



PSYCHOLOGY INTERNSHIP PROGRAM VA NORTHERN CALIFORNIA HEALTH CARE SYSTEM

150 Muir Road
Martinez California, 94553
(925) 372-2102

<http://www.northerncalifornia.va.gov/>

PROGRAM OVERVIEW

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

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

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

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

A handwritten signature in black ink that reads "Joel Schmidt Ph.D." The signature is written in a cursive style.

Joel Schmidt, Ph.D.
Psychology Training Director

ACCREDITATION STATUS

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

The [APA Office of Program Consultation and Accreditation](#) can be reached at:

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



INTERNSHIP POSITIONS AND BENEFITS

We anticipate 5 internship positions for the 2016-2017 training year. Each intern receives an annual stipend of \$28,382. Our interns are provided the option to elect health insurance coverage through the VA's benefit program. Health insurance coverage is available for married spouses and dependents. The VA adheres to the recent Supreme Court decision which allows for health benefits for same-sex spouses of interns regardless of state or residency though unmarried partners of either sex are not eligible. Detailed information about the benefits offered for VA's Psychology Training program is found at www.psychologytraining.va.gov/benefits.asp.

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

MATCH NUMBERS

For our General Track (typically four positions) our APPIC match number is: **114112**

For our Neuropsychology Track (typically one position) our APPIC match number is: **114113**

APPLICATION DEADLINE:

Applications must be completed by November 1, 2015.

Review the [Application & Selection Procedures](#) section below for specific instructions on our application process.

PROGRAM DESCRIPTION AND TRAINING SITE INFORMATION

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

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

MARTINEZ OUTPATIENT CLINIC



The [Martinez Outpatient Clinic](#) is a multiple building campus that offers a full range of medical, surgical, and diagnostic services in addition to mental health care, and is home to a rehabilitation and extended care facility. The Martinez campus is home to the internship program which was the first VA program in California to obtain APA accreditation. Martinez has long had a leading Neuropsychology service and a number of grant-funded research programs are ongoing in affiliation with UC Davis, UC Berkeley, and UC San Francisco.

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

OAKLAND BEHAVIORAL HEALTH CLINIC



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

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

DAVID GRANT MEDICAL CENTER



[David Grant Medical Center](#) (DGMC) is a teaching hospital and the Air Force's largest medical facility on the West coast. Under a unique joint sharing agreement between the Department of Defense (DoD) and the VA, DGMC has an inpatient psychiatric facility designed to provide state-of-the-art psychiatric treatment for Veterans and active duty military personnel. This facility offers the distinctive opportunity to observe cross-agency collaboration in caring for both patient populations and to develop appreciation for the similarities and differences in Veteran and active duty behavioral health needs.

Located on the [Travis Air Force Base](#), DGMC is a fully accredited hospital with a National Quality Approval gold seal by the [Joint Commission](#). Travis Air Force base is the West Coast terminal for aeromedical evacuation aircraft returning sick or injured patients from the Pacific area.

LOCATION INFORMATION



Situated in the greater San Francisco Bay Area, our trainees are offered a vast array of world class cultural and recreational opportunities, comfortable weather, and a rich multicultural environment. Northern California is home to Yosemite National Park, Lake Tahoe, the Sierra Nevada Mountain Range,

Pacific beaches, and the wine country of Sonoma and Napa Counties. Psychology training in our region is enhanced by the close proximity to major research universities (UC Berkeley, UC San Francisco, Stanford) and the VA facilities in San Francisco and Palo Alto. Trainees typically have the opportunity to attend training workshops at the neighboring VA facilities.

The cost of living in the region is high but interns have been able to find affordable housing in communities convenient to VA NCHCS training sites. Recent interns have often elected to live in either the Oakland/Berkeley area or the Walnut Creek/Martinez area. Several interns have also lived in San Francisco. The VA offers a transit subsidy benefit which may assist with offsetting some public transportation commuting costs.



TRAINING IN THE VA

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

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

OTHER PSYCHOLOGY TRAINING IN VA NCHCS

Neuropsychology Postdoctoral Residency

The VA NCHCS Neuropsychology postdoctoral fellowship has been in existence for many years and received APA accreditation in 2009. There are four postdoctoral residents funded through VA Central Office. Occasionally, additional positions are funded through research grants. Two of these residents are based in Martinez and two are based in Sacramento. Training also occurs in Oakland and at David Grant Medical Center on the Travis Air Force Base.

Over \$15 million worth of federally funded neuropsychological research occurs on the Martinez campus and this is an integral part of the scientist-practitioner training program. The program has a unique strength in cognitive rehabilitation training. Jay Uomoto, Ph.D., is the Director of the Neuropsychology Postdoctoral Residency Program

Clinical Psychology Postdoctoral Residency

VA NCHCS has two postdoctoral residents in Clinical Psychology with an emphasis in Integrated Care and Behavioral Medicine and one with an emphasis in Substance Use Disorders and Co-occurring Conditions. This program is APA-accredited and has been in existence since 2011. These residents work in both the Oakland and Martinez clinical facilities.

Student Practicum Programs

There are graduate student practicum programs at the Oakland, Martinez, and Sacramento sites. These programs are based on formal training agreements with local Psychology graduate programs. The students work in several different settings, including general Mental Health, Cognitive Rehabilitation, inpatient psychiatry, and Neuropsychology.

There are currently 20 core members of the Psychology Training Committee and a large number of ancillary staff members from several different disciplines actively involved in the training program.

TRAINING MODEL AND PROGRAM PHILOSOPHY

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

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

PROGRAM GOALS, OBJECTIVES, AND COMPETENCIES

The VA Northern California Psychology Internship program seeks to provide training that will allow for successful entry into postdoctoral fellowships or entry level positions in professional psychology, with a particular emphasis on VA or other complex health care systems. The program trains for competency acquisition in six domains and emphasizes broad and general practice in multiple clinical settings. Our Neuropsychology track provides the opportunities to emphasize training consistent with the sub-field's standards for preparation for advanced postdoctoral training while maintaining a broad and general training focus.

Internship training competencies are designed to build upon the basic clinical competencies acquired in graduate training. We have identified training objectives in six broad areas: Psychological assessment and diagnosis; psychotherapeutic intervention, including empirically based/supported treatments; interprofessional functioning, including consultation and interdisciplinary treatment team participation; ethical and professional development; scholarly inquiry and program evaluation; and cultural and individual differences.

Psychological Assessment and Diagnosis: At the completion of training, interns should be able to accurately and completely assess a wide range of behavioral and emotional conditions. This requires knowledge and experience with psychopathology, personality development, cognitive disorders, contextual, and socio-cultural factors. Interns should be able to tailor assessment strategies to the specific requirements of the patient's unique problems and the clinical setting. Specific competencies include:

- Skillfully assess behavioral and emotional problems using clinical interview
- Appropriately select test instruments to assess clinical problems
- Integrate clinical information from multiple sources in an assessment report that includes a theoretically appropriate therapeutic formulation
- Author clearly-written, well-organized and timely reports
- Provide useful and culturally/linguistically appropriate feedback to patient and other providers
- Use DSM to arrive at a clinical diagnosis

Psychotherapeutic intervention, including empirically based/supported treatments: At the completion of training, interns should be able to provide a range of individual and group psychotherapeutic interventions in multiple treatment settings and multiple modalities, emphasizing culturally-competent evidence based practice. Interns should be able to tailor these approaches to the individual needs of their patients. Specific competencies include:

- Apply appropriate, stabilizing interventions for patients in crisis
- Establish therapeutic rapport with patients
- Select therapeutic approaches and techniques based on client need
- Monitor patient responses to interventions and adjust approach as appropriate.
- Appreciate his/her stimulus value to patient and effectively address this in therapy
- Effectively utilize a range of evidence-based psychological interventions
- Manage termination of therapy
- Illuminate here and now group process (verbal and nonverbal)
- Tolerate, contain, confront, and address intense affect as it manifests in the group
- Provide psycho educational group programming consistent with clinical program needs (e.g., PTSD, Pain Management, Substance Abuse)
- Successfully collect quantitative outcome data on psychological services they provide
- Able to discuss the most common methods used to examine outcomes of therapeutic factors and interventions and conclusions drawn from this research

Consultation and Interprofessional Collaboration: At the completion of training, interns should be able to provide effective consultation services and will participate in interdisciplinary treatment planning within the integrated VA health care system. Specific competencies include:

- Identify appropriate patient care issues that would benefit from interdisciplinary consultation (e.g., with psychiatry, social work, MOVE! program, primary care)
- Work cooperatively and constructively with other health care professionals
- Translate complex psychological formulations in a useful and pragmatic manner
- Communicate information and recommendations to the referral source verbally and in writing in a timely, clear, and useful manner

Ethical and Professional development within in the field of Professional Psychology: At the completion of training, interns should display awareness of and adherence to the ethical standards of psychology. Interns will display developmentally appropriate professional development and career management (e.g., in the application for fellowships or entry-level positions, preparation for licensure). Interns will have an intermediate to advanced level of understanding and appreciation for the supervisory process. Specific competencies include:

- Apply ethical principles for psychologists in daily practice
- Demonstrate professional responsibility in the care of patients
- Recognize ethical dilemmas and issues in clinical practice and reconcile ethical conflicts effectively
- Display developmentally appropriate career management as it relates to researching career opportunities (e.g., jobs, fellowships), submitting applications, making professional contacts, preparing for licensure, and other related tasks
- Discuss salient ethical and developmental issues in supervision
- Appropriately utilize own supervision (e.g., agenda setting, appropriate report of clinical activities to supervisor, willingness to discuss difficulty/challenging clinical interactions/situation)

Scholarly Inquiry and Program Evaluation: At the completion of training, interns should be able to use the scientific psychological literature to inform clinical practice and gain an understanding of methods for effective program evaluation. Specific competencies include:

- Demonstrate a scholarly approach (e.g., hypothesis testing) to clinical conceptualizations
- Display ability to utilize professional literature in formulating therapeutic interventions
- Critically evaluate professional literature for its clinical utility based on the methodological rigor, external validity, and other important factors
- Verbalize understanding of methods for creating clinical feedback loops and display ability to apply this understanding to program evaluation goals
- Demonstrate awareness of methodological issues in evaluating psychological programs and services

Issues of Cultural and Individual Diversity: At the completion of training, interns should be able to appreciate and apply an understanding of the influence of cultural and individual differences on clinical practice. Specific competencies include:

- Demonstrate sensitivity to the impact of cultural and individual differences on the therapeutic relationship
- Openly and sensitively address cultural and individual differences with patients
- Openly discuss military experiences with Veteran, emphasizing the personal meaning of these experiences to the Veteran
- Utilize culturally-informed rapport building strategies tailored to the individual diversity needs of each case

PROGRAM STRUCTURE

The internship typically starts on the Monday before September 1st each year and lasts for a full calendar year. Interns work from 8:00 am - 4:30 pm Monday through Friday. The internship is designed to involve 40 hours per week though occasionally additional time might be necessary to complete clinical tasks, such as assessment reports. Interns spend various parts of the week at the VA facilities in Oakland and Martinez, and possibly at David Grant Medical Center in Fairfield.

Planning the Training Year

Prior to the start of the internship year, interns are sent a preliminary non-binding questionnaire to identify initial training interests. This information helps the Training Committee in planning for the training year. At the beginning of internship, interns go through several days of orientation activities, which provide the opportunity to visit the clinical sites and meet all the prospective supervisors. During orientation, interns also complete a self-assessment to help identify strengths and training targets.

A training plan is developed individually for each intern in conjunction with the Training Director and other faculty input based on individual interests and training needs. The goal is to develop a broad-based training experience that includes exposure to multiple clinical settings and patient populations. Faculty members in addition to the Training Director are available for consultation to help navigate the various training options. Rotations are selected from the options below based on individual training needs and the program requirements for competency acquisition and broad clinical exposure. Interns are **typically** able to participate in the training activities that they desire but the exact structure and timing of various activities must fit with the overall organizational needs of the program. The Training Director, other faculty members, and the interns work together to ensure the training plan includes all requirements listed below.

The program is organized into two six-month segments. Rotations are scheduled for two days per week, so an intern will be working on two different rotations at a time. Interns' interests and priorities often change over the course of the training year and changes in the training plan are permissible provided that they continue to allow for the intern to complete their required training experiences and the program has the capacity to handle the switch.

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

ROTATIONS

General Outpatient Mental Health

Supervisors: Shauna Springer, Ph.D., Andreas Bollinger, Ph.D., Joel Schmidt, Ph.D., Mollie Dye, Psy.D.

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

Behavioral Medicine

Supervisors: Matt Cordova, Ph.D., Lisa Johnson-Wright, Ph.D., Crystelle Egan, Ph.D.

The Behavioral Medicine Rotation is located at the Martinez site and in Primary Care in the Oakland Outpatient Clinic. This rotation provides an opportunity to work with patients with a wide range of medical concerns and conditions. A particular emphasis is placed on Pain Management and habit control (such as smoking cessation and weight management). Interns receive experience in individual and psychoeducational group therapy, relaxation training, and biofeedback. They also conduct pre-surgical evaluations for patients being considered for stem-cell or solid organ transplants, bariatric surgery, and other procedures. Behavioral health care delivered and integrated into primary care medical clinics is a major emphasis in VA and interns have the opportunity to engage in this work in Oakland and Martinez.

Mental Health Consultation-Liaison

Supervisor: Brigid Rose, Ph.D.

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

Neuropsychology

Supervisors: Donna Sorensen, Ph.D., Jay Uomoto, Ph.D., Kristi Steh, Ph.D., Jeff Kixmiller, Ph.D., Jim Muir, Ph.D., Bill Steh, Ph.D.

The Neuropsychology service is located on the Martinez Campus. Training and experience on the neuropsychology rotation serves to enhance the intern's working knowledge of brain-behavior relationships, and to introduce interns to the major neurologic syndromes and their neurobehavioral sequelae. Interns learn to integrate neuropsychological findings with those of neuro-imaging and knowledge of neuropathology. Interns develop preliminary competence in conceptualizing and conducting independent neuropsychological evaluations and in effectively communicating findings to referral sources. Interns also participate in the various educational and training activities associated with the neuropsychology training program, occurring on the Martinez campus, UC Davis Medical Center and UC Berkeley Neuroscience Institute. Among these experiences are specialized neurobehavioral and movement disorder clinics co-directed by neurology and neuropsychology faculty, neuroscience research conferences, neurology grand rounds, clinical case conferences and CT/MRI scan review teaching sessions.

Neurocognitive Rehabilitation

Supervisors: Jeff Kixmiller, Ph.D., Jim Muir, Ph.D.

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

Substance Use Disorder and Co-occurring Conditions

Supervisors: James Howard, J.D., Ph.D., Andreas Bollinger, Ph.D.

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

Post-Traumatic Stress Disorder (PTSD)

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

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

David Grant Medical Center at Travis Air Force Base

Supervisor: Bill Steh, Ph.D.

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

OPTIONAL TRAINING ACTIVITIES

There are several potential optional experiences that may be available based on intern interest and fit with the overall training plan. Such activities are typically decided upon during Orientation and a specific agreement is developed. Examples of some optional training activities are listed below:

- Managing a practicum program: includes selection, didactic presentations, individual supervision, mentoring and, performance evaluation
- Participation in neuropsychology research
- Clinical administration project: the opportunity to work with a faculty member in a management position to develop an administrative project

WEEKLY SCHEDULE

Seminars occur on Monday mornings in Martinez. From 8:00 am - 10:00 am there is a rotating schedule of Cultural Diversity, Ethics and Professional Development, and other topics of clinical and professional interest. Interns are provided time to have lunch together for professional socialization and to discuss their experiences from 12:00- 1:00 pm on Mondays. From 10:00 am - 12:00 pm and 1:00 pm - 4:30 pm, interns are assigned to individual supervisors for intensive psychotherapy training. The exact nature and theoretical orientation of the psychotherapy will vary based on the supervisors' expertise and the patients' clinical needs but in each case, supervision will involve session videotaping and feedback review. Supervision assignments are made based on interns' stated preferences, training goals, and supervisor availability. In some cases, there may be time on Mondays for additional projects, based on intern interest. Any such projects will be discussed by the training director, intern, and relevant supervisor and documented on the training plan.

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

Typical Training Week

Time Schedule	Mon	Tues	Wed	Thurs	Fri
8:00 – 10:00	Seminars	Individual rotation assignment		Individual rotation assignment	
10:00 – 12:00	Individual therapy or psychotherapy supervision				
12:00 – 1:00	Intern cohort lunch				
1:00 – 4:30	Individual therapy or psychotherapy supervision				

All interns are required to work in both [Oakland](#) and [Martinez](#), as these sites each have unique patient populations and training experiences. Specific times assigned to each clinic are coordinated based on the collective schedules of all the interns. Several of the rotations (General Mental Health, BMed/Primary Care, PTSD) may involve experiences in both clinics. The clinics are approximately 35 minutes apart by car. It is possible to commute via public transportation, though most interns find it easier to commute via car. As noted above, the VA offers a transit subsidy benefit which may assist with offsetting some commute costs. Information about both traffic patterns and public transportation can be found at www.511.org.

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

#1 General Track Intern: PTSD, CREC and Practicum Supervision:

Monday	Tuesday (CREC)	Wednesday (CREC)	Thursday (PTSD)	Friday (PTSD/Supervision)
Intern Seminars	Supervision	Chart Review	Group/Individual Supervision	Individual Sup
	Chart Review	See CREC patients		1:1 PTSD
GMH	See CREC patients			1:1 PTSD
Intern Lunch		Lunch/notes		Lunch/notes
GMH mini-rotation. Therapy and Individual Supervision	See CREC patients	CPT consult Call	CPT Skills Lab Group	Supervision of Supervision
		Hospice Rounds	1:1 PTSD	Practicum Seminar
				1:1 PTSD
	Notes/Wrap	Notes/Wrap	Notes/Wrap	PTSD Notes

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

Monday	Tuesday (SUD-PTSD)	Wednesday (SUD-PTSD)	Thursday (DGMC)	Friday (DGMC)
Intern Seminars	Supervision	1:1 client	Check-in Grand rounds	Check-in Grand rounds
	Group	Group		
GMH	1:1 client	1:1 Client	Tx. team rounds	Tx. team rounds
Intern Lunch	1:1 client	MH Intake		
GMH mini-rotation. Therapy and	Lunch/notes	Lunch/notes	Lunch/notes	Lunch/notes
	ARTS Meeting	CPT Consult call	See patients,	Group

Individual Supervision	1:1 client	&/or OAK Staff Meeting	discharge planning or H&P	See patients, discharge planning or H&P
	1:1 client	1:1 client		
	Notes/Wrap	Notes/Wrap		

#3 – Neuropsychology Track Intern: Cog Rehab/Neuropsych

Monday	Tuesday (Cog/Rehab)	Wednesday (Cog/Rehab)	Thursday (Neuro)	Friday (Neuro)
Intern Seminars	Free Time /Notes	Chart Review	Didactics - twice a month all day or nearly all day.	Chart Review
Free or GMH 1:1	Cog Rehab Meeting/Group Supervision	Patient 1:1 Inpatient TBI Group		If no didactic - Conduct a Full Neuropsych Assessment and have Friday free for report writing
Intern Lunch	Cog Rehab Didactic/Lunch	Lunch/Notes	Lunch/Scoring	
Travel to Oakland	Free Time/notes	Patient 1:1 rehab	Scoring	
Free or GMH 1:1	Patient 1:1	Patient 1:1 rehab	Report Writing or Conducting a Feedback Session	
Individual Supervision	Patient 1:1 rehab	Cognitive Skills Group		
Free or GMH 1:1	Interdisciplinary Inpatient Meeting	Complete Notes		
Free - notes				

FACILITY AND TRAINING RESOURCES

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



VA NCHCS CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM CORE FACULTY

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

Joel Schmidt, Ph.D.

Director of Psychology Training

Chair, VA Psychology Training Council

Training Consultant, VA Motivational Interviewing Initiatives

Staff Psychologist, Oakland Behavioral Health Clinic

Psychology training program management; professional development; cognitive and behavioral therapies; brief therapy; coping skills acquisition; habit and behavior change; and motivational interviewing.

Ph.D., Clinical Psychology, University of Arkansas, 1994

Internship: American Lake VAMC, Tacoma, WA

Tanya Aaen, Ph.D.

Staff Psychologist, Martinez PTSD Team

Program Director, PTSD Services

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

Ph.D., Clinical Psychology, Loma Linda University, 2005

Internship: Salem VAMC, Salem, VA

Andreas R. Bollinger, Ph.D.

Staff Psychologist, Oakland Behavioral Health Clinic

Assistant Professor, Department of Counseling Psychology, Dominican University of California

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

Ph.D., Clinical Psychology, Pacific Graduate School of Psychology, 1997

Internship: Boston VA Consortium, Boston, MA

Matthew Cordova, Ph.D.

Clinical Psychologist, Behavioral Medicine/Primary Care

Associate Training Director

Associate Professor, Palo Alto University

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

Ph.D., Clinical Psychology, University of Kentucky, 1999

Internship: VA Palo Alto Health Care System, Palo Alto, CA

Mollie Dye, Psy.D.

Staff Psychologist, Martinez Outpatient Clinic

Psychological assessment; Individual and group psychotherapy; IPT, CPT, PE and ACT; traumatic stress; treatment of anxiety related disorders; issues associated with adult adoptees.
PsyD., Clinical Psychology, Indiana State University, 2002
Internship: VAMC Lexington, Kentucky.

Crystelle Egan, Ph.D.

Clinical Psychologist, Behavioral Medicine, Martinez Outpatient Clinic

Behavioral medicine; integrated care; behavioral pain management; health behavior change; Chronic Kidney Disease; older adult substance misuse and abuse; program development and evaluation.
Ph.D., Clinical Psychology, University of Rhode Island, 2010
Internship: VA Northern California Health Care System, Martinez, CA

Rita Hargrave, M.D., F.A.P.A.

Geriatric Psychiatrist, Martinez Outpatient Clinic
Consultant to UC Davis Alzheimer's Disease Center
Assistant Professor, Department of Psychiatry, University of California at Davis

Geriatric psychiatry; cross-cultural; psychiatry, psychopharmacology; consultation-liaison; neuropsychiatry.
M.D. Howard University Medical Center, 1979. Board Certified in Adult and Geriatric Psychiatry.

James P. Howard, J.D., Ph.D.

Staff Psychologist, Oakland Behavioral Health Clinic

Individual; group; substance abuse/recovery; spirituality and psychotherapy; multicultural issues; smoking cessation; substance abuse; staff support/development.
J.D., University of Michigan 1976
Ph.D., Clinical Psychology, University of Massachusetts, Amherst, 1988
Internship: VA Palo Alto Health Care System, Palo Alto, CA

Lisa Johnson Wright, Ph.D.

Staff Psychologist, Mental Health Primary Care Integration Clinic, Oakland Outpatient Clinic

Behavioral Medicine; primary care psychology; behavioral pain management; behavioral weight management; cognitive and behavioral therapies; acceptance and mindfulness-based approaches; brief therapy.
Ph.D., Clinical Psychology, Arizona State University, 2008
Internship: UCSD/VA San Diego Health Care System, San Diego, CA

Jeff Kixmiller, Ph.D.

Director, Neurocognitive Rehabilitation Program, Center for Rehabilitation and Extended Care, Martinez
Associate Professor, Department of Neurology, University of California at Davis

Cognitive rehabilitation in neurological dysfunction; ecological validity of neuropsychological measures; functional assessment of neurologically impaired patients; social skills training.
Ph.D., Counseling Psychology, Ball State University, 1992
Internship: Highland Drive VA Medical Center, Pittsburgh, PA

James J. Muir, Ph.D.

Clinical Psychologist, Martinez Outpatient Clinic, Center for Rehabilitation and Extended Care, Martinez

Neuropsychology and assessment; cognitive rehabilitation in neurological dysfunction; psychotherapy and behavioral management; consultation-liason; traumatic brain injury; PTSD; adjustment to disability; degenerative disorders of aging.

Ph.D., Clinical Psychology, Georgia State University, 2002

Internship: University of Arizona, Tucson, AZ

Pamela Planthara, Psy.D.

Staff Psychologist, Oakland PTSD team

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

Psy.D., Clinical Psychology, Nova Southeastern University, 2001.

Post-doctoral masters in psychopharmacology, Alliant International University, 2005

Internship: USAF – Malcolm Grow Medical Center, Joint Base Andrews, MD

Brigid Rose, Ph.D.

Clinical Psychologist, Center for Rehabilitation and Extended Care (CREC), Martinez

Geriatric and rehabilitation psychology; consultation-liaison; neuropsychological assessment and capacity determination; adjustment to disability; dementia care; hospice/end of life care; management of challenging behavior.

Ph.D., Clinical Psychology, Loyola University Chicago, 2005

Internship: VA Palo Alto Health Care System, Palo Alto, CA

Donna Sorensen, Ph.D.

Lead Psychologist, VA Northern California Health Care System

Director, TBI/Polytrauma Program

Associate Clinical Professor, Department of Neurology, University of California, Davis

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

Ph.D., Clinical Psychology, University of Houston, 1992

Internship: VA Northern California Health Care System, Martinez, CA

Shauna Springer, Ph.D.

Staff Psychologist, Martinez Outpatient Clinic

Individual, couples, and group psychotherapy; Interpersonal Process Therapy; exposure treatments; traumatic stress; effects of deployment on military marriage and family functioning; mood disorders; assertiveness; and post-deployment life planning.

Ph.D., Counseling Psychology, University of Florida, 2006

Internship: University of Florida, Gainesville, FL

Bill D. Steh, Ph.D.

Staff Psychologist, David Grant Medical Center/Travis Air Force Base

Neuropsychological and psychodiagnostic assessment; psychology training; inpatient psychiatry; effects of mood and personality disturbances on cognitive functioning; forensic neuropsychology; dementia; neuro-oncology; Adult ADHD.

Ph.D., Clinical Psychology (Neuropsychology track), California School of Professional Psychology, Fresno, 2000

Internship: Oak Forest Hospital of Cook County, Oak Forest, IL

Kristi Steh, Ph.D.

Staff Clinical Neuropsychologist at Martinez Outpatient Mental Health Clinic

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

Ph.D., Clinical Psychology, California School of Professional Psychology, Fresno, 2002

Internship: Federal Medical Center, Rochester, MN

Jay M. Uomoto, Ph.D.

Neuropsychology Post-Doctoral Fellowship Training Director

Clinical Neuropsychologist, Martinez Outpatient Clinic, Center for Neurorehabilitation Services

Neuropsychological evaluation, rehabilitation psychology, interpersonal diagnosis and aprosodia after brain injury, clinical ethics, interpersonal and behavioral therapy.

Ph.D., Clinical Psychology, Fuller Theological Seminary Graduate School of Psychology, 1985

Internship: University of Washington School of Medicine, Department of Psychiatry and Behavioral Sciences, Seattle, WA

Laurie Wiedeman, Psy.D.

Staff Psychologist, Martinez PTSD Team

Individual, couple, and group psychotherapy; PTSD, traumatic stress, and substance use; CBT; telemental health; evidence-based therapies; military psychology

Psy.D., Clinical Psychology, Pepperdine University, 2012

Internship: Hines VA Hospital, Hines, IL

PAST TRAINEES

Interns have come from the following graduate programs over the past several years:

Alliant International University, CSPP San Francisco	Seattle Pacific University
Arizona State University	University of Alabama, Birmingham
Columbia University	University of California, Berkeley
Emory University	University of Colorado
George Mason University	University of Florida
Georgia State University	University of Iowa
Kent State University	University of Kentucky
Northern Illinois University	University of Missouri, Kansas City
Northwestern University	University of Nevada, Reno
Palo Alto University	University of Nevada, Las Vegas
Rosalind Franklin	University of Rhode Island
Rutgers University School of Medicine	University of Southern California
Saint Johns University	Washington State University

Graduates of the program have primarily gone on to post doctoral fellowships and have completed research or clinical fellowships at the following locations in the past several years:

Kaiser Permanente (clinical fellowships)
Santa Clara Valley Health and Hospital System (clinical fellowship)
Seattle VA (clinical fellowship)
Stanford University School of Medicine (clinical and research fellowships)
VA Northern California (Behavioral Medicine, Neuropsychology, research)

VA Palo Alto (both clinical and research fellowships)
VA San Francisco (both clinical and research fellowships)
UCLA (clinical and research fellowships)
UC Davis School of Medicine (clinical fellowships)
UC San Francisco (research fellowships)

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

APPLICATION AND SELECTION PROCEDURES

Basic Eligibility

Applicants must meet all requirements for VA internship eligibility, which includes enrollment in an APA-accredited Clinical or Counseling Psychology doctoral program, approval for internship status by the graduate program training director, and U.S. Citizenship.

Applicants must complete at least 3 years of graduate training prior to internship and have at least 500 intervention and assessment hours documented on the AAPI.

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

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

Selection Criteria

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

Application Materials

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

Please make sure your cover letter indicates your specific interests in our program and lists your potential rotation interests in descending order of preference. In addition, please include your curriculum vita and three letters of recommendation through the online AAPI. Applications must be completed in the AAPI

by **November 1, 2015**. Applicants are requested to complete the application before the deadline when feasible so that ample time will be available for application review

Selection Procedures

We have a two-part selection procedure. First, application materials are reviewed for basic eligibility, strength of training and experience, and goodness of fit with our program. The selection committee develops a pool of applicants to invite for a formal interview based on these criteria. Interviews are an integral aspect of our selection process, and an on-site interview is highly preferred. However, given the challenges and expense associated with in-person interviews, the selection committee will consider requests for phone or video conference interviews on a case-by-case basis. We will notify applicants of their interview status by December 15, 2015 (or earlier if possible).

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

Interview Information and Dates

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

Our interview dates for 2016 are listed below:

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

- Monday, January 4
- Thursday, January 7
- Tuesday, January 12
- Tuesday, January 19
- Thursday, January 21

Statement of Nondiscrimination

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

ADMINISTRATIVE POLICIES AND PROCEDURES

Leave

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

Policy on Psychology Trainee Self Disclosure

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

Privacy Policy: We will not collect any personal information about you when you visit our website.

Intern Evaluation & Minimal Requirements

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

During the summative evaluations, each of the program's six training objectives are linked to specific behavioral competencies on the intern rating form. Acceptable progress by the midyear evaluation is defined as receiving a rating score indicating an "intermediate level of competency" on at least 80% of the items on the summative evaluation. In order to successfully complete the program, interns must receive a rating score indicating an "intermediate to advanced level of competency" on all of the items in the end of year summative evaluation.

Intern Grievance Policy

To provide an effective and consistently-applied method for an intern to present his/her grievances and have those grievances internally resolved at the lowest possible level. At the same time, the process allows for the opportunity to appeal up the chain of command (e.g., supervisor, Training Director,

Associate Training Director, Associate Chief of Staff for Mental Health, Chief of Staff) if needed to ensure due process and help interns feel comfortable that concerns can be addressed without fear of reprisal.

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

Process:

- A. All training staff and interns are responsible for attempting to resolve grievances at the lowest possible level to the satisfaction of all parties involved.
- B. Interns should attempt to resolve minor grievances directly with the individual involved utilizing existing program structure (e.g., the supervision process).
- C. In the event that interns do not feel comfortable addressing issues within the supervisory process, they may appeal directly to the Training Director for assistance in resolution. Minor grievances processed in this manner are considered informal.
- D. An intern may choose to file a formal grievance at any point. The grievance must be presented in writing to the Training Director. The submission of the formal grievance should include (if applicable):
 - The grievance and the date when the incident occurred
 - Suggestions on ways to resolve the problem
 - Information regarding any previous meetings to attempt to resolve the grievance
- E. If the grievance is against the Training Director, the intern can file the grievance with the Associate Training Director or the ACOS/MH.
- F. The program support assistant or any of the training faculty members can assist the intern in filing this grievance with the ACOS/MH.
- G. Formal grievances will be presented to the Psychology Training Committee (PTC) for resolution. Interns may present their grievance directly to the PTC. The intern may invite a staff member of his/her choice to provide advocacy and emotional support. The body to hear the formal grievance will be assembled as soon as possible and in all cases within three weeks from the presentation of the formal grievance. If the grievance is against the Training Director or another individual normally assigned to this body, that individual is not involved in the body's deliberation and may only attend to provide testimony, as indicated. Resolution may involve the Director of Training from the intern's graduate program.
- H. Any formal grievance and its resolution will be documented and copies forwarded to the Director of Training from the intern's graduate program.
- I. If adequate resolution cannot be achieved through this process, or interns wish to take the grievance outside of the existing training program structure, they may appeal directly to the ACOS/MH for resolution. The ACOS/MH will review the grievance as soon as possible and in all cases within three weeks from the presentation of the formal grievance. The program support assistant or any of the training faculty members can assist the intern in communicating with the ACOS/MH.
- J. As part of the due process procedure followed by the Psychology Training Committee (PTC) interns may appeal any formal action taken by the PTC against their program status. Interns appeal first to the body itself (see item F above). This appeal is made directly by the intern (in association with any counsel he or she may choose). The body to hear the appeal will be assembled as soon as possible and in all cases within three weeks from the written notification of appeal.
- K. If the intern is not satisfied with the result of their appeal, the intern may appeal directly to the ACOS/MH. After consideration, the ACOS/MH has the discretion to uphold, or overrule formal action taken by the body. Should the ACOS/MH overrule the decision of the body, the decision is binding, and the Training Director, the intern, and supervisors shall negotiate an acceptable training

plan (in consultation with the Director of Training from the intern's graduate program). Should the ACOS/MH uphold the decision of the committee, the intern may appeal this decision to the Chief of Staff, VA Northern California Health Care System who will appoint a board of three psychologists in the system not involved in the training program. The decision of this panel is binding.

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

Remediation, Due Process, and Intern Termination

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

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

Process

- A. Supervisors are responsible for monitoring trainee's progress in achieving the specific training objectives, providing timely feedback to interns, and developing and implementing specific training activities for ensuring intern professional growth and development. Supervisors are responsible for communicating about intern's performance to the Training Director.
- B. Interns are responsible for adhering to training plans.
- C. Progress and performance within the internship program is monitored continuously using both informal and formal evaluation processes. Supervisors provide the first line of feedback to interns about performance and identify areas requiring additional growth. Supervisors and interns agree on training opportunities and experiences to meet the program's and intern's objectives.
- D. The intern's progress is tracked monthly by the Training Director during the Psychology Training Committee meeting.
- E. When specific training competencies do not seem to be adequately developing as a result of the routine and ongoing supervisory feedback, the supervisor consults with the Training Director and other training staff to develop a specific remediation plan. This plan includes specific learning tasks and timelines for completion. The timelines are developed such that the adequacy of task completion can be assessed rapidly. The remediation plan is discussed with the intern, who has opportunities for input. The plan is provided in written form to the intern.
- F. Performance on the remedial plan items is assessed frequently. If performance is not adequately improving after one month, the intern may be placed on academic probation for a period of one to three months. During this time, heightened oversight and assessment of the intern's performance occurs and significant effort is made to help the intern remediate. The intern is provided with written feedback regarding whether the remediation plan items have been adequately resolved. The Director of Training from the intern's graduate program will be included in all subsequent decisions regarding the intern.
- G. If the intern has progressed satisfactorily after the probationary period, the interns will be formally reinstated. If performance has not sufficiently improved, but the intern is making progress, the probationary period may be extended. If the interns fails to progress, termination from the program may be considered. The intern is provided with written feedback regarding his/her performance as it relates to probationary decisions.
- H. Formal actions (academic probation or dismissal) must receive a majority vote by the Psychology Training Committee. Prior to any vote on formal actions, the interns is afforded the opportunity to present his or her case before the training body that will be deciding the intern's status (see also

Grievance Policy, section F above). The interns may invite a staff member of his/her choice to provide advocacy and emotional support.

- I. Concerns of sufficient magnitude to warrant formal action include but are not limited to: incompetence to perform typical psychological services in a clinical setting; violations of the ethical standards for psychologists; illegal acts; or behavior that hampers the intern's professional performance.
- J. Specific questions regarding this policy should be directed to the Training Director.

TRAINING PROGRAM CONTACT INFORMATION

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

Joel Schmidt, Ph.D.
Training Director
510.587.3438
Joel.Schmidt@va.gov

Matthew Cordova, Ph.D.
Associate Training Director
925.372.2000, ext. 6107
Matthew.Cordova@va.gov

Virginia Wong
Program Support Assistant
925.372.2102
Virginia.wong@va.gov

