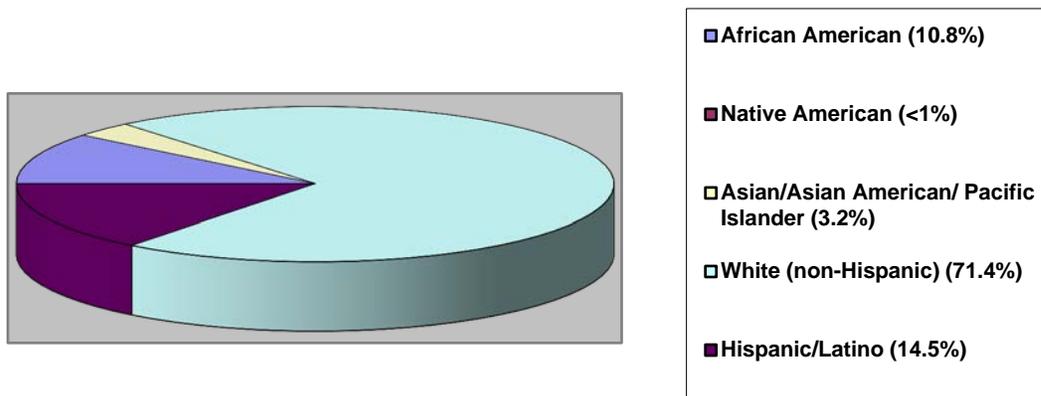
Geropsychology

- Understand the continuum of care for elderly patients and the appropriate utilization of programs and strategies at various points along that continuum
- Learn similarities and differences in the experience and expression of psychopathology in older, as compared to younger, adults
- Implement diagnostic and psychotherapeutic adaptations to make assessment and treatment more appropriate for older adults
- Understand the role of the family in providing care for frail or demented older adults, and provide interventions to improve the caregivers' skills and/or quality of life
- Collaborate with a variety of medical and allied health professionals in consultative and integrated care of older adults
- Work with terminally ill patients and support the dying patient and family/loved ones

Opportunities for Working with Diverse Patient Populations and for Developing Multicultural Competence

VA Palo Alto serves an ethnically diverse population of veterans and active-duty personnel ranging in age from 19-90+, with more and more younger ages represented due to our nation's current military conflicts. While most of the patients are male, VA Palo Alto has specific women's mental health programs drawing female veterans and active-duty personnel from around the nation. Female patients now account for approximately 9% of the VA Palo Alto patient population. Patients also range in socio-economic status, from high-income employees of local technology companies to low-income and/or homeless veterans. The overall VA Palo Alto patient population reflects the distribution of self-reported ethnic backgrounds in the pie chart below. However, there are many rotations which serve an even larger proportion of patients from ethnic minority backgrounds.

VA Palo Alto Demographics



The intern seminar devotes a significant section of the seminar series to directly addressing multicultural competence and diversity issues, as well as encouraging presenters for all topics to model critical thinking about diversity issues throughout the seminar series. Furthermore, supervisors address multicultural competence and diversity issues in each rotation and during the course of supervision. The internship program also takes seriously the support of interns' professional development with regard to ethnic identity, sexual orientation, gender, disability, and other significant identifications. Towards this goal, our diverse supervisory staff is available for mentoring of interns from a wide range of backgrounds.

Psychology Service also operates a Multicultural/Diversity Committee (including staff, interns and postdoctoral fellows) which discusses, evaluates, and works to improve the efforts of the training program in recruitment and retention of diverse trainees and staff and the training and education of trainees and staff in multicultural competencies. In recent years, the committee has developed and implemented/co-implemented several workshops and conferences on multicultural competence in clinical supervision, competence in working with LGBT veterans, and multicultural competence for interdisciplinary teams. Current projects include working with the VA Palo Alto LGBT employee special emphasis program in developing Safe Space training for psychology and other staff, as well as developing practical guidelines for supervisors in addressing issues of cultural and individual diversity in supervision. Multicultural competence is valuable to us and something we consider essential to ongoing professional development.

Trainee Self-Disclosure in Training and Supervision

In the most recent version of the APA Code of Ethics (2010), APA described what a program can reasonably expect of students in training regarding personal disclosure. Because this clause is particularly relevant for clinical training programs, such as our internship and postdoctoral programs, we have reproduced this ethics clause and discuss how we approach this issue in our training program:

7.04 Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

We fully endorse the spirit of the clause, believing that trainees should not be forced to reveal more personal information than they feel ready to process, until they feel some comfort with the supervisory situation, and feel safety regarding how shared information will be handled. At the same time, self-disclosure is an important part of the training experience and serves at least two important purposes. First, the supervisor is ultimately legally and ethically responsible for the welfare of any patient seen by the trainee; thus, any important information about the trainee's internal experience that may affect the conduct of assessment or therapy is expected to be a part of the supervision process. Second, the general competencies expected in our program, especially those described under the category of Professionalism, include some particularly relevant to this new ethics clause, e.g.:

- Shows emotional maturity in professional contexts by tolerating ambiguity and anxiety and considering the views of others, even in charged situations.
- Accurately evaluates level of competency and considers own limitations when working with patients; knows when own level of expertise is exceeded; seeks appropriate consultation when needed.
- Demonstrates knowledge of self and the impact of self on the conduct of therapy, within the theoretical perspective being utilized.
- Views supervision as professionally enriching rather than primarily evaluative and uses supervision to expand awareness and understanding of personal strengths and limitations

Feelings and the thoughts, beliefs, and circumstances that propel them cannot be simply expunged by a psychologist when it comes time to see a patient or to interact with colleagues. Learning to identify, utilize, and control feelings, attitudes, and actions in the consulting room and all other professional interactions is a lifelong process for all psychologists. We believe it is important that supervision be a place where the intern (or other trainee) is assisted to explore and understand the qualities and experiences that he or she brings to every aspect of professional work and how these facilitate or hinder effective interactions. We intend that interns and other trainees will recognize, improve, and employ those personal qualities that will assist in forming effective working relationships with patients, peers, other Psychology staff, staff and trainees of other professions with whom they work in the health care system, etc. – all professional work is influenced by the personal qualities of the trainee, and these are appropriately included in the supervisory process. At the same time, we re-affirm that this needs to be done in a sensitive way, in which the intern is given time to develop a safe and effective working relationship with the supervisor. This work should occur such that the underlying APA philosophy is respected. Interns should not be required or forced to divulge information that is not relevant to the work they are doing or in a way that is not designed to promote and enhance professional development.

Application Procedure and Selection Process

Our application and selection process has been designed to be in accord with the policies and procedures developed by the [Association of Psychology Postdoctoral and Internship Centers](#) (APPIC), including participation in the [Match](#). It is our intention to be in full compliance with both the letter and the spirit of the APPIC policy. This internship fully abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

All applicants must register for the Match using the online registration system on the Match website at www.natmatch.com/psychint. Each year, the newly updated internship training program brochure is available in September on the VA Palo Alto Psychology Training website located at www.paloalto.va.gov/services/mental/PsychologyTraining.asp. If you apply for this internship, you are expected to submit all your application materials via the APPIC online application system. Go to the APPIC website at www.appic.org and click on the AAPI (APPIC Application for Psychology Internship) Online link. Completed internship applications are due in November each year; this year the due date will be **Friday, October 31, 2014**. **All application materials must be submitted and received by us on or before this date.** Incomplete applications will not be read by the Selection Committee.

All application elements (#1-6) should be submitted using the AAPI Online system. Follow all instructions accompanying the AAPI Online to either enter your information directly, or upload your documents (#1-3). We encourage all CVs to be uploaded as Microsoft Word or Adobe Acrobat files. Only the transcript (#4) should be mailed in hard copy form to the AAPI Online application address.

Please note that, due to the high volume of emails sent during the application season, you will not receive a confirmation email from us that your application materials have been received. You can check on the AAPI Online system if your application is complete and if your DCT and letter writers have completed their parts (#5-6). We will notify you by email on or before December 15th of your interview status. We will not be informing applicants of interview status on a rolling basis; rather, we will send invitations to interview or notification of not being invited to the entire applicant pool at the same time in early December.

Application Requirements List

1. Cover letter, including VA Palo Alto training interests addendum (see below)
2. All elements of the AAPI Online general application
3. Curriculum Vita
4. Transcripts of graduate work. The transcripts should cover all post baccalaureate course work. You should mail one official copy of all graduate transcripts to the AAPI Online application address at:
*AAPI Online
Transcript Department
P.O. Box 9117
Watertown, MA 02471*
5. Verification of AAPI by your doctoral program through the DCT Portal of the AAPI Online system.
6. Three letters of recommendation from faculty members or practicum supervisors who know your clinical as well as your research work well. Letter writers should upload an electronic copy to the Reference Portal of the AAPI Online system.

VA Palo Alto Training Interests Addendum

At the end of your cover letter, please **indicate to which of the 4 program training tracks you want to apply** (General, Geropsychology, Behavioral Medicine, Neuropsychology). Do NOT rank order these tracks in your cover letter. We strongly prefer that you indicate no more than two tracks. If you indicate three or more tracks, you must clearly describe in your cover letter how you envision our internship site meeting your training goals and interests for each track you select, with particular attention to how quite divergent tracks could fit your training interests and goals. Each of these VA Palo Alto training tracks is included the APPIC Match as a separate internship program site with its own match number. If your interests change, please inform us.

In addition, at the end of your cover letter, please **provide a list of five rotation interests** from this Training Brochure. This in no way commits you or us to these rotations if you come to Palo Alto for internship. This listing helps us to know about your interests particularly for interview scheduling. If you are invited for interview, you will have interviews with the Director of Training and two Selection Committee members from the track(s) you have indicated, and an informational meeting over lunch with current interns and/or postdoctoral fellows. We will then use this list to identify two additional staff members who may be scheduled to meet with you for informational meetings about training rotations.

Please use the format below by copying and pasting into your cover letter.

Program Training Track Interest(s): _____

Preferred Training Rotations:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

Selection Criteria

At minimum, candidates for internship must have completed 3 years of graduate training by the start of internship, and have completed at least 400 practicum hours of intervention and assessment experience (combined) and at least 800 total practicum hours at the time of application. Beyond these minimum requirements, selection of interns is based on the following criteria (list not in priority order):

1. The breadth and quality of previous clinical or counseling training experience, with weight given to applicants who are at an advanced level.
2. Preference is given to candidates whose dissertation will be completed prior to internship, or at least well advanced. Applicants who have defended their dissertation proposal at the time of application will be given priority over applicants who have not yet done so.
3. The quality of scholarship and the scope of training, as indicated partially by academic record, research, papers presented at national and state conventions, and publications (especially those in peer-reviewed journals).
4. The relationship between the clinical interests/experience of the applicant and his/her research interests.
5. Involvement in professional organizations, particularly with regard to fit with applicant's professional goals.
6. Evidence of personal maturity and accomplishments which distinguish the applicant from peers.

-
7. Thoughtfulness of answers to the application questions.
 8. The goodness of fit between the applicant's stated objectives and the training program and medical center's resources.
 9. The strength of letters of recommendation from the Training Director at the applicant's university, as well as from other faculty and professionals who know the applicant well.
 10. Presentation in internship application and interview of personal and professional characteristics such as self-awareness, collegiality, professionalism, open-mindedness, clear communication, critical thinking, awareness of multicultural and diversity issues, and openness to feedback and new learning.

The internship program follows a policy of selecting the most qualified candidates and is an Equal Opportunity Employer. While a quota system of affirmative action is not used, priority is given to ensuring diversity in our internship classes. Our commitment to diversity includes attempting to ensure an appropriate representation of individuals along many dimensions, including (but not limited to) gender, sexual orientation, age, ethnic/racial minorities, persons with disabilities, and geographical and institutional diversity.

Selection Committee and Interview Process

The Intern Selection Committee consists of the Director of Training, Dr. Jeanette Hsu, and five to six other staff on a rotating basis. Currently, those staff members are Stacy Dodd, Ph.D., Bruce Linenberg, Ph.D., Julia Kasl-Godley, Ph.D., Gary Miles, Ph.D., Carey Pawlowski, Ph.D., and Andrea Perry, Ph.D. Based on initial reading of internship applications by the Director of Training and Selection Committee members, some candidates will be invited to schedule an interview, which can be done as a face-to-face visit at VA Palo Alto or as a series of telephone interviews. Visits and phone interviews are by invitation only. On-site interviews are encouraged, but phone interviews are a viable alternative. In either case, interviews will include discussions with the Director of Training, Selection Committee members, and supervisors from the kinds of rotations the applicant is considering, and an informational meeting over lunch with at least one current intern or postdoctoral fellow. On-site interviews are scheduled for a full day between mid-December and the third week of January. Requests to meet with specific staff will be considered but cannot be guaranteed. The interview day is a full one, with multiple individual interviews and meetings that we hope provide a sense of the wide range of training opportunities available during internship and the individual attention each intern receives on internship at Palo Alto. However, please note that the logistics and the unavoidable stress of the interview day will not accurately reflect the experience of being on internship at Palo Alto, which past interns have consistently described as warm, supportive, and professionally and personally enriching.

When the Selection Committee has determined that an interview offer will not be made to a candidate, he or she will be notified by email by December 15th. Typically, we receive more than 200 applications each year from many highly qualified applicants, and must screen out over half of our applicants. We then inform these applicants by December 15th that they are no longer under consideration.

Graduate Programs of Current and Former Interns (2007-2015)

American University
Arizona State University
Boston University
Case Western Reserve University
Colorado State University
Drexel University
Duke University
Emory University
Florida State University
Fuller Theological Seminary
George Mason University
Georgia State University
Louisiana State University
Loma Linda University
Ohio State University
Pacific Graduate School of Psychology
Pennsylvania State University
Rosalind Franklin University
San Diego State University/UC San Diego
State University of New York, Albany
State University of New York, Buffalo
Syracuse University
Temple University
University of Alabama, Birmingham
University of Alabama, Tuscaloosa
University of Arizona
University of California, Berkeley
University of California, Los Angeles
University of California, Santa Barbara
University of Cincinnati
University of Colorado, Boulder
University of Colorado, Colorado Springs
University of Florida
University of Georgia
University of Houston
University of Illinois, Urbana-Champaign
University of Iowa
University of Kansas
University of Louisville
University of Maryland, Baltimore County
University of Memphis
University of Miami
University of Michigan
University of Minnesota, Minneapolis
University of Missouri, Kansas City
University of Missouri, St. Louis
University of Nebraska, Lincoln
University of Nevada, Las Vegas
University of Nevada, Reno
University of New Mexico
University of North Carolina
University of North Texas
University of Pennsylvania
University of Pittsburgh
University of Rhode Island
University of South Dakota, Vermillion
University of Southern California
University of Utah
University of Vermont
University of Washington
University of Wisconsin, Madison
University of Wisconsin, Milwaukee
Virginia Commonwealth University
Washington University
Washington State University
Wayne State University
West Virginia University

Psychology Postdoctoral Training

Psychology Service at VA Palo Alto has an APA-accredited postdoctoral fellowship program with nine funded 1-year postdoctoral training positions that are primarily clinically-focused. In addition, the Mental Illness, Research, and Education Center ([MIRECC](#)), the [National Center for PTSD](#), and the Health Services Research and Development (HSR&D) Center for Innovation to Implementation ([Ci2i](#)) have funded 2-year postdoctoral positions that are focused on clinically-relevant research and prepare fellows for academic and clinical research careers. This section describes only the clinically-focused Psychology Service positions and the MIRECC positions. For information about positions at HSR&D, please contact Ruth Cronkite, Ph.D., at Ruth.Cronkite@va.gov. The MIRECC fellowship program is separately accredited by APA, and the latter research-focused postdoctoral positions (HSR&D) are not part of either APA-accredited program. For information about positions at the National Center for PTSD, please contact Marylene Cloitre, Ph.D., at Marylene.Cloitre@va.gov.

Applicants for postdoctoral positions must be U.S. citizens who have attended an APA-accredited doctoral program in clinical or counseling psychology and who are currently in or have completed an APA-accredited predoctoral internship. In order to be eligible to begin the Fellowship, the selected applicant must have completed the dissertation and all other doctoral degree requirements before September 1. The training program may rescind offers of postdoctoral positions for applicants selected for the postdoctoral fellowship, but who have not completed all doctoral degree requirements by September 1.

Psychology Service Clinical Postdoctoral Fellowship Program

There are currently nine emphasis areas in the Psychology Service clinical postdoctoral fellowship program: Behavioral Medicine, Geropsychology, Hospice/Palliative Care, Psychosocial Rehabilitation, Rehabilitation Psychology, Neuropsychology, PTSD, Substance Use/Homeless Rehabilitation, and Couples/Family Systems. Postdoctoral Fellows receive a yearly stipend of \$50,006. The Postdoctoral training program is a full-time, one-year program with a 2,080 hour training requirement. The starting date each year is generally around September 1, ending around August 31; some flexibility with start and end dates is possible, as long as the training covers one full calendar year. We do not accept unfunded or part-time Postdoctoral Fellows.

Funding for training also includes health care benefits with a variety of different insurance programs available from which Fellows can select. Postdoctoral Fellows receive paid Federal holidays, 13 days of annual leave, up to 13 days of sick leave, and any amount of Authorized Absence commensurate with meaningful professional activities. More information about VA stipends and benefits are available at www.psychologytraining.va.gov/benefits.asp. Eligibility requirements for VA postdoctoral fellowships are determined nationally and we have no authority to over-ride these requirements locally. All information about VA internship eligibility requirements is available at www.psychologytraining.va.gov/eligibility.asp.

The mission of the VAPAHCS Psychology Postdoctoral Training Program is to train psychologists who meet general advanced practice competencies in psychology and can function effectively as professional psychologists in a broad range of multidisciplinary settings. Prior to beginning the postdoctoral experience, Fellows are expected to have attained a high level of accomplishment in generalist training. The primary goal of the postdoctoral program is for Fellows to develop the full range of skills required for independent functioning as a psychologist, including skills involved in clinical assessment and intervention; consultation, supervision, and teaching; scholarly inquiry; organization, administration, management, and program evaluation activities; and awareness of and sensitivity to professional, ethical, legal, and diversity issues.

"What a full and exciting two years these have been! I cannot tell you how much I enjoyed my time at the VA and what wonderful training I received. I feel that I have grown so much, both personally and professionally. I will miss the VA, all of the extraordinary people, and the lovely California weather!"
~Recent intern/postdoctoral fellow

Complementing our goal of preparing Fellows to function as independent psychologists, we also aim to prepare Fellows for practice in high priority areas of health care for veterans. VA's national training goals are listed as primary care, geriatrics, mental health and rehabilitation (Associated Health Professions Review Subcommittee, 1997). The Psychology Postdoctoral Training Program currently includes nine emphasis areas: Behavioral Medicine, Geropsychology, Hospice/Palliative Care, Rehabilitation Psychology, Neuropsychology, Psychosocial Rehabilitation, PTSD, Substance Use/Homeless Rehabilitation, and

Couples/Family Systems. Through the professional activities in these emphasis areas, Fellows receive training that facilitates their development of the core general advanced practice competencies required for independent functioning as a psychologist. In addition, Fellows develop depth of knowledge and advanced skills in working with specific populations/settings (i.e., the aging, medically ill, terminally ill and/or dying, seriously mentally ill, rehabilitation, trauma, substance using and/or homeless, couples and families).

We offer three seminar experiences specifically for Postdoctoral Fellows. One is a seminar on Professional Development, which meets three times per month and is led by the Postdoctoral Coordinator. A variety of topics are covered in that seminar, all attending to issues of professional development, identity, and self-confidence. As part of the seminar, Fellows also jointly decide on a topic for a Continuing Education conference which they plan and implement, as one of Psychology Service's APA approved program of continuing education). The second seminar, led by the Training Director, provides didactic training on supervision and an opportunity for Fellows to compare and discuss experiences as supervisors. In addition to the seminar, fellows are expected to supervise at least two cases seen by an intern or practicum student, while receiving supervision on that supervision, from the primary staff supervisor. Finally, Fellows also meet one hour weekly for a clinical case conference and journal club.

The training program is committed to the scientist-practitioner model; Fellows will be expected to utilize state-of-the-art literature on empirically supported assessment and treatment in planning and delivering services and simultaneously expected to participate in research with direct clinical implications that can potentially serve to expand knowledge and quality of care. In addition, several didactic experiences are available to support continued development of skills for integrating science and practice. We are guided both by the original articulation of the Boulder Model (Raimy, 1950) and by the update of the scientist-practitioner model, as articulated at the Gainesville conference in 1991 and in the subsequent publication following that conference (Belar & Perry, 1992).

Although the program is primarily clinically-focused, Fellows in every emphasis area are expected to participate in research (Behavioral Medicine, Geropsychology, Rehabilitation Psychology, Neuropsychology, PTSD, Substance Use/Homeless Rehabilitation, Couples/Family Systems emphasis areas), or can choose research or development of an educational project (Hospice/Palliative Care, Psychosocial Rehabilitation emphasis areas). Fellows are expected to complete a meaningful aspect of the project during the year. This could be writing a grant proposal, generating an article submitted for publication or presentation at a professional meeting, developing and presenting an in-service training module, or some other marker of productivity. Fellows have one day a week of protected time for such research and educational activity. In addition, many Fellows are involved with research concerning direct clinical hypotheses, so some of their clinical experiences will be in the context of research programs, such that the clinical work contributes to data collection and ongoing generation of hypotheses about the area of research.

There are many research opportunities here. Most training sites are excellent models of scientist-practitioner functioning, in which clinical work guides ongoing research, and in turn the research findings inform the clinical work. Areas of ongoing research should be discussed with supervisors in the various emphasis areas since new projects are developed continuously. Fellows in any emphasis area can get involved in research in relevant settings.

Information about required application materials and the selection process can be obtained by contacting the Postdoctoral Coordinator, William Faustman, Ph.D., preferably by email at William.Faustman@va.gov or at (650) 493-5000 x64950. Application materials should be emailed to Dr. Faustman and are due by January 2, 2015. Please specify which emphasis area(s) you are considering when you make inquiries about the fellowship program and when you submit your application materials.

VA Advanced Fellowship Program in Psychology at MIRECC

The Sierra Pacific Mental Illness Research, Education, and Clinical Center ([Sierra Pacific MIRECC](#)), in conjunction with VA Palo Alto Psychology Service, offers a two-year postdoctoral program in Advanced Psychology. Postdoctoral Fellows in their first year receive a yearly stipend of \$50,006; in the second year, the stipend will be somewhat higher and will be determined. The [MIRECC Fellowship](#) is separately accredited by APA and has distinct goals and objectives from the Psychology Service Clinical Psychology Fellowship Program described above.

The MIRECC Fellowship program is interdisciplinary and aims to train psychologists to become outstanding clinical researchers in two high priority areas of mental health, geropsychology and stress disorders such as PTSD. The program combines individualized, mentored research and clinical training with a state-of-the-art curriculum that emphasizes research methods; statistics; epidemiology; mental health systems; quality improvement methods; education and service delivery. Fellows devote up to 75% time to education and clinical research activities within the MIRECC, with a minimum of 25% time for clinical training in another clinical setting. As with the Clinical Fellows, MIRECC Fellows typically are involved with research concerning clinical hypotheses, and some of their clinical experiences will be in the context of research programs, such that the clinical work contributes to data collection and ongoing generation of hypotheses about the area of research. Thus, the total amount of direct clinical service will be considered to be well above the 25% protected clinical time.

In collaboration with their mentors, Fellows will develop and implement a research project, publish and present findings, participate in grant writing, and utilize the latest technology for educational activities and clinical service delivery. A special emphasis of the fellowship program is to train fellows to conduct translational research that brings basic science to clinical practice. For example, fellows learn how genetic factors are linked to clinical outcomes and how innovative research methodologies yield more clinically relevant information. The Sierra Pacific MIRECC is one of 25 sites participating in national MIRECC fellowship training. The 25 fellowship sites are linked electronically for didactic, academic, and research efforts and are coordinated from the national Hub Site located at VA Palo Alto. One highly successful aspect of training has been the national video conference seminar series. Each month a different expert presents the latest advances in conducting a particular aspect of clinical research. Seminar topics last year included VA career development, funding and resources, behavioral genetics, health informatics, and designing clinical trials of behavioral therapies. Fellows in this program also participate in the Psychology Service Professional Development and Supervision seminars described above. For more information about this fellowship program, please see the fellowship website at <http://www.mirecc.va.gov/visn21/fellowship.asp>, or contact Kaci Fairchild, Ph.D., MIRECC Psychology Fellowship Director, at JenniferKaci.Fairchild@va.gov or (650) 493-5000 x63432.

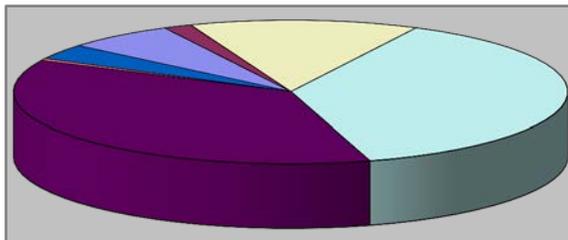
Living in the San Francisco Bay Area

The San Francisco Bay Area is a geographically and ethnically diverse area surrounding the San Francisco Bay in Northern California. Home to world-class universities such as Stanford University, UC San Francisco, and UC Berkeley as well as the headquarters of leading Silicon Valley high-tech companies such as Google, Yahoo!, Apple, LinkedIn, Hewlett-Packard, Intel, Facebook, Twitter, eBay, Houzz, and YouTube, the Bay Area is one of the most culturally, intellectually, and economically dynamic areas of the country. Palo Alto is located on the San Francisco Peninsula about 35 miles south of San Francisco, which is referred to as “The City” and is the cultural center of the Bay Area.

The Bay Area has three major airports (San Francisco International, San Jose Mineta International, and Oakland), as well as an extensive freeway system. Public transportation on BART (Bay Area Rapid Transit) and local bus systems connect the cities and suburbs of the Bay Area, though most residents drive themselves. Housing for renters and homebuyers is one of the most expensive in the country.

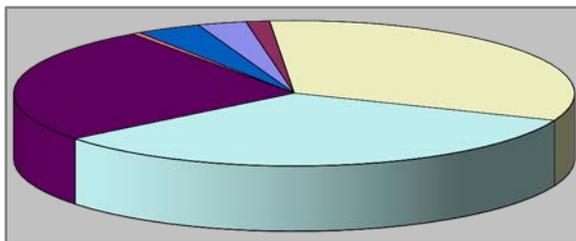
The Bay Area is the sixth most populous metropolitan area in the United States, with high levels of international immigration. Palo Alto is part of Santa Clara County which has slightly different demographics than the Bay Area and the state overall, with greater numbers of Asians and Asian Americans and fewer numbers of African Americans. Also, thirty-seven percent of the people living in Santa Clara County were foreign-born. There are 69,334 Veterans living in Santa Clara County. See pie charts below for specifics on state and county demographics from U.S. Census data (retrieved July 3, 2014, from <http://quickfacts.census.gov/qfd/states/06/06085.html>).

California Demographics



■ African American (6.6%)
■ Native American (1.7%)
□ Asian/Asian American/ Pacific Islander (13.9%)
□ White (non-Hispanic) (39.4%)
■ Hispanic/Latino (38.2%)
■ Pacific Islander (0.5%)
■ Two or more (3.6%)

Santa Clara County Demographics



■ African American (2.9%)
■ Native American (1.4%)
□ Asian/Asian American/ Pacific Islander (33.7%)
□ White (non-Hispanic) (34.3%)
■ Hispanic/Latino (26.9%)
■ Pacific Islander (0.5%)
■ Two or more (3.9%)

The region has a lot to offer, making the Bay Area one of the most desirable places to live in the country – mild weather, beaches, mountains, and open space perfect for outdoors enthusiasts, a thriving business and technology sector, and excellent universities and academically-affiliated medical centers

providing resources for intellectual and scholarly activities. Visitors and residents alike can enjoy the diversity of social and cultural attractions, such as museums, cultural events, top-rated restaurants, and wineries in the Napa and Sonoma Valleys. In addition to easily accessible outdoor recreation areas for skiing, surfing, hiking, and biking, sports fans can follow the many Bay Area sports teams (Oakland A's, SF Giants, SF 49ers, San Jose Sharks, Golden State Warriors).



Please see the below websites for more information about the local area:

Palo Alto
Stanford University

California home page; click on Visit & Play for great info on visiting and living in CA

www.city.palo-alto.ca.us/
www.stanford.edu/dept/visitorinfo/
www.ca.gov/index.asp

Monterey Bay Marine Sanctuary

www.montereybay.noaa.gov/

California travel; click on Destinations and then SF Bay Area

www.visitcalifornia.com/

Bay Area news and information

www.sfgate.com/



The VA Palo Alto Internship program values practicing balance in one's professional and personal life, which our supervisors strive for and hope to be good models for our interns. If you come to VA Palo Alto for internship, we hope you will have many opportunities to explore and enjoy living in this great area!



Contacting Psychology Service

Psychology Service is open for business Monday through Friday, 8AM - 4:30PM Pacific Time, except on Federal holidays. The Psychology Training Program can be reached at the following address and contact information:

Psychology Training Program (116B)
Palo Alto VA Health Care System
3801 Miranda Avenue
Palo Alto, CA 94304
Telephone: (650) 493-5000, ext. 65476
Fax: (650) 852-3445
Email: Dana.Iller@va.gov (Psychology Service Program Support Assistant)
Website: www.paloalto.va.gov/services/mental/PsychologyTraining.asp

Thank you for your interest in our program. Feel free to be in touch with the Director of Training at Jeanette.Hsu@va.gov and/or the Psychology Service Program Support Assistant if you have additional questions.



Jeanette Hsu, Ph.D.
Director of Training, Psychology Service



Steven Lovett, Ph.D.
Chief, Psychology Service

The VA Palo Alto Health Care System Psychology Service has an APA-accredited internship program and an APA-accredited postdoctoral program. The [APA Office of Program Consultation and Accreditation](http://www.apa.org/ed/accr/consultation) can be reached at the American Psychological Association, 750 First St. NE, Washington DC 20002; phone number (202) 336-5979; email apaaccred@apa.org; website www.apa.org/ed/accr.

Reviewed by: Jeanette Hsu, Ph.D.
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