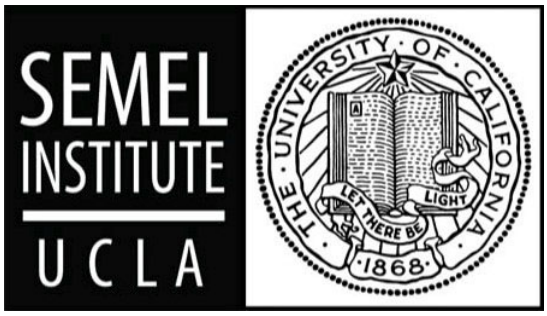
PSYCHOLOGY INTERNSHIP TRAINING PROGRAM

Manual 2021-2022



Department of Psychiatry & Biobehavioral Sciences

David Geffen School of Medicine

•

Department of Psychiatry and Biobehavioral Sciences

•

Semel Institute for Neuroscience & Human Behavior and the Resnick Neuropsychiatric Hospital

760 Westwood Plaza
and
300 Medical Plaza

Division of Psychology
Jane & Terry Semel Institute for Neuroscience & Human Behavior
University of California Los Angeles

760 Westwood Plaza, 37-360A
Los Angeles, California 90095-1759
voice (310) 794-5715
fax (310) 825-6483
rsena@mednet.ucla.edu

September 1, 2021

Dear Applicant:

Thank you for your interest in our internship program.

The Department of Psychiatry and Biobehavioral Sciences of the David Geffen School Medicine, the Semel Institute for Neuroscience & Human Behavior and the Resnick Neuropsychiatric Hospital offer a 12-month clinical psychology internship accredited by the American Psychological Association*. The internship is characterized by a wide variety of clinical activities, supervision by a multidisciplinary faculty who frequently are nationally known in their specialty, and a wide array of clinical offerings, seminars, and other educational experiences.

The Semel Institute for Neuroscience & Human Behavior is a facility designated for research and training. Within the Institute there are a wide variety of inpatient, day treatment and outpatient clinics and program serving children, adolescents, and adults.

APPOINTMENTS: July 1, 2022 to June 30, 2023

STIPENDS: The training stipend is $39,300.00 plus health insurance.

POSITIONS AVAILABLE: We expect to have 19 full-time positions:

Child Tracks:
Adolescent Serious Mental Illness: 1
ASD & Neurodevelopmental Disabilities: Assessment: 1
ASD & Neurodevelopmental Disabilities: Treatment: 1
Child and Adolescent Acute Care: 1
General Child: 3
Pediatric Consultation-Liaison : 1
Pediatric Neuropsychology: 2
Stress, Trauma and Resilience: 2

Adult Tracks:
Adult Neuropsychology: 2
Geriatric Psychology-Neuropsychology: 1
Lifespan Neuropsychology: 1

Health & Behavior: 1
Major Mental Illness: 1
Cultural & Bilingual Neuropsychology Lifespan: 1

HOW TO APPLY: Applications will only be accepted through **AAPI Online**.

Information about the AAPI Online, along with instructions about how to access the service, can be found at www.appic.org, by clicking on "AAPI ONLINE".

Applicants may apply for one or multiple tracks. Please be sure to select the program codes for the track/s you are applying to. Choices are not binding and may be changed at any time during the application process. One cover letter is sufficient for multiple tracks. We are requesting a minimum of 3 letters of recommendations. No supplemental materials are required.

All materials for this site must be submitted by NOVEMBER 1, 2021.

Any questions should be addressed to Jennifer Haydn-Jones, Psychology Training Coordinator. Contact information is as follows: jhaydn@mednet.ucla.edu; phone: 310-794-5715; fax: 310-825-6483. E-mail contact is preferred.

Our Open House and interviews will take place via Zoom.

INTERVIEWS: After an initial round of applicant review, a group of applicants will be selected and invited for virtual interviews/Open House. Applicants will be notified in early December if they are invited and will be able to request their preferred interview date.

LOCATION: UCLA is in a geographically desirable area--warm days, cool nights, very near to the ocean, skiing two hours away in the winter, and an abundance of culturally stimulating activities.

ELIGIBILITY: Only students enrolled in APA-approved clinical psychology graduate programs which grant the doctorate upon completion of the internship are eligible to apply. The exception to this is neuropsychology applicants from programs not described as clinical psychology programs. These applicants should inquire about their eligibility. Due to COVID-19, we understand that students may have less than 1000 hours of supervised experience prior to beginning the internship and we are considering applicants with no minimum required.

PROGRAM: The primary goal of the internship is to provide a year of intensive exposure to a wide variety of clinical experiences with diverse populations and to maximize the personal growth of each intern. Typically, clinical activities are accompanied by an associated seminar or teaching conference, frequently in a setting where research on that population is ongoing. Interns may complete their dissertations or do research with faculty members.

At the beginning of the year each intern is assigned an advisor who functions as both mentor and advocate rather than supervisor. Together, the intern and advisor design a program that supplements and complements previous training and that considers future professional direction. The advisor and intern meet throughout the year to assure the intern's professional development.

The program takes advantage of multiple theoretical orientations and a multidisciplinary faculty and

relies on a wide variety of clinical services to assure breadth. The individually tailored programs are reviewed and approved by the Training Committee.

TRAINING FOCUS: There are fourteen tracks. Within each track there are many training opportunities. Nearly all electives are open to all interns.

Program codes for each of the tracks are listed below. You may rank as many tracks as you like. Multiple rankings do not reduce your chances of matching into your most preferred program. Please be sure to select the program codes for the track/s you are applying to.

GENERAL CHILD	113412
GEROPSYCHOLOGY	113413
HEALTH AND BEHAVIOR	113414
MAJOR MENTAL ILLNESS	113415
CHILD AND ADOLESCENT ACUTE CARE TRACK	113416
ASD & NEURODEVELOPMENTAL DISABILITIES: ASSESSMENT	113425
ASD & NEURODEVELOPMENTAL DISABILITIES: TREATMENT	113424
PEDIATRIC CONSULTATION-LIAISON	113418
ADULT NEUROPSCYHOLOGY	113419
LIFESPAN NEUROPSYCHOLOGY	113420
ADOLESCENT SERIOUS MENTAL ILLNESS	113421
PEDIATRIC NEUROPSYCHOLOGY	113422
TRAUMA, STRESS AND RESILIENCE	113423
CULTURAL & BILINGUAL NEUROPSYCHOLOGY LIFESPAN TRACK	113411

Your interest in our program is appreciated!

Best,

Rhonda Sena, Ph.D.
Director of Psychology Internship Training

**Questions related to the program's accredited status should be directed to the Commission on Accreditation:*

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979
Email: apaaccred@apa.org

Table of Contents

History and Organization of UCLA's Semel Institute Psychology Internship Training Program

The Division of Psychology within the Department of Psychiatry and Biobehavioral Sciences of the David Geffen School Medicine, the Jane and Terry Semel Institute for Neuroscience & Human Behavior and the Stewart and Lynda Resnick Neuropsychiatric Hospital offer a 12-month clinical psychology internship. We have 19 full-time positions.

Child Tracks:
General Child – 3 positions
Child and Adolescent Acute Care – 1 position
ASD and Neurodevelopmental Disabilities: Treatment– 1 position
ASD and Neurodevelopmental Disabilities: Assessment – 1 position
Pediatric Consultation-Liaison – 1 position
Adolescent Serious Mental Illness – 1 position
Pediatric Neuropsychology – 2 positions
Stress, Trauma and Resilience – 2 positions

Adult Tracks:
Geriatric Psychology-Neuropsychology – 1 position
Health & Behavior – 1 position
Major Mental Illness – 1 position
Adult Neuropsychology – 2 positions
Lifespan Neuropsychology – 1 position
Cultural & Bilingual Neuropsychology Lifespan – 1 position

The internship was established in 1958 and has been continuously accredited by the American Psychological Association Accreditation Committee since May 1963[1]. Except for the child and adult neuropsychology tracks, only students enrolled in APA-approved doctoral programs are eligible to apply. Internship appointments are from July 1 to June 30 of the following year. Interns receive a stipend of $39,300.00, and UCLA health insurance benefits, plus three weeks of vacation and eight days of educational leave. Interns are eligible to receive up to $1000 in educational funds which may be used for conferences, books or other educational purposes.

[1] Questions related to the program's accredited status should be directed to the Commission on Accreditation:
Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979
Email: apaaccred@apa.org

Originally known as The UCLA Neuropsychiatric Institute, the Jane and Terry Semel Institute was created by a 1957 California statute and charged with providing a model for "treating patients with organic and functional disorders of the nervous system and to further the respective educational, training, and research programs of both the University and the Department of Mental Hygiene." The Institute was transferred from the Department of Mental Hygiene to the UC Regents on July 1, 1973. Faculty from many other UCLA departments and schools also participate in the Semel Institute and Resnick Neuropsychiatric Hospital activities.

Administratively, there are three overlapping organizations in which faculty and staff participate: The UCLA Semel Institute, with an academic research mission, the Department of Psychiatry and Biobehavioral Sciences of the David Geffen School of Medicine at UCLA, with an academic training mission, and the Resnick Neuropsychiatric Hospital and Clinics with a clinical mission.

The Interim Director of the Semel Institute and Chair of the Department is Alexander Young, M.D., M.S.H.S and the Medical Director of the Resnick Neuropsychiatric Hospital is Tom Strouse, M.D. Robert Bilder, Ph.D. is the Director of the Division of Psychology, which oversees the discipline of Psychology in the Institute, Department and Hospital. Rhonda Sena, Ph.D. is the Director of Psychology Internship Training.

There are three age-oriented clinical Divisions within the Institute, Department and Hospital: James McCracken, M.D. is the Director of the Child and Adolescent Psychiatry Division. Michael Gitlin, M.D. is Director of the Adult Psychology Division, and Gary Small, M.D. is director of the Geriatric Psychiatry Division. Within each of the age-oriented divisions there is a Chief Psychologist. The Chief Psychologist for the Child Division is John Piacentini, Ph.D.; for the Adult Division the Chief Psychologist is April Thames, Ph.D.; and for the Geriatric Division the Chief Psychologist is Linda Ercoli, Ph.D.

The Adult Division coordinates the adult psychiatry educational programs, including the Psychiatry Residency Program under the directorship of Katrina DeBonis, M.D. The Child Division has a Child Psychiatry Fellowship program, under the directorship of Misty Richards, M.D.

The Division of Psychology and its clinical psychology internship cut across the age-oriented divisional lines within the Institute, Department and Hospital. Each psychologist has two primary clinical and training identifications: (1) within the Division of Psychology, which is responsible for the oversight of the training programs and the Medical Psychology Assessment Center (MPAC); and (2) within the specific Adult, Child, and Geriatric Division clinical services in which they have assignments.

Structural Organizational Chart

DIVISION OF PSYCHOLOGY (2019-2020)

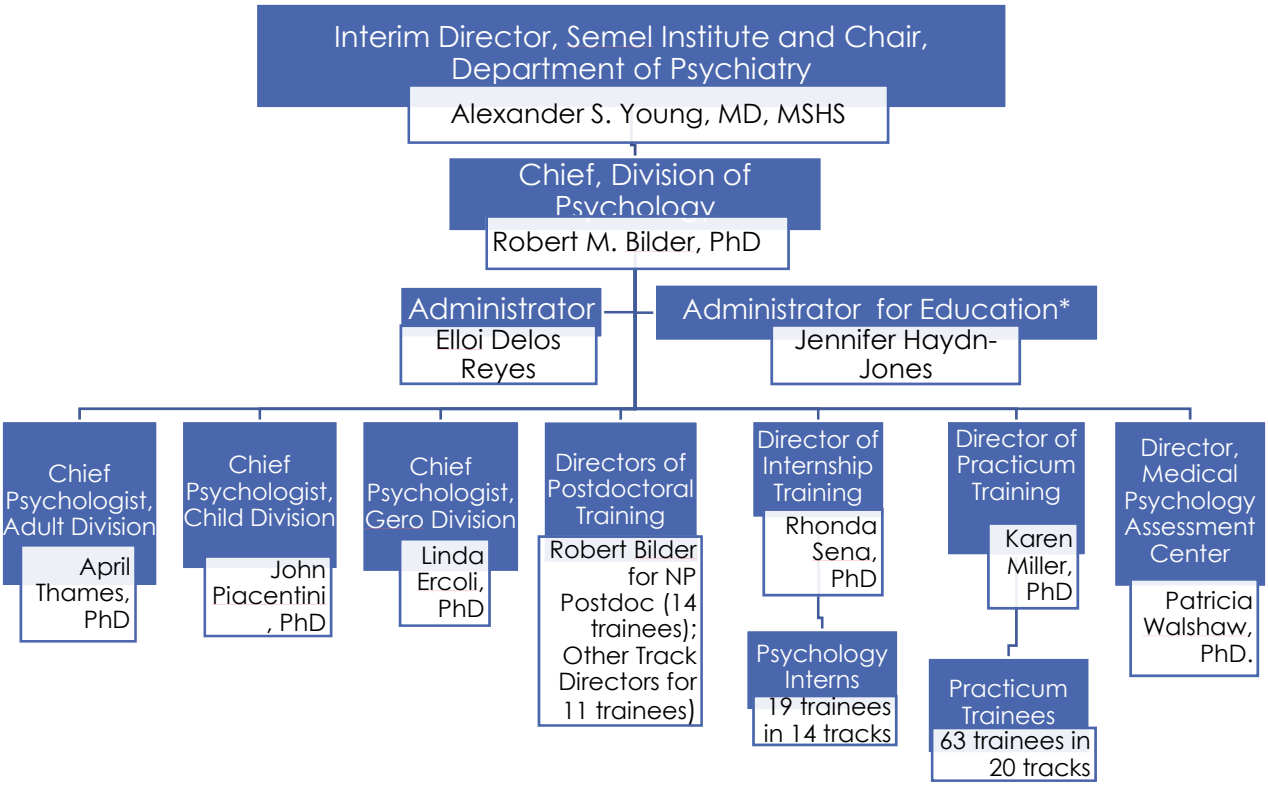
JANE & TERRY SEMEL INSTITUTE FOR NEUROSCIENCE AND HUMAN BEHAVIOR

STEWART & LYNDA RESNICK NEUROPSYCHIATRIC HOSPITAL

DEPARTMENT OF PSYCHIATRY & BIOBEHAVIORAL SCIENCES, DAVID GEFFEN SCHOOL OF MEDICINE

Highlights:

- 169 Psychologists (faculty & staff) in UCLA Health
- 144 in Psychiatry, 25 in other departments
- 105 Trainees in Clinical Psychology programs



Goals of Psychology Internship Training

As a training program, we aim for the principles of social justice, equity, diversity and inclusion to guide us in our clinical care, teaching and research. As a faculty, we vow to work with cultural humility and to examine our own professional behavior in the framework of intersectionality. We vow to continue to educate ourselves on the systemic bias and racism that exists in our society and in our own institution. We vow to better understand the role culture, race and ethnicity play in the lives of those we serve so that we may better serve.

Faculty and current interns have come together with plans and initiatives to improve our curriculum and our clinical services to reflect our commitment to social justice and anti-racism. There are many opportunities for you to join in these efforts during your internship year. We are guided in our work by Eraka Bath, M.D. who is Vice Chancellor of Equity, Diversity and Inclusion for the UCLA Neuropsychiatric Institute. Learn more about our value, goals and initiatives related to justice, equity, diversity and inclusion at https://diversity.semel.ucla.edu/

The internship provides a year of intensive exposure to a wide variety of clinical experiences. The training is designed to maximize the personal growth of each intern, and is primarily not directed at specialization, although interns are expected to develop proficiency in the focus of their track. In the beginning of the year and in November and March, interns, with the help of their advisor, design a program both to supplement and complement previous training.

We are adapting to the challenges faced by COVID by delivering the vast majority of outpatient clinical services via telehealth. Our Infectious Disease department will provide guidance regarding any transition to more onsite clinical service. Trainees work onsite to provide clinical service in the inpatient and partial hospitalization programs and for some psychological assessment services. All interns are eligible for COVID vaccinations. There are a number of policies and procedures in place to help ensure the well-being and safety of trainees, faculty, staff and patients https://medschool.ucla.edu/coronavirus-information/operations-update

Since clinical experience is designated as the top priority, treatment, supervision, consultation, and assessment experiences are given priority in the assignment of the intern's time. Seminars are geared toward clinical service and founded in research. The integration of service and research is an important emphasis of the program and interns may elect to do four hours of research per week.

Supervision and Mentorship

A strength of the internship program is the caliber and accessibility of our faculty. Psychologists and psychiatrists provide supervision and clinical teaching. We have a large faculty and are able to offer a great deal of supervisor and mentoring. Many of our clinical faculty supervisors are researchers and are leaders in their respective areas of interest.

Each intern is assigned an advisor who functions as a guide and advocate within the system. Your advisor will help connect you to other faculty members who can also serve as guides and advocates. One hour of each week is devoted to this mentorship, either with your advisor or with another faculty member. This is an opportunity to discuss issues surrounding training and professional development. This meeting is separate from clinical supervision. While every effort is made to match advisors and trainees, if the relationship is not an optimal one, the trainee may speak with Dr. Rhonda Sena and request reassignment.

The Department of Psychiatry and Biobehavioral Sciences has 150 full-time faculty. An additional 373 psychiatrists and psychologists are on the voluntary clinical faculty. There are 90 psychologists in the Medical Psychology-Neuropsychology Program. Of the 51 clinical psychologists most actively involved in the internship program, all are licensed, and many have diplomate status (i.e., are board certified by the American Board of Professional Psychology or ABPP).

APPIC Taxonomy and Levels of Education

1. Major Area of Study: > 50% **2.** Emphasis: 30-50% **3.** Experience: 20-30% **4.** Exposure: < 20%

ACTIVITY	Adult NP	Lifespan NP	Gero	H&B	MMI	Peds NP	Gen Ch	Ch/ Adol Acute Care	Peds C-L	ASD: A/T	STAR	ASMI	CBNL
Clinical Neuropsychology	1	1	1	3	3	1				4		4	1
Clinical Health Psychology	4	4	1				3	3	1				
Clinical Psychology	4	4		1						3		2	4
Clinical Child Psychology			4				1	1	1	1	1	2	
Forensic Psychology	4	4											

Geropsychology	**4**	**4**	**1**										**4**
Serious Mental Illness Psychology	**4**	**4**			**1**		**2**	**2**	**2**			**1**	**4**

Designing Your Program

Orientation takes place in the first week of the program. During that week you will meet with your advisor to discuss which aspects of the Semel Institute and Resnick NPH experience will best meet your training needs. You will present your proposed program to the Training Committee for review.

In designing your program, review the training experiences that you have had, take note of the kinds of training experiences that you wish to have, and then discuss with your advisor the various ways in which you might meet those needs. In order to provide breadth as well as depth, we strongly encourage you to arrange for clinical experiences outside of your track area. Except for specific neuropsychological assessment elective, all electives are open to all interns.

You may schedule up to 45 hours per week of activities. Each intern spends approximately 23-30 hours per week in their major track rotation, 1 1/2 hours per week in the Interns' Seminar, 1 hour per week in an advisement meeting and 1 hour per week in Departmental Grand Rounds. Each track has a mandatory seminar or seminars. The number of hours you will have available for electives varies by track. Please refer to the track descriptions in this manual for detailed information.

You and your advisor will create your program schedule using the following forms:

- Mandatory Seminars and Grand Rounds by Track (page 15)
- Track and Major Rotation Hours Per Week and Supervisors (page 17)
- Program Schedule Form (page 20)
- Potential Electives Form (page 21)

Mandatory Seminars and Grand Rounds by Track

July – October

ACTIVITY	Adult NP	Life-span NP	Gero	H&B	MMI	Peds NP	Gen Ch	Ch/ Adol Acute Care	Peds C-L	ASD: A/T	STAR	ASMI	CBNL
Interns' Seminar (1.5)	x	x	x	x	x	x	x	x	x	x	x	x	x
Dept. Grand Rounds (1.0)	x	x	x	x	x	x	x	x		x	x	x	x
Wkly Mtg w/Advisor (1.0)	x	x	x	x	x	x	x	x	x	x	x	x	x
Psychopath/ Psychopharm (1.5)		x				x	x	x	x	x	x		
STAR Seminar (1.0)											x		
Ch Psychiatry Grand Rounds (0.5) (Sept-Oct)							x	x	x	x	x	x	

*Note: Peds NP takes Functional Neuroanatomy instead of Psychopath/Psychopharm from Sept-Dec

November - February

ACTIVITY	Adult NP	Life-span NP	Gero	H&B	MMI	Peds NP	Gen Ch	Ch/ Adol Acute Care	Peds C-L	ASD: A/T	STAR	ASMI	CBNL
Interns' Seminar (1.5)	x	x	x	x	x	x	x	x	x	x	x	x	x
Dept. Grand Rounds	x	x	x	x	x	x	x	x		x	x	x	x
Wkly Mtg w/Advisor (1.0)	x	x	x	x	x	x	x	x	x	x	x	x	x
Psychopath/ Psychopharm (1.5)		x				x	x	x	x	x	x		
Ch Psychiatry Grand Rounds (0.5)							x	x	x	x	x	x	
STAR Seminar (1.0)											x		

*Note: Peds NP takes Functional Neuroanatomy instead of Psychopath/Psychopharm from Sept-Dec

March – June

ACTIVITY	Adult NP	Life-span NP	Gero	H&B	MMI	Peds NP	Gen Ch	Ch/ Adol Acute Care	Peds C-L	ASD: A/T	STAR	ASMI	CBNL
Interns' Seminar (1.5)	x	x	x	x	x	x	x	x	x	x	x	x	x
Depart. Grand Rounds (1.0)	x	x	x	x	x	x	x	x	x	x	x	x	x
Wkly Mtg w/Advisor (1.0)	x	x	x	x	x	x	x	x	x	x	x	x	x
Psychopath/Psychopharm (1.5)		x		x (2 mo.)		x	x	x	x	x	x		
Ch Psych Grand Rounds (0.5)				x			x	x	x	x	x	x	
STAR Seminar (1.0)											x		

Neuropsychology Seminars

September-December

SEMINAR	Adult NP	Lifespan NP	Gero	H&B	MMI	Peds NP	CBNL
Functional Neuroanatomy (1.5)	x	x	x			x	x
NIBBL (1.0)	x	x				x	x
Adv Topics in Adult NP (1.0)	x						x
NP Syndromes (1.5)	x	x	x	x		x	x

January-March

SEMINAR	Adult NP	Lifespan NP	Gero	H&B	MMI	Peds NP	CBNL
NIBBL (1.0)	x	x				x	x

Research on Pediatric Neurobehavioral Disorders (1.0)	x						x
NP Syndromes (1.5)	x	x	x			x	x
NP Prof Dev (0.5)			x				
Gero Journal Club (0.25)			x				

April-June

ACTIVITY	Adult NP	Lifespan NP	Gero	H&B	MMI	Peds NP	CBNL
Psychodiagnostic Assessment Seminar (1.5)	x				x		x
NIBBL (1.0)	x	x				x	x
Cultural NP (1.0)	x	x	x			x	x
NP Syndromes (1.5)	x	x	x			x	x
NP Prof Development (0.5)			x				
Gero Journal Club (0.25)			x				

Track and Major Rotation Hours Per Week and Supervisors

TRACK/MAJOR ROTATION	EST HRS/WK	SUPERVISOR/S
Geropsych NP		
Geropsychology Service	25	Ercoli
Adult NP		
MPAC for Adult	30	Walshaw, Bilder, Bookheimer, and others
Lifespan NP		
Lifespan NP	30	Walshaw, Loo, Bilder, Bookheimer, and others
Cultural and Bilingual NP Lifespan		

Cultural & Bilingual Neuropsychology	30	Cagigas, Suarez, Safi, Fernandez, Saucedo, Lechuga
Health & Behavior		
Adult C-L Service (8 months)	20	Thames
Peds C-L Service (4 months) Adolescent Medicine Clinic (4 months)	27 4	Bursch, Emerson Emerson
MPAC for H & B (12 months)	4 (July-Feb) 3 (Mar-June)	Various
Major Mental Illness		
Aftercare Program	8	Nuechterlein
MPAC for MMI	20	Various
Peds NP		
MPAC for Peds-NP	30	Walshaw, Loo and others
General Child		
Ch & Adol Inpt/Adol PHP (4 months)	30	Sena, Strober
ABC (4 months)	30	Peris
Peds-CL Service (4 months)	27	Bursch, Emerson
Child and Adolescent Acute Care		
Ch & Adol Inpt/Adol PHP (8 months)	30	Sena, Strober
Peds-CL Service (4 months)	27	Bursch, Emerson
Peds C-L		
Peds C-L Service (8 months) Adolescent Medicine Clinic	27 4	Bursch, Emerson Bursch, Emerson
Ch & Adol Inpt/Adol PHP (4 months)	30	Sena, Strober
ASD: Assessment/Treatment		
CAN Clinic	28	Gulsrud, Grantz, Renno, McDonald, Bates, Glass

STAR		
Star Clinic	30	Orellana, Hajal, Marlotte
ASMI		
CAPPS Program	29	Bearden, Zinberg, Denenny, Adery

Program Schedule

Name:_____
Advisor:_____
Period:__July – October / November – February / March - June___

MAJOR ROTATION	EST HRS/WEEK	SUPERVISORS

OTHER MANDATORY ACTIVITIES	EST HRS/WEEK
Interns' Seminar	1.5
Weekly meeting with advisor	1
Departmental Grand Rounds	1
TOTAL HOURS:	

ELECTIVES	DAY/TIME	EST HRS/WEEK	SUPERVISOR

ESTIMATED HOURS PER WEEK	
MAJOR ROTATION	
OTHER MANDATORY ACTIVITIES	
ELECTIVES	
TOTAL (must be between 40 and 45)	

Potential Electives Form

Name:_____

Advisor:_____

ELECTIVE	PREFERRED DATES	DAY/TIME	HOURS PER WEEK

There are a wide variety of elective activities available, including clinics and seminars. Nearly all electives are available to all interns. The exception is for neuropsychological assessment electives, which require some familiarity with the measures used. Electives vary in time commitment per week and in duration. The various clinics are described in this manual. The seminars available can be found in this manual and in the Semel Institute and Department of Psychiatry and Biobehavioral Sciences Course Catalog http://www.semel.ucla.edu/education/courses Elective time may include up to 4 hours per week devoted to research. Interns may work on their own research projects or those of the faculty.

Following approval by the Training Committee, programs may be changed by request of the Training Committee, or in simple instances requiring no change in direction of training, by approval from the Training Director. Modifications in your program must be reflected in the training contract kept in the Training Office, which will then be signed (along with an internship experience form) by your advisor at the end of the training year. The completed contract is evidence of your training experience and is used for certification purposes for hospital privileges and professional licensure.

Evaluations of Interns, Supervisors, Advisors, Seminars and the Training Program

Evaluations of supervisors, interns and program activities are designed to provide early, timely feedback in case there are problems or issues.

Interns submit written evaluations of their supervisors in November, March and June via MedHub. These evaluations help us improve our training program and are also considered important sources of information when faculty members are reviewed for promotion.

Faculty supervisors submit written evaluations of interns November, March and June via MedHub. The Training Committee meets every four months, October, February and June with advisors and supervisors to discuss all phases of the interns' progress. These are the only Training Committee meetings in which interns do not participate. All other Training Committee meetings may have at least one trainee representative present.

Interns submit anonymous written evaluations of clinics and programs in November, March and June. Internship alumni are sent a follow-up questionnaire to evaluate their experience of the internship and its impact on their career development.

In addition to these written evaluations, every four months during the training year, interns meet with Dr. Sena to discuss all aspects of the training program. The faculty appreciates feedback on what is positive about the program and whseeat improvements might be beneficial to the program. Feedback may occur in several ways. Interns may decide to discuss issues with faculty directly, the Training Director may give general feedback at a Training Committee meeting, in individual meetings, or via e-mail. Training Committee meetings serve to assure smooth flowing of the program by detecting problem areas early, as well as to give feedback regarding what works well

Copies of these evaluation forms can be found at the end of the manual.

Participation in Departmental Meetings and Committees

Interns may participate in various meetings departmental meetings. Psychology training committee meetings are held the third Friday of the month from 9-10 am. Child Psychiatry faculty meetings are the first Wednesday of the month from 9-10 am. Interns attend these meetings as representatives on a rotating basis. Child Psychiatry Grand Rounds take place the third Wednesday of the month from 9-10am. Out of all the child track interns, six are required to present their research in these rounds over the course of the year.

There are a number of committees and activities which focus on Justice, Equity, Diversity and Inclusion (JEDI) in which you can participate. Interns may also create a JEDI elective of up to 6 hours per week. Please refer to the electives section of the manual for details.

Child Tracks

General Child Track

APPIC TAXONOMY AND LEVELS OF EDUCATION:

Clinical Child Psychology: Major Area of Study (< 50%)
Clinical Health Psychology: Experience (20-30%)

ROTATION SCHEDULE

ABC Program	Child and Adolescent Inpatient Service/ Adolescent Partial Hospitalization Program	Pediatric Consultation/Liaison
4 months	4 months	4 months

Child and Adolescent Acute Care Track

APPIC TAXONOMY AND LEVELS OF EDUCATION:

Clinical Child Psychology: Major Area of Study (< 50%)
Clinical Health Psychology: Experience (20-30%)

ROTATION SCHEDULE

Child and Adolescent Inpatient Service/ Adolescent Partial Hospitalization Program	Pediatric Consultation/Liaison
8 months	4 months

HOURS PER WEEK IN MAJOR ROTATION:

ABC: 30
4W/PHP: 30
Pediatric Consultation-Liaison Service: 27

OTHER MANDATORY ACTIVITIES:

- Interns' Seminar, 1.5 hours per week (Fridays 12-1:30)
- Departmental Grand Rounds 1 hour per week (Tuesdays 11-12)
- Psychopathology/Psychopharmacology Seminar: 1.5 hours per week (Thursdays 8:00am-9:20am)
- Child Grand Rounds: 2nd and 4th Wednesday of the month, 1 hour (Wednesday 9-10am)
- Meeting with Advisor: 1 hour per week

APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES:

ABC, Child and Adolescent Inpatient/Adolescent PHP: 6-9
Pediatric Consultation-Liaison Service: 13-16

Child and Adolescent Inpatient Service

DESCRIPTION:

Unit 4-West of the Resnick Neuropsychiatric Hospital in the Ronald Reagan Hospital is the Inpatient Service of the Child and Adolescent Psychiatry Division. This unit contains 25 beds for boys and girls from 4 to 17 years of age. The unit operates on the multidisciplinary team model, and psychology interns, child psychiatry fellow and psychiatry residents are a key part of the service. The staff on each unit includes individuals from a variety of disciplines: child psychiatry, psychology, social work, nursing, special education, speech pathology, occupational therapy and recreational therapy. Family participation in each patient's program is an important part of the evaluation/diagnostic process as well as treatment.

Treatment is multifaceted, featuring individual, group, and family therapy, behavior, pharmacotherapy, occupational & recreational therapy. Therapy is individualized to meet the special needs of each child and family. Patients may be enrolled in the RNPH School, a Los Angeles Unified special education school.

MANDATORY ACTIVITIES:

Day:	**Time**:	**Meeting or Conference**:
Monday	9:30am - 10:30am	Clinical Rounds
Tuesday	9:15am - 10:30am	Teaching Rounds
Tuesday	2:00 pm-4:00 pm	Treatment Planning OR Wednesday, 2:00pm - 4:00pm
Wednesday	1:00pm - 2:00pm	Group Supervision
Friday	11:00am - 12:00pm	Clinical Rounds

FACULTY AND STAFF:

Mark DeAntonio, M.D., Medical Director
Michael Strober, Ph.D., Director, Eating Disorder Program
Michael Strober, Ph.D., Rhonda Sena, Ph.D., Psychology Attendings

TRAINING PROVIDED:

Interns have primary case management responsibilities for three patients at any given time during their 4-month rotation. Child Psychiatry Fellows serve as med backups for interns.

The training experience entails diagnostic interviewing, individual therapy family treatment, attendance at relevant clinical and teaching conferences, and coordination of all facets of hospital treatment. Interns learn to formulate differential diagnoses, gain familiarity with the developmental, familial, biological, and behavioral features of the major emotional disorders of childhood and adolescence gain experience in the modalities of short-term treatment, psychopharmacology, and understanding of multidisciplinary staff relations within a complex treatment system.

Rhonda Sena, Ph.D. supervises cases on Units B and C. Michael Strober, Ph.D. supervises cases on Unit A. The Eating Disorders program is housed on Unit A. Unit A also has general inpatient cases.

DIVERSITY TRAINING:
In the Child and Adolescent Inpatient Service, we work with children and adolescents who are diverse in terms of race, ethnicity, gender identity, socioeconomic status, sexual orientation and religion. Considerations of diversity issues are central to our work with these children and families.

We believe it is imperative to do our best to understand the cultural practices of each individual patient and their family so that we may integrate this understanding into treatment in a meaningful way.

Guidance is provided in multidisciplinary team treatment planning, rounds and in supervision to frame discussions related to assessment results, diagnoses, and recommendations to children and their families.

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation, Case Presentation
Format: Individual and Group
Hours Per Week: 4
Days and Times: Group supervision Wednesdays 1 - 2 PM, Individual Supervision arranged with Supervisors
Names of Supervisor(s): Rhonda Sena, PhD; Michael Strober PhD

Adolescent Partial Hospitalization Program (PHP)

DESCRIPTION:
The Adolescent PHP offers an interdisciplinary day hospital program for adolescents, ages 12-18. Program days are Monday-Friday, 8:30am–3:30pm. Length of stay varies, depending on patient needs and treatment plan.

The program serves patients in transition from acute inpatient hospitalization who require continuity of care and who cannot yet be maintained in outpatient treatment alone. It is common for adolescent eating disorder inpatients to transfer from inpatient to partial hospitalization treatment. The program also serves patients whose severity of psychiatric illness is too severe to allow them to be maintained in outpatient treatment but who do not require hospitalization.

The group treatment format uses a variety of approaches, including didactic, cognitive behavioral, family therapy, and recreational/social for adolescents with psychiatric and/or behavioral problems.

MANDATORY ACTIVITIES:

Day:	Time:	Meeting or Conference:
Thursday	1-3pm	Treatment planning

HOURS PER WEEK:
30-Includes 4w and Adolescent PHP

FACULTY AND STAFF:
Cheryl Teplinsky, L.C.S.W., Program Director
Robert Suddath, M.D., Medical Director
Rhonda Sena, Ph.D., Attending Psychologist

TRAINING PROVIDED:
Interns have primary case management responsibilities during their 4-month rotation. This entails diagnostic interviewing, individual therapy and family treatment and attendance at treatment planning meetings. Trainees will learn to formulate differential diagnoses, gain familiarity with the developmental, familial, biological, and behavioral features of the major emotional disorders of adolescence gain experience in individual and family therapy, psychopharmacology, and understanding of multidisciplinary staff relations within a complex treatment system. Dr. Rhonda Sena provides supervision on interns' PHP cases.

DIVERSITY TRAINING:
In the Adolescent Partial Hospitalization Program, we work with adolescents who are diverse in terms of race, ethnicity, gender identity, socioeconomic status, sexual orientation and religion. Considerations of diversity issues are central to our work with these teens and their families. We believe it is imperative to do our best to understand the cultural practices of each individual patient and their family so that we may integrate this understanding into treatment in a meaningful way.

Guidance is provided in multidisciplinary team treatment planning and in supervision to frame discussions related to assessment results, diagnoses, and recommendations to children and their families.

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation, Case Presentation
Format: Individual
Hours Per Week: 1-2
Days and Times: Arranged with Supervisor
Names of Supervisor(s): Rhonda Sena, PhD

UCLA Child Day Treatment Service – ABC Program

DESCRIPTION:
The **A**chievement, **B**ehavior, **C**ognition (ABC) Programs provide comprehensive mental health services for children between the ages of 6 and 12 years. ABC programs include the Partial

Hospitalization Program (PHP), which meets daily from 7:30-2:30, and the Intensive Outpatient Program (IOP), which meets three afternoons a week from 3:00-5:00. Both services are time-limited, multimodal treatment programs dedicated to serving youngsters with the full spectrum of psychopathology using current evidence-based clinical practices. The programs offer state-of-the-art treatment for children with difficulties related to mood, anxiety, impulse control, attention and hyperactivity, fetal alcohol exposure, autism, and other neurodevelopmental challenges, including intellectual disability.

Children in the ABC PHP program receive a combination of individual and group therapies tailored to meet their individual needs. These include group cognitive behavior therapy, social skills training, mindfulness, and groups to promote healthy habits (wellness). They also participate in academic instruction, occupational and recreation therapy, and psychological testing and educational consultation as needed. ABC PHP treatment involves a robust parent/family component and includes weekly parent training, family therapy, and parent mindfulness groups along with daily contact and coaching of parents around home practice assignments. Each child is assigned a case coordinator, a primary nurse, and social worker who work directly with the child and the family. The case coordinator may be either a child psychiatry fellow or clinical psychology intern. Parents and guardians have opportunities to observe the child interacting in the program, meet regularly with the case coordinator and the treatment team, and receive assistance with the child's transition back to the school and community.

A video created by ABC faculty and staff describes the ABC program
https://urldefense.com/v3/__https://drive.google.com/file/d/1QfzllxJGN1n7ThWcWLNRMKtaSwIB7Kfk/view?usp=drive_web__;!!F9wkZZsl-LA!XLehRuPMZTnE34tVd4TX-6PE97NrZ5_6lETe3dfiyPUoD-SNA66lC7nNkvS_YUBY2g$

HOURS PER WEEK:
30 hours per week (ABC + IOP)

MANDATORY MEETINGS:

Day	Time	Meeting
Monday	9:45-11	ABC Master Treatment Planning
	11-12	ABC Teaching Rounds
Tuesday	12:30-1:30	Didactics
	1:30-2:30	IOP Treatment Planning and Rounds
Wednesday	11-12	ABC Rounds
Thursday	3:30-5	Individual Therapy in IOP

Friday	11-12	Group Supervision

Interns are expected to meet with the parents of their patients each morning during the hours of 7:30 to 8:30 am to discuss the child's behavioral plan. These are brief check-ins that occur during drop-off, and they allow follow up on practice that has occurred at home and updates on any key events from the previous evening. Interns are also encouraged to meet with the families when they pick up their children in the afternoon around 2:30 to 3:00 pm to review progress and set goals for the evening. Individual (daily) and family therapy (one hour per week) are conducted according to the intern's schedule.

FACULTY AND STAFF:

Tara Peris, Ph.D., Program Director
Ben Schneider, M.D., Medical Director

TRAINING PROVIDED:

The psychology intern will have the experience of assessing and treating children with a range of psychopathology. In keeping with the age group, we treat, the unit milieu is fundamentally behavioral in its interventions; opportunities for training in cognitive behavioral, mindfulness, and social skills interventions are also provided. Children are seen in individual psychotherapy using a variety of evidence-based treatment modalities (e.g., CBT, DBT). Interns will gain experience in administering child mental status examination in order to establish psychiatric diagnoses. Standardized psychological tests, rating scales, structural interviews and behavioral checklists are also used to aid diagnosis and to assess treatment outcomes. Finally, our complex patient population is such that many youth present to us with co-occurring medical conditions. Interns will be exposed to information on a range of genetic and neurological conditions and to psychotropic drug treatment approaches as well.

The ABC intern will be assigned to the unit for a four-month period. It is estimated that the time required for this is 30 hours per week, which includes carrying cases in both the PHP and IOP programs. The intern will serve as case coordinator for up to three cases at any one time. The intern will conduct intakes and daily therapy with his or her patient and will collate assessment materials/write reports as needed. He or she will also lead discharge planning for each patient. The intern will participate in weekly family therapy in coordination with the unit social worker and will see patients for individual psychotherapy. Supervision is provided in group (with child psychiatry fellows) and individual formats on a weekly basis with the unit attendings and through treatment planning/clinical rounds. The intern will be exposed to approximately 6-8 children per rotation.

In addition, interns will participate in the ABC Intensive Outpatient Program (IOP). As part of the IOP, all patients receive individual and group therapy sessions conducted by the intern and the social work staff. This is an afternoon program (from 3-5 pm), three days a week for children and families needing a stepped down level of care. It provides CBT groups, social skills training, and parent-interventions, along with twice-weekly individual therapy. Thus, it offers an intermediate level of care for children who need more than a weekly outpatient therapy appointment but who do not require full day treatment services.

SCHEDULES:

ABC PHP schedule of group activities:

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7:45 - 8:15	Community Mtg Topic: Roses and Thorns	Community Mtg Topic: Chaplain Visit	Community Mtg Topic: Mindfulness	Community Mtg Topic: Share Day	Community Mtg Topic: Fun Friday
8:15 - 9:00	CBT 1/ School	CBT 1/ School	CBT 1/ School	CBT 1/ School	CBT 1/ Relaxation Group
9:00 - 9:45	CBT 2/ School	CBT 2/ School	CBT 2/ School	CBT 2/ School	CBT 2/ School
9:45-10:00	Snack	Snack	Snack	Snack	Snack
10:00 - 11:00	School (LAUSD)	School (LAUSD)	School (LAUSD)	School (LAUSD)	School (LAUSD)
11:00 - 12:00	Occupational Therapy	Occupational Therapy	Occupational Therapy	Occupational Therapy	Occupational Therapy
*12:00 - 12:30	Lunch	Lunch	Lunch	Lunch	Lunch
12:30 - 1:15**	Social Skills	Mindfulness	Social Skills	Healthy Habits Group	Art Therapy
1:00 - 2:00	Recreational Therapy	Recreational Therapy	Recreational Therapy	Recreational Therapy	Recreational Therapy
2:00 - 2:30	Earned Free Time 2:30 Pick up	Earned Free Time 2:30 Pick up	Earned Free Time Exchange Store 2:30 Pick up	Earned Free Time 2:30 Pick up	Earned Free Time Exchange Store 2:30 Pick up

Child IOP Schedule

	Monday	Tuesday	Thursday
2:30-3:00	Community Meeting (with parents) Theme: Weekend Review and Weekly Goals	Community Meeting (with parents) Theme: Mindfulness	Community Meeting (with parents) Theme: Weekend Goals
3:00-3:15	Snack	Snack	Snack
3:15-4:00	CBT Group	Individual Therapy	Social Problem Solving/Individual pull out
4:00-4:15	Skills Practice Group	Skills Practice Group	Skills Practice Group
4:15-4:30	Skills Practice Review with Parents	Skills Practice Review with Parents	Skills Practice Review with Parents

Parent IOP Schedule

	Monday
2:30-3:00	Community Meeting (with children) Theme: Weekend Review and Weekly Goals
3:00-3:30	Parent Training Slot #1
3:45-4:15	Parent Training Slot #2
4:15-4:30	Skills Practice Review with Child
	Tuesday

2:30-3:00	Community Meeting (with children) Theme: Mindfulness
3:00-3:15	Check in with Case Coordinator
3:15- 4:15	Mindfulness Parenting Group
4:15-4:30	Skills Practice Review with Child
	Thursday
2:30-3:00	Community Meeting (with children) Theme: Weekend Goals
3:00-3:30	Parent Training Slot #3
3:45-4:15	Parent Training Slot #4
4:15-4:30	Skills Practice Review with Child

DIVERSITY TRAINING:

A commitment to culturally responsive care runs through all training activities at ABC. From recognizing the poor representation of communities of color in clinical research--and the corresponding limits of the evidence-base-- to systemic factors that shape health outcomes themselves, trainees are encouraged to formulate patient-centered, culturally informed case conceptualizations and treatment plans. Individual and group supervision provide a forum for further discussion about factors that affect the experience of care of in the health system including microaggressions, macroinvalidations, and discrimination.

SUPERVISION PROVIDED:

Method of Supervision: Direct Observation (as possible), Case Presentation
Format: Individual and Group
Hours Per Week: 2
Days and Times: Fridays 11-12, Individual TBD
Names of Supervisor(s): Tara Peris, Ph.D.; Ben Schneider, MD

Pediatric Psychology Consultation-Liaison Service

DESCRIPTION :

Child and Health Behavior track psychology trainees are required to do a 4-month rotation on the Pediatric Psychology Consultation Liaison Service. The Pediatric Psychology Consultation-Liaison track intern spends 8 months on the rotation. The Pediatric Psychology Consultation-Liaison and Health Behavior track interns also participate in the Adolescent Medicine Clinic on Friday afternoons while on this rotation.

HOURS PER WEEK IN MAJOR ROTATION:

Pediatric Psychology Consultation-Liaison Service: 27 hours for Peds CL + 4 hours for Adolescent Medicine Clinic = 31 hours total
Child and Adolescent Inpatient Service/Adolescent PHP: 30

PEDIATRIC PSYCHOLOGY CONSULTATION-LIAISON TRACK ROTATION SCHEDULE		
	Pediatric Psychology Consultation-Liaison & Adolescent Medicine Clinic	Child and Adolescent Inpatient Service/ Adolescent Partial Hospitalization Program
Pediatric Psychology C-L Track Intern	July - February 8 months	March-June 4 months

MANDATORY ACTIVITIES:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	8:45-10am Supervision with Bursch RRMC 4265	**9:00-10:00am** Child Psych Grand Rounds (2nd/4th Wed; Sept-June)	Core Lectures Semel C8-177 **8:00-9:20am**	
				10:00-11:00am Supervision with Bursch
	11-11:30am PICU/CT-ICU Multidisciplinary Psychosocial Rounds	**11-12am** Supervision with Bursch & Emerson		

1:30-2:15pm Multidisciplinary Psychosocial Oncology Rounds	**1:30-2pm** Heart Transplant Rounds	**1:00-2:00pm** Peds CL Teaching Conference Cantwell Library		**2:00-5:00pm** Adolescent Med Clinic (CL and H/B Interns) MP 200, 2nd Floor
	3-3:30pm Hospitalist Psychosocial Rounds RRMC 5265			

*Parts that are shaded are generally optional. However, interns are expected/strongly encouraged to attend peds hospital specialty rounds when they have a patient from that service on their caseload.

OTHER MANDATORY ACTIVITIES:

4 hours/week

- Child Grand Rounds: 2nd and 4th Wednesday of the month, 1 hour (Wednesday 9-10am), 0.5 hours per week
- Psychopathology/Psychopharmacology Seminar: 1.5 hours per week (Thursdays 8:00am-9:20am)
- Interns' Seminar, 1.5 hours per week (Fridays 12-1:30)
- Meeting with Advisor: 1 hour per week

TOTAL HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK:

While on Pediatric Psychology Consultation-Liaison Service: 35.
While on Child and Adolescent Inpatient Service/Adolescent PHP: 34

APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES:

While on Pediatric Psychology Consultation-Liaison Service: 5 - 9.5
While on Child and Adolescent Inpatient Service/Adolescent PHP: 6 - 10.5

DURATION:

8 months for Peds CL intern; 4 months for all other interns

FACULTY AND STAFF:

Brenda Bursch, Ph.D., Director
Natacha Emerson, Ph.D., Associate Director

TRAINING PROVIDED:

Interns see patients with a wide variety of psychiatric, behavioral, emotional, and family problems that are complicating their medical care. Trainees gain firsthand experience working with children and families struggling with serious, childhood illnesses and become integral members of the subspecialty teams. They learn how pediatric medical care is delivered and the role that mental health professionals can and should play in this system.

Common reasons for consult requests are to evaluate and follow for acute stress disorder (medical trauma), unexplained somatic symptoms, altered mental status, agitation, non-adherence to medical recommendations, anxiety, behavioral problems, family contributions to adjustment in the

child, and depression. All trainees are assigned children undergoing bone marrow, liver, or heart transplants. These patients generally require prolonged patient stays, and thus trainees get experience with ongoing treatment and patient/family management issues.

DIVERSITY TRAINING:
Interns evaluate and treat a diverse patient population within Mattel Children's Hospital. Approximately 50% of patients admitted to UCLA pediatric services have public insurance (MediCal, Medicaid or California Children's Services). Almost 50% of Medi-Cal managed care members primarily speak a Language other than English. Over 200 languages are spoken in California and, in Los Angeles County, between one-quarter and one-third of the population is Limited-English Proficient (speak English less than "very well"). Spanish-speaking Latinos make up one-third of California's population. In addition to serving the Southern California region, patients are admitted from distant locations within the Unites States and other countries. UCLA Health has relationships and healthcare initiatives with over 130 countries. Given the emphasis at Mattel Children's Hospital on providing patient-centered care, diversity sensitivity is essential.

Interns on the Pediatric Psychology Consultation Liaison service are asked to adopt an exploratory model's approach to understanding the unique experience of their patients and families. Additionally, interns are encouraged to ascertain patient information related to gender identity, sexual orientation, race, ethnicity, level of acculturation, language ability and preferences, educational background, financial burdens, spiritual beliefs, disabilities, family constellation, trauma and discrimination history, quality of the relationship and communication with the health care team, and potential barriers to health care (transportation, work or child care responsibilities, disability, etc). They are provided instructions on how to access and work with an interpreter; a list of available spiritual care resources; access to a curated website that includes resources related to the provision of culturally sensitive psychological care, and a lecture on the impact of provider–patient interactions on health disparities. Discussions in team case conference, presentations, and supervision include review of diversity and cultural factors that may impact a patient's clinical presentation, level of trust of and congruence with health care team members, and the development of sensitive treatment plans.

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation by psychology attending during walking rounds and interdisciplinary psychosocial rounds in Pediatrics. Case Presentation on all cases.
Format: Individual and Group
Hours Per Week: Minimum 4.5 hours a week
Days and Times: Monday through Friday; 8am - 5pm
Names of Supervisor(s): Brenda Bursch, PhD and Natacha Emerson, Ph.D.

Autism & Neurodevelopmental Disabilities Track

DESCRIPTION:
The Autism and Neurodevelopmental Disabilities (AND) track is designed to train psychologists to enter careers in the field of developmental disabilities. With this in mind, autism and neurodevelopmental disabilities are the focus of most of the internship activities with the goal of further developing expertise in this area. Two specialty tracks are offered within the AND internship

including: (1) the assessment track, or (2) the treatment track. Within the AND assessment track, one intern will participate in assessment activities through the UCLA Child and Adult Neurodevelopmental (CAN) Clinic for 20 hours per week and treatment activities through the UCLA PEERS Clinic for 8 hours per week throughout the year (28 hours per week in total). Within the AND treatment track, one intern will participate in treatment activities through the UCLA PEERS Clinic and/or UCLA CAN Clinic for 20 hours per week and assessment activities through the UCLA CAN Clinic for 8 hours per week (28 hours per week in total). Offering both depth and breadth, interns in the AND track will receive training in both assessment and treatment for those with neurodevelopmental conditions and complex comorbidities from preschool through adulthood. Additionally, both AND interns will attend mandatory lectures and seminars. Up to 10 hours per week will be dedicated to elective rotations according to interest and choosing.

HOURS PER WEEK IN MAJOR ROTATION:
28

OTHER MANDATORY ACTIVITIES:

- Interns' Seminar: 1.5 hours per week (Fridays 12-1:30)
- Departmental Grand Rounds: 1 hour per week (Tuesdays 11-12)
- Psychopathology/Psychopharmacology Seminar: 1.5 hours per week (Thursdays 8:00am-9:20am)
- Child Grand Rounds: 2nd and 4th Wednesday of the month, .5 hours per week (Wednesday 9-10am)
- Child and Adolescent Inpatient Service Teaching Rounds: 1.25 hours per week
- Tuesdays 9:15 – 10:30am
- Tarjan Center Distinguished Lecture Series: .25 hours per week (One Monday per month (TBD), 11:30am – 12:30pm)
- CART Autism Affinity Lecture Series: .25 hours per week (1st Friday of the month, 9:00 – 10:00am)
- Meeting with Advisor: 1 hour per week

APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES: 10 hours per week maximum

FACULTY AND STAFF:
Elizabeth Laugeson, Psy.D., Program Director
Amanda Gulsrud, Ph.D.
Catherine Lord, Ph.D.
Patricia Renno, Ph.D.
Nicole McDonald, Ph.D.
Caroline Grantz, Ph.D.
Shannon Bates, Psy.D.
Leila Glass, Ph.D.

TRAINING PROVIDED:
ASSESSMENT:
AND interns will be required to participate in the UCLA CAN Clinic for approximately 20 hours per week (AND assessment track) or 8 hours per week (AND treatment track) for a full year. The CAN Clinic serves individuals with autism spectrum disorder (ASD), related neurodevelopmental disorders (ND, e.g., intellectual disabilities, fetal alcohol spectrum disorder), neurological conditions, and genetic conditions. The focus of training is twofold: (1) to develop depth in the specialty area of ASD

and ND; and (2) to expand training in related psychiatric comorbidities, genetic conditions, and neurodevelopmental disorders to inform the assessment and treatment across the lifespan of this highly complex population.

Interns will conduct both brief consultations and comprehensive diagnostic assessments. Cases are often of high complexity and include co-occurring psychiatric and medical issues, requiring a special focus in differential diagnostic practices. Advanced training in comprehensive assessments will be a core aspect of training and will include autism-specific diagnostic "gold standard" measures [e.g., Autism Diagnostic Observation Schedule-2 (ADOS-2), Autism Diagnostic Interview-Revised (ADI-R)], structured psychiatric interviews (e.g., ADIS, SCID, Vineland-3), and measures of cognitive (e.g., WAIS-V, WISC-V), academic (e.g., WIAT-IV), and neuropsychological functioning (e.g., DKEFS, WMS). To foster advanced competency in the administration, scoring, and interpretation of the ADOS-2 and ADI-R, AND interns will participate in weekly site reliability coding meetings and will be trained and supervised by one of the world's leading autism researchers, Dr. Catherine Lord, developer of the ADOS-2 and ADI-R. AND interns will also learn to conduct functional behavior assessments in addition to traditional standardized measures.

In addition to comprehensive diagnostic evaluations, AND interns will also be involved in comprehensive treatment evaluations. Treatment evaluations may include empirically informed treatment strategies with the patient and family. Interns will also participate in brief treatment consultations to provide families with focused recommendations for augmenting existing treatment and educational programs. Interns will present their diagnostic conclusions and treatment recommendations in weekly multidisciplinary case conferences. Interns will also have the opportunity to work closely with the multidisciplinary team and psychiatry and neurology trainees to provide integrated care.

TREATMENT:
AND interns will be required to participate in treatment activities for 20 hours per week (AND treatment track) or 8 hours per week (AND assessment track) for a full year. Treatment hours for the AND treatment track intern may be split between the UCLA CAN Clinic and UCLA PEERS Clinic. Treatment hours for the AND assessment track intern must include a minimum of 8 hours per week in the UCLA PEERS Clinic.

Within the CAN Clinic, AND interns will be provided with opportunities for individual and group-based therapies. Treatments include: JASPER (Joint Attention, Symbolic Play, Engagement, and Regulation; developed at UCLA), which combines developmental and behavioral principles to treat young children at-risk for ASD; Pivotal Response Treatment (PRT), which is a naturalistic developmental behavioral treatment; and enhanced Cognitive Behavioral Therapy (CBT), which combines effective behavioral strategies with traditional CBT to suit the unique needs of people with ASD. In addition to individual therapy, AND interns may participate in group-based interventions to treat co-occurring anxiety and depression in adolescents with ASD and behaviorally focused interventions to enhance independent living skills in young adults with ASD. Treatment-focused responsibilities will consist of individual treatment sessions (50 minutes) and/or group-based intervention (60 minutes) each week.

Within the UCLA PEERS Clinic, training will be provided in one of the only evidence-based group social skills interventions for youth with social challenges. Originally developed at UCLA, this internationally recognized program is used in over 85 countries and has been translated into over a dozen languages through numerous cross-cultural validation trials. AND interns will have the opportunity to

be trained and supervised by Dr. Elizabeth Laugeson, the PEERS program developer. Groups are provided for youth with ASD but are also open to children and adults with social skills deficits who do not have neurodevelopmental disabilities, including those with ADHD, depression, and anxiety. Thus, trainees will have a rich training experience with exposure to individuals with a variety of mental health conditions across the lifespan.

Treatment groups provide instruction on culturally relevant elements of socialization including making and keeping friends (PEERS for Preschoolers, PEERS for Adolescents, and PEERS for Young Adults), the development and maintenance of romantic relationships (PEERS for Young Adults and PEERS for Dating) and finding and maintaining employment (PEERS for Careers). Separate social coaching groups for caregivers are conducted concurrently for 90-minutes each week for 16 weeks, or 2.5 hours per week for 20 weeks in PEERS for Careers. Sessions are structured to include homework review, didactic presentation, role-play demonstrations, and behavioral rehearsal exercises. Social coaches, which may include parents, caregivers, or peer mentors, are taught how to assist youth in developing appropriate social skills in a culturally sensitive context by providing individualized performance feedback during weekly in vivo socialization homework assignments. (Note: All treatment is provided over telehealth via Zoom during COVID-19.)

DIDACTIC TRAINING:

Interns in the AND assessment and treatment tracks will expand their working knowledge of ASD, ND, and related genetic conditions with particular emphasis on research advancements in these areas. Interns will be provided with and participate in weekly didactic presentations in the CAN Clinic. Faculty attendings and guest speakers will present on a variety of topics, some of which include comorbid medical and psychiatric issues, genetic conditions, neurological conditions, best practice parameters for assessment and treatments, etiology of ASD, community-based resources, and strategies for considering the role of neurodiversity and cultural sensitivity in the practice of assessment and treatment. AND interns will have the opportunity to attend three-day certified training seminars to become PEERS Certified Providers. AND interns are also required to attend lectures and seminars as part of the internship training. In particular, interns will attend Child Grand Rounds, Psychopathology / Psychopharmacology Seminar, Intern's Seminar, and lectures focused on neurodevelopmental disorders, such as the Center for Autism Research and Treatment (CART) Autism Affinity Lectures, and the Tarjan Center UCEDD (University Center for Excellence in Developmental Disabilities) Distinguished Lecture Series.

RESEARCH TRAINING:

Interns will be permitted up to four hours of protected research time per week. AND interns are encouraged to utilize protected research time to complete their dissertation, initially. Once defended, research hours may be allotted to analyze pre-existing data, prepare and submit manuscripts, write grants for future research, and/or participate in other approved research activities. In order to promote their ongoing professional clinical and research development, interns will select a research mentor from CART faculty.

TRAINING AND SUPERVISION:

Weekly individual and group supervision, as well as certified training, are provided. Within the CAN Clinic, AND interns will receive advanced training in comprehensive assessments by licensed clinical psychologists, with the opportunity to be trained by the developer of the ADOS and the ADI-R, Dr. Catherine Lord. AND interns will also receive training and supervision in JASPER by program developers, Dr. Connie Kasari and Dr. Amanda Gulsrud. Specific guidance is provided in how to

sensitively communicate assessment results, diagnoses, and recommendations to families from diverse backgrounds. In addition, discussions during multidisciplinary team case conference presentations and supervision routinely take into account issues of diversity and cultural considerations in treatment delivery.

Within the PEERS Clinic, AND interns work alongside and receive ongoing individual and group supervision from supervising faculty who are licensed clinical psychologists. During individual supervision, trainees are encouraged to consider cultural, developmental, and familial factors that may be contributing to the client's presentation, as well as the impact of the trainee's own multicultural identity in their response to families. Additionally, AND interns will receive comprehensive PEERS training and supervision by the program developer, Dr. Elizabeth Laugeson, and will be offered advanced training through participation in certified training seminars conducted at the UCLA Semel Institute for Neuroscience and Human Behavior. Certification may be obtained for the following programs: PEERS for Adolescents (Parent-Assisted Intervention), PEERS for Adolescents (School-Based Intervention), and PEERS for Young Adults (Caregiver-Assisted Intervention). All supervision and certified trainings will be conducted via Zoom during the COVID-19 pandemic.

ELECTIVE CLINICS:

In addition to the mandatory rotations, lectures, and seminars, AND interns are encouraged to participate in other clinics as electives. With electives, interns can gain broader experience with other populations. A full list of electives is provided in this manual. These electives must not conflict with mandatory activities. A specific program plan will be developed by the intern in collaboration with their advisor and presented to the training committee in order to ensure a breadth of experience as well as specialized training in autism and other neurodevelopmental disabilities. Total time commitment for electives is 5 – 10 hours per week.

TRAVEL AWARD:

AND interns will be given special consideration for the Tarjan Center Developmental Disabilities Travel Award, which is granted to two interns on a competitive basis and includes funding for attendance at a scientific meeting up to $1500. The primary objective of the Tarjan Center Developmental Disabilities Travel Award is to train professionals in the identification of disorders associated with neurodevelopmental disabilities and in interventions targeted for this underserved population.

POSTDOCTORAL TRAINING:

AND interns are encouraged to apply for competitive postdoctoral training fellowships at UCLA upon completion of their pre-doctoral psychology internship. Several postdoctoral fellowships are available within the CAN Clinic and PEERS Clinic. AND interns interested in obtaining additional specialized training in autism and other neurodevelopmental conditions are also encouraged to apply for fellowship training through the Center for Autism Research and Treatment (CART), whose supervisors include some of the world's leading experts in ASD research, spanning basic science to applied clinical research.

MANDATORY SCHEDULE OF ACTIVITIES FOR MAJOR AND MINOR ROTATIONS AND SEMINARS:

AUTISM AND NEURODEVELOPMENT DISABILITIES TRACK: CAN CLINIC MAJOR ROTATION

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-9:00				8:00-9:20 Psychopath/ Psychopharm Seminar	
9:00-11:00	9:00-1:00 CAN Clinic Evaluation	9:15-10:30 Child and Adolescent Inpatient Service Teaching Rounds	9:00 -10:00 Child Grand Rounds (2nd & 4th week of month)	9:30-10:30 CAN Clinic ADOS-2 & ADI-R Reliability	9:00-12:00 CAN Clinic Evaluation
			CAN Clinic Evaluation (1st & 3rd week of month)		
11:00-12:00	11:30-12:30 Tarjan Center Distinguished Lecture (once a month)	10:30-1:00 CAN Clinic Evaluation	10:00-1:00 CAN Clinic Evaluation		9:00-10:00 CART Autism Affinity Lecture (1st Friday of the month)
12:00-1:00				11:30-1:00 CAN Clinic Multidisciplinary Team Rounds and Didactics	12:00-1:30 Intern Seminar
1:00-2:00				1:00-5:00 CAN Clinic Family Consultation/ Evaluation /Treatment/ Supervision	
2:00-4:00					
4:00-8:00	3:45-8:00 PEERS For Young Adults***	3:45-8:00 PEERS Educational Groups for Teens and Young Adults*** 5:00-7:00 PEERS for dating***	3:45-8:00 PEERS for Adolescents*** 5:00-7:00 PEERS for Preschoolers Parenting Groups***	4:00-7:30 PEERS for Careers***	
Total CAN Clinic Hours	4	4	3.5	6.75	3

Mandatory activities are in black font
CAN activities are highlighted in blue font (treatment activities and individual supervision are scheduled on an individual basis)
PEERS activities are highlighted in red font (individual supervision is scheduled on an individual basis)

DIVERSITY TRAINING:

Diversity and cultural competency are core values of our programs. Within both the CAN Clinic and the PEERS Clinic, families come from the local community as well as distant national and international locations. Multicultural training, including discussion of the presentation of ASD and developmental disabilities in different cultural and family contexts, is integrated throughout the training year. Trainees are provided with opportunities to work with clients who vary in age, gender, family composition,

race, ethnicity, linguistic, religious, and socioeconomic backgrounds, presenting problems, gender identity, sexual orientation, and language and cultural backgrounds.

Didactics are provided on culture, race and ethnicity on a regular basis for AND interns. Monthly meetings devoted to furthering justice, equality, diversity and inclusion (JEDI meetings) are an important component of training. Additionally, didactics on understanding disparities in assessment and treatment and training on using interpreter services are provided through the CAN Clinic. AND interns will also be provided group training and individual supervision on how to communicate with patients appropriately and sensitively about their individual differences. Interns will be encouraged to consider diversity and culture competence throughout their training and will be provided assistance in the individualization of treatment based on the unique differences of their patients.

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation, Videotape and Case Presentation
Format: Individual and Group
Hours Per Week: 5-13
Days and Times: Flexible M-F 9 AM – 5 PM
Names of Supervisor(s): Patricia Renno, PhD, Caroline Grantz, PhD, PhD, Nicole McDonald, PhD, Amanda Gulsrud, PhD

Pediatric Neuropsychology Track

DESCRIPTION:
The Pediatric Neuropsychology Track offered through the UCLA-Semel Institute and Resnick Neuropsychiatric Hospital's APA-approved doctoral internship program is designed to meet the requirements set forth by Division 40 (Neuropsychology) of the APA for specialty training in neuropsychology with children and adolescents. The primary emphasis will be on neuropsychological assessments conducted through the Medical Psychology Assessment Center (MPAC).

HOURS PER WEEK IN MAJOR ROTATION:
30

OTHER MANDATORY ACTIVITIES:
- Interns' Seminar: 1.5 hours per week (Fridays 12-1:30)
- Departmental Grand Rounds: 1 hour per week (Tuesdays 11-12)
- Psychopathology/Psychopharmacology Seminar: 1.5 hour per week (Thursdays 8:00 am-9:20am), except Sept-Dec when Functional Neuroanatomy is taken
- Meeting with Advisor: 1 hour per week
- Neuropsychology Seminars:

  Fall Quarter: September-December
  Functional Neuroanatomy: 1.5 hours per week
  NIBBL: 1 hour per week
  Neuropsychological Syndromes: 1.5 hours per week

Winter Quarter: January-March
NIBBL: 1 hour per week
Neuropsychological Syndromes: 1.5 hours per week

Spring Quarter: April-June
NIBBL: 1 hour per week
Neuropsychological Syndromes: 1.5 hours per week
Cultural Neuropsychology Seminar: 1 hour per week

Recommended Activities:

- Child Grand Rounds: 2nd and 4th Wednesday of the month, 0.5 hours (Wednesday 9-10am)
- NP Professional Development (2nd and 4th Thursday of the month, 0.5 hours (Thurs 4:30-5:30pm)
- Epilepsy surgery rounds: every Wednesday 1-2:30pm
- Clinical fMRI Interpretation: 1.5 hours per week

TOTAL HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK:

36-38

APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES:

2-7

FACULTY AND STAFF:

Sandra K. Loo, Ph.D., Program Director
Patricia Walshaw, Ph.D., Associate Director
Supervisors: Talin Babikian, PhD, ABPP, Oren Boxer, PhD, Andrea Dillon, PsyD, Leah Ellenberg, PhD, Karen Schiltz, PhD, Amy Schonfeld, PhD, Janiece Turnbull, PhD, Karen Wilson, PhD, Roger Light, PhD, ABPP-CN, ABPP-PN

TRAINING PROVIDED:

Interns in this track will spend approximately 30 hours per week of their time in activities related to clinical neuropsychology. Supervision is provided individually or within a group on each case by the case's primary supervisor. Additional training in neuropsychology is provided through didactics. The trainee's program will be supplemented by general clinical activities including psychodiagnostic assessment, individual therapy patients, group therapy in elective rotations

DIVERSITY TRAINING:

Neuropsychology Interns, and other interns who may elect to see cases for Neuropsychological and/or Psychodiagnostic Assessment, do so within the Medical Psychology Assessment Center or MPAC. MPAC serves as a centralized Neuropsychological assessment hub for adults and children in UCLA Health, and serves a wide variety of patients from different backgrounds. Cultural and individual diversity are cornerstones of the MPAC service delivery model, and critical to the conceptualization of every case. Key factors considered in advance for every case include ethnicity/race, sexual orientation or gender identity, educational background, socioeconomic standing, linguistic background, religious affiliation, military/civilian roles, accessibility of educational and vocational opportunities, neurodiversity, and/or other social markers of diversity. The overall philosophy at the MPAC is one that is closely aligned with the AACN 2050 Relevance Initiative and is focused on the complementary relationship of cultural competence and cultural humility in neuropsychology. Ample opportunity and training on interpreter-mediated assessment is provided as

many of our patients are bilingual. Several lectures on interpreter-mediated assessment are provided, and trainees are exposed to relevant readings and hands-on training related to working with interpreter services in a neuropsychological assessment context. Individual supervision on each case focuses on cultural and identity factors of the patient that may play a role in case conceptualization and approach to testing. Supervision also provides an opportunity to self-examine identity factors and potential biases that may impact approach to a case as well as factors that relate to the supervisor-supervisee relationship. In addition to "bedside learning" with individual supervisors on cases, MPAC trainees have an opportunity to engage in didactic opportunities focused on diversity interspersed throughout the Thursday seminars, including the quarter-long Cultural Neuropsychology Seminar in the Spring Quarter. Foundational readings related to cultural and linguistic competency in neuropsychology are also disseminated during orientation and serve as a springboard for ongoing discussion with supervising faculty throughout the academic training year. Students are encouraged to process their own journey of developing cultural competence with the MPAC faculty, including those faculty in the Cultural Neuropsychology Program (CNP).

SUPERVISION PROVIDED:

Method of Supervision: Direct Observation and Case Presentation
Format: Individual and Group
Hours Per Week: 1 hour/week with advisor; then typically 2-4 hours/assessment case of individual supervision; group supervision is held once per week and interns have a chance to present their cases
Days and Times: Variable

Adolescent Serious Mental Illness Track

DESCRIPTION

There is increasing evidence that earlier intervention for serious mental illness (psychotic spectrum disorders and bipolar disorder) can lead to improved long-term outcome. This has led to a rising tide of interest in studying the early symptomatic manifestations of these disorders and in developing strategies for early intervention and prevention.

The Adolescent Serious Mental Illness (ASMI) track in the NPIH Doctoral Internship Program will include one slot for the 2021-2022 academic year. This position is made possible with the support of the National Institute of Mental Health and foundation funding (the Don Levin Trust and Shear Family Foundation).

The ASMI internship will conform to APA guidelines for training in clinical psychology with ~75% effort dedicated to assessment, treatment, and community outreach in this year-long placement within the UCLA Center for the Assessment and Prevention of Prodromal States (CAPPS), which provides comprehensive assessment and innovative treatments for adolescents and young adults who are deemed to be at high-risk for developing psychosis. Additionally, interns will have the opportunity to assess and treat individuals from other clinical populations with or at risk for severe mental illness (i.e., youth at genetic high risk for psychosis). Interns will have the additional opportunity to provide Family Focused Therapy and serve as a skills group co-facilitator for individuals with or at risk for severe mental illness and their families through a collaborative research program with the UCLA CHAMP clinic.

ASMI MEETINGS

Mondays 10-11 – Clinical Assessment Team Supervision
Mondays 11-12 – Neuropsychology Assessment Team Supervision / Psychosocial Treatment Team Supervision (alternating weeks)
Psychological Treatment Supervision: 1-2 hours per week to be arranged with Dr. Adery, Dr. Denenny and/or Ms. Zinberg, includes some group supervision
Other Clinical Supervision: 1 hour per week to be arranged with Dr. Bearden

OTHER MANDATORY ASMI INTERN ACTIVITIES

Interns' Seminar: 1.5 hours per week (Fridays 12-1:30)
Departmental Grand Rounds: 1 hour per week (Tuesdays 11-12)
Child Psychiatry Grand Rounds (2nd and 4th Wednesday of the month, 9-10am) 0.5 hours per week
Meeting with Advisor: 1 hour per week (or as needed)

FACULTY AND STAFF

Carrie Bearden, Ph.D., Program Director
Alaina Burns, M.D., Misty Richards, M.D., Gil Hoftman, M.D., Ph.D., Medical Co-Directors
Jamie Zinberg, M.A., Administrative and Psychosocial Treatment Director
Laura Adery, Ph.D., Associate Clinical Director, Treatment and Assessment Supervisor
Danielle Denenny, Ph.D., Group and Family Treatment Supervisor

MORE DETAILS ON TRAINING PROVIDED TO THE ASMI INTERN

Interns will learn through supervised practice, weekly multidisciplinary treatment team case conference meetings and a monthly didactic seminar series. Interns will have the opportunity to participate in the overarching goals of these programs, which include: 1) developing methods for early identification of those at very high-risk for psychosis; 2) characterizing the diagnostic, clinical, and neurocognitive phenomena associated with these conditions; and 3) developing, testing and implementing interventions for these populations. Opportunities are available to conduct clinical assessment and treatment in both English and Spanish.

Clinical Assessment

Interns will receive training in the administration of the Structured Interview for Psychosis-Risk Syndromes (SIPS), Structured Clinical Interview for DSM-5 (SCID), and other clinical rating scales, such as the Brief Psychiatric Rating Scale (BPRS) and Calgary Depression Scale. Interns will administer these assessment measures to young people ages 12-30 and/or their parents, and together with other psychologists, psychiatrists, and post-doctoral fellows, will determine working diagnoses and eligibility for participation in a clinical research program for adolescents at imminent risk for psychosis or with recent onset of psychosis. Interns will also conduct these assessments with youth who are at high genetic risk for serious mental illness (i.e., youth with 22q11.2 disorders). Interns will conduct approximately three assessments per week, will write a brief report following each assessment, and will be asked to summarize findings and to make recommendations for treatment at multidisciplinary team meetings. Interns will be trained in proposing comprehensive treatment plans, which may include school, individual, family, psychiatric and/or group interventions. Interns will participate in approximately 10-15 hours per week of clinical assessment activities, which will be supervised by Laura Adery, PhD and Carrie Bearden, PhD, licensed clinical psychologists.

Psychological Treatment

Interns will be trained to provide early intervention for adolescents and young adults at high clinical risk for developing a thought disorder and their families. Our evidence-based early intervention provides stepped care matched to the needs of our clients, and the focus is on preventing worsening of prodromal symptoms and functional disability. Components include needs assessment interviews; family psychoeducation about the prodromal state; creation of a family-centered, assessment-based risk reduction plan; family empowerment within the service system; ongoing case management (crisis support and consultations with family and outside providers); and fostering strong family communication around symptoms, stressors, and needs. Psychoeducation addresses reasons for early intervention, biological bases for mental disorders, diathesis-stress theories, psychopharmacological and psychological treatments, school interventions, and recommendations for creating a protective environment. Our intervention program is guided by cognitive-behavioral and family systems orientations and has been manualized and adapted from Family Focused Treatment for children and adolescents at risk for bipolar disorder (FFT-CHR; Miklowitz, George, & Taylor 2006). We are now conducting a randomized clinical trial of this family -based intervention; interns will have the opportunity to participate as therapists or co-therapists. Interns will also have the opportunity to co-facilitate client resiliency therapy groups and/or transdiagnostic skills groups for adolescents and parents that use a combined cognitive-behavioral and dialectical-behavioral approach. Interns may also have the opportunity to carry time-limited individual therapy cases with youth enrolled in clinic assessment services with such modalities as CBTp, CBT-I or DBT-informed treatment. Approximately 10 hours per week will be spent providing psychosocial treatment, and interns will be provided individual and group supervision by Laura Adery, Ph.D., Danielle Denenny, Ph.D. and Jamie Zinberg, MA. Interns will also have the opportunity to work closely with psychiatry residents and fellows to learn about psychopharmacological approaches to treating prodromal and first episode adolescents.

Neuropsychological Assessment (Optional)
Interns can also elect to be trained in the administration of a neuropsychological research battery, constructed to test hypotheses regarding functioning during the psychosis prodrome, and in adolescents with psychotic and mood disorders. Interns will conduct approximately two neuropsychological assessments per month, write brief summaries, and report findings at multidisciplinary team meetings. In many cases, interns will be asked to provide feedback to individuals, parents, and treatment providers and to make recommendations for classroom accommodations. Neuropsychological assessment hours are worked into your total track hours and up to 3 hours per week may be spent on neuropsychological assessment, which will be supervised by Dr. Carrie Bearden. Neuropsychological assessment group supervision is held monthly (1 hour), with individual supervision provided as needed.

Community Outreach (Optional)
Interns will be given the opportunity to participate in community outreach efforts. Activities will involve providing talks in the community to staff working with youth (mental health providers, nurses, teachers, etc.), with the goal of educating staff on the early warning signs on psychosis and benefits of early intervention. Additionally, interns may provide career day talks and fairs for local middle and high school students as well as talks for parents in the community on preventative mental health.

Research
Interns will be given the opportunity to participate in one of several ongoing programs of research focusing on neuropsychological, psychosocial, and/or family factors contributing to the development of psychotic illness in adolescents, and how this knowledge can be translated into more effective,

evidence-based treatments of serious mental illness in young people. There are also opportunities for participation in randomized control trials of both group and family interventions.

Seminar/Training

Mandatory training and seminars will be provided to support the training of interns in clinical assessment, neuropsychological assessment, and intervention with treatment – seeking adolescents and their families and attempts to integrate clinical work with relevant research findings. This seminar will be organized by Drs. Carrie Bearden, Laura Adery, and Danielle Denenny and Jamie Zinberg, M.A., and will include presentations by CAPPS team members including Medical Co-Directors Drs. Alaina Burns and Misty Richards. Other participants in this didactic seminar will include doctoral psychology graduate students, medical students and postdoctoral fellows. Intensive training will take place during the months of July and August.

Seminar topics include:

- Controversies surrounding "prodromal" programs
- An introduction to the Adolescent Serious Mental Illness /CAPPS clinical research programs
- Assessment of the Prodrome
- Screening instruments to facilitate research and early intervention during the prodrome
- Neuropsychology and the Prodrome
- Genetic high-risk populations
- Family Research conducted on the prodrome and first episode psychosis
- Thought Disorder during childhood and adolescence
- Typical Adolescent Development
- Psychopharmacology in the Prodrome
- An Interdisciplinary Team approach to treating the prodrome
- Individual and Family Evidence-based Treatment of Serious Mental Illness (such as CBT for psychosis, Family Focused Therapy for high-risk youth)
- Mindfulness based therapy for high-risk youth and parents
- Specific treatment considerations and research findings for early psychosis risk in societally marginalized groups such as Black American or LGBTQIA+ youth.
- Crisis Management – Assessing and managing suicidality and homicidality
- School Interventions – Individual Educations Plans, Non-Public Schools and beyond
- Community Resources

DIVERSITY TRAINING

ASMI clients are diverse in terms of ethnicity/race, SES, religion, gender identity, nationality, acculturation, and sexual orientation. Diversity and cultural competency are core values of our program, and we strive to honor the backgrounds of our clients. Towards this end we have recruited diverse staff and trainees and consistently work to ensure that we are welcoming to people from all backgrounds. We expect that trainees will be open to working with clients representing different values, cultural experiences, and lifestyles than they have. Multicultural training starts during orientation and is woven into all aspects of training throughout the year. We train interns in multicultural identity development models and in thinking in a culturally competent way, rather than encouraging them to apply group-level information in stereotyped fashion. We use supervision to emphasize cultural humility to trainees and to assist them in identifying and working through areas of bias and blind spots. Trainees are encouraged to self-explore and reflect on their own multicultural identity and how that impacts their clinical interpretations and approach to their cases. Trainees are also assisted in sensitively communicating with clients about individual, family, and cultural identities,

strengths and differences, and core personal values, and they receive training in communicating with clients through a translator. Additionally, as part of our research team, trainees will have the opportunity to contribute to furthering understanding of the impact of culture and individual factors on psychopathology.

TIME REQUIREMENTS

Clinical & Psychosocial Assessment: 12-15 hours
Neuropsychological Assessment & Community Outreach: Optional
Psychosocial Treatment: 8-10 hours
Seminar and Team meeting: 2 hours
Individual and Group Supervision Total: 3.5-4.5 hours
Research: negotiable
Total: Approximately 29 hours per week
*Please note that an intensive training will take place in the first weeks of internship that will likely exceed this expected weekly time allotment.

SUPERVISION PROVIDED

The ASMI intern will have a primary advisor, Carrie Bearden, Ph.D., who is the Director of the CAPPS Program and a Professor in the departments of Psychiatry and Biobehavioral Sciences and Psychology. The intern will additionally receive mentorship and training from program supervisors Laura Adery, Ph.D. (Associate Clinical Director, licensed clinical psychologist), Danielle Denenny, Ph.D. (Family Treatment supervisor) and Jamie Zinberg, MA (Psychosocial Treatment and Administrative Director). The intern may also receive mentorship from other faculty, depending on the specific selections of electives comprising this intern's program.

Method of Supervision: Direct Observation, Video Tape, Case Presentation
Format: Individual and Group
Hours Per Week: Flexible (see Time Requirements)
Days and Times: Training experiences are available M-Fr, including some evenings. The intensive daily orientation in July is a foundation.
Names of Supervisor(s): Carrie Bearden, Ph.D. (primary). Laura Adery, Ph.D., Danielle Denenny, Ph.D., Jamie Zinberg, M.A.

Stress, Trauma and Resilience Track

DESCRIPTION:

Stress, Trauma and Resilience track psychology trainees will send approximately 65% of their time dedicated to evaluation, treatment, and community outreach in this year-long placement within the UCLA Nathanson Family Resilience Center (NFRC), which provides family-level interventions for children exposed to various challenges, including traumatic events, pediatric illness, community violence, sexual abuse, parental illness/injury related to combat experience, or natural disasters.

Interns will learn through supervised practice, multidisciplinary case conferences, research team meetings, and outreach/training opportunities. Interns will have the opportunity to participate in the overarching goals of the NFRC, which include: 1) Developing and testing new interventions for high-risk families, 2) Strengthening support for families through education and training of mental health

providers, educators, and medical providers, 3) Using innovative technology to provide support for families, and 4) Improving the quality of care for families through direct service-delivery.

HOURS PER WEEK IN MAJOR ROTATION:
30

MANDATORY STAR MEETINGS:
Stress, Trauma and Resilience (STAR) Clinic: 20 hours
Individual Supervision: 1 hour per week
Group Supervision: 1 hour per week
Faculty Advisor meeting: 1.5 hour per week
Other training opportunities (Peds CL, Outreach/training, Research): 3-4 hours/week
Stress, Trauma, and Resilience Seminar 1.0 (Wednesday 9-10 AM; alternates with Child Grand Rounds)

The primary advisors for this track are Blanca Orellana, Ph.D., and Nastassia Hajal, Ph.D. Regular meetings with the advisor will support the intern's professional development and career goals, as well as guidance with elective selection and program customization. The intern may receive mentorship from other faculty members consistent with the intern's interests.

During the first 4 months of internship, the STAR intern will participate in approximately 4 hours of mandatory meetings with the Pediatric Psychology Consultation/Liaison track (including Peds CL Intern Supervision and Teaching Conference). STAR interns will also have the opportunity to add an additional 1-3 elective hours of Pediatric C/L activities (e.g., attending at specialty clinic rounds and/or shadowing consults in the ED or inpatient unit), if they wish.

OTHER MANDATORY ACTIVITIES:
Interns' Seminar: 1.5 hours per week (Fridays 12-1:30)
Departmental Grand Rounds: 1 hour per week (Tuesdays 11-12)
Psychopathology/Psychopharmacology Seminar: 1 hour per week (Thursdays 8:30am-9:20am)
Child Grand Rounds: 2nd and 4th Wednesday of the month, 1 hour (Wednesday 9-10am)
Meeting with Advisor: 1 hour per week

The Stress, Trauma and Resilience intern will spend the remainder of their time in didactic seminars and electives offered through the general internship program to broaden their overall training experience. The required seminars include Child Psychiatry Grand Rounds, Child Psychopathology and Psychopharmacology and the Intern Brown Bag Lunch & Seminar.

TOTAL HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK:
35.75

APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES:
4.25-9.25

FACULTY AND STAFF:
Natalia Ramos, M.D., Medical Director

Catherine Mogil, Psy.D., Clinical Director
Blanca Orellana, Ph.D., Associate Clinical Director
Nastassia Hajal, Ph.D., Alex Kelman, Ph.D. Lauren Marlotte, Attending Supervisors

TRAINING PROVIDED:

Interns will see patients with a wide variety of behavioral, emotional, and family problems that stem from exposure to traumatic events, such as medical illness, pediatric injuries, sexual abuse, physical abuse, community violence, involvement in the child welfare system, and parental illness/injury related to parental combat exposure. Trainees thus gain first-hand experience working with children and families struggling with trauma-related challenges. Efforts will be made to provide trauma-related cases consistent with the interns' primary area of interest in addition to a breadth of cases to ensure adequate training in various types of trauma.

Trauma-informed Intervention

A family approach is used so that the intern learns how to work across the entire family, with parents (biological, foster and adoptive), siblings of the injured/ill child, and significant others (as applicable). Interns learn how stress related to medical illness or traumatic events reverberates across the entire family. An emphasis will also be placed on collaborating with the systems of care that support the child and family. There is also an opportunity to learn home visiting models. Treatment may include Families Overcoming Under Stress (FOCUS), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Parent Child Interaction Therapy (PCIT), Dyadic interventions for early childhood, and other trauma-informed and family level treatment models. There is also the availability to develop and facilitate group level interventions. Approximately 15 hours per week will be spent delivering trauma-informed interventions.

Trauma-informed Evaluation

Interns gain experience in both brief evaluation and comprehensive assessment for a variety of cognitive and emotional issues that impact child and family functioning and parenting choices. Interns will be trained in assessment procedures, report writing, identifying practical recommendations, and supportive delivery of feedback to parents. Approximately 2 hours per week will be spent in evaluation.

Pediatric Consultation-Liaison Training

For the first 4 months of the year, interns will co-train with the Pediatric Consultation Liaison Service, where they will participate in group supervision meetings and didactics to gain exposure to psychology CL work with children and families struggling with serious childhood illness. Interns will learn about a wide range of behavioral, emotional, and family problems that may complicate medical care and will learn the role that mental health professionals can/should play in the medical system. Common reasons for consult requests are to evaluate for unexplained somatic symptoms, non-adherence to medical recommendations, anxiety, acute stress disorder, behavioral problems, family contributions to adjustment in the child, or depression. Referred children may be undergoing bone marrow, liver, or heart transplants. These patients generally require prolonged hospital stays and thus trainees get exposure to ongoing treatment and patient/family management issues. Given the overlap of trauma related symptoms and behavioral presentations frequently seen in STAR and Pediatric Consultation-Liaison patients, this time limited training will provide interns with exposure to the inpatient experience.

Outreach/Training Experience

Interns will have the opportunity to participate in community outreach and provider trainings to help build community capacity to support children and families affected by traumatic experiences. This may include events or trainings to support military families and children, children with particular medical or developmental challenges, or homeless youth. Outreach and training opportunities vary during the course of the year, but approximately 2-3 outreach or training events will be completed over the internship year (averaging less than an hour/week).

Research

Several research projects take place in the NFRC. Intervention development and evaluation, translational research, program evaluation, and data analysis/interpretation opportunities are available to the interns to further their research experience. Approximately 2 hours per week will be spent in research related activities, including clinical delivery of interventions, assessment or meetings.

Stress, Trauma and Resilience (STAR) Seminar

Orientation lectures will be provided during the first two months of the internship. Training and trauma-related presentations will be held on the third Wednesdays of each month from 9:00 to 10:00 AM. Interns will alternate attending STAR Seminar and Child Psychiatry Grand Rounds.

Seminar faculty include Norweeta Milburn, Ph.D., Blair Paley, Ph.D., and William Saltzman, Ph.D., as well as guest lecturers/speakers. Topics include:

- The FOCUS model
- TF-CBT
- The neuropsychological effects of trauma
- Supporting Grieving Families
- Trauma-informed assessment and care
- Developmental guidance
- Resilience factors
- Trauma-informed psychoeducation
- Trauma and loss reminders
- Child development and trauma
- Collaborating with educators and other providers
- Stress and Coping in Families of Medically Ill Children
- Understanding the needs of military families
- Systems of care
- Children's understanding of illness
- Supporting children's social relationships
- Helping parents re-establish the protective shield
- Understanding the needs of resource/adoptive families
- Challenging medical experiences for children and parents

DIVERSITY TRAINING:

The NFRC-Family STAR Clinic has a strong training program that is committed to promoting a culture of inclusion and appreciation for diversity. We strive to support trainees across all areas of diversity including (but not limited to) race/ethnicity, gender, religion, gender identity, language, and socioeconomic status in order to expand cultural awareness and sensitivity, as well as to enrich the services we provide to the increasingly diverse populations at UCLA. Training is woven into various aspects of the training experience. Throughout the year STAR Seminar Rounds hosts experts/speakers

in the area of child and family trauma to discuss important topics related to the field, including prevention and intervention, diversity, cultural awareness and sensitivity, as well as best practices working with diverse populations (e.g. LGBTQ families, foster/adoptive families, and underserved populations). Trainees are encouraged to engage in reflective conversations about their cultural identity, personal biases, attitudes and values, in both, individual and group supervision, as well as during multidisciplinary team case conferences. In addition, cultural exploration is encouraged in all aspects of case conceptualization to determine how cultural aspects may play a role in symptom presentation, parental reactions, as well as how to incorporate these important factors into diagnosis, assessment and treatment. Trainees are exposed to reading materials and training in working with interpreters, in order to meet the linguistic needs of patients.

SUPERVISION PROVIDED

Method of Supervision: Direct Observation and Case Presentation
Format: Individual and Group
Hours Per Week: 5
Days and Times: Tuesdays or Thursdays between 10 AM – 5 PM
Names of Supervisor(s): Blanca Orellana, Ph.D.; Nastassia Hajal, Ph.D.; Alex, Kelman, Ph.D. Catherine Mogil, Psy.D.

Adult Tracks

Adult Neuropsychology Track

DESCRIPTION:
The Adult Clinical Neuropsychology Track offered through the UCLA Semel Institute and Resnick Neuropsychiatric Hospital's APA-approved doctoral internship program is designed to meet the requirements set forth by the Society for Clinical Neuropsychology (previously known as Division 40) of the APA. This track follows Houston Conference Guidelines for specialty training in clinical neuropsychology and following the taxonomy for education and training in clinical neuropsychology (Smith, G., Archives of Clinical Neuropsychology, Volume 34, Issue 3, May 2019, Pages 418–431), is considered a Major Area of Study (with more than 50% effort dedicated specifically to clinical neuropsychology. The primary emphasis will be on neuropsychological assessments conducted through the Medical Psychology Assessment Center (MPAC), and when appropriate to individual training goals, complementary experiences in other programs may be arranged.

HOURS PER WEEK IN MAJOR ROTATION:
30

OTHER MANDATORY ACTIVITIES:
Interns' Seminar: 1.5 hours per week (Fridays 12-1:30)
Departmental Grand Rounds: 1 hour per week (Tuesdays 11-12)
Meeting with Advisor: 1 hour per week
Neuropsychology Seminars:

Fall Quarter: September-December
Functional Neuroanatomy: 1.5 hours per week
NIBBL: 1 hour per week
Advanced Topics in Adult Neuropsychology: 1 hour per week
Neuropsychological Syndromes: 1.5 hours per week

Winter Quarter: January-March
Clinical fMRI Interpretation: 1.5 hours per week
NIBBL: 1 hour per week
Research on Pediatric Neurobehavioral Disorders: 1 hour per week
Neuropsychological Syndromes: 1.5 hours per week

Spring Quarter: April-June
Psychodiagnostic Assessment Seminar: 1.5 hours per week
NIBBL: 1 hour per week
Cultural Neuropsychology: 1 hour per week
Neuropsychological Syndromes: 1.5 hours per week

TOTAL HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK:
38.5

APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES:
1.5-6.5

FACULTY AND STAFF:
Patricia Walshaw, Ph.D., MPAC Director
April Thames, Ph.D., MPAC Associate Director
Robert Bilder, Ph.D., ABPP-CN, Adult Neuropsychology Track Director
Supervisors: Susan Bookheimer, Ph.D., Roger Light, PhD, ABPP-CN, ABPP-PN, Steven Castellon, PhD, Andrew Dean, PhD, Charles Hinkin, PhD, Judith Friedman, PsyD, Jeffrey Schaeffer, PhD., ABPP-CN, Diane Scheinder, PhD, Philip Stenquist, PhD, ABPP-CN, Nicholas Thaler, PhD, ABPP-CN, Robert Tomaszewski, PhD, ABPP-CN, Christine You, PhD, Heleya Rad, PhD, Maura Mitrushina, PhD, Nancy Kaser-Boyd, PhD, ABAP, Marilyn Jacobs, PhD, Ted Evans, PhD

TRAINING PROVIDED:
The intern will have the opportunity to complete evaluations on a variety of inpatients and outpatients referred to MPAC by Neurology, Neurosurgery, Psychiatry, Organ Transplant, other medical center clinics/units, and the community at large. Our pool of supervisors includes multiple individuals who have received board certification in neuropsychology (ABPP-ABCN) as well as in other areas of specialty. The patient population in MPAC is quite diverse with many patients speaking languages other than English. Training and experience in interpreter-mediated assessment is provided. The intern will be required to attend select didactic seminars in neuropsychology and are able to participate in a range of other activities along with neuropsychology practicum students and postdoctoral fellows. These activities may include WADA testing, intra-operative brain mapping, extra-operative grid mapping, balloon occlusion testing, and brain cuttings. The remainder of the trainee's program is comprised of general clinical activities including psychodiagnostic assessment, research (typically 4 hours per week), supervision, intern seminars, and elective rotations. A full list of electives is provided in this manual. A specific program plan will be developed by the intern and presented to the training committee in order to ensure a breadth of experience that complements the mandatory specialized training in neuropsychology.

DIVERSITY TRAINING:
Neuropsychology Interns, and other interns who may elect to see cases for Neuropsychological and/or Psychodiagnostic Assessment, do so within the Medical Psychology Assessment Center or MPAC. MPAC serves as a centralized Neuropsychological assessment hub for adults and children in UCLA Health, and serves a wide variety of patients from different backgrounds. Cultural and individual diversity are cornerstones of the MPAC service delivery model, and critical to the conceptualization of every case. Key factors considered in advance for every case include ethnicity/race, sexual orientation or gender identity, educational background, socioeconomic standing, linguistic background, religious affiliation, military/civilian roles, accessibility of educational and vocational opportunities, neurodiversity, and/or other social markers of diversity. The overall philosophy at the MPAC is one that is closely aligned with the AACN 2050 Relevance Initiative and is focused on the complementary relationship of cultural competence and cultural humility in neuropsychology. Ample opportunity and training on interpreter-mediated assessment is provided as many of our patients are bilingual. A yearly lecture on interpreter-mediated assessment is provided, and trainees are exposed to relevant readings and hands-on training related to working with interpreter services in a neuropsychological assessment context. Individual supervision on each case focuses on cultural and identity factors of the patient that may play a role in case conceptualization

and approach to testing. Supervision also provides an opportunity to self-examine identity factors and potential biases that may impact approach to a case as well as factors that relate to the supervisor-supervisee relationship. In addition to "bedside learning" with individual supervisors on cases, MPAC trainees have an opportunity to engage in didactic opportunities focused on diversity interspersed throughout the Thursday seminars, including the quarter-long Cultural Neuropsychology Seminar in the Spring Quarter. Foundational readings related to cultural and linguistic competency in neuropsychology are also disseminated during orientation and serve as a springboard for ongoing discussion with supervising faculty throughout the academic training year. Students are encouraged to process their own journey of developing cultural competence with the MPAC faculty, including those faculty in the Cultural Neuropsychology Program (CNP).

SUPERVISION PROVIDED:

Method of Supervision: Direct Observation and Case Presentation
Format: Individual and Group
Hours Per Week: 1 hour/week with advisor; then typically 2-4 hours/assessment case of individual supervision; group supervision is held once per week and interns have a chance to present their cases
Days and Times: Variable

Lifespan Neuropsychology Track

DESCRIPTION:

The Lifespan Clinical Neuropsychology Track offered through the UCLA Semel Institute and Resnick Neuropsychiatric Hospital's APA-approved doctoral internship program is designed to meet the requirements set forth by the Society for Clinical Neuropsychology (previously known as Division 40) of the APA. This track follows Houston Conference Guidelines for specialty training in clinical neuropsychology and following the taxonomy for education and training in clinical neuropsychology (Smith, G., Archives of Clinical Neuropsychology, Volume 34, Issue 3, May 2019, Pages 418–431), is considered a Major Area of Study (with more than 50% effort dedicated specifically to clinical neuropsychology. The primary emphasis will be on neuropsychological assessments conducted through the Medical Psychology Assessment Center (MPAC), and when appropriate to individual training goals, complementary experiences in other programs may be arranged. Unlike the adult and pediatric specific neuropsychology tracks, this track will provide experience and training in neuropsychology across the lifespan. Prior training in both pediatric and adult populations is required for this track.

HOURS PER WEEK IN MAJOR ROTATION:

30

OTHER MANDATORY ACTIVITIES:

- Interns' Seminar: 1.5 hours per week (Fridays 12-1:30)
- Departmental Grand Rounds: 1 hour per week (Tuesdays 11-12)
- Psychopathology/Psychopharmacology Seminar: 1.5 hour per week (Thursdays 8:00 am-9:20am), except Sept-Dec when Functional Neuroanatomy is taken
- Meeting with Advisor: 1 hour per week
- Neuropsychology Seminars:

Fall Quarter: September-December
Functional Neuroanatomy: 1.5 hours per week
NIBBL: 1 hour per week
Neuropsychological Syndromes: 1.5 hours per week

Winter Quarter: January-March
NIBBL: 1 hour per week
Neuropsychological Syndromes: 1.5 hours per week

Spring Quarter: April-June
NIBBL: 1 hour per week
Neuropsychological Syndromes: 1.5 hours per week
Cultural Neuropsychology Seminar: 1 hour per week

Recommended Activities:

- Child Grand Rounds: 2nd and 4th Wednesday of the month, 0.5 hours (Wednesday 9-10am)
- NP Professional Development: 2nd and 4th Thursday of the month, 0.5 hours (Thurs 4:30-5:30pm)
- Advanced Topics in Adult Neuropsychology: 1 hour per week
- Clinical fMRI Interpretation: 1.5 hours per week
- Psychodiagnostic Assessment Seminar: 1.5 hours per week
- Epilepsy surgery rounds: every Wednesday 1-2:30pm

TOTAL HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK:

36-38

APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES:

1.5-7

FACULTY AND STAFF:

Patricia Walshaw, Ph.D., MPAC Director, Lifespan Neuropsychology Track Director
Sandra K. Loo, Ph.D., Pediatric Neuropsychology Track Director
Robert Bilder, Ph.D., ABPP-CN, Adult Neuropsychology Track Director
Supervisors: Susan Bookheimer, Ph.D., Roger Light, PhD, ABPP-CN, ABPP-PN, Steven Castellon, PhD, Andrew Dean, PhD, Charles Hinkin, PhD, Judith Friedman, PsyD, Jeffrey Schaeffer, PhD., ABPP-CN, Diane Scheinder, PhD, Philip Stenquist, PhD, ABPP-CN, Nicholas Thaler, PhD, ABPP-CN, Robert Tomaszewski, PhD, ABPP-CN, Christine You, PhD, Heleya Rad, PhD, Maura Mitrushina, PhD, Nancy Kaser-Boyd, PhD, ABAP, Marilyn Jacobs, PhD, Ted Evans, PhD, Talin Babikian, PhD, ABPP, Oren Boxer, PhD, Andrea Dillon, PsyD, Leah Ellenberg, PhD, Karen Schiltz, PhD, Amy Schonfeld, PhD, Janiece Turnbull, PhD, Karen Wilson, PhD, Roger Light, PhD, ABPP-CN, ABPP-PN

TRAINING PROVIDED:

The intern will have the opportunity to complete evaluations on a variety of inpatients and outpatients referred to MPAC by Neurology, Neurosurgery, Psychiatry, Organ Transplant, other medical center clinics/units, and the community at large. Our pool of supervisors includes multiple individuals who have received board certification in neuropsychology (ABPP-ABCN) as well as in other areas of specialty. The patient population in MPAC is quite diverse with many patients speaking languages other than English. Training and experience in interpreter-mediated assessment is provided. The intern will be required to attend select didactic seminars in neuropsychology and are

able to participate in a range of other activities along with neuropsychology practicum students and postdoctoral fellows. These activities may include WADA testing, intra-operative brain mapping, extra-operative grid mapping, balloon occlusion testing, and brain cuttings. The remainder of the trainee's program is comprised of general clinical activities including psychodiagnostic assessment, research (typically 4 hours per week), supervision, intern seminars, and elective rotations. A full list of electives is provided in this manual. A specific program plan will be developed by the intern and presented to the training committee in order to ensure a breadth of experience that complements the mandatory specialized training in neuropsychology.

Interns in this track will spend approximately 30 hours per week of their time in activities related to clinical neuropsychology. Supervision is provided individually or within a group on each case by the case's primary supervisor. Additional training in neuropsychology is provided through didactics. The trainee's program will be supplemented by general clinical activities including psychodiagnostic assessment, individual therapy patients, group therapy in elective rotations

DIVERSITY TRAINING:

Neuropsychology Interns, and other interns who may elect to see cases for Neuropsychological and/or Psychodiagnostic Assessment, do so within the Medical Psychology Assessment Center or MPAC. MPAC serves as a centralized Neuropsychological assessment hub for adults and children in UCLA Health, and serves a wide variety of patients from different backgrounds. Cultural and individual diversity are cornerstones of the MPAC service delivery model, and critical to the conceptualization of every case. Key factors considered in advance for every case include ethnicity/race, sexual orientation or gender identity, educational background, socioeconomic standing, linguistic background, religious affiliation, military/civilian roles, accessibility of educational and vocational opportunities, neurodiversity, and/or other social markers of diversity. The overall philosophy at the MPAC is one that is closely aligned with the AACN 2050 Relevance Initiative and is focused on the complementary relationship of cultural competence and cultural humility in neuropsychology. Ample opportunity and training on interpreter-mediated assessment is provided as many of our patients are bilingual. Several lectures on interpreter-mediated assessment are provided, and trainees are exposed to relevant readings and hands-on training related to working with interpreter services in a neuropsychological assessment context. Individual supervision on each case focuses on cultural and identity factors of the patient that may play a role in case conceptualization and approach to testing. Supervision also provides an opportunity to self-examine identity factors and potential biases that may impact approach to a case as well as factors that relate to the supervisor-supervisee relationship. In addition to "bedside learning" with individual supervisors on cases, MPAC trainees have an opportunity to engage in didactic opportunities focused on diversity interspersed throughout the Thursday seminars, including the quarter-long Cultural Neuropsychology Seminar in the Spring Quarter. Foundational readings related to cultural and linguistic competency in neuropsychology are also disseminated during orientation and serve as a springboard for ongoing discussion with supervising faculty throughout the academic training year. Students are encouraged to process their own journey of developing cultural competence with the MPAC faculty, including those faculty in the Cultural Neuropsychology Program (CNP).

SUPERVISION PROVIDED:

Method of Supervision: Direct Observation and Case Presentation
Format: Individual and Group

Hours Per Week: 1 hour/week with advisor; then typically 2-4 hours/assessment case of individual supervision; group supervision is held once per week and interns have a chance to present their cases
Days and Times: Variable

Health and Behavior Track

DESCRIPTION:
The focus of this track is consultation with medically ill patients in ambulatory and inpatient hospital settings through the Adult Consultation-Evaluation Service. The intern in this track spends approximately 50% of his or her time on this service from July through February. Specialty areas of training include the assessment, treatment and consultation of chronic pain, sleep disorders, neurobehavioral disorders, and oncology. March through June is spent on the Pediatric Psychology Consultation Liaison service and in the Adolescent Medicine Clinic, a primary care clinic serving transitional age youth.

HOURS PER WEEK:
-Hours per week in major rotation while on Adult Consultation-Evaluation Service (July-Feb): 20
-Hours per week in major rotation while on Pediatric Consultation-Liaison Service (March-June): 27 plus 4 hours in Adolescent Medicine Clinic
-Hours per week in Medical Psychology Assessment Center (July-Feb): 4
-Hours per week in Medical Psychology Assessment Center (March-June): 3

DAILY ACTIVITIES ON ADULT BEHAVIORAL MEDICINE/ADULT CONSULTATION-LIAISON SERVICE

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
C/L PSYCHIATRY TEAM ROUNDS- 9:30-11:30AM	C/L NEUROBEHAVIORAL EPILEPSY ROUNDS- 10:30-11:00AM	C/L HEAD NECK & SURGERY ROUNDS 6:30-7:30AM C/L PSYCHIATRY TEAM ROUNDS 9:30-11:30	C/L PSYCHIATRY - TEAM ROUNDS 9:30-11:30AM	C/L PSYCHIATRY TEAM ROUNDS- 9:30-11:30AM
MPAC 1PM-5PM	NEUROBEHAVIORAL EPILEPSY CLINIC 1PM-5PM	INDIVIDUAL SUPERVISION (Mind-Body Medicine) 1-2PM TUMOR BOARD CONFERENCE 2-3PM	INDIVIDUAL MEETING WITH DR. THAMES 2-3	INTERN SEMINAR 12-1:30PM

MANDATORY ACTIVITIES:
Patient Rounds: 8.5 hours per week
Department Grand Rounds: 1.5 hours per week
Individual Supervision: 4 hours per week
Interns' Seminar: 1.5 hours per week (Fridays 12-1:30)
Clinic: 5 hours per week

OTHER MANDATORY ACTIVITIES:
Departmental Grand Rounds: 1 hour per week (Tuesdays 11-12, July-June)

Child Psychiatry Grand Rounds: 0.5 hours per week (March through June)

Fall Quarter: September-December
Neuropsychological Syndromes: 1.5 hours per week

Spring Quarter: April-June
Psychodiagnostic Assessment Seminar: 1.5 hours per week
OR
Psychopathology/Psychopharmacology Seminar: 0.6 hours per week x 2 months
Neuropsychological Syndromes: 1.5 hours per week

TOTAL HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK:

C/L Rounds: 8.5 hours
MPAC assessment/consultation: 4
Clinic: 5
Supervision/Advising: 4
Mandatory Seminars/Grand Rounds: 5.5
While on Adult Consultation-Evaluation Service: 27
* Approximate Number of Hours Per Week for Electives while on Adult Consultation-Evaluation Service: 12-17
While on Pediatric Consultation-Liaison Service: 39
* Approximate Number of Hours Per Week for Electives while on Pediatric Consultation-Liaison Service: 2-7

ADULT CONSULTATION-EVALUATION FACULTY AND STAFF:

April Thames, Ph.D.

TRAINING PROVIDED:

The primary activities involve consultation with the physician and nursing staffs on the medical units and outpatient clinics in the Medical Center in regard to patient-related psychological problems. This may lead to direct contact with the ill patient and/or patient's family, or it may lead to more extensive consultation with the health-care team. Trainees may become involved in short-term or extended evaluations and can also perform short-term or extended psychotherapy in a variety of modalities in the medical setting. In addition, regular psychosocial support groups for nursing staff are generally provided by the trainees as well as psychosocial case rounds for the medical house staff.

Interviewing, assessing, and formulation of treatment plans for the psychologically upset or disturbed medically ill patient and family of ill patients is a core part of the experience. The trainee will also learn, via an extensive series of lectures, rounds, and assigned readings, the history and general concepts of psychosomatic medicine.

In addition, the intern will meet for 1-hour weekly with other psychologists working in areas of behavioral medicine. These psychologists are involved in areas such as chronic pain, functional neurologic disorders, pain management, head/neck cancer, and psycho-oncology in general.

The Health & Behavior intern spends the first 8 months (July–February) on the Adult Consultation-Evaluation Service and the last 4 months (March–June) on the Pediatric Consultation Liaison Service

and Adolescent Medicine Clinic. Please see the descriptions of the Pediatric Consultation Liaison Service and Adolescent Medicine Clinic elsewhere in this manual.

During their 4 hours in MPAC, receive supervised practical training in the full spectrum of assessment-related activities, including: instrument selection, administration, scoring and interpretation, report preparation, and provision of feedback to the referring clinician/team and to the patient. Trainees may see cases covering a wide range of neurocognitive, medical and psychiatric disorders from a diverse patient population referred from the NPI/H, the Medical Center, and the community.

DIVERSITY TRAINING:
The Adult Health and Behavior Track/Consultation Liaison Service offers a broad exposure to diversity in patients and families with whom the trainee will meet and consult. Diversity issues therefore become a defined focus in supervision and team clinical discussions.

PEDIATRIC CONSULTATION-LIAISON SERVICE FACULTY AND STAFF:
Brenda Bursch, Ph.D., Director
Natacha Emerson, Ph.D., Associate Director

DESCRIPTION:
From March through June, the intern in this track will do a 4-month rotation on the Pediatric Consultation Liaison Service and will also participate in the Adolescent Medicine Clinic on Friday afternoons (2pm-5pm).

Interns will see patients with a wide variety of behavioral, emotional, and family problems that are complicating their medical care. Trainees thus gain firsthand experience working with children and families struggling with serious, childhood illnesses and become integral members of the subspecialty teams. They learn how pediatric medical care is delivered and the role that mental health professionals can and should play in this system.

The following links are for videos related to the Peds-CI service

- We are UCLA Health: https://youtu.be/Hsnw7rRP1Kw
- Video tour UCLA Mattel Children's Hospital : https://youtu.be/ZFUG6KjirL8
- Birthday: https://youtu.be/FcB8bH0hGkw
- Lakers: https://youtu.be/I63HuxQ3Iwg
- Have fun: https://youtu.be/FBsb1zCjUnU
- COVID dance: https://twitter.com/NidaQadirMD/status/1246953772657631235?s=20

TRAINING PROVIDED:
Interns will see patients with a wide variety of behavioral, emotional, and family problems that are complicating their medical care. Trainees thus gain firsthand experience working with children and families struggling with serious, childhood illnesses and become integral members of the subspecialty teams. They learn how pediatric medical care is delivered and the role that mental health professionals can and should play in this system.

Common reasons for consult requests are to evaluate for unexplained somatic symptoms, non-adherence to medical recommendations, anxiety, acute stress disorder, behavioral problems, family contributions to adjustment in the child, or depression. All trainees are assigned children undergoing

bone marrow, liver, or heart transplants. These patients generally require prolonged patient stays, and thus trainees get experience with ongoing treatment and patient/family management issues.

MANDATORY MEETINGS:
(may vary somewhat)

Day:	Time:	Meeting or Conference:
Mondays	1:30-2:30pm	*Oncology Multidisciplinary Rounds
Tuesdays	8:15-10:00am	Group Supervision and Walking Rounds
Tuesdays	11am-11:30am	*PICU/CT-ICU Psychosocial Rounds
Tuesdays	1:30-2:00pm	*Heart Transplant Rounds
Tuesdays	3:00-3:30pm	*Hospitalist Psychosocial Rounds
Wednesdays	1:00-2:00pm	Teaching Conference
Fridays	10:00-11:00am	Group Supervision
Fridays	2:00-5:00pm	Adolescent Medicine Clinic (for Pediatric Consultation-Liaison and Health Behavior track interns)
Mon-Fri	8:00am-5:00pm	On call for new consults 2-3 days/week

*These rounds are required for three weeks and thereafter when a patient followed by the intern is being discussed.

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation, Case Presentation
Format: Individual
Hours Per Week: 3 - 4
Days and Times: Variable
Supervisor(s): April Thames, Ph.D., David Wellisch, Ph.D.; Shelley Segal, Ph.D., Perry Nicassio, Ph.D., Brenda Bursch, Ph.D., Natacha Emerson, Ph.D., David Rapkin, Ph.D., Patricia Walshaw, Ph.D., Christine You, Ph.D., John Brooks, M.D., Ph.D.

Major Mental Illness Track

DESCRIPTION:
The Major Mental Illness track is designed to focus on assessment and intervention training that is suited to patients with serious adult psychiatric disorders, including particularly schizophrenia and related psychoses, obsessive-compulsive disorder, mood disorders, and anxiety disorders. This track is designed to allow the intern to split his or her training approximately equally between assessment and intervention experiences. Keith Nuechterlein, Ph.D., serves as the Track Director and advisor for the intern in this track, with multiple faculty psychologists serving as individual supervisors for therapy and assessment rotations.

HOURS PER WEEK IN MAJOR ROTATION:
20

OTHER MANDATORY ACTIVITIES:
Interns' Seminar: 1.5 hours per week (Fridays 12-1:30)
Departmental Grand Rounds: 1 hour per week (Tuesdays 11-12)
Meeting with Advisor: 1 hour per week
Neuropsychology Seminars:

Spring Quarter: April-June
Psychodiagnostic Assessment Seminar: 1.5 hours per week

TOTAL HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK:
25

APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES:
15-20

FACULTY AND STAFF:
Keith Nuechterlein, Ph.D., Program Director

TRAINING PROVIDED:
The assessment experience involves required year-long training in psychodiagnostic and neuropsychological assessment through the Medical Psychology Assessment Center (MPAC). The experience in the MPAC is approximately 20 hours per week for interns in the Major Mental Illness track, including testing and report writing time. The intern conducts inpatient psychodiagnostic assessments and outpatient psychodiagnostic and neuropsychological assessments with patients with a wide range of diagnoses and presenting problems, with emphasis on major mental illnesses. Supervisors with specialized expertise in each assessment domain are available for these assessment batteries.

The intervention experiences involve selection of elective rotations in outpatient specialty clinics, which focus on therapeutic interventions tailored to individual disorders. The Major Mental Illness intern can select from a broad range of specialty clinics, including the Aftercare Program (first-episode schizophrenia clinic), the Center for Assessment and Prevention of Prodromal States, the Psychosis Clinic, the OCD Intensive Outpatient Program, the Mood Disorders Program, the Anxiety Disorders Clinic, and the Spanish Speaking Psychosocial Clinic. These clinics offer a wide variety of therapeutic orientations and individual and group interventions. The intern is also encouraged to have at least one rotation in an adolescent or child outpatient program, selecting from the many electives listed in this Manual. The Major Mental Illness track intern will typically select two to three specialty clinic electives at a given time.

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation, Case Presentation
Format: Individual and Group
Hours Per Week: Typically 2 hours per week, more if clinical load indicates
Days and Times: Individual supervision at times to be arranged; group supervision Tues, 9-10 and 10-11
Names of Supervisor(s): Keith Nuechterlein, PhD; Luana Turner, PsyD; Joseph Ventura, PhD; Kenneth Subotnik, PhD

Geriatric Psychology – Neuropsychology Track

DESCRIPTION:
The focus of the Geropsychology-Neuropsychology track is on inpatient and outpatient neuropsychological assessment of adults 65 and older, caregiver education, and group psychotherapy. Individual psychotherapy opportunities and behavior modification assessments arise on occasion, upon request of physicians or family members.

Inpatient Geriatric Psychology-Neuropsychology revolves around the 4-North, unit which serves psychiatric patients 55 years of age and older with an emphasis on evaluation and brief treatment during an average stay of just under three weeks. The unit is divided into an A and B portion, treating patients with dementia and non-dementia related psychiatric conditions, respectively.

HOURS PER WEEK IN MAJOR ROTATION:
20

HOURS PER WEEK IN MEDICAL PSYCHOLOGY ASSESSMENT CENTER:
3

MANDATORY MEETINGS:
Weekly work team rounds on 4-North (2 hours per week)
Group psychotherapy (90 minutes per week)
Supervision (2 hours per week group or 1-hour individual supervision per patient)
Supervision for group therapy or support groups (30-45 minutes per week

OTHER MANDATORY ACTIVITIES:
Interns' Seminar: 1.5 hours per week (Fridays 12-1:30)
Departmental Grand Rounds: 1 hour per week (Tuesdays 11-12)
Meeting with Advisor: 1 hour per week
Neuropsychology Seminars:

Fall Quarter: September-December
Functional Neuroanatomy: 1.5 hours per week
Neuropsychological Syndromes: 1.5 hours per week

Winter Quarter: January-March
Functional Neuroanatomy: 1.5 hours per week
Neuropsychological Syndromes: 1.5 hours per week
Neuropsychological Professional Development: 0.5 hours per week
Geropsychology Journal Club: 0.25 hours per week

Spring Quarter: April-June
Neuropsychological Syndromes: 1.5 hours per week
Neuropsychological Professional Development: 0.5 hours per week
Cultural Neuropsychology: 1 hour per week
Geropsychology Journal Club: 0.25 hours per week

APPROXMIATE HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK:
28

APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES:
12-17

FACULTY AND STAFF:
Linda Ercoli, Ph.D., Program Director
Karen Miller, Ph.D.
Kathleen Van Dyk, Ph.D.

TRAINING PROVIDED:
The focus of the track is largely neuropsychological assessment of outpatient and inpatient older adults, and it also provides opportunities for other in-depth work with older adults including group and individual psychotherapy, behavior modification, caregiver education and support, and cognitive enhancement. The Geriatric Psychology-Neuropsychology receives outpatient neuropsychology referrals from various sources throughout UCLA including psychiatry (Geriatric Evaluation Clinic), other medical clinics (e.g., Geriatric Medicine, Neurology, Internal Medicine) and community referrals. Trainees will gain experience with and exposure to a myriad of disorders commonly affecting the cognition and mood of older adults (various dementias, delirium, late onset psychosis and depression, and more) and become adept at differential diagnosis.

The intern in this track sees approximately six outpatients per month, or a combination of inpatients and outpatients. Six hours per week is spent conducting an outpatient assessment; inpatient evaluations are shorter (up to 2 hours) and are performed on an as-needed basis.

Training objectives that can be met by experience on the outpatient and inpatient service (4-North) include:

1. Introducing psychology trainees to the special mental health problems most commonly affecting older adults, including adjustment reactions to aging, coping with multiple losses, late-onset depressive and psychotic reactions, and the dementias, including Alzheimer's disease, Vascular dementia, Lewy Body dementia, Parkinson's disease, among others.

2. Providing each trainee with experience in the cognitive evaluation of older patients as well as behavior modification and individual inpatient psychotherapy, upon request.

3. Providing each trainee with experience in multidisciplinary assessment and treatment.

4. Providing each trainee with experience in designing behavioral programs to treat problems in behavior that occur in dementia.

5. Providing group therapy for older adults with depression, anxiety and co-morbid medical conditions.

6. Trainees may be involved in providing caregiver support, either individually or in a group setting.

Supervision for both outpatient and inpatient assessment will generally consist of individual sessions provided on an as needed basis. Generally, this consists of one hour prior to evaluating the patient to review the case and decide on a test battery, and one hour following the evaluation to review test data and conclusions.

The intern in this track also participates in a geriatric psychotherapy group under the supervision of Linda Ercoli, Ph.D. The outpatient psychotherapy group provides a combination of supportive, insight-based and Cognitive Behavioral interventions for older adults. The type of interventions covered include: (a) Deep breathing and relaxation training; (b) Meditation (e.g., body scan, visualization, and guided imagery); (c) Cognitive elements (e.g., cognitive restructuring, addressing distorted thought patterns); (d) Behavioral components (e.g., activation, discussing the connection between increased pleasant events and mood); and (e) Problem-solving & goal setting. One group consists chiefly of slightly more "frail" and cognitively slowed older adults, whereas the other group is for slightly "higher" physically and cognitively functioning individuals. Recently discharged patients from 4-North may also be referred to the groups for ongoing support.
The intern in this track may elect to participate in Caregiver Support Groups, supervised Linda Ercoli, and Ph.D. These are two free telephone support groups: one for caregivers of patients with early onset Alzheimer's disease and the other for caregivers of patients with frontotemporal lobar degenerative dementia. Each group meets every other week. There are opportunities for interns to co-lead in-person support groups for Spanish speaking caregivers of patients with Alzheimer's disease supervised by Xavier E. Cagigas, Ph.D.

DIVERSITY TRAINING:
Community Outreach with Alzheimer's Association, Department of Mental Health Case Conferences, Case conceptualization.

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation and Case Presentation

Format: Individual and Group
Hours Per Week: Standard, according to APA guidelines
Days and Times: TBA
Names of Supervisor(s): Drs. Ercoli, Van Dyk and Miller
Method of Supervision: Format: Individual, live, case presentation

Cultural & Bilingual Neuropsychology Lifespan Track (CBNL)

DESCRIPTION:
The Cultural & Bilingual Neuropsychology Lifespan Track (CBNL) offered through the UCLA Semel Institute and Resnick Neuropsychiatric Hospital's APA-approved doctoral internship program is designed to meet all requirements for exemplary training in clinical neuropsychology as described in the "Adult Neuropsychology Track" description. The primary emphasis of this specialty track is on neuropsychological assessments of Spanish monolingual, English/Spanish bilingual, and culturally self-identified Hispanic and/or Latina/o patients and their families conducted through the Hispanic Neuropsychiatric Center of Excellence's Cultural Neuropsychology Program (HNCE-CNP). The diverse population served varies throughout the year and includes children, adolescents, adults, and older

adults from throughout the UCLA Health System and Los Angeles community including referrals from our community partners within the LA County Department of Mental Health.

HOURS PER WEEK IN MAJOR ROTATION:
28.5

OTHER MANDATORY ACTIVITIES:
CNP Bilingual Case Conference Supervision: 1.5 hours per week (Thursdays 10:30am-12:00pm)
Interns' Seminar: 1.5 hours per week (Fridays 12-1:30)
Departmental Grand Rounds: 1 hour per week (Tuesdays 11-12)
Meeting with Advisor: 1 hour per week
Neuropsychology Seminars:

Fall Quarter: September-December
Functional Neuroanatomy: 1.5 hours per week
Neuropsychology Informal Brown Bag Lunch (NIBBL): 1 hour per week
Advanced Topics in Adult Neuropsychology: 1 hour per week
Neuropsychological Syndromes: 1.5 hours per week

Winter Quarter: January-March
Clinical fMRI Interpretation: 1.5 hours per week
NIBBL: 1 hour per week
Research on Pediatric Neurobehavioral Disorders: 1 hour per week
Neuropsychological Syndromes: 1.5 hours per week

Spring Quarter: April-June
Psychodiagnostic Assessment Seminar: 1.5 hours per week
NIBBL: 1 hour per week
Cultural Neuropsychology: 1 hour per week
Neuropsychological Syndromes: 1.5 hours per week

TOTAL HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK:
38.5 APPROXIMATE

NUMBER OF HOURS PER WEEK FOR ELECTIVES:
1.5-6.5

FACULTY AND STAFF:
Cynthia A. Telles, Ph.D., HNCE Director
Xavier E. Cagigas, Ph.D., HNCE Associate Director, CNP Co-Director
Paola A. Suarez, Ph.D., CNP Co-Director
Carlos Saucedo, Ph.D., ABPP-CN
David Lechuga, Ph.D.
Vindia Fernandez, Ph.D.
Diomaris Safi, Ph.D.
Mirella Diaz-Santos, Ph.D., HNCE Research Faculty

TRAINING PROVIDED:

The intern will have the opportunity to complete evaluations on a variety of inpatients and outpatients referred to HNCE-CNP by Neurology, Psychiatry, Organ Transplant, other medical center clinics/units, and the community at large. Our pool of supervisors includes all bilingual and bicultural faculty with various clinical specialties across the lifespan. The intern will be required to attend select didactic seminars in neuropsychology and participate in a range of other activities along with bilingual neuropsychology practicum students and bilingual postdoctoral fellows. These activities may also include bilingual WADA testing, bilingual intra-operative brain mapping, and brain cuttings. The remainder of the trainee's program is comprised of general clinical activities, supervision, intern seminars, and elective rotations which may include (but are not limited to): individual therapy through the Spanish Speaking Psychosocial Clinic (SSPC), Spanish Speaking Caregiver Support Group, and multicultural research (typically 4 hours per week). A full list of electives is provided in this manual. A specific program plan will be developed by the intern and presented to the training committee in order to ensure a breadth of experience that complements the mandatory specialized training in neuropsychology. **The HNCE-CNP CBNL intern within this track must demonstrate speaking, reading, and writing proficiency in both English and Spanish to be considered for this unique bilingual internship experience.**

DIVERSITY TRAINING:

The CBNL Track is organized under the framework of "Socially Responsible Neuropsychology," (Suarez, et. al., 2016), and the HNCE-CNP serves as the centralized hub for all Spanish bilingual assessments within the UCLA Health System. The HNCE goes beyond trying to provide *equal* care for limited English proficiency patients to focus on providing *equitable* care, acknowledging the fact that health disparities exist and addressing these head-on. In addition to providing a specialized internship training experience in clinical neuropsychology more broadly, the CBNL track provides a comprehensive and responsive bilingual/bicultural model of neuropsychological assessment targeted toward serving the unique cultural and linguistic needs of the historically underrepresented Latina/o/x population. A unique feature of the CBNL track is the immersion of trainees in a multilingual and multicultural clinic with patients from all walks of life and educational backgrounds. HNCE-CNP patients tend to come from disadvantaged backgrounds and often have struggled in gaining access to care. With this in mind, directly confronting the complex needs of the diverse community in Los Angeles can sometimes be a bit of a "shock to the system" for some trainees. Coming face-to-face with patients who are pre-literate, un-acculturated, and maintain traditional folk beliefs about medicine and mental health requires a certain degree of cultural humility and structural awareness on the part of the clinician, and a shrewd understanding of the strengths and limitations of various clinical assessment approaches. To this end, the "resilience building check-in (RBC)" forms an integral part of training and includes processing the emotional impact that working with historically underrepresented patient populations might bring, as well as the importance of self-care and network building as long-term coping strategies. Weekly RBCs also discuss the professional development challenges often faced by underrepresented students in neuropsychology (URSN), and how to actively solve problems within a community of practice inclusive of URSN and allies. In sum, within CBNL track, building resilience is as important as building solid neuropsychological skills in order to ensure long-term sustainability necessary to meet the future needs of the exponentially growing multilingual Latina/o patient population in the United States.

SUPERVISION PROVIDED:

Method of Supervision: Direct Observation and Case Presentation
Format: Individual and Weekly Group Case Conference

Hours Per Week: 1 hour/week with advisor; 1.5 hours group supervision/week; additional individual supervision as necessary; opportunity to attend supervision-on-supervision with fellows
Days and Times: Thursdays, 10:30am to 12:00pm for Group Case Conference; variable for all others
Names of Supervisor(s): As listed above under Faculty and Staff section.
Training Philosophy: CBNL adopts a developmental model of supervision characterized by frequent assessment of progress with competency benchmarks to facilitate ongoing growth in concrete skills and conceptual understanding. A Vygotskian "zone of proximal development" approach helps to continuously reaffirm and challenge trainees to develop both greater levels of competency and humility through their clinical interactions with patients and their families.

Elective Services and Programs

Although electives are listed by child and adult focus, interns are encouraged to select electives outside of their track focus to broaden their training experience. There are not prerequisites for electives, other than for neuropsychological assessment. Participation is based on trainee interest.

Justice, Equity, Diversity and Inclusion Elective

PROGRAM DESCRIPTION:
There are a number of committees and other activities focused on JEDI. You may create an elective of up to 6 hours per week focused on JEDI work. Speak with your advisor or other faculty and staff to discuss your area of interest and find an activity that matches it. You will then present your elective to the training committee for approval.

DAY, TIME AND LOCATION:
Flexible

HOURS PER WEEK:
Up to 6 hours

DURATION OF ELECTIVE:
Up to 6 months

FACULTY:
Varies

Elective Coordinator: Rhonda Sena, Ph.D.

Child Elective Clinical Services and Programs

Adolescent Medicine Outpatient Clinic Elective

PROGRAM DESCRIPTION:
For this elective, interns serve as the primary mental health professional integrated within a primary care clinic for adolescents and young adults. The goal of training is to provide the psychologist with an introductory experience in evaluation, brief intervention and triage of transitional age youth presenting to an outpatient adolescent medicine clinic. Patients have a range of medical conditions, developmental abilities, and co-morbid psychosocial and/or mental health problems.

DAY, TIME AND LOCATION:

Clinic: Fridays 2:00-5:00pm
200 Medical Plaza, Suite 265
Group Supervision: Wednesdays 11:00am-12:00pm

HOURS PER WEEK:
5

DURATION OF ELECTIVE:
4-6 months

FACULTY:
Natacha Emerson, Ph.D. & Brenda Bursch, Ph.D.

TRAINING PROVIDED:
Trainees conduct brief evaluations to target presenting symptoms, which can include symptoms of trauma, depression, anxiety, psychosis, aggression, grief, high-risk behavior, obesity, school problems, family discord, and behavioral problems associated (or not associated) with a developmental disability. Psychoeducation and limited skills building may be provided. Recommendations and referrals for further care are provided to the pediatrician and patient/family. Trainees attend weekly group supervision Wednesdays at 11am which includes review of both adolescent medicine cases and consultation-liaison cases. Trainees are expected to be done seeing patients by 5pm (or sooner) each Friday. If more than two interns wish to share the elective, a rotating schedule will be creating so that two interns at a time will be in clinic.

This experience is required for the Pediatric Consultation-Liaison intern and the Health Behavior intern while on the Pediatric Consultation-Liaison rotation. For those wishing to elect this experience, please attempt to schedule it during a rotation when you are not also on Peds CL.

For more information and to sign up for this elective, contact Natacha Emerson, Ph.D., at ndemerson@mednet.ucla.edu

DIVERSITY TRAINING:
Adolescents and young adults from 12 to 25 years of age with medical, social, or emotional concerns are seen in the adolescent medicine clinic. The majority of patients seen in this venue have public insurance (predominantly MediCal). Interns are asked to adopt an exploratory model approach to understanding the unique experience of their patients and families. Additionally, interns are encouraged to ascertain patient information related to gender identity, sexual orientation, race, ethnicity, level of acculturation, language ability and preferences, educational background, financial burdens, spiritual beliefs, disabilities, family constellation, trauma and discrimination history, quality of the relationship and communication with the health care team, and potential barriers to health care (transportation, work or child care responsibilities, disability, etc) if relevant to the clinical presentation. They are provided access to a curated website that includes resources related to the provision of culturally sensitive psychological care. Discussions in supervision include the review of diversity and cultural factors that may impact a patient's clinical presentation, level of trust of and congruence with health care team members, and the development of sensitive treatment plans or referrals.

SUPERVISION PROVIDED:

Method of Supervision: Case Presentation
Format: Individual (remotely) and Group
Hours Per Week: 4-5 (4 if also on Peds CL; 5 if not on Peds CL)
Days and Times: Wednesdays: 11am-12pm (supervision); Fridays 2-5pm (clinic)
Names of Supervisor(s): Natacha Emerson, PhD & Brenda Bursch, Ph.D.; plus Pediatrician Attendings on site, under the direction of Martin Anderson, MD

Adolescent Serious Mental Illness Treatment Elective

DESCRIPTION & TRAINING PROVIDED:

The Adolescent Serious Mental Illness (ASMI) treatment elective is housed within the UCLA Center for the Assessment and Prevention of Prodromal States (CAPPS), which provides comprehensive assessment and innovative treatments for adolescents and young adults who are at elevated risk for psychosis as part of a mood or psychotic disorder. There is increasing evidence that earlier interventions can lead to improved long-term outcome for these youth, and our ASMI elective offers experience with some best practice prodromal interventions.

Interns have the uniquely flexible opportunity to train on a variety of clinical activities within CAPPS, such as the facilitation of our youth resilience-based process group and/or our teen and parent skills groups, rooted in CBT and Mindfulness based cognitive therapy. Groups run weekly for 60-90 min., typically in the evenings. Additional optional elective opportunities include shadowing and delivery of our gold standard prodromal diagnostic assessment interview (SIPS), participation in weekly case consultation and monthly didactic series, or carrying individual therapy or family psychoeducation cases with CAPPS adolescents and young adults. Opportunities are available to conduct clinical assessment and treatment in both English and Spanish.

HOURS PER WEEK:

3-5 (flexible)
*Note: Interns may also inquire about visiting CAPPS outside a formal elective, such as attending a team meeting or shadowing an assessment.

DURATION OF ELECTIVE:

4-6 months

DAY, TIME AND LOCATION:

CAPPS is located on the 2nd floor of the Semel Institute
Multiple groups run weekly, typically in the early evening (days & times tbd)
Supervision for elective interns: 30 min. pre-group and 1 hr. worked into your schedule
Optional meetings: Monday morning didactics (monthly) & clinical team supervision (weekly)
M-F opportunities to shadow psychosis-risk assessments

DIVERSITY TRAINING:

ASMI clients are diverse in terms of ethnicity/race, SES, religion, gender identity, nationality, acculturation, and sexual orientation. Diversity and cultural competency are core values of our program, and we strive to honor the backgrounds of our clients. Towards this end we have recruited diverse staff and trainees and consistently work to ensure that we are welcoming to people from all

backgrounds. We expect that trainees will be open to working with clients representing different values, cultural experiences, and lifestyles than they have. Multicultural training starts during orientation and is woven into all aspects of training throughout the year. We train interns in multicultural identity development models and in thinking in a culturally competent way, rather than encouraging them to apply group-level information in stereotyped fashion. We use supervision to emphasize cultural humility to trainees and to assist them in identifying and working through areas of bias and blind spots. Trainees are encouraged to self-explore and reflect on their own multicultural identity and how that impacts their clinical interpretations and approach to their cases. Trainees are also assisted in sensitively communicating with clients about individual, family, and cultural identities, strengths and differences, and core personal values.

FACULTY AND STAFF:
Carrie Bearden, Ph.D., Program Director
Jamie Zinberg, M.A., Administrative and Psychosocial Treatment Director
Laura Adery, Ph.D., Associate Clinical Director, Treatment and Assessment Supervisor
Danielle Denenny, Ph.D., Group and Family Treatment Supervisor

SUPERVISION PROVIDED:
Format: Direct & Videotape Observation
Days & Times: Group supervision 1.5 hours per week (primary); also by arrangement
Names of Supervisors: Carrie Bearden, Ph.D., Laura Adery, Ph.D., Danielle Denenny, Ph.D., Jamie Zinberg, M.A.

Child and Adolescent Mood Disorders Program (CHAMP)

PROGRAM DESCRIPTION:
The CHAMP Clinic is a UCLA program that focuses on differential diagnosis and treatment of pediatric mood disorders, including bipolar disorder and major depression. The CHAMP Clinic involves three components: comprehensive diagnostic assessment of pediatric illness, pharmacological treatment, and psychological treatment.

The Clinic sees many patients with complicated and highly comorbid clinical presentations and focuses on providing a comprehensive differential diagnostic evaluation, using the "Kiddie" Schedule for Affective Disorders and Schizophrenia (K-SADS) as a format. Under faculty supervision, trainees take lead roles in conducting these evaluations and receive supervision in differential diagnosis.

CHAMP is one of the few rotations where one can get concentrated training in family therapy. Family treatment is manual-guided, evidence-based, and relatively brief (e.g., up to 12 sessions). It is based primarily on the family-focused therapy (FFT) model of care, which is both strategic and psychoeducational in orientation. Mood and behavior management techniques are used to teach families and children effective communication and problem-solving skills. Psychoeducation is used to teach coping skills for managing mood episodes (e.g., manic episodes of bipolar disorder) and prevent future episodes. Often, strategic or structural family therapy techniques are included (e.g., modifying dysfunctional interactions, strengthening alliances between family members). Supervision involves live observation of family intervention sessions via video or Zoom with a team that includes three experienced licensed clinical psychologists.

Medication backup for patients is provided by our child psychiatrists, Drs. Horstmann, Suddath and Zanko, and child psychiatry fellows under their supervision. Psychology trainees gain exposure to psychopharmacological interventions through the co-management of patients with mood disorders who require medication as well as psychological treatments.

CHAMP is a good way to get experience with diagnostic assessment, family therapy or both for adolescents and children with mood disorders, experience which will be essential to future clinical practice

DAY, TIME AND LOCATION:
Mondays 12 pm - 6pm Semel, Room A8-256
Interns may select either the assessment or therapy elective within the clinic, or they may elect both. The assessment elective (including supervision) runs from 12-2:15 pm and the therapy elective (including supervision) runs from 2:15pm-6pm. Clinic rounds are Monday 1:45 pm – 2:30 p.m.

HOURS PER WEEK:
6.0 (assessment and therapy) or 3.5 (therapy only)

DURATION OF ELECTIVE:
6 months

FACULTY AND STAFF:
David Miklowitz, Ph.D.
Patricia Walshaw, Ph.D.
Sarah Marvin, Ph.D.
Alissa Ellis, Ph.D.
Angus Strachan, Ph.D.
Elizabeth Horstmann, M.D.
Robert Suddath, M.D.
Cassidy Zanko, M.D.

TRAINING PROVIDED:
Trainees should expect to have 3-4 assessments during the assessment elective. The therapy elective includes family therapy sessions, group supervision, and whenever possible, observing others' sessions. The commitment for either option is 6 months. Family therapy trainees should expect to see 2 patients per week either as primary therapist or co-therapist, with 'real-time' group supervision provided before and after (and sometimes even during) sessions. Individual supervision is provided during or outside of clinic hours on an as-needed basis.

DIVERSITY TRAINING:
Patients at CHAMP represent a diverse population in terms of ethnic, gender identity, religion, and socioeconomic background. Trainees receive instruction and direct supervision in considering how diversity factors not only impact access to and use of care but also how this plays a role in both developing a differential diagnosis and case formulation and a treatment plan. Specific discussion occurs regarding how the identity of the patient and family and their culture plays a role in their beliefs about the causes and treatment of mental health issues and the use of DSM diagnostic terminology. Supervision is provided on how to incorporate one's knowledge and understanding of culture into providing feedback in a sensitive and effective manner that would benefit the family. As

family therapy is a focus in CHAMP, intergenerational cultural factors and levels of assimilation often play a role in approach to treatment (we have many families where the child/adolescent is a first-generation American with parents from another country). Often, we see adolescents with gender identity concerns. Supervision is provided around the impact of the trainee's and supervisor's own identities and how these play a role in our approach to patients and potential biases that may arise.

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation, Videotape, Case Presentation
Format: Group
Hours Per Week: 3.5
Days and Times: Monday 2:30 – 6:00 PM
Names of Supervisor(s): David Miklowitz, Sarah Marvin, Patty Walshaw, Alissa Ellis, Angus Strachan, and Elizabeth Horstmann

Child and Adolescent OCD Intensive Outpatient Program (IOP)

PROGRAM DESCRIPTION:
The UCLA Pediatric OCD IOP provides in depth evidence-based treatment for youth ages 5 to 17 with severe obsessive-compulsive disorder. Our patient population primarily includes youths who either have failed outpatient care, need additional treatment following step-down from inpatient or residential treatment, or have traveled from an area where appropriate treatment is not available. Youths also often present with diagnostic co-morbidities, including anxiety, depression, externalizing problems, and autism spectrum disorder. Youths and their primary caregiver attend program four afternoons per week for intensive individual and group therapy sessions. Primary treatment modalities include Exposure & Response Prevention (ERP), a specialized form of cognitive behavioral therapy, and mindfulness. Additional treatment techniques include anxiety management, family therapy, and parent and patient psychoeducation.

DAY, TIME AND LOCATION:
One afternoon Tuesday, Wednesday or Thursday, 1:30-5:00pm
300 Medical Plaza, Rm. 1315

HOURS PER WEEK:
5

DURATION:
6 months

FACULTY AND STAFF:
Susanna Chang, Ph.D., Director
Sisi Guo, PhD, Associate Director

TRAINING PROVIDED:
Interns who select this elective placement participate on one afternoon per week (1:30–5:00pm; Tuesday, Wednesday, or Thursday). The commitment is either 4 or 6 months. It is recommended that Interns also participate in our hospital treatment rounds on Mondays (10:30am–12:00pm). The time

commitment for this elective does not exceed 5 hours per week. Interns are fully integrated into the treatment team, and participate in co-leading treatment groups, and both group and individual therapy work with patients. Interns are able to work with different youths on different days, depending on program census. Interns are not responsible for case management. This placement provides real-time supervision, training in working as part of a multidisciplinary team in a hospital-based intensive outpatient program, and advanced skills in ERP and mindfulness implementation. Interns selecting this rotation should have previous clinical experience with child CBT.

DIVERSITY TRAINING:

The OCD IOP team assesses and intensively treats a youth patient population from across the state and country characterized by a wide range of diversity including but not limited to race, culture, ethnicity, religion, and socioeconomic status. Therefore, we prioritize the integration of diversity training into all aspects of the rotation experience. This includes didactics such as relevant readings, talks and consultation with professionals with expertise in salient domains (e.g., gender studies, Latino mental health etc.). Experiential instruction in diversity issues is addressed through a collaborative team-based approach to supervision, which allows for in-depth case conceptualization, assessment and treatment planning that integrates the diverse perspectives of the patient, family, and therapist. The intensive nature of this training experience includes daily live supervision, which allows real time opportunity to address diversity factors that may shape and influence child and family outcomes. Throughout their training experience, trainees are encouraged to synthesize their knowledge base in empirically supported interventions with cultural competency to effectively serve the needs of their patients and families.

SUPERVISION PROVIDED:

Method of Supervision: Direct Observation and Case Presentation
Format: Individual and Group
Hours Per Week: 5 hours
Days and Times: Monday 10:30-12pm (group rounds) and one afternoon per week (Tuesday – Thursday 1:30 – 5pm)
Names of Supervisor(s): Susanna Chang, PhD, Sisi Guo, Ph.D., Erika Nurmi, M.D.

Child and Adult Neurodevelopmental Clinic (CAN): Multidisciplinary and High Complexity Evaluations and Treatments

DESCRIPTION:

This elective provides an opportunity to gain experience and familiarity with people with neurodevelopmental conditions, including autism spectrum disorder, and genetic conditions through a 4-month commitment for assessment training as part of our comprehensive assessment team (also involves presenting at our multidisciplinary case conference) or a 6-month commitment for treatment cases—group treatment and/or individual treatments. Caseload can be discussed and tailored to the needs of the trainee.

DAY, TIME AND LOCATION:

Day, time and location in 300 Medical Plaza vary depending on options chosen

HOURS PER WEEK:

- Assessment: 6 hours in total; 4-month rotation:

  Conduct assessment in the morning for one day on either Mon, Tue, Wed, or Fri, 9-12 AM. Attend multidisciplinary team case conference on Thursday from 11:30 to 12:30 PM for (1 hour) to present your case. 1 hour for report writing. 1 hour for supervision.

- Treatment: 3.5 hours in total (maximum); 6-month rotation for individual therapy and 4-month rotation for group therapy. Treatment occurs in the afternoon and the day of the week varies each rotation.

  1 hour for individual therapy or 1.5 hours for group therapy. 1 hour for supervision. 1 hour for collateral contacts.

  Group treatments include:
  (1) Teens with ASD coping skills group (16 sessions, 4-5:30 PM)
  (2) Parent Support Group: Education and Support Group for Parents of Children Recently Diagnosed with Autism Spectrum Disorder (8 sessions, 4-5 PM)
  (3) Enhancing independence group for young adults with ASD (16 sessions, 4-5:30 PM)

  Individual therapy is scheduled in the afternoon depending on availability of family, trainee, and supervisor.

DURATION OF ELECTIVE:

Flexible, 4 - 6 months

FACULTY AND STAFF:

Amanda Gulsrud, Ph.D.
Caroline Grantz, Ph.D.
Charlotte DiStefano, Ph.D.
Nicole McDonald, Ph.D.
Patricia Renno, PhD
Medical Director: James McCracken, M.D.

TRAINING PROVIDED:

Assessment: The CAN Clinic provides multidisciplinary assessment and consultation in a collaborative environment to evaluate complex cases of individuals (e.g., co-occurring medical or psychological conditions) with ASD, related neurodevelopmental, or genetic conditions across the ages from young children to adults. The team consists of clinical psychologists, child and adolescent psychiatrists, and child neurologists with additional professionals in the field to consult as necessary. Assessments are based on best practice standards and incorporating diagnostic and treatment considerations based on current research in the field. Trainees will work with individuals and their families in a number of capacities such as conducting intakes and providing feedbacks. Assessments include cognitive, diagnostic (this may include autism diagnostic measures such as the ADOS-2), neuropsychological, achievement, projective, and interpreting informant reports.

Treatment: Training in treatments that are based on evidence-based practices (e.g., CBT, social skills treatments, and naturalistic developmental behavioral interventions) in individuals with ASD is

available. Treatments are provided in individual format with parent-training components. The range of presenting issues includes co-occurring emotion regulation difficulties (e.g., comorbid anxiety, depression, behavioral concerns) and ASD related symptoms (e.g., rigid thinking, social skills impairments), as well as the overlap between these two areas.

The following opportunities for group-based treatments are also available:

- ***Enhancing Independence for Young Adults Group*** (16 sessions). For young adults with ASD to enhance their daily living skills in the home and the community in a group format.
- ***Parent Support Group: Education and Support Group for Parents of Children Recently Diagnosed with Autism Spectrum Disorder*** (8 sessions). An 8-week education series for parents of children recently diagnosed with autism spectrum disorder (ASD). This group is designed to both inform and support parents in learning about ASD, evidence-based strategies and interventions, and navigating pertinent community resources.
- ***Teen Coping Skills Group*** (16 sessions). For adolescents with autism spectrum disorder with intact verbal abilities experiencing depression and/or anxiety.

DIVERSITY TRAINING:

The CAN Clinic serves clients from diverse racial/ethnic, socioeconomic, and cultural backgrounds. Families visit the clinic from the local community, as well as distant national and international locations. Trainees are provided with opportunities to work with clients who vary in age, gender, family composition, presenting problem, and language and cultural background. Multicultural training, including discussion of the presentation of ASD and developmental disabilities in different cultural and family contexts, is integrated throughout the training year. During individual supervision, trainees are encouraged to consider cultural, developmental, and familial factors that may be contributing to the client's presentation, as well as the impact of the trainee's own multicultural identity in their response to families. Specific guidance is provided in how to sensitively communicate assessment results, diagnoses, and recommendations to families from diverse backgrounds. In addition, discussions during multidisciplinary team case conference presentations and supervision routinely take into account issues of diversity and cultural considerations. Didactic lessons on these issues are also provided (e.g., gender diversity), and training and experience in working with interpreters is available.

SUPERVISION PROVIDED:

Method of Supervision: Direct Observation, Videotape and Case Presentation
Format: Individual and Group
Hours Per Week: 3-6 Hours per week depending on evaluation or therapy focus
Days and Times: Flexible M-F 9 AM – 5 PM
Names of Supervisor(s): Patricia Renno, PhD, Caroline Grantz, PhD, Charlotte DiStefano, PhD, Nicole McDonald, PhD, Amanda Gulsrud, PhD

Child OCD, Anxiety, and Tic Disorders Program

PROGRAM DESCRIPTION:

The Child OCD, Anxiety, and Tic Disorders Program specializes in the evaluation and evidence-based treatment of children and adolescents with OCD, anxiety, tic, and habit disorders.

DAY, TIME AND LOCATION:
Mondays 1-6 pm
300 Medical Plaza, Room 1208

HOURS PER WEEK:
6.5

HOURS PER WEEK:
6 months

FACULTY AND STAFF:

John Piacentini, Ph.D.
Joan Asarnow, Ph.D.
Susanna Chang, Ph.D.

Emily Ricketts, Ph.D.
James McCracken, M.D.
Erika Nurmi, M.D, Ph.D.

TRAINING PROVIDED:

Treatment is typically manual-guided, relatively brief in nature, and based on cognitive behavioral techniques. Additional anxiety management techniques and family interventions are used to enhance compliance and strengthen and maintain treatment gains. Medication backup for patients as needed is provided for in Clinic, by child psychiatry trainees under the supervision of Drs. McCracken and Nurmi. Psychology trainees gain exposure to psychopharmacological interventions for OCD, anxiety, and tic disorders through the co-management of patients requiring this combined treatment. A structured assessment battery is administered pre- and post-treatment allowing for the systematic evaluation of treatment outcome.

In addition to ongoing therapy, the Program also provides comprehensive diagnostic evaluations on a consultative basis to youngsters with typically complicated or highly comorbid clinical presentations. Under faculty supervision, trainees have the opportunity to take lead roles in conducting these evaluations. Treatment manuals for some of the disorders seen in clinic are provided to trainees at the start of the rotation.

The first 1-2 hours of clinic are spent in: 1) didactic instruction in the assessment and treatment of OCD, anxiety, tics, and associated problems, and 2) group supervision for ongoing clinic cases. The remainder of time is spent delivering clinical care to patients. Trainees are expected to carry 2-3 cases at any one time along with occasional 1-2 visit diagnostic consultations. Each session is observed by faculty (and available trainees) via one-way mirror. Additional real-time supervision and instruction is provided during and between sessions. Individual supervision is provided outside of regular clinic hours on an as needed basis. The total time commitment is approximately 6.5 hours per week.

DIVERSITY TRAINING:

Patients and families seen in COC clinic represent considerable diversity with regard to racial/ethnic, acculturative, socioeconomic, and religious status as well as sexual identity/gender orientation. Issues of diversity are addressed in several ways. Trainees receive specific didactic instruction and experiential practice in sensitively and appropriately querying factors related to diversity during assessment, integrating these findings into case conceptualization, and subsequently integrating any relevant factors into treatment and discussing how these factors may play a role with our patients and their parents. Didactic instruction includes formal readings and related discussion (e.g., how a family's religious practices may influence a patient's scrupulosity OCD symptoms). Experiential practice includes participating in treatment rounds, observing and being shadowed in the conduct of assessment and intervention, and participation in team-based treatment planning. When relevant to individual youths/families, trainees also participate in the practice of cultural sensitivity (e.g., use of translators when parents prefer to speak a non-English language, consultation with experts/leaders in the relevant area [such as religious leaders], discussions with parents about their cultural practices and how the child's behavior may fit within or deviate from typical practice or beliefs, etc.). By the end of the training year, trainees demonstrate an understanding of and sensitivity to diversity issues in the assessment and treatment of pediatric anxiety-related disorders, as well as awareness of one's own cultural and ethnic background and its potential impact on this work.

SUPERVISION PROVIDED:

Method of Supervision: Direct Observation, Case Presentation
Format: Individual and Group
Hours Per Week: 6
Days and Times: Mondays 1-6pm plus 1 hr. prep/charting/patient calls
Names of Supervisor(s): John Piacentini, PhD ABPP, Joan Asarnow, PhD ABPP, Emily Ricketts, PhD, Erika Nurmi, MD, PhD, James McCracken, MD

UCLA EMPWR Program for LGBTQ Mental Health

PROGRAM DESCRIPTION:

The UCLA EMPWR ("empower") Program provides specialized psychotherapeutic interventions to LGBTQ adults, youth, and their families dealing with stress and/or trauma in a safe and affirming treatment setting. Specialized individual, family, and group therapies build on personal strengths, foster healthy identity formation, and mitigate the consequences of stressful and/or traumatic experiences. The EMPWR Program implements a multidisciplinary model, closely integrating psychology and psychopharmacology training. The rotation is hosted at the UCLA Stress, Trauma, and Resilience (STAR) Clinic.

Examples of common issues addressed:

- Support around sexual orientation and/or gender identity development
- Recovery from trauma, bullying, and/or discrimination
- Exploration of social and/or medical transitions

DAY, TIME AND LOCATION:

Team meeting & didactics: Wednesdays 11:30 AM – 12:30 PM
Clinic: Tuesdays 9AM-12PM, Wednesdays 9AM-5PM, Thursdays 9AM-5PM

Group: Wednesdays 5:30-6:30PM (8-week sessions)
A Floor, Semel Institute for Neuroscience

HOURS PER WEEK:
3-6 hours

DURATION OF ELECTIVE:

6 months

FACULTY & SUPERVISORS:

Natalia Ramos, MD
Elizabeth Ollen, PhD
Jeanne Miranda, PhD

TRAINING PROVIDED:

The elective offers trainees the opportunity to gain specialized training in evaluating and treating LGBTQ youth within a multidisciplinary (psychology/psychiatry) team led by experts in trauma, resilience, and LGBTQ issues. Trainees will conduct comprehensive evaluations of clients presenting with complex psychiatric and psychosocial needs. Trainees will deliver direct patient care under attending supervision, receive weekly supervision, and participate in a weekly team meeting that combines group supervision and didactics pertaining to the field's established best practices for affirming LGBTQ care, sexuality and gender related minority stress, and trauma. Trainees will also expand their knowledge of psychopharmacological management of anxiety, depression, and post-traumatic stress disorder.

Individual psychotherapeutic interventions offered include trauma-focused cognitive behavioral therapy (TF-CBT), cognitive behavioral therapy (CBT) for anxiety and depression, acceptance and commitment therapy (ACT), and dialectical behavioral therapy (DBT) skills training for improving emotion regulation. Structured family interventions include Families Overcoming Under Stress (FOCUS), a brief, 8-session, evidence-based intervention to reduce psychosocial stress and improve functioning and resilience within the family system for LGBTQ teens who are experiencing mental health symptoms.

The elective also offers the unique opportunity to co-facilitate one of the Resilience Classes: the LGBTQ Teen Resilience Skills Group or the Parent Resilience Class. The teen group teaches tangible CBT skills to foster resilience and improve functioning in stressed youth (ages 12-17) over eight weeks. The parent group provides psychoeducation about identity, CBT skills, and parenting strategies applied to parenting LGBTQ youth to increase overall family support of teens' identities.

Sessions are co-facilitated with an experienced group leader and directly supervised by attendings, who also provide individual feedback. Group co-facilitation is optional for this elective.

For more information, contact EMPWR@mednet.ucla.edu

DIVERSITY TRAINING:
The UCLA EMPWR ("empower") Program provides specialized psychotherapeutic interventions to LGBTQ youth, adults, and families dealing with stress and/or trauma in a safe and affirming treatment

setting. The rotation offers trainees the opportunity to gain specialized training in evaluating and treating gender and sexual minority patients within a multidisciplinary (psychology/psychiatry) team led by experts in trauma, resilience, and LGBTQ issues. Specialized individual, family, and group therapies build on personal strengths, foster healthy identity formation, and mitigate the consequences of stressful and/or traumatic experiences. Common issues addressed include support around sexual orientation and/or gender identity development, recovery from trauma, bullying, and/or discrimination, and exploration of social and/or medical transitions. Patients often present from around the state, affording trainees additional opportunities to work with patients from myriad backgrounds. Trainees deliver direct patient care under attending supervision, receive weekly supervision, and participate in a weekly team meeting that combines group supervision and didactics pertaining to the field's established best practices for affirming LGBTQ care, sexuality and gender related minority stress, and trauma. The elective also offers the unique opportunity to co-facilitate the Teen Resilience Skills Class and Parent/Caregiver Resilience Class.

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation, Case Presentation
Format: Individual and Group
Hours Per Week: 3-6
Days and Times: Group supervision and didactics: Wednesdays 11:30AM-12:30PM; Individual and case supervision: Wednesdays 9AM-5PM, Tuesdays 9AM-12PM and Thursday 9AM-5PM
Names of Supervisor(s): Natalia Ramos, PhD; Elizabeth Ollen, PhD; and Jeanne Miranda, PhD

Family Stress, Trauma and Resilience Clinic (STAR)

PROGRAM DESCRIPTION:
The Family Stress, Trauma and Resilience (STAR) Clinic elective is designed to provide trainees with an introduction to traumatized children and their families, with an emphasis on children who are currently or have previously undergone medical traumas (e.g., organ transplant, chronic invasive medical treatment) or other community or family traumas.

DAY, TIME AND LOCATION:
Tuesday/Thursday between 10am and 5pm
Semel, Rm. A8-221

HOURS PER WEEK:
5

DURATION OF ELECTIVE:
6 months

FACULTY AND STAFF:
Catherine Mogil Psy.D.
Blanca Orellana Ph.D.
Lauren Marlotte, Psy.D.

TRAINING PROVIDED:

The specific goals for trainees are to develop proficiency in the assessment, diagnosis, and brief treatment of traumatized children, adolescents, and their families within a developmental framework. To achieve this end, trainees will be exposed to various experts who will present on diagnostic, research, and intervention issues relevant to traumatized children and families. In addition, it is expected that, with the supervision of the clinic team, participants will evaluate, diagnose, and provide treatment recommendations to families and children. The clinic team will utilize resources and expertise from the UCLA Trauma Psychiatry team as well as the UCLA-Duke National Center for Child Traumatic Stress.

Interns completing the STAR elective commit to at least 5 hours per week on either Tuesdays or Thursdays between 10am–5pm and alternating STAR didactics and Child Rounds on Wednesday mornings. Interns may opt to participate in any of the following clinical activities: 1) Trauma-informed assessment and therapy for STAR patients; 2) Co-facilitation of groups on Tuesday evenings (Super-Parenting Group or Family Trauma Group) and/or 3) Rotation through the Neonatal Intensive Care Unit (NICU), as part of the Family Development Program (FDP) where interns provide consultations and therapy to caregivers, with an infant born in the NICU (days are variable). Interns doing an elective are expected to carry 1-2 cases throughout their rotation. Individual supervision is provided during or outside of clinic hours on an as needed basis. The elective is a 6-month commitment.

DIVERSITY TRAINING:

The NFRC-Family STAR Clinic has a strong training program that is committed to promoting a culture of inclusion and appreciation for diversity. We strive to support trainees across all areas of diversity including (but not limited to) race/ethnicity, gender, religion, gender identity, language, and socioeconomic status in order to expand cultural awareness and sensitivity, as well as to enrich the services we provide to the increasingly diverse populations at UCLA. Training is woven into various aspects of the training experience. Throughout the year STAR Seminar Rounds hosts experts/speakers in the area of child and family trauma to discuss important topics related to the field, including prevention and intervention, diversity, cultural awareness and sensitivity, as well as best practices working with diverse populations (e.g., LGBTQ families, foster/adoptive families, and underserved populations). Trainees are encouraged to engage in reflective conversations about their cultural identity, personal biases, attitudes and values, in both, individual and group supervision, as well as during multidisciplinary team case conferences. In addition, cultural exploration is encouraged in all aspects of case conceptualization to determine how cultural aspects may play a role in symptom presentation, parental reactions, as well as how to incorporate these important factors into diagnosis, assessment and treatment. Trainees are exposed to reading materials and training in working with interpreters, in order to meet the linguistic needs of patients.

SUPERVISION PROVIDED:

Method of Supervision: Direct Observation and Case Presentation
Format: Individual and Group
Hours Per Week: 5
Days and Times: Tuesdays or Thursdays between 10 AM – 5 PM
Names of Supervisor(s): Blanca Orellana, Ph.D.; Nastassia Hajal, Ph.D.; Catherine Mogil, Psy.D.

Family Therapy Clinic

PROGRAM DESCRIPTION

The Family Therapy Clinic focuses on treatment and training in Family Therapy assessment, consultation, and ongoing outpatient psychotherapy. It provides weekly systemic strength-focused treatment to families of children and adolescents with a wide range of diagnoses. Patients are referred from the community or after having gone through one of the inpatient or specialized outpatient programs at UCLA (such as those for anxiety or mood disorders) when more complex family dynamics appear.

The Structural Integrative Family Therapy approach utilized is an integration of Structurally focused family therapy with brief attachment-based experiential and emotion focused psychodynamic approaches. Trainees receive ongoing training in the theories and techniques behind this approach through live supervision, readings, and case discussions.

DAY, TIME AND LOCATION:
Tuesdays 2:30pm-6pm
Zoom (currently via Zoom until further notice, then: 300 Medical Plaza, Room 1214)

HOURS PER WEEK:
4 hrs.

DURATION OF ELECTIVE:
6 months

FACULTY & STAFF:
Veronica Barenstein, PhD

TRAINING PROVIDED:
This elective aims at helping interdisciplinary trainees shift their mindset and expand their therapeutic range to include a systemic focus in their thinking and in their interventions regardless or the presenting problem. Family members' interdependence is highlighted, and interventions have a relational focus.

Trainees who are interested in learning Dr. Barenstein's Structurally-informed family therapy approach to assessment and treatment (anchored in her training at the Minuchin Center for the Family and with Salvador Minuchin), can explore it as a primary treatment to reduce or effectively eliminate individual symptoms. They can learn to use family therapy as the main intervention to produce change, in addition to employing it as an adjunct to other approaches.

Trainees will carry at least one family and will conduct a systemic assessment and weekly family therapy with live one-way mirror supervision including real-time intervention suggestions and consultations as well as pre- and post- session supervision and theory discussion during group and as needed. In addition, they will participate in ongoing live observation and discussion with the supervisor of other trainees' family therapy cases. The clinic begins with 1 hour of supervision focused on the ongoing cases including didactics and theory discussion geared both to the specific needs of the cases being treated and to ongoing training in the Structural Integrative Family Therapy approach. In addition, there is an ongoing focus on stretching each trainee's therapeutic range.

DIVERSITY TRAINING:
This elective offers the unique opportunity to enter cases through a systemic lens regardless of the identified patient and diagnosis. At the core of a systemic view is the idea of placing the presenting

problem in its context, not only in terms of the family dynamics and developmental stages but also in terms of the socio-cultural context and stressors. A truly systemic approach must include an awareness of the larger context in which our patients' problems have emerged as well as an exploration and acknowledgment of ways in which this context may contribute to maintaining the problem or shape the patients' attempted solutions. An intersectional view of culture which includes ethnicity, nationality, religion, gender identity, sexual orientation, and socio-economic status, among other things, is always a part of the discussion during supervision, case conceptualization and treatment planning. In addition, a central belief of this strength-focused approach is that the therapy is co-constructed and, if we help them get unstuck, patients will develop their own solutions which will reflect their own culture and values. During supervision, the role of the therapist and the power imbalance inherent in this process is continuously examined with attention to increasing trainees' awareness of how the therapist's own culture and values may unwittingly impact the treatment when left unexamined.

SUPERVISION PROVIDED:

Method of Supervision: Direct Observation & Live One-Way Mirror Supervision of every session, periodic in-session live consultations by Supervisor, Case Presentation & Discussion, tape reviews
Format: Group discussion & group observation, Individual supervision as needed
Hours Per Week: 3-4
Days and Times: Tuesdays 2:30pm to 6pm
Names of Supervisor(s): Veronica Barenstein, Ph.D.

UCLA Fit for Healthy Weight Clinic

PROGRAM DESCRIPTION:

The mission of the UCLA Fit for Healthy Weight Program (www.fitprogram.ucla.edu) is to provide comprehensive promotion of healthy eating, physical activity, psychosocial wellbeing (psychological, social, familial, and educational), and overall wellness for children and adolescents and their families. Our goal is to provide comprehensive care to prevent and manage health complications associated with higher body weight among children and adolescents. We emphasize prevention and treatment both in the community and at UCLA with our multidisciplinary team comprised of a general pediatrician, medical and surgical subspecialists, a dietitian, and a psychologist. Our team also provides resources and education to physicians in the community and around the globe to help with the prevention and treatment of health complications in youth living in larger bodies. We also support public-health efforts in the policy arena and in program implementation and evaluation in order to improve nutrition and promote health in the community, and improve clinical prevention and management of weight-related medical concerns in diverse healthcare settings. As a trainee, you are only required to be in the role of psychological consultant and behavioral specialist within the multidisciplinary team providing assessment and interventions with patients and their families. However, if you would like to be involved in any other aspect of our project (e.g., outreach or research), you are welcome to inquire for opportunities. This elective provides both didactic and clinical training in a comprehensive multidisciplinary clinic. Interns will be trained in various evidence-based practices (e.g., motivational interviewing, exposure therapy, CBT, DBT, social skills treatments, bullying interventions). The range of presenting issues include comorbid depression, anxiety, trauma, eating disorders, and behavioral issues. Interns will be trained in assessing for the aforementioned comorbidities and in making the appropriate psychological referrals. Dr. McCurdy-McKinnon trains interns with didactics as well as in vivo training by shadowing her initially in the clinic. Trainees will then

take the role of junior colleague and be the psychological consultant on the team for the duration of their elective.

DAY, TIME AND LOCATION:
Clinic: Tuesdays 1:00-5:30pm
300 UCLA Medical Plaza, Suite 3300

HOURS PER WEEK:
4.5

DURATION OF ELECTIVE:
4-6 months

FACULTY:
Danyale McCurdy-McKinnon, PhD

TRAINING PROVIDED:
On-site participation conducting a multidisciplinary behavioral intervention for children and adolescents and their families. No previous experience in behavioral techniques or participation in a multidisciplinary clinic is necessary.

DIVERSITY TRAINING:
Children and adolescents in the greater Los Angeles area are our primary population. Thus, patients are diverse in terms of socioeconomic status, racial and ethnic identity, as well as gender identity and sexual orientation. Many families have public insurance plans like MediCal, so sensitivity to referrals in the community and understanding access to care is important. Diversity training is conducted within the practicum experience and integrated throughout the training experience. Trainees will also be introduced to the concept of the medical term "obesity" and the discrimination towards those in larger bodies being related to racism and classism. Weight stigma and its detrimental relationship to health and wellness will also be taught to trainees. Trainees will be encouraged to examine their own fat-phobia and reflect upon institutionalized weight biases with a focus on how these biases affect BIPOC individuals disproportionately.

SUPERVISION PROVIDED:
Method of Supervision: Case Presentation
Format: Individual
Hours Per Week: 4.5
Days and Times: In clinic
Names of Supervisor(s): Danyale McCurdy-McKinnon, PhD; plus attending pediatricians and registered dieticians are available for consult.

For more information and to sign up for this elective, please contact Danyale McCurdy-McKinnon, PhD: dpmccurdy@mednet.ucla.edu or 405.757.5379.

MOMS Clinic: Maternal Outpatient Mental Health Services

PROGRAM DESCRIPTION

The UCLA MOMS Clinic, part of the Department of OB-GYN, provides outpatient assessment and group-based intervention services to pregnant and postpartum patients who are referred by their OB-GYN for mental health issues. The rotation provides interns with specialized training in evaluating, diagnosing, and treating a wide range of perinatal mood disorders in a multidisciplinary team setting. Interns will assist with evaluating patients for perinatal mood disorders and providing psychoeducation, support, and treatment recommendations. Through the evaluation process, interns will be exposed to a number of unique considerations in the diagnosis and treatment of perinatal mood disorders, including unique symptom presentation, medical/prescribing considerations, attachment, and risk management. Interns may be asked to consult with providers in OB-GYN when there are mental health considerations in medical treatment. Interns will also facilitate a weekly process group, in which 8-12 patients are provided with the opportunity to share their pregnancy and postpartum experiences in a safe and validating environment. Finally, interns will participate in weekly individual supervision and didactics. Training resources include the Johns Hopkins National Curriculum in Reproductive Psychiatry and materials and expertise from the UCLA OB-GYN and Psychiatry Teams.

DAY, TIME AND LOCATION:

- Assessment clinic: Tuesdays from 8-10 am
- Weekly Process Group: Day and Time TBD
- Didactics: Day and Time TBD

HOURS PER WEEK:

5-6 hrs.

DURATION OF ELECTIVE:

4 or 6 month rotations are available

FACULTY & STAFF:

Misty Richards, M.D., M.S.

TRAINING PROVIDED:

- Providing assessment, psychoeducation, and treatment recommendations to pregnant and postpartum patients
- Co-facilitating weekly process group
- Consultation with OB-GYN

DIVERSITY TRAINING:

UCLA OB-GYN treats patients from a wide range of races, ethnicities, socioeconomic status, sexual orientations, and religions. Cultural and diversity considerations are a core piece of our work and are integrated into supervision and didactics.

SUPERVISION PROVIDED:

Method of Supervision: Direct Observation & Individual/Group meeting
Hours Per Week: 3
Days and Times: TBD

Names of Supervisor(s): Misty Richards, M.D., M.S.

Parent-Child Interaction Therapy (PCIT)

PROGRAM DESCRIPTION:
The Parent-Child Interaction Therapy (PCIT) elective is designed to provide trainees with an introduction to a parent-child dyadic intervention model for children and their families in efforts to improve the quality of parent-child relationships and to teach parenting skills necessary to manage behavioral challenges. Trainees will have opportunities to learn modulated behavioral intervention strategies for children who have experienced maltreatment, parent-child separation or challenges related to attention, neurodevelopmental, and/or behavioral issues, and trauma. PCIT will be delivered virtually and in person in clinic, community and home settings to help families generalize their skills across locations. The trainee will be taught via both observation and direct application of evidence-based practices regarding parent-child relationship enhancement strategies and compliance improvement skills using a co-therapy model.

DAY, TIME AND LOCATION:
Friday between 10am and 2pm (plus 1 hour outside of clinic hours for supervision, note writing and session preparation)
Location: Semel, Rm. A8-221

HOURS PER WEEK:
5

DURATION OF ELECTIVE:
6 months

FACULTY AND STAFF:
Nicole McDonald Ph.D.
Blanca Orellana Ph.D.
Catherine Mogil Psy.D.

TRAINING PROVIDED:
The specific goals for trainees are to develop proficiency in the assessment, diagnosis, and evidence-based treatment for children with behavioral challenges, ages 2-7, and their families within a parent-child dyadic framework. To achieve this, trainees will be exposed to experts who will present on diagnostic, research, and modulated intervention strategies and issues relevant to parent-child relationships and behavioral management. Additionally, trainees will have opportunities to learn effective strategies to strengthen parent-child dyads and omit severe behavioral challenges to children and families with trauma histories, neurodevelopmental and behavioral disorders, and parent-child relationship disruptions. In addition, it is expected that, with the supervision of the clinic team, participants will evaluate, diagnose, and provide treatment recommendations to families and children.

Interns completing the PCIT elective commit to at least 5 hours per week on Friday between 10am–2pm and must attend PCIT didactics on Friday between 1:00-2:00pm. Interns doing an elective are

expected to carry 1-2 cases throughout their rotation. Individual supervision is provided during, or outside of, clinic hours for 30 minutes of individual supervision/week. The elective is a 6-month commitment. A mini elective can be coordinated that provides exposure to PCIT through attendance at Friday didactics and observing at least one session.

DIVERSITY TRAINING:

Our faculty members are committed to promoting a culture of inclusion and appreciation for diversity. We strive to support trainees across all areas of diversity including (but not limited to) race/ethnicity, gender, religion, gender identity, language, and socioeconomic status in order to expand cultural awareness and sensitivity, as well as to enrich the services we provide to the increasingly diverse populations at UCLA. Training is woven into various aspects of the training experience. Opportunities will be available to attend didactics, conferences, and seminars that host experts/speakers in the area of parent-child relationships, behavioral management, and child and family trauma to discuss important topics related to the field, including prevention and intervention, diversity, cultural awareness and sensitivity, as well as best practices working with diverse populations (e.g. LGBTQIA+ families, foster/adoptive families, and underserved/underinsured populations). Trainees are encouraged to engage in reflective conversations about their cultural identity, personal biases, attitudes and values, in both, individual and group supervision, as well as during multidisciplinary team case conferences. In addition, cultural exploration is encouraged in all aspects of case conceptualization to determine how cultural aspects may play a role in symptom presentation, parental reactions, child behavioral responses, parent-child dynamics, as well as how to incorporate these important factors into diagnosis, assessment and treatment. Trainees are exposed to reading materials and training in working with interpreters, in order to meet the linguistic needs of patients.

SUPERVISION PROVIDED:

Method of Supervision: Direct Observation and Case Presentation
Format: Individual and Group
Hours Per Week: 5
Days and Times: Fridays between 10 AM – 2 PM (plus 1 hour outside of clinic hours for supervision, note writing and session preparation)
Names of Supervisor(s): Nicole McDonald, Ph.D.; Blanca Orellana, Ph.D.; Catherine Mogil, Psy.D

Parent Training Program

PROGRAM DESCRIPTION:

Behavioral Parent Training is specifically aimed at disruptive child behavior problems. It is highly structured and delivered to families in groups as a therapeutic intervention.

Child/teen diagnoses include Oppositional Defiant Disorder, Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorders (high functioning), DMDD and, less frequently, Conduct Disorder, Anxiety Disorders, Adjustment Disorders, and Encopresis. Most families are referred from the Child Outpatient and Inpatient Services, or community agencies. Many families are concurrently being seen within other modalities (individual psychotherapy for parent or child, psychiatric care, or other family therapy).

DAY, TIME AND LOCATION:

- Parent Training Groups: Wednesdays 12pm-1pm (Ongoing) or Thursdays 7:00pm-8:30pm (Ongoing)
- PEACE Group: Thursdays 5:30pm-6:45pm or Thursdays 10:30-11:45am (Fall PEACE group dates TBD – please email for specific dates if interested).

HOURS PER WEEK: 1-2.5
Parent Training Observation: 1-1.5 hours (NO SUPERVISION NEEDED)
Parent Training Co-Leading: 2-2.5 hours (INCLUDES SUPERVISION)

FACULTY AND STAFF:
Cynthia Whitham, LCSW, Co-Director
Shilpa Baweja, Ph.D., LCSW, Co-Director

TRAINING PROVIDED:
Two opportunities: (1) Observe and subsequently co-lead Parent Training groups for 10 weeks or longer as indicated. Parent Training is a family-oriented evidence-based, manualized behavioral intervention for a wide variety of child behavioral problems. Sessions are composed of homework review, didactic presentation of skill with handouts/demonstration/practice/Q & A, and homework assignment. No previous experience in behavioral techniques is necessary.

(2) Observe and subsequently co-lead PEACE (Parents of Early Adolescents Conflict Education) groups for 9 weeks. PEACE is an evidence-based, behavioral intervention to reduce frequency and intensity of parent/young teen conflict. Sessions are composed of homework review, didactic presentation of skill with handouts/demonstration/practice/Q & A, and homework assignment.

Didactics and supervision will be arranged.

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation of groups; Individual supervision on request
Format: Groups--remote telehealth at present; Parenting (PT) for 2-12; PEACE for 12.5-15.5 (PEACE)
Hours Per Week: 1.5-2 hours a week
Days and Times: Wednesdays, noon (PT) or Thursdays 7pm (PT); Thursdays TBD (PEACE)
Names of Supervisor(s): Cynthia Whitham, MSW, LCSW and/or Shilpa Baweja, PhD, LCSW

PEERS ® Clinic: Evidence-Based, Parent-Assessed Social Skills Training

PROGRAM DESCRIPTON:
This on-site intervention is one of the only evidence-based social skills interventions in the world. PEERS® is an international program, used in over 80 countries and has been translated into over a dozen languages. This program, developed at UCLA by Dr. Elizabeth Laugeson, instructs youth about important elements of socialization including making and keeping friends and handling peer conflict and rejection. Didactic lessons related to appropriate dating etiquette are also provided in the young adult groups. Separate parent/caregiver and child/teen/young adult sessions are conducted concurrently for 90-minutes each week. Sessions are structured to include homework review, didactic presentation, role-playing demonstrations, and behavioral rehearsal exercises. Parents/caregivers

are taught how to assist youth in making and keeping friends by providing performance feedback through coaching during weekly in vivo socialization homework assignments. Youth are taught important social skills through didactic instruction, role-plays, and behavioral rehearsal during socialization activities. Interns rotating through this elective will be invited to attend a three-day certified training seminar on PEERS® at no charge to them. Attendance is optional.

Client population served: PEERS® for Preschoolers is appropriate for children 4-6 years of age with autism spectrum disorder (ASD) and other social challenges. PEERS® for Adolescents is appropriate for middle and high school teens between 11-18 years of age with a variety of presenting problems, including ASD, ADHD, learning disabilities, anxiety disorders, mood disorders, and adjustment disorders. PEERS® for Young Adults is appropriate for individuals 18-35 years of age who are struggling to develop and maintain meaningful relationships. All youth have at least average cognitive functioning, are socially motivated to make and keep friends, are behaviorally and emotionally regulated, and have a parent/caregiver willing to participate in treatment.

DAY, TIME AND LOCATION:

- PEERS® for Preschoolers: Tuesdays, 2:30 - 5:30 pm
- PEERS® for Adolescents: Wednesdays, 4:00 - 8:00 pm
- PEERS® for Young Adults: Mondays, 4:00 – 8:00 pm

HOURS PER WEEK:

PEERS® for Preschoolers is approximately 3.5 hours per week. Group supervision is conducted for 60 minutes prior to the start of groups (2:30–3:30PM) and 30 minutes following the groups (5:00–5:30PM). Social skills groups are conducted from 3:30–5:00 PM. 30 minutes are allotted each week for prep time and note taking. Trainees can opt to rotate through the clinic for 4, 6, or 12-month rotations and will be directly involved in the implementation of the treatment lessons.

PEERS® for Adolescents is approximately 5 hours per week. Individual supervision is 30 minutes per week, depending on the involvement of the trainee in the implementation of the group, and is scheduled on an individual basis. Group supervision is conducted for 30 minutes prior to the groups from 4:00–4:30PM. Two social skills groups are conducted from 4:30–6:00PM (ASD Group) and 6:30–8:00PM (General Clinic Group). 30 minutes are allotted each week for prep time and note taking. Trainees can opt to rotate through the clinic for 4, 6, or 12-month rotations and will be directly involved in the implementation of the treatment lessons.

PEERS® for Young Adults is approximately 5 hours per week. Individual supervision is 30 minutes per week, depending on the involvement of the trainee in the implementation of the group, and is scheduled on an individual basis. Group supervision is conducted for 30 minutes prior to the groups from 4:00–4:30PM. Two social skills groups are conducted from 4:30–6:00PM (ASD Group) and 6:30–8:00PM (General Clinic Group). 30 minutes are allotted each week for prep time and note taking. Trainees can opt to rotate through the clinic for 4, 6, or 12-month rotations and will be directly involved in the implementation of the treatment lessons.

FACULTY AND STAFF:

Elizabeth Laugeson, Psy.D., Director
Shannon Bates, Psy.D., Attending Psychologist
Leila Glass, Ph.D., Attending Psychologist

Emily Moulton, Ph.D., Postdoctoral Fellow
Japser Estabillo, Ph.D., Postdoctoral Fellow
Laura Adery, Ph.D., Postdoctoral Fellow
Reina Factor, Ph.D., Postdoctoral Fellow
Christine Moody, Ph.D., Postdoctoral Fellow
Megan Ichinose, Ph.D., Postdoctoral Fellow

TRAINING PROVIDED:
Training and weekly group supervision are provided for conducting this parent-assisted cognitive behavioral-based social skills interventions for preschoolers, adolescents, and young adults.

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation
Format: Individual and Group
Hours Per Week: 30-90 minutes per week
Days and Times: Flexible
Names of Supervisor(s): Elizabeth Laugeson, Psy.D., Shannon Bates, Psy.D., Leila Glass, Ph.D., Jasper Estabillo, Ph.D., Laura Adery, Ph.D.

Tarjan Center Developmental Disabilities Travel Award

PROGRAM DESCRIPTION:
The primary objective of the Tarjan Center Developmental Disabilities Travel Award is to train professionals in the identification of disorders associated with developmental disabilities and in interventions targeted for this underserved population.

Trainees will attend the Tarjan Center Distinguished Lecture Series (at least 6 lectures over the course of the training year) devoted to the topic of developmental disabilities. Funding for attendance at a scientific meeting, up to $1500, will be awarded to two interns enrolled in this elective on a competitive basis. Applicants will be expected to submit a CV and a 500-word scientific abstract, including background, research objectives, methods, results, and conclusions. Those awarded this travel stipend will be expected to present a poster or oral session, with emphasis on individuals with developmental disabilities, at a scientific meeting.

Each intern will be expected to give a short presentation to a meeting of the Tarjan Advisory Committee (composed of advocates and parents of people with developmental disabilities) on a topic of the intern's choice related to issues in developmental disability. If interested, trainees will also have the opportunity to gain experience with the UCLA National Arts and Disabilities Center and with UCLA Pathway, a post-secondary education program for college-aged students with developmental disabilities.

DAY, TIME AND LOCATION:
Coordinated with staff

HOURS PER WEEK:
1 hour per month (.25 per week) (12-MONTH commitment)

FACULTY AND STAFF:
Olivia Raynor, Ph.D., Program Director
Elizabeth Laugeson, Psy.D., Training Director

TRAINING PROVIDED:
Upon completion of this training experience, trainees will have:

1. A basic knowledge of policy, law, self-advocacy, and diagnostic and treatment implications for individuals with developmental disabilities
2. Exposure to and familiarity with current research literature in developmental disabilities
3. Exposure to the developmental challenges of individuals with developmental disabilities
4. Experience presenting original research at a scientific meeting

thinkSMART Program

PROGRAM DESCRIPTION:
thinkSMART is a novel, 12-week behavioral intervention, designed to target executive functioning weaknesses in adolescents. The focus of the group is to teach compensatory strategies to teens and their parents (concurrently) to target weaknesses in areas of time awareness/management, planning, problem solving, task initiation/completion, and organization. Teens and their parents are also taught mindfulness strategies, emotion regulation techniques, and provided psychoeducation about executive functioning. Sessions are structured to include mindfulness, homework review, didactic presentation, learning activities, and problem-solving obstacles. Parents are aided in ways to support and prompt their teens for use of the skills.

Client population served: thinkSMART® is appropriate for adolescents ages 12-18 and their parents. Teens often, but are not required to, have diagnoses associated with attention, mood, anxiety or neurodevelopmental disorders. All teens have at least average cognitive functioning and are able to tolerate a mainstream classroom setting.

DAY, TIME AND LOCATION:
Mondays, 4:00 – 8:15 pm (Fall Session Only)
Mondays, 4:00 – 6:30 pm (Winter/Spring Sessions)

HOURS PER WEEK:
2.5-4 hours per week approximately (2.5 in Winter/Spring, 4.25 in Fall)
This includes an hour for supervision, 90-min session, and 30-min debrief. The supervision hour is flexible and does not have to be in the hour before group. Trainees can opt to rotate through the program for 3, 6, or 12-months.

FACULTY AND STAFF:
Alissa Ellis, Ph.D., Director

TRAINING PROVIDED:
Training and weekly group supervision are provided to learn skills in implementing a cognitive-behavioral intervention for improving executive functioning in adolescents. Trainees will be actively engaged with co-leading the weekly sessions.

SUPERVISION PROVIDED:
Method of Supervision: Direct observation, Didactics
Format: Group and Individual, as needed
Hours Per Week: 1
Days and Times: Mondays 4pm-5pm
Names of Supervisor(s): Alissa Ellis, PhD

Youth Stress & Youth Mood Program (YSAM): Evaluation and Treatment of Suicidal & Self-Harm Behavior and Depression

PROGRAM DESCRIPTION:
This program offers specialized training in the evaluation and treatment of child and adolescent suicide-risk, self-harm, and depression. Training emphasizes evidence-informed and evidence-based treatment strategies, with an emphasis on treatments developed and/or tested in YSAM programs, specifically: emergency evaluation and acute care strategies (Family Intervention for Suicide Prevention/SAFETY-Acute); dialectical behavior therapy (DBT) informed cognitive-behavioral approaches (SAFETY); DBT; and cognitive-behavior therapy for depression. YSAM programs are family-centered and aim to mobilize strengths in the youth, family, and community. YSAM treatment approaches were listed in the National Registry of Evidence Based Practices (nrepp.samhsa.gov) and are listed in federal guides on suicide prevention and treatment (SAMHSA, HRSA).

The YSAM program includes our SAMHSA Center for Trauma-Informed Adolescent Suicide, Self-Harm & Substance Abuse Treatment and Prevention (ASAP) which is part of the National Child Traumatic Stress Network. YSAM clinical care and treatment strategies are also used in our NIMH Zero Suicide trial, a randomized trial of stepped care for suicide prevention in teens and young adults. Trainees electing a research rotation will have opportunities to learn about our national dissemination program through the ASAP Center, as well as our research projects. The YSAM elective provides excellent opportunities for individuals interested in research, clinical service evaluation and quality improvement, and clinical care.

YSAM Clinic & Didactics
2:00pm-6:00pm, Friday. This time includes didactics, supervision, and clinical care. Patient evaluations, individual and family treatment is conducted during this time. Trainees will be offered experience with DBT groups which currently occur on Tuesdays from 5:00-6:30pm, but this is not required and available as space permits. We will work to provide all who are interested some multi-family group experience.

Overview of YSAM Clinical Activities
The YSAM Program provides evaluation and treatment for children and youths presenting with suicidal and/or self-harm behavior, elevated risk for suicide/self-harm, depression, and/or difficulties with

emotion regulation and stress management. The clinic operates on Friday (2-6 pm) and Tuesday (5-6:30 pm) in the UCLA 300 Medical Plaza building. Other appointment times may be possible.

YSAM emphasize adolescents, but services for younger children may be offered. Services include:

- Crisis/Acute Care Evaluation & Intervention
- Evaluation
- Consultations
- Individual & Family Centered Treatment
- Dialectical Behavior Therapy, including multifamily group treatment

DAY, TIME AND LOCATION:

Fridays 2:00-6:00, 300 Medical Plaza, Room 1208
DBT group (Not required): Tuesday, 5-6:30

HOURS PER WEEK:

4-5

DURATION OF ELECTIVE:

6-month commitment required; full year blended clinical/research/service preferred

FACULTY AND STAFF:

Joan Asarnow, Ph.D. & Jeanne Miranda, Ph.D., Directors
Lucas Zullo PhD & Jocelyn Meza PhD

TRAINING PROVIDED:

Evaluation, and acute care for youths with elevated risk of suicidal/self-harm behavior
DBT
DBT-informed family centered cognitive-behavioral approaches
Cognitive-behavior therapy for depression
Clinical skills with Gender and Sexual Minority Youth.

Minimum commitment: 4 hrs./week if YSAM clinic patients are seen. Participation in didactics only will be considered when appropriate and feasible.

Please contact Dr. Asarnow if you are interested in this option. More information can be found at www.asapnctsn.org and http://www.semel.ucla.edu/mood/youth-stress

DIVERSITY TRAINING:

The YSAM clinic works with people from diverse socioeconomic, ethnic, sexual, gender identity, and cultural backgrounds. As a part of best practice, discussions in team case conference, presentations, and supervision routinely take into consideration diversity and cultural considerations. Readings and didactics are also used to increase the trainee's awareness and competency in the treatment of clients with diverse backgrounds. Further, trainees may also take advantage of opportunities to participate in research on adaptions of treatments to best serve our diverse populations. If interpreters are required to facilitate the assessment process, specific supervision regarding the sensitive and appropriate use of live interpretation (online interpretive services are not used) will be provided.

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation and Case presentation
Format: Individual and Group
Hours Per Week: 2-6
Days and Times: Friday 2-6 PM; optional Tuesday 3 – 6 PM
Names of Supervisor(s): Joan Asarnow, PhD; and Jeanne Miranda, PhD

Youth Stress & Youth Mood (YSAM) Program: Research Rotation-Treatment and Prevention of Suicidal and Self-Harm Behavior

PROGRAM DESCRIPTION:
This program offers specialized research and dissemination experience on suicide and self-harm in youths, with an emphasis on treatment and suicide prevention services. The YSAM program includes our SAMHSA Center for Trauma-Informed Adolescent Suicide, Self-Harm & Substance Abuse Treatment and Prevention (ASAP) which is part of the National Child Traumatic Stress Network. Through the ASAP Center we have a number of ongoing dissemination, training, and evaluation initiatives aimed at improving emergency/acute care for youths with elevated suicide and self-harm risk across a range of service settings locally and nationally, including: Emergency Departments, primary care, schools, and behavioral health. We are also involved in a large randomized controlled trial of stepped care for suicide prevention in teens and young adults, funded under the NIMH Zero Suicide trial. Other ongoing YSAM research projects include studies emphasizing ecological momentary assessment, daily diaries, sleep, the needs of youths endorsing sexual or gender minority status, and testing of a digital intervention for reducing access to lethal means. Prior projects include: a large multi-site randomized controlled trial (RCT) of DBT in youths with high levels of suicidality, emotion dysregulation, and repetitive self-harm; a 2-site RCT of family versus individual psychotherapy for childhood depression; an RCT evaluating the Family Intervention for Suicide Prevention (FISP) in two diverse EDs; a multi-site RCT evaluating a quality improvement intervention aimed at improving access to evidence-based treatment for adolescent depression (primarily CBT and medication) through primary care using a collaborative integrated medical-behavioral health care model; and other studies focusing on depression and suicide risk in children and adolescents.

DAY, TIME AND LOCATION:
Fridays 2:00-3:00, and TBA,
300 Medical Plaza, Room 1208 & Suite 3310

HOURS PER WEEK:
2-4

DURATION OF ELECTIVE:
6-month commitment required; full year blended clinical/research/service preferred

FACULTY AND STAFF:
Joan Asarnow, Ph.D. & Jeanne Miranda, Ph.D., Directors
Lucas Zullo PhD & Jocelyn Meza PhD

TRAINING PROVIDED:

Opportunities to learn about and participate in our ASAP Center national dissemination program (www.asapnctsn.org) and other research. Opportunities are also available using some of our existing data sets. The YSAM research elective provides excellent opportunities for individuals interested in research, clinical service evaluation and quality improvement, and treatment and suicide prevention research.

YSAM Didactics

2:00 pm-3:00 pm, Friday. This time includes didactics, clinical time occurs between 3:00-6:00 and some research activities may occur during this time. Other times are TBA. The program is housed in UCLA 300 Medical Plaza building, Suite 3300.

Minimum commitment: 2 hrs./week

Please contact Dr. Asarnow if you are interested in this option. More information can be found at www.asapnctsn.org and http://www.semel.ucla.edu/mood/youth-stress

DIVERSITY TRAINING:

The YSAM clinic works with people from diverse socioeconomic, ethnic, sexual, gender identity, and cultural backgrounds. As a part of best practice, discussions in team case conference, presentations, and supervision routinely take into consideration diversity and cultural considerations. Readings and didactics are also used to increase the trainee's awareness and competency in the treatment of clients with diverse backgrounds. Further, trainees may also take advantage of opportunities to participate in research on adaptions of treatments to best serve our diverse treatments. If interpreters are required to facilitate the assessment process, specific supervision regarding the sensitive and appropriate use of live interpretation (online interpretive services are not used) will be provided.

SUPERVISION PROVIDED:

Method of Supervision: Direct Observation and Case presentation
Format: Individual and Group
Hours Per Week: 2-6
Days and Times: Friday 2-6 PM; optional Tuesday 3 – 6 PM
Names of Supervisor(s): Joan Asarnow, PhD; and Jeanne Miranda, PhD

Adult and Geropsychology Elective Clinical Services and Programs

Adult OCD Intensive Treatment and Research Program

PROGRAM DESCRIPTION:

The Adult OCD Treatment and Research Program provides evidence-based treatment for individuals struggling with moderate to severe Obsessive Compulsive and related disorders. Our training rotation offers the intern an opportunity to learn and conduct exposure and response prevention (ERP), a form of cognitive behavior therapy (CBT) that has consistently demonstrated very strong efficacy in treating Obsessive Compulsive Disorder. Interns will receive training in 1) OCD assessment; 2) ERP, exposure-based approaches for other anxiety and stress disorders, and treatment for compulsive hoarding; and optionally, 3) co-running one of our five groups and 4) conducting research with OCD patients. Interns receive training conducting and interpreting standardized assessments (including the Yale-Brown Obsessive-Compulsive Scale as well as other measures) and creating exposure hierarchies.

Adult patients attend our Intensive Outpatient Program (IOP) Monday-Friday for 6 weeks, from 9am-1pm. Each day, they have 1 hour of therapy, 1 hour of group therapy and 2 hours of ERP. Our program specializes in treating individuals diagnosed with OCD and related disorders. Greater than 90% of our patients with OCD also have a co-morbid mental health disorder, most typically major depressive disorder. In addition, our patients often have co-morbid disorders of social anxiety disorder, panic disorder, generalized anxiety disorder and post-traumatic stress disorder. Another major strength of our program is that we work with individuals with a primary diagnosis of hoarding disorder, with approximately 10-20% of our patients struggling with this problem.

The psychology intern will learn how to do ERP; in this treatment approach, patients are guided through specific situations to come in direct contact with fearful stimuli without engaging in compulsive behaviors or avoidance in order to help patients learn new ways of relating to and handling rapid and prolonged surges in anxiety and other intense negative emotions. ERP training starts out with observation of currently trained students and staff therapists conducting ERP, one-on-one role playing and review. Next, the intern will conduct exposure sessions in conjunction with staff therapists. After this, trainees begin conducting exposures on their own with patients. Based on intern availability and interest, the intern could also assist in one weekly group therapy session (we run 5 different groups covering a diverse set of topics including goal setting, coping skills, didactics, cognitive reframing and relapse prevention). If interested, the intern also has opportunities for research supervised by Dr. Motivala and program director Dr. Jamie Feusner. We are currently conducting a follow-up study to gauge the durability of treatment effects and an examination of which factors improve or worsen OCD symptoms over time.

Our rotation involves 5 hrs./week on either Mondays, Tuesdays or Thursdays. This includes 3 hours of ERP work, 1 hour of group supervision and 1 hr. of individual supervision. Group clinical supervision is available on Mondays or Thursdays and individual supervision is set up based on the intern's schedule sometime between 9am-1pm, Monday-Friday.

DAY, TIME AND LOCATION:
Clinic operates M-F 9am – 1pm. Group supervision is available Mondays or Thursdays at 11am and individual supervision is available with day/time TBD.

HOURS PER WEEK:
5

FACULTY AND STAFF:
Jamie Feusner, M.D., Program Director
Sarosh Motivala, Ph.D., Training Director

SUPERVISION PROVIDED:
Method of Supervision: Direct observation, case presentation
Format: Group; individual available
Hours Per Week: 1 hr. of group
Days and Times: Varies, but currently Mondays, Tuesdays or Wednesdays.
Names of Supervisor(s): Sarosh Motivala, PhD, Ana Ribas, PhD, Shana Doronn, LCSW

Aftercare Program

PROGRAM DESCRIPTION:
The Aftercare Program is a specialty clinic for treatment and research with patients who have recently had a first episode of schizophrenia. Trainees can serve as co-therapists in five different types of groups, a psychoeducational group for new patients, cognitive remediation via computerized training, a Bridging Group that facilitates generalization of cognitive gains to everyday functioning, an aerobic exercise group, and a healthy living skills group. Individual therapy opportunities are also readily available. Supervision for psychology interns is provided by Drs. Nuechterlein, Subotnik, Turner, and Ventura. Clinical supervision is combined with information on the diagnosis, phenomenology, and treatment of schizophrenia.

The time commitment is 2 to 8 hours per week, depending on what combination of group therapy and individual therapy experience is desired. The time should be committed for at least 6 months and preferably for 12 months. To allow adequate continuity care for patients with a first episode of psychosis, a 12-month commitment is needed for individual therapy experiences.

DAY, TIME AND LOCATION:
Training opportunities are available Mondays 11-4, Tuesdays, 9-5, and Thursdays, 11-5
300 Medical Plaza, 2nd Fl., Room 2240 is the reception office
Contact Keith Nuechterlein, Ph.D., keithn@ucla.edu, for the group intervention schedule

HOURS PER WEEK:
2-6

DURATION OF ELECTIVE:
6 months for group co-therapy; 12 months for individual therapy

FACULTY AND STAFF:
Keith Nuechterlein, Ph.D., Director
Kenneth Subotnik, Ph.D., Associate Director
Laurie Casaus, M.D., Medical Director

Margaret Distler, M.D., Associate Medical Director
Luana Turner, Psy.D.
Joseph Ventura, Ph.D.
Yurika Sturdevant, Psy.D.
Lissa Portillo, B.A., Patient Coordinator

TRAINING PROVIDED:
Trainees can serve as co-therapists in group therapy and as individual therapists with outpatients with a recent first episode of psychosis. Group therapy focuses on improving the cognitive deficits of schizophrenia, prevention of symptom return, and building effective coping skills for work, school, and interpersonal situations.

DIVERSITY TRAINING:
Because the Aftercare Program provides services at no cost as part of clinical research on new interventions, many patients participate from traditionally underserved populations. Our patient population is primarily (70%) racially mixed or non-White. About 20% are African American. Approximately 45% of the patients are Hispanic. This racial and ethnic makeup of our patient participants is reasonably representative of the Greater Los Angeles area (50% racially mixed or non-White, with 47% Hispanic). The services at the Aftercare Program are provided with sensitivity to, and awareness of, racial, ethnic, and cultural considerations.

Supervision provided to psychology interns stresses the importance of addressing these issues in both group and individual therapy. In addition, interns are provided articles or book chapters to read throughout the year on issues of sensitivity to cultural competency and diversity. Diversity and cultural competence are addressed during case conceptualization and throughout the entirety of work with our patients. The onset of schizophrenia is often marked by a disruption of one's previous life trajectory and a pressing need to cope with the myriad of new and unusual symptoms that can occur with this illness. Thus, our clinical team pays particular attention to the ways that diversity and culture can often take a backseat at the beginning of treatment. We are mindful of how each patient racially, ethnically, and culturally identifies him or herself. One of our psychologists, Dr. Turner, has specialized education and training in this area and provides insights into this topic in group supervision. An example of a currently relevant topic for discussion is the concern that young African American males might feel about potential mistreatment by law enforcement, especially given that law enforcement is often needed to involuntarily hospitalize individuals with schizophrenia. Given that the age of onset typically occurs when an individual is moving toward adulthood and independence, clinical work with family/loved ones is a key component to treatment. Sensitivity is given to how individuals view the meaning of "family." Staff and trainees are encouraged and challenged to explore their views and biases and understand how these schemas can impact treatment. The Aftercare Program continues to learn and grow in its work on sensitivity to diversity and encourages trainees to do so as well in order to provide the best treatment that emphasizes an understanding of each individual's core identities and values.

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation, Case Presentation
Format: Individual and Group
Hours Per Week: Typically 2 hours per week, more if clinical load indicates
Days and Times: Individual supervision at times to be arranged; group supervision Tues, 9-10 and 10-11
Names of Supervisor(s): Keith Nuechterlein, PhD; Luana Turner, PsyD; Joseph Ventura, PhD; Kenneth Subotnik, PhD

Assessment and Treatment of African-American Families

PROGRAM DESCRIPTION:
The Assessment and Treatment of African American Families has been available to trainees across disciplines individually or in small groups for 30 years. The course has been taught by Dr. Gail Wyatt, a clinical psychologist and Professor in the Department of Medical Psychology. She offers supervision of a family through which culturally congruent assessment and treatment recommendations are completed. The assessment includes the home, school and clinical environment in which children have lived and an assessment of the structural and systemic forms of racism that the child and family endure.

Weekly supervision of the child and family is available with Dr. Wyatt. One successful recommendation for success is that the trainee have an African American family to evaluate. This is no small feat at the Semel Institute and other faculty often cooperate to identifying a family for trainees who are interested in this experience.

Some of the topics of high interest have to do with interracial/ethnic psychotherapy, the value of teaching code switching to patients of undeserved groups, internalized racism, color blindness, the Imposter Syndrome and other characterizations that can complicate the cognitive and functioning of children and families who may be exposed and traumatized to systemically racist assumptions about health, intelligence mental health functioning.

Please email Dr. Wyatt about your interest at gwyatt@mednet.ucla.edu. Space is limited.

DAY, TIME AND LOCATION:
Flexible

HOURS PER WEEK:
Flexible

FACULTY AND STAFF:
Gail Wyatt, Ph.D., Program Director

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation and Case Presentation
Format: Individual
Hours Per Week: 1-2
Days and Times: Flexible
Names of Supervisor(s): Gail Wyatt, Ph.D.

Brain Boot Camp/Memory Care – UCLA Longevity Center

PROGRAM DESCRIPTION:
Brain Boot Camp provides cog rehab for individuals experiencing mild to moderate memory changes. Memory Care provides cog for individuals with mild to moderate dementia and usually a family member participates. Memory Care serves adults with late-onset dementia and early-onset dementia (<65 years old). Both Brain Boot Camp and Memory Care are educational programs designed to help adults compensate for memory loss. The intern can choose to participate by working with individuals via zoom (and will be assigned 1 or 2 adults), or they choose to co-teach within a small class format (by zoom, but in 2022 – possibly in person). Ideally, the intern will commit at

approximately 4 hours a week, and spend at least 6 months in this elective, with the option to do 12 months. The intern can choose to do Brain Boot Camp or Memory Care or both.

DAY, TIME AND LOCATION:
Days and times are currently flexibly, particularly for the individual work via zoom. Preferably, the intern would attend 1 group supervision per week with Dr. Miller and other BBC/MC trainees. Group supervision is offered via zoom on Tuesdays and Thursdays from 4:00-5:00pm. Individual supervision will be arranged as needed.

HOURS PER WEEK:
4

DURATION OF ELECTIVE:
6 months

FACULTY AND STAFF:
Karen Miller, Ph.D.

TRAINING PROVIDED:
Brain Boot Camp (BBC) is an individualized cog rehab program for older adults who are experiencing mild memory changes due to age or MCI (sometimes mild dementia). The 3-hour program of BBC is designed to be presented across 2 or 3 sessions in a 1:1 setting between the intern and patient (sometimes family members do attend); the lessons have already been created but are tailored according to the needs of the participant. Brain Boot Camp can also be taught in a small class format if the intern wants more experience in delivering cog rehab within a group setting. The groups are usually 5-10 people, and the class can be conducted in two segments of 90 minutes (if via zoom) or in 1 class (3 hours) in person). The day and time of the lessons are arranged according to the intern's schedule; supervision is 1:1 with Dr. Miller 2-4x a month (depending on the BBC case load of the intern), per schedule of intern. Memory Care is currently conducted within an individualized setting (since the pandemic) via zoom. The intern meets with 1-2 participants/couples each week and carries out the manualized program (50 different memory lessons have been created for a 12-month program). Most interns commit to 6 months, but this can be increased to 9 or 12 months depending on the intern's schedule and interest. The Memory Care program is for individuals with mild to moderate dementia and/or severe TBI. Group supervision with Dr. Miller is available each week on Tuesday or Thursday at 4pm. In early 2022, Memory Care may be available onsite at UCLA within its original three-hour format. Please check with Dr. Miller for details as the onsite program usually involves: memory training (cog rehab lesson), mind body connection (light yoga, mindfulness, music/art therapy), and patient/caregiver support groups. Intern is given the chance to co-lead both the patient support group for 3 months and the caregiver support group for 3 months. Finally, for advanced interns who want to do even more within BBC or MC, they can participate in creating and leading a 1-time community workshop within our Beyond Memory Training (BMT) series. Here the intern presents a 90-minute lecture on cognitive training to a group 20 community dwellers; this part of the elective is optional and not required of each intern. Within Memory Care, BBC, and BMT, trainees learn about theory related to cognitive training, application of compensatory strategies, and have opportunities to develop memory-training lessons and lead workshops. The total weekly time commitment is approximately 4 hours per week.

DIVERSITY TRAINING:

Our patient population reflects the richly diverse setting of Los Angeles, including but not limited to individuals of varying linguistic, racial and ethnic backgrounds, abilities, socioeconomic status, and sexual orientation. A standard feature of our program therefore involves weaving diversity considerations in all aspects of training. We strive to champion an approach to neuropsychological training that prioritizes respect for each patient's identity and incorporates evidence-based considerations about the validity and limitations of neuropsychological methods. At minimum, this includes pre-case discussion/readings of diversity considerations relevant to assessment choices, on-line supervision as needed to adapt the approach to assessment, and devoted time in supervision to consider diversity factors with respect to case conceptualization and test interpretation. Throughout these experiences, trainees are encouraged to consider their own backgrounds and identities in the clinical setting and interpersonal dynamic with patients. Infrequently, our services may also involve communicating with interpreter services, which involves in-depth preparation and close supervision. Our trainees are expected to be open to discussing and thinking critically about diversity issues throughout the year, and engage with suggested readings, seminars, and didactics.

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation
Format: Individual and Group
Hours Per Week: No more than 4 hours
Days and Times: Flexible
Names of Supervisor(s): Karen Miller, PhD

BrainSPORT Program

PROGRAM DESCRIPTION:
The UCLA BrainSPORT program is a multidisciplinary clinical, research, outreach, and educational program focusing on brain injuries, including concussions, in athletes and youth. Rotating interns will learn to conduct brief neuropsychological screening batteries in a multi-disciplinary concussion clinic and provide feedback to patients and colleagues. Supervision will be on an individual basis, in person and in clinic immediately following patient assessment and prior to feedback with family. Additional supervision may be scheduled as needed.

This program provides a great training opportunity to interact with trainees and fellows in neurology (pediatric and adult), occupational therapy, nutrition, and sports medicine. Opportunities for brief CBT-based therapy as well as research opportunities for addressing treatment of prolonged post-concussive symptoms are also available. Three 4-month rotations are offered each year.

DAY, TIME AND LOCATION:
Training opportunities are available Tuesdays, 8 -noon, and Thursday afternoons (times vary).
Other clinic times are possible upon availability.

The Tuesday morning clinic is off the main Westwood campus, at the pediatric specialty suite in Santa Monica, near the UCLA Medical Center (15th street and Wilshire).

HOURS PER WEEK:
5 - 7

FACULTY AND STAFF:
Talin Babikian, Ph.D., ABPP

SUPERVISION PROVIDED:
Method of Supervision: Direct Supervision
Format: Individual and Small Group
Hours Per Week: 2-3 per week
Days and Times: Flexible
Names of Supervisor(s): Talin Babikian, PhD and Douglas Polster, Ph.D.

Geriatric Psychotherapy Groups

PROGRAM DESCRIPTION:
An outpatient psychotherapy group that provides a combination of supportive, insight-based and Cognitive Behavioral interventions for older adults

DAY, TIME AND LOCATION:
Wednesdays 2:30pm – 4pm
300 Medical Plaza, 2nd Fl.

HOURS PER WEEK:
2.5

FACULTY AND STAFF:
Linda Ercoli, Ph.D.

TRAINING PROVIDED:
Trainees have the opportunity to provide the following interventions: deep breathing and relaxation training; (b) Meditation (e.g., body scan, visualization, and guided imagery); (c) Cognitive elements (e.g., cognitive restructuring, addressing distorted thought patterns); (d) Behavioral components (e.g., activation, discussing the connection between increased pleasant events and mood); and (e) Problem-solving & goal setting. The group consists chiefly of cognitively intact older adults with a range of chronic psychiatric disorders including depression, anxiety, OCD, and bipolar disorder, as well as patients with chronic medical conditions. Recently discharged patients from 4-North may also be referred to the groups for ongoing support.

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation and Case Presentation
Format: Individual
Hours Per Week: 1
Days and Times: Flexible
Names of Supervisor(s): Linda Ercoli, Ph.D.

Hispanic Neuropsychiatric Center of Excellence - Cultural Neuropsychology Program

PROGRAM DESCRIPTION:

The UCLA Cultural Neuropsychology Program (CNP) is a unique clinical, training, and research program that focuses on the relationship between culture and neurocognition. The CNP specifically provides comprehensive Spanish/English bilingual and bicultural neuropsychological and neuropsychiatric assessments to individuals with a variety of medical and developmental conditions that impact cognition and daily functioning, in both an outpatient and inpatient setting, including: epilepsy, brain tumors, dementia, traumatic brain injuries, stroke, organ transplants, ADHD, and learning disabilities.

TRAINING PROVIDED

Trainees in this rotation will gain hands-on experience in the application of the most cutting-edge theory, instrumentation, and norms for working with the historically underrepresented bilingual Latino/a population. Weekly supervision in a case conference format will enable trainees to grow accustomed to presenting cases in both English and Spanish while being exposed to diverse perspectives in case conceptualization and formulation from the following rotating faculty: David Lechuga, PhD, Vindia Fernandez, PhD, Diomaris Safi, PhD, Paola Suarez, Ph.D., Carlos Saucedo, Ph.D., and Xavier E. Cagigas, Ph.D. Monolingual English-speaking trainees will have the opportunity to participate in bilingual evaluations with the assistance of a Spanish-speaking practicum student conducting the Spanish-speaking portion of the testing.

DIVERSITY TRAINING:

Participation in a weekly interdisciplinary colloquium focused on unique assessment and intervention strategies as they pertain to Hispanic populations, as well as enrollment in the quarter long Cultural Neuropsychology Seminar (CNS) is required. Finally, the "resilience building check-in (RBC)" forms an integral part of training and includes processing the emotional impact that working with historically underrepresented patient populations might bring, as well as the importance of self-care and network building as long-term coping strategies. Weekly RBCs also discuss the challenges often faced by underrepresented students in neuropsychology (URSN), and how to actively problem-solve within a community of practice inclusive of URSN and allies. In sum, within HNCE-CNP, building resilience is as important as building solid neuropsychological skills in order to ensure long-term sustainability in meeting the future needs of the exponentially growing multilingual Latina/o patient population in the United States.

SUPERVISION PROVIDED:

Method of Supervision: Direct Observation and Case Presentation
Format: Individual and Weekly Group Case Conference
Hours Per Week: 1.5 hours group supervision/week; additional individual supervision as necessary; opportunity to attend supervision-on-supervision with fellows
Days and Times: Thursdays, 10:30am to 12:00pm for Group Case Conference; variable for all others
Names of Supervisor(s): As listed above under Faculty and Staff section.
Training Philosophy: The HNCE-CNP elective rotation is designed to expose all trainees to a collectivist orientation in supervision and case conceptualization, as well as, to an integrated model for bilingual/bicultural neuropsychological assessment.

DAY, TIME AND LOCATION:
1 full day of the week per month
Thursdays for case conference supervision, 10:30 am - 12:00 pm
Semel, Rm. 17-443

AVERAGE HOURS PER WEEK:
6

FACULTY AND STAFF:
Paola Suarez, Ph.D.
Xavier E. Cagigas, Ph.D.

Insomnia Treatment Group: UCLA Student Mental Health Clinic – Adult Psychiatry (SHIP Clinic)

DAY, TIME, AND LOCATION:

Tuesdays 1:00-3:30 PM for 8 consecutive weeks (*there may be some flexibility in day of week and timing of supervision, to fit with intern's ongoing obligations)*.

2-month obligation, offered 4 times/academic year (coinciding with UCLA undergraduate academic calendar)

300 Medical Plaza, Suite 1412

HOURS PER WEEK:

2.5 hours per week: 1.5 hours providing direct clinical care; 1.0 hours in didactics/individual supervision.

FACULTY:

Jennifer Pike, PhD, supervising psychologist

Katerina DeBonis, MD, medical director

PROGRAM DESCRIPTION:

The UCLA SHIP clinic is a multidisciplinary clinic in an outpatient hospital-based medical setting, serving UCLA graduate and undergraduate students with complex chronic psychiatric disorders. Patients are referred from the UCLA Counseling and Psychological Services Center (CAPS) after undergoing brief psychiatric treatment/assessment, for ongoing/consistent care at SHIP.

TRAINING PROVIDED

This elective provides trainees with an opportunity to:

- work with a diverse population suffering from complex psychiatric disorders with co-morbid sleep disorders,
- gain hands-on real-time supervision in delivering *evidence-based treatments* for sleep disorders,

- learn advanced skills for the assessment and treatment of insomnia, hypersomnia, and other sleep problems, which are commonplace across psychiatric disorders, and can be applied across populations/settings they may encounter in the future,
- in the context of working with a multidisciplinary team, in a safe, structured environment.

Assessment: Trainees will learn to administer a semi-structured interview for the assessment of sleep disorders and factors contributing to poor sleep, to assist them with case conceptualization and treatment planning. They will also learn to administer and score standardized questionnaires for the assessment of sleep quality, and other sleep parameters used to assess progress throughout the intervention.

Group therapy: "A Good Night's Rest" is a manualized structured intervention, that makes use of: stimulus control, CBT-I, psychoeducation, meditation/relaxation, and other behavioral techniques to help patients understand what is "normal" sleep, what contributes to their unique sleep problems, and provides participants will skills to overcome poor sleep using a patient-centered approach to treatment. It also emphasizes how to overcome barriers to good sleep, and how to adjust their schedules to incorporate new/healthy behaviors.

Interns will serve as co-therapists for the group intervention. They will also learn relaxation techniques, and other behavioral techniques to increase intervention adherence and promote behavioral change.

Expand their knowledge of Sleep, Sleep-related disorders:

Interns will be given a set scholarly articles to read (outside of their time in clinic) to improve their understanding of insomnia, the processes that control human sleep, and behavioral factors that influence sleep. There will also be the opportunity for discussions on sleep and training on the use of CBT to treat this population.

DIVERSITY TRAINING

The UCLA SHIP Clinic serves UCLA undergraduate and graduate students who are diverse in terms of race, ethnicity, gender identity, socioeconomic status, sexual orientation and religion.

As such, considerations of diversity issues play a central role in assessment and treatment planning. At the outset of training interns are provided with readings related to diversity and cultural competence. They are encouraged to self-examine identity factors and potential biases that may impact case-formulation, their relationship with clients, and the supervisor-supervisee relationship. Supervision and case presentation emphasizes diversity and cultural factors that may impact a patient's clinical presentation, level of trust, and response to treatment interventions. In service delivery we emphasize cultural humility and provide training on how to appropriately and sensitively communicate with patients about their individual differences. Interns are given clinical resources and encouraged to participate in lectures and training on issues related to diversity and ally-ship at the University and in the community.

For further information contact: Jennifer Pike, PhD, jpike@mednet.ucla.edu

Insomnia Clinic Program

CLINIC OVERVIEW:

Insomnia is a very common and costly condition. At least 10% of Americans suffer from insomnia, and it costs the US workforce $63.2 billion a year in lost productivity. Furthermore, insomnia increases the risks of depressive, inflammatory, metabolic, cardiovascular, and neurocognitive disorders. Unfortunately, insomnia often remains untreated or inappropriately treated only with hypnotics.

The UCLA Insomnia Clinic was established to fill this important gap in healthcare. Based on the decade-long research and delivery of insomnia treatments by clinician scientists at the UCLA Cousins Center for Psychoneuroimmunology, we envisioned a clinic providing behavioral treatments of insomnia, which are safe and effective. Among these treatments, Cognitive Behavioral Therapy for Insomnia (CBT-I) is the first-line treatment as recommended by the American College of Physicians with proven short- and long-term efficacy. Research at UCLA has demonstrated that Mindfulness-Based Behavioral Therapy for Insomnia (MBBT-I) is also effective in the treatment of insomnia with a greater patient acceptability. Thus, with the support of the UCLA Cousins Center and the UCLA Mindfulness Awareness Research Center (MARC), we developed an insomnia clinic solely dedicated to the provision of effective behavioral treatments. Among the sleep clinics in academic and community settings in the Greater Los Angeles area, the UCLA Insomnia Clinic is unique in providing behavioral insomnia treatments such as CBT-I and MBBT-I.

Our professionals at the UCLA Insomnia Clinic strive to deliver high-quality and evidence-based behavioral treatments for insomnia using not only the knowledge accumulated by the scientific community but also making the most of the expertise derived from our own longstanding clinical research.

Website: https://www.uclahealth.org/resnick/insomnia

PROGRAM DESCRIPTION:

Insomnia Clinic will offer a 4-month elective of 6 hours/week or a 6-month elective of 4 hours/week, thus 100 hours in total. The training will primarily focus on individual CBT-I, but training in group CBT-I may become available if there is a strong interest and commitment by interns. In addition to the didactic and training activities on the principles, content, and delivery of CBT-I, the interns will also have lectures on:

1. Diagnostic assessment of insomnia
2. Selection of CBT-I or MBBT-I based on the patient profile and preference and the characteristics of insomnia
3. Management of hypnotic medications prior to and during behavioral treatments
4. Principles and content of MBBT-I: lectures about but no training in delivery of MBBT-I will be provided due to the training requirements for this modality.

DAY, TIME AND LOCATION:

The main clinic activities including didactics will take place on Thursday afternoons (1pm-5pm) in 300 Medical Plaza building, but individual CBT-I sessions may be flexibly scheduled throughout the week in 300 Medical Plaza or Semel Institute according to the availability of interns' time, attendings' time, and office space. Depending on the COVID-19 situation and the patients' preference, therapy can be conducted using Zoom videoconference.

HOURS PER WEEK/DURATION OF ELECTIVE:

Flexible, 6 hours/week for 4 months or 4 hours/week for 6 months.

FACULTY AND STAFF:

Director: Joshua H. Cho, MD, PhD, Associate Professor, Cousins Center for Psychoneuroimmunology, Semel Institute for Neuroscience and Human Behavior
Jeffrey Young, PhD
Stephanie Kremer, PhD
Marina Samaltanos, Administrative Support

DIVERSITY TRAINING:

Consistent with the diversity of the UCLA Health patient population, trainees will be working with individuals from diverse backgrounds, including but not limited to patients who are racial and ethnic minorities, and sexual and gender minorities. Interns are expected and trained to treat all patients with respect, regardless of patient race, ethnicity, national origin, immigration status, disability status, sexual orientation, gender identity, or other diverse characteristics. At the same time, in supervision and didactic activities, we also emphasize awareness and consideration of these factors to shape and adapt the treatment approaches for the maximum benefit of patients. Interpretive services are not a part of this training program.

TRAINING PROVIDED:

Interns will first have didactics and shadow an attending delivering 7 weekly individual sessions of CBT-I; after this intense and close learning opportunity, interns will deliver individual sessions on their own with a real time supervision by an attending through a one-way mirror or a video conference. After the conclusion of each session, there will be individual supervision by an attending. There will also be a monthly clinical case conference for interaction and discussion between all attendings and trainees. The training will primarily focus on individual CBT-I, but training in group CBT-I may become available if there is a strong interest and commitment by interns.

SUPERVISION PROVIDED:

Method of Supervision: Direct observation
Format: Individual
Hours Per Week: 3.5 or 5.5 hours per week depending on the elective duration; all the sessions will be supervised in real time using Zoom chat comments and there will be a brief face-to face supervision immediately after each session; there will also be a 1-hour clinical case conference per month
Days and Times: Flexible (see "Day, Time, and Location" above)
Names of Supervisor(s): Jeffrey Young, PhD, Stephanie Kremer, PhD, and Joshua Cho, MD, PhD

Neurobehavioral Epilepsy Program

PROGRAM DESCRIPTION:

This elective involves diagnostic assessment of individuals who have non-epileptic seizures or mixed presentation (both epileptic and non-epileptic seizures).

DAY, TIME AND LOCATION:

Flexible

HOURS PER WEEK:
3

FACULTY AND STAFF:
Patricia Walshaw, Ph.D.

TRAINING PROVIDED:
Trainees will have the opportunity to learn assessment techniques for individuals with conversion diagnoses, issues related to neurological manifestations of psychological issues, and participate in multi-disciplinary rounds in neurology. Trainees will complete one assessment per month, which includes 3 hours of testing and a brief report. Interns will also attend weekly rounds for 1 hour (Tuesdays at 10:30) and supervision with Dr. Walshaw regarding each case and report. On average, trainees will spend 3 hours per week in this elective. Times for assessments are not fixed and can be accommodated to trainee's schedule.

SUPERVISION PROVIDED:
SUPERVISION PROVIDED:
Method of Supervision: Direct observation, case presentation
Format: Individual and multidisciplinary rounds
Hours Per Week: 1
Days and Times: Flexible. Rounds are Tuesdays at 10:30am
Names of Supervisor(s): Patricia Walshaw, PhD

Neuromodulation Clinic

PROGRAM DESCRIPTION:

The UCLA Neuromodulation Clinic provides in-depth consultation and treatment for patients with Major Depressive Disorder, Obsessive-Compulsive Disorder, tinnitus, and chronic pain conditions, including neuropathic pain and fibromyalgia. The Neuromodulation Clinic strives to assist clinicians in providing compassionate, high quality, evidence-based treatment for these difficult-to-treat neuropsychiatric illnesses. Available treatment options include Transcranial Magnetic Stimulation (TMS) treatments, Trigeminal Nerve Stimulation (TNS), and Transcutaneous Electrical Nerve Stimulation (TENS), among others. The goal of training is to provide the psychologist with an introductory experience in evaluation and brief intervention using neuromodulation techniques to a wide range of patients presenting to a psychiatry outpatient clinic.

DAY, TIME AND LOCATION:
Flexible. TMS Treatment team meetings Mondays 11:45-1:15, Semel Institute 5th floor
Assessments and patient appts may occur throughout the week.

HOURS PER WEEK:
~5 hrs.

DURATION OF ELECTIVE:
4-6 months

FACULTY AND STAFF:
Andrew Leuchter, M.D.
Jon Lee, M.D.
Katharine Marder, M.D.
Jennifer Levitt, M.D.
Sandra Loo, Ph.D.

TRAINING PROVIDED:
Trainees will have the opportunity to learn the following:
1) clinic coordination and diagnostic assessment of treatment refractory depression and other disorders amenable to neuromodulation treatment
2) factors that make a patient more or less appropriate for neuromodulation treatments
3) technical aspects of TMS treatment: magnet placement, appropriate settings for TMS treatment, treatment adjustments based on clinical response
4) readings and instructional content on neuromodulation treatments

DIVERSITY TRAINING:
The UCLA Neuromodulation Clinic serves clients from diverse racial/ethnic, socioeconomic, and cultural backgrounds. Patients visit the clinic from the local community, as well as distant national and international locations. Trainees may be provided with opportunities to work with clients who vary in age, gender, family composition, presenting problem, and language and cultural background. Multicultural training, including discussion of the presentation of depression, anxiety and other presenting problems in different cultural contexts, is integrated throughout the training year. During individual supervision, trainees are encouraged to consider cultural, developmental, and familial factors that may be contributing to the client's presentation, as well as the impact of the trainee's own multicultural identity in their response to families. Specific guidance is provided in how to sensitively communicate assessment results, diagnoses, and recommendations to patients from diverse backgrounds.

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation, Case Presentation
Format: Individual and Group
Hours Per Week: 1-2
Days and Times: Flexible
Names of Supervisor(s): Andrew Leuchter, M.D., Jon Lee, M.D., Katharine Marder, M.D., Jennifer Levitt, M.D., Sandra Loo, Ph.D.

PEERS ® Clinic: Caregiver Assisted Social Skills Training for Young Adults

PROGRAM DESCRIPTION:
PEERS® for Young Adults is appropriate for individuals 18-35 years of age with a variety of presenting problems, including autism spectrum disorder (ASD), ADHD, learning disabilities, anxiety disorders, mood disorders, and adjustment disorders.

This on-site evidence-based intervention instructs young adults about important elements of socialization (i.e., conversational skills; peer entry and exiting strategies; handling teasing, bullying, and peer pressure; changing bad reputations; choosing appropriate peers; handling arguments and disagreements; having appropriate get-togethers with peers; and dating etiquette). Separate caregiver and young adult sessions are conducted concurrently for 90-minutes each week. Sessions are structured to include homework review, didactic presentation, role-playing, and behavioral rehearsal. Caregivers are taught how to assist young adults in developing and maintaining meaningful relationships by providing performance feedback through coaching during weekly in vivo socialization homework assignments. Young adults are taught important social skills through didactic instruction, role-plays, and behavioral rehearsal during socialization activities.

DAY, TIME AND LOCATION:
Mondays 4:00 – 8:00 pm

HOURS PER WEEK: 5 HRS/WK

FACULTY AND STAFF:
Elizabeth Laugeson, Psy.D.
Shannon Bates, Psy.D., Attending Psychologist
Leila Glass, Ph.D., Attending Psychologist
Emily Moulton, Ph.D., Postdoctoral Fellow
Japser Estabillo, Ph.D., Postdoctoral Fellow
Laura Adery, Ph.D., Postdoctoral Fellow
Reina Factor, Ph.D., Postdoctoral Fellow
Christine Moody, Ph.D., Postdoctoral Fellow
Megan Ichinose, Ph.D., Postdoctoral Fellow

TRAINING PROVIDED:
Training and weekly group supervision are provided for conducting this caregiver-assisted, cognitive behavioral social skills intervention for young adults.

PEERS® for Young Adults is a 5 hour per week commitment (MONDAYS, 4:00–8:00 PM). Individual supervision is 30-60 minutes per week, depending on the involvement of the trainee in the implementation of the group, and is scheduled on an individual basis. Group supervision is conducted for 30 minutes prior to the groups from 4:00-4:30PM. Two social skills groups are conducted from 4:30-6:00PM and 6:30-8:00PM. 30 minutes is allotted for prep time / note writing. Trainees can opt to rotate through the clinic for 4, 6, or 12-month rotations and will be directly involved in the implementation of the treatment lessons.

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation
Format: Individual and Group
Hours Per Week: 30-90 minutes per week
Days and Times: Flexible
Names of Supervisor(s): Elizabeth Laugeson, Psy.D., Shannon Bates, Psy.D., Leila Glass, Ph.D., Jasper Estabillo, Ph.D., Laura Adery, Ph.D.

Psychosis Clinic

PROGRAM DESCRIPTION:
The UCLA Psychosis Clinic, directed by Stephen Marder, M.D., provides psychiatric evaluations, medication management and psychosocial interventions that aim to promote recovery and improve the quality of life for patients with psychotic disorders.

DAY, TIME AND LOCATION:
Fridays, 8:30am-12pm
300 Medical Plaza Rm. 2208

HOURS PER WEEK:
5 hours per week, 4 or 6-month rotation

FACULTY AND STAFF:
Stephen Marder, M.D.
Joseph Ventura, Ph.D.
Joel Braslow, M.D., Ph.D.
Benaz Jalali, M.D.
Elizabeth Casalango, M.D.
Walter Dunn, M.D., Ph.D.

TRAINING PROVIDED:
This elective allows the opportunity to provide psychosocial interventions while working collaboratively with UCLA psychiatrists and psychiatric residents. Empirically based interventions offered in the clinic that include: Mindfulness Meditation, Cognitive Behavior Therapy for Psychosis (CBTp) and Functional Cognitive Behavior Therapy (FCBT), family or individual psychoeducation, Supported Employment and Supported Education, and computer-based Neurocognitive and Social Cognitive Training.

Interns will attend the Friday clinic and will schedule therapy appointments or phone contacts according to their schedules. Supervision will be provided primarily by Joseph Ventura, Ph.D., who will supervise CBTp and/or Functional CBT, cognitive and social-cognitive training, and psychoeducation. Luana Turner, PsyD who is a psychology staff member will provide supervision in the areas of supported employment and supported education, and psychoeducation. The majority of the supervision is individual and scheduled mutually by the intern and his/her supervisor.

Please contact the Psychology Services Director Joseph Ventura, Ph.D. at jventura@mednet.ucla.edu or office (310) 206-5225 for additional information.

Sexual Health Program

PROGRAM DESCRIPTION:
The Sexual Health Program offers sexual health education, called "Sex and Cookies", to first and second year UCLA undergrads and other groups in a relaxed setting. The single session program is

taught by medical students, public health, psychology, social welfare and psych interns who are diverse ethnically, and by sexual orientation and gender. They are trained to go into the dorms and to hold discussions about sexual health, including HIV and STI prevention, reproductive health, high risk places and occasions to avoid (post-exam and graduation parties) and where to obtain preventive devices on campus.

The program has been highly successful for over 10 years and the students appreciate having the opportunity to discuss sexual issues with professionals in training who are not much older but much wiser than they. Preliminary findings from evaluations demonstrate how much the students learn and how much the facilitators learn, as well.

The time commitments vary from 3 to 5 hours per week, but groups are held in the evenings at about 7:00 when students return to the dorm. Facilitators learn how to discuss sex with ease and professionalism to all students, and how to refer them to other campus clinics if need be.

If you have interest, please call 310 825-0193. Dr. Gail Wyatt supervises students and Jenna Alarcon provides training.

DAY, TIME AND LOCATION:
Flexible

HOURS PER WEEK:
3-5, Groups are held in the evenings at about 7:00 PM when students return to the dorm.

FACULTY AND STAFF:
Gail Wyatt, Ph.D., Director

TRAINING PROVIDED:
Psychology interns and other research fellows join the research team, participate in interviewing, coding of qualitative and quantitative data that involve the construction of variables unique to research in this area, write papers, grants and learn how to interface with private and federal agencies. Most important they learn how to think within a cultural paradigm that allows for recognition and integration of diverse beliefs and values in every aspect of academic work and clinical practice.

This is an experience for the intern who has chosen their career path and who wishes to learn how to conduct community-based research, develop a culturally congruent research agenda, cultural competence in clinical care and behavioral science research and the ability to develop lasting partnerships with community and religious organizations.

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation and Case Presentation
Format: Individual
Hours Per Week: 1-2
Days and Times: Flexible
Names of Supervisor(s): Gail Wyatt, Ph.D.

Spanish Language Caregiver Support

PROGRAM DESCRIPTION:
This support group is for Spanish speaking caregivers of patients with dementia of any type.

DAY, TIME AND LOCATION:
Every other Wednesday, 6:30 – 8:00 pm
St. Sebastian Catholic Church

HOURS PER WEEK:
1

FACULTY AND STAFF:
Mirella Díaz-Santos, PhD. (lead)
Xavier E. Cagigas, Ph.D. (facilitator)

TRAINING PROVIDED:
Co-lead a support group for Spanish speaking caregivers of patients with Alzheimer's disease, supervised by Mirella Díaz-Santos, PhD. & Xavier E. Cagigas, Ph.D. Trainees have the opportunity to provide culturally appropriate support for caregivers, as well as psychoeducation about caregiver self-care as well as dementia (e.g., diagnosis, current treatments, and behavioral management).

SUPERVISION PROVIDED:
Method of Supervision: Direct Observation
Format: Individual, Group
Hours Per Week: 1
Days and Times: Mondays, 3-4:00p
Names of Supervisor(s): Mirella Díaz-Santos

Tarjan Center Developmental Disabilities Travel Award

PROGRAM DESCRIPTION:
The primary objective of the Tarjan Center Developmental Disabilities Travel Award is to train professionals in the identification of disorders associated with developmental disabilities and in interventions targeted for this underserved population.

DAY, TIME AND LOCATION:
To be determined with your supervisor.

HOURS PER WEEK:
1 hour per week for 12 months

FACULTY AND STAFF:
Olivia Raynor, Ph.D., Program Director,
Elizabeth Laugeson, Psy.D., Training Director

TRAINING PROVIDED:
Trainees will attend the Tarjan Center Distinguished Lecture Series (at least 6 lectures over the course of the training year) devoted to the topic of developmental disabilities. Funding for attendance at a scientific meeting, up to $1500, will be awarded to two interns enrolled in this elective on a competitive basis. Applicants will be expected to submit a CV and a 500-word scientific abstract, including background, research objectives, methods, results, and conclusions. Those awarded this travel stipend will be expected to present a poster or oral session, with emphasis on individuals with developmental disabilities, at a scientific meeting.

Each intern will be expected to give a short presentation to a meeting of the Tarjan Advisory Committee (composed of advocates and parents of people with developmental disabilities) on a topic of the intern's choice related to issues in developmental disability. If interested, trainees will also have the opportunity to gain experience with the UCLA National Arts and Disabilities Center and with UCLA Pathway, a post-secondary education program for college-aged students with developmental disabilities.

Upon completion of this training experience, trainees will have:

1. A basic knowledge of policy, law, self-advocacy, and diagnostic and treatment implications for individuals with developmental disabilities
2. Exposure to and familiarity with current research literature in developmental disabilities
3. Exposure to the developmental challenges of individuals with developmental disabilities
4. Experience presenting original research at a scientific meeting

Telephonic Caregiver Support Groups

PROGRAM DESCRIPTION:
This program provides two free monthly telephone support groups for caregivers. The groups provide caregiver support and psychoeducation about dementia. One group is for caregivers of patients with early onset Alzheimer's disease and the other is for caregivers of patients with frontotemporal lobar degenerative dementia. The groups meet periodically in person at the same scheduled time as the telephone support group.

DAY, TIME AND LOCATION:
Every other Tuesday, 12pm–1pm
Semel Institute, Room 38-239

HOURS PER WEEK:
1

FACULTY AND STAFF:
Linda Ercoli, Ph.D.

TRAINING PROVIDED:

Co-lead two free monthly telephone support groups. Trainees have the opportunity to provide support for caregivers, as well as psychoeducation about caregiver self-care as well as dementia (e.g. diagnosis, current treatments, and behavioral management).

SUPERVISION PROVIDED:

Method of Supervision: Direct Observation and Case Presentation
Format: Individual
Hours Per Week: 1
Days and Times: Flexible
Names of Supervisor(s): Linda Ercoli, Ph.D.

Seminars

Psychology Interns' Seminar

Fridays from 12-1:30
Semel C8-177
Attendance is required for all interns

This seminar is intended provide an overview on a wide range of topics and to foster group identity and cohesion as the year progresses. The group will discuss current topics in clinical psychology (e.g., psychopathology, diagnostic evaluation and modalities of treatment). Dr. Sena will meet with the trainees quarterly to discuss training issues. This seminar has an open structure to accommodate the needs of the intern and interns provide input regarding topics.

Developmental Psychopathology/Psychopharmacology Seminar

Thursdays from 8:00 - 9:20 am
Semel C8-177
Attendance is required for General Child track interns, AND intern, Peds-CL intern, STAR interns, and H&B intern for two months while on Peds-CL.

This seminar is a survey course in clinical issues and current research in the area of child and adolescent psychopathology, psychopharmacology and treatment. The course is team taught by psychiatry and psychology faculty.

Neuropsychology Seminars

To obtain a copy of the schedule and the course description of the neuropsychology seminars please contact Jennifer Haydn-Jones at jhaydn@mednet.ucla.edu. These seminars begin in September.

Additional Elective Seminars

A listing and description of elective seminars can be found in the Semel Institute and Department of Psychiatry and Biobehavioral Sciences course catalogue.

Ethical, Legal and Confidentiality Issues

Legal and Ethical Consultation

Consultation regarding emergent clinical ethical issues is available by calling the Ethics Consult Service at pager at #38442. Psychology faculty member, Dr. Brenda Bursch is Chair of the RNPH Ethics

Committee and may be contacted directly for less urgent matters. Drs. Linda Ercoli and Xavier E. Cagigas also serve on this committee.

Most recent version of APA Code of Ethics can be found at
https://www.apa.org/ethics/code/ethics-code-2017.pdf

Patient Advisement by Psychology Interns

Psychology trainees should inform their clients that confidentiality is a fundamental element of the psychotherapist-patient relationship. However, there are certain circumstances in which you will be required by law to disclose to other persons information provided and that you cannot guarantee that the information will be kept strictly confidential. Admissions of child or elder abuse, threats to physically harm other persons or oneself or statements may not be protected by law and information received may be required by law to disclose to other persons.

Additionally, you must advise patients and families that you will share information with your supervisors, as you are in training.

Release of Information

All requests for written patient information are to be directed to the Medical Records Department. Release of information follows HIPAA guidelines. You may not release any notes or reports directly to your patients or their families.

Abuse Reporting

All employees of the Semel Institute and the Resnick Neuropsychiatric Hospital are mandated by the state of California to report child abuse, elder and dependent adult abuse, and domestic violence/intimate partner abuse.

The Suspected Child and Adult Abuse and Neglect Team (SCAAN) provides consultation to all faculty, staff and trainees on child abuse reporting. Consultations are available Monday through Friday 8am to 5pm through pager 95818.

After 5pm and on weekends please call Department of Child and Family Services at 1-800-540-4000 to report child abuse or call Adult Protective Services at 1-800-922-1600 to report adult and elder abuse.

Child Abuse cases in Mattel Children's Hospital (from the Pediatric Consultation and Liaison service) are reported to the UCLA Medical Center Scan Team. This team can be contacted through pager 96672.

Please see the pages 150-193 of the appendix at the end of this manual for abuse reporting policies and procedures.

Warning of Dangerous Patients

The California Supreme Court has decided in the case of Tarasoff v. the Regents of the University of California that psychotherapists have a duty to warn persons to whom a patient presents, in the therapists' reasonable professional judgment, a serious danger of violence. UCLA Policy NPH 1621 states that "if reasonably possible, the clinician should consult with University legal counsel before making a disclosure to law enforcement."

This legal standard of medical care was described by the Court as follows:

When a psychotherapist determines, or pursuant to the standards of his profession should determine, that his patient presents a serious danger of violence to another, he incurs an obligation to use reasonable care to protect the intended victim against such danger. The discharge of such duty, depending on the nature of the case, may call for the therapist to warn the victim of danger, to notify the police, or to take whatever other steps reasonably necessary under the circumstances.

Although the Lanterman-Petris-Short Act requires adherence to a strict standard of confidentiality in the maintenance of psychiatric records, the Court held that his requirement of confidentiality "must yield to the extent to which disclosure is essential to avert danger to others".

Failure to provide such warning when it may be called for in the Court's ruling, and when injury or death occurs to the intended victim, may result in substantial liability of the therapist and to the University. All persons engaged in the treatment of such patients should be aware of this rule, and the need to follow it.

Please see page 193 at the end of the manual for more information on the Tarasoff Warnings to Law Enforcement.

Policies, Procedures, and General Administrative Issues

Psychology Trainee Administration Office

LOCATION: Semel, Rm. 37-360A
COORDINATOR: Jennifer Haydn-Jones

This office coordinates recruitment, hiring, scheduling, graduation and termination, and, after you graduate, verification of training for the remainder of your career-and all daily activities related to these functions. You must notify Jennifer about vacation and leave plans.

Record Retention

Student records are generally securely maintained online and protected by duo-factor authentication. Hard copies are securely stored in Jennifer Haydn-Jones' office. Long-term storage of intern records is at the Iron Mountain storage facility. Records of any complaints would be securely stored at Staff Human Resources.

Due Process Policies and Procedures

Interns who have problems or concerns with any aspect of the training program are encouraged to first speak with their supervisor, if possible. Interns may also choose to speak with their clinic program director and their advisor. Rhonda Sena, Ph.D., Internship Training Director, or Robert Bilder, Ph.D., Chief of Psychology are also available at any time during the training year. If there are issues with Dr. Sena, interns may choose to speak with Dr. Bilder. If there are issues with Dr. Bilder, interns may speak with Dr. Sena.

Interns may also speak with Monica Rodriguez, Semel Institute's Registrar and Ombudsperson regarding any grievances. She will listen, investigate and resolve grievances. All matters are treated confidentially. This information is provided during orientation, on the website, and is also contained in the contract each Intern signs after the APPIC Match.

The GME Office is available to assist you with the interpretation of UCLA's Academic Due Process Policy. Please feel free to contact them at (310)206-5674 or GME@mednet.ucla.edu to set up an appointment.

Non-Discrimination Policies

We value a workplace environment free of discrimination and harassment. Interns with any concerns related to discrimination, bias, harassment or violence may contact Drs. Bilder and Sena at any time. There are a number of policies in place to address issues of discrimination, bias, and violence in the workplace:

UCLA Non-Discrimination Policy

https://policy.ucop.edu/doc/4000376/DiscHarassAffirmAction

Affirmative Action Policy

https://www.chr.ucla.edu/policies-and-labor-contracts/procedure-14-affirmative-action#:~:text=All%20recruitment%20material%20and%20advertising,identified%20carefully%20and%20documented%20thoroughly

Please refer to the appendix at the end of the manual for policies related to:

- Workplace Violence Prevention (page 197)
- Management of Patient Discriminatory Conduct and Reassignment Requests (page 202)

- Patient Responsibilities (page 211)

Intern Performance Evaluation, Feedback, Advisement, Retention and Minimal Requirements

Assessment of clinical competency is done every 4 months by each of the trainee's supervisors through the MedHub online evaluation form (see sample form at the end of this manual). Each supervisor discusses his or her evaluation with the intern. Interns' evaluations are discussed with supervisors and core faculty at a Training Committee meeting. Verbal feedback regarding the evaluations and the Training Committee's discussion of the evaluations is provided to the intern by his or her advisor.

Interns are assessed in skills and competencies in the areas of assessment and diagnosis, treatment and consultation skills, individual and cultural diversity, integration of practice with research and theory, and professional skills. Any intern who has a score below the "at the level of the typical intern" range on the MedHub evaluation form (see page 128 of this document for a copy of the form) receives additional supervision to address the area of deficit. A plan is created with in conjunction with the interns' supervisor, and in most case, this resolves any issues.

If further remediation is necessary, a written plan is formed with the relevant supervisor/s, the intern's advisor, and the training director. The intern's progress is closely monitored by this group to ensure that the intern meets required competency levels. A document is written by the training director and intern's advisor that indicates whether remediation requirements have been satisfactorily met. You can see the Remediation Plan on page 213 of the appendix.

It is expected that by the final evaluation in June, that interns' scores on all domains assessed will be in the "at the level of the typical intern" range or higher. Summary Letter is completed at the end of the internship year by the trainee's advisor, based on evaluation from each supervisor throughout the year.

Equitable procedures have been developed by the UCLA School of Medicine and are adhered to by the Resnick Neuropsychiatric Institute and Hospital for those rare instances when training performance does not meet professional standards. Please see Personnel Policies for Staff Members regarding management of interns with difficulty in the program for full text of the policy: UCLA GME ACADEMIC DUE PROCESS POLICY

Campus Safety and Transportation

This link provides information about campus safety programs and services:
https://www.transportation.ucla.edu/traffic-and-safety/campus-safety

Psychotherapy for Interns

Interns may receive psychotherapy at no fee or a very low fee from off-campus volunteer faculty. Many psychologists regard their experience in psychotherapy as important in their development as

psychologists, in addition to being useful personally. Please contact Jennifer Haydn-Jones if you are interested in this opportunity. Speaking with him and receiving therapy is entirely confidential.

Interns may also receive short-term therapy and medication management through the UCLA Behavioral Wellness Center. https://medschool.ucla.edu/bwc

Vacation

You have three weeks of vacation, which should be taken with careful consideration of impact on clinical services. You may take up to two weeks from one rotation, but preferably not the first or last week of a rotation. Please discuss vacation plans or travel plans with primary supervisors at the beginning of a rotation. You must arrange coverage for vacation days and contact the page operator to sign out your pager over to the covering person.

Sick Leave

You have 12 days of sick leave. You must let your primary supervisors know of your absence, arrange for coverage, and sign out your pager to the covering person.

Educational Leave

Interns are entitled to take five days of educational leave for workshops, to present papers or to attend meetings. Education leave may be taken at the discretion of the primary rotation supervisor as these are considered part of your internship training experience. You must arrange coverage for educational leave days and contact the page operator to sign your pager over to the covering person.

Internal Trainings

Interns are entitled to take three days for participation in UCLA trainings without utilizing vacation, sick or educational leave. This is at the discretion of the primary rotation supervisor, as these are considered part of your internship training experience. You must arrange coverage for internal training leave days and contact the page operator to sign your pager over to the covering person.

Educational Support Awards for Clinical Psychology Trainees

Interns are eligible to receive an annual allocation of $1000 to support educational advancement. The funds are to be awarded selectively to trainees who submit meritorious applications. Merit of applications will be determined by a committee of faculty, based on criteria including: (a) value to the trainee's educational development; (b) quality of the educational opportunity; (c) cost is reasonable given the educational opportunity.

Please refer to page 214 of the appendix at the end of the manual for additional information.

Benefits

As a staff, contract employee, interns are eligible for medical, dental and optometry coverage with the option for additional employee paid benefits. See here for benefits: ucresidentbenefits.com/uc-los-angeles Interns also accrue 15 days of vacation and 12 days of sick leave and will be contributing to an involuntary retirement plan (DCP) with the option of also enrolling in an additional, employee paid pre-tax retirement plans. For more details about the coverage, please visit http://atyourservice.ucop.edu/

If any injury occurs while at work, employees must go to Occupational Health (x56771), as well as reporting the injury to Human Resources (x50521). http://www.oirm.ucla.edu/workers-comp-fact-sheet.pdf

Professional Liability Insurance

Interns are considered employees of the University for the purposes of the California Tort Claims Act (Government Code section 825). Stated generally, the Regents provide legal representation and indemnification for University employees in all situations where a claimed act or omission occurs in the scope of the employee's employment and no actual fraud, corruption, or actual malice is found to have been involved. Amounts which may be payable by way of settlement of a claim or as the result of a judgment in a litigated matter are paid by the Regents or their insurance carrier. Trainees contacted by attorneys or others regarding malpractice suits are asked to immediately notify their supervisors and the Hospital Risk Coordinator who will coordinate the response on their behalf.

Moonlighting Policy

Moonlighting must be approved on a case-by-case basis with the intern's advisor and the training director to ensure the quality and safety of patient care, the quality of trainees' educational experience, and that trainees get adequate rest. Psychology Internship training is a full-time educational experience. Extramural paid activities (moonlighting) must not interfere with the intern's educational performance and/or clinical responsibilities. The policy can be found: https://uclahs.box.com/s/0h1rffdalrtmcq8wicngk1viovx619hr. The moonlighting request form can be found: https://uclahs.box.com/s/05ylhpsrvfyyfha5s2mrlfvtcfknzxzl.

Email Policy

There are specific policies regarding the use of email for communication of restricted information which must be referred to. Please see link for full text of the policy: http://compliance.uclahealth.org/workfiles/HS%20Policies/HS9453A-Use%20of%20Email%20in%20Communication%20of%20Restricted%20Information%20-%20rev%2020110331.pdf

SPOK Mobile Policy

You should be available by Spok mobile to receive pages on your mobile device Monday through Friday during business hours. Your outgoing message should reflect when you might be paged. You may be reached through the UCLA page operator at 310.825.6301, option #1.

Please arrange for coverage of pages when you are away. Please discuss issues related to coverage of pages with your supervisors.

https://it.uclahealth.org/guides/spok-mobile

Contact with Patients

Do not share home or cell phone numbers with patients and families or maintain contact post internship.

Dictation Service

Dictation services are available for notes, reports, and other documents in CareConnect.

Dictating
From hospital phone, dial #30 to access dictation system
From outside dial 1-310-794-2001
Pager number, #
Location code, #
Work Type, #
Patient MRN, #
To mark STAT, press * after you hear the beep.
To pause, press 1; to resume, press 2; to rewind, press 3.

Dictation Codes	
Location Codes	Work Type
1 = Westwood 2 = NPH 3 = Santa Monica	1 = Discharge Summary 3 = Inpatient Procedure Note 33 = Outpatient Procedure Note 4 = Inpatient Consultation 44 = Outpatient Consultation 5 = Inpatient H &P 55 = Outpatient H&P 7 = Inpatient Progress Note 77 = Outpatient Progress Note 9 = Transfer Summary 10 = Death Summary 95 = Goals of Care Note

Interpretation/Translation Service

Interpreter and translation services are available for Ronald Reagan UCLA Medical Center and the Resnick Neuropsychiatric Hospital. Details on ordering these services can be found through this link: https://www.uclahealth.org/interpreters/Workfiles/policy/Interpreter-Services-Policy-English.pdf

You can find more details on page 218 of the appendix at the end of this manual.

Medical Psychology Assessment Center (MPAC)

The Medical Psychology Assessment Center (MPAC) is situated in the C8-700 corridor of the Semel Institute and includes the Frances and Ivan Mensh Memorial Psychological Assessment Laboratory in the Semel Institute (Room C8-746). The laboratory carries a wide variety of psychodiagnostic and neuropsychological assessment materials as well as administration and scoring software for selected instruments. Please note that prior authorization from Dr. Patricia Walshaw, or the Chief Neuropsychology Fellow (Jackie Szajer, Ph.D.) is required in order to check out materials, all of which must be returned within 24 hours due to the high demand for their use.

Office of Education

LOCATION: Semel Institute Rm. 37-356
ADMINISTRATOR: Jewelle Dela Cruz

The Office of Education is responsible for providing information to students and faculty regarding the diverse aspects of the educational programs of the Semel Institute and the Department of Psychiatry and Biobehavioral Sciences.

The Annual Departmental Catalog is available on-line with descriptions of all educational programs and courses http://www.semel.ucla.edu/education/courses. Office staff are happy to assist individual students with inquiries regarding courses, faculty research interests and individual research projects.

Faculty evaluations of teaching and the departmental teaching awards are administered through this office.

Medical References/Libraries

The Mednet homepage link contains links to medical reference resources including PubMed: https://mednet.uclahealth.org/

The Biomedical Library, 12-077 CHS, serves the entire Center for Health Sciences. Library cards are issued at no cost upon presentation of your ID badge.

Telephones

On campus, you may call others on campus using the last 5 digits of a phone number. If you are paged to a 5-digit number and need to return the call from a cell or off campus phone, use these prefixes:

Telephone: (310) 79**4-xxxx (**310) 82**5-xxxx (**310) 20**6**-**xxxx (**310) 26**7-xxxx**

Faculty Roster

Telephone: (310) 79**4-xxxx** (310) 82**5-xxxx** (310) 20**6**-**xxxx** (310) 26**7-xxxx**

To find other faculty not listed here go to: http://directory.ucla.edu/

Faculty Name and Email	**Phone #**	**Clinic/Program**	**Research Area**
Asarnow, Joan jasarnow@mednet.ucla.edu	50408	Youth Stress & Mood Program, Director Child OCD, Anxiety, and Tic Disorder Clinic	Suicidal & Self-Harm Behavior- Moving Towards the Aspirational Goal of Zero Suicide; Child and Adolescent Depression; Trauma & Stress- National Child Traumatic Stress Center on Trauma-Informed Suicide & Self-Harm Treatment & Prevention; Integrated Medical-Behavioral Health Care; Intervention & Services Research.
Asarnow, Robert rasarnow@mednet.ucla.edu	50394	Pediatric Neuropsychology	Genetic linkage study of childhood onset schizophrenia; neurobehavioral sequelae of traumatic brain injury in children and adults: functional plasticity
Babikian, Talin tbabikian@mednet.ucla.edu	50983	Associate Director, UCLA BrainSPORT program Pediatric neuropsychology Pediatric brain injury	Pediatric brain injury, neuroimaging, sports related concussions, urea cycle disorders
Barenstein, Veronica vbarenstein@mednet.ucla.edu	51246	Family & Couples Therapy Training Program, Director	
Baweja, Shilpa sbaweja@mednet.ucla.edu	62883	Children's Friendship Program Parent Training Program	Peer victimization, Trauma interventions, Parenting techniques
Bearden, Carrie cbearden@mednet.ucla.edu	62983	Center for Assessment and Prevention of Prodromal States (CAPPS) Adolescent Brain-Behavior Research Clinic	Neurobiological precursors of adolescent serious mental illness; brain development in unique genetic high-risk populations

Best, Karin kbest@mednet.ucla.edu	62210	Infant Pre-School Service	Long term outcomes among psychiatrically hospitalized adolescents. Clinical interest: assessment and treatment of infants and preschool age children; application of evidence informed treatment is systems of care
Bilder, Robert rbilder@mednet.ucla.edu	59474	Director, Division of Psychology Director Adult/Lifespan Track of Neuropsychology Internship program Director, Neuropsychology Fellowship Program	Neuropsychology, neuroimaging, neurogenetics; biological bases of psychopathology; dimensional models of psychopathology
Bookheimer, Susan sbookheimer@mednet.ucla.edu	46386	Center for Cognitive Neurosciences Brain Imaging Lab	Neuropsychology; Neuroimaging; Wada testing and electrocorticography
Bursch, Brenda bbursch@mednet.ucla.edu	64985	Director, Pediatric Psychology Consultation Liaison Service	Complex chronic pain/somatic symptoms and disability; nonepileptic seizures; high utilizers of health care services; palliative care; grief; iatrogenic medical trauma; resilience and mental wellness among health care workers; Munchausen by Proxy.
Cagigas, Xavier E. xcagigas@mednet.ucla.edu	69326	Co-Director, Cultural Neuropsychology Program (CNP) Associate Director, Hispanic Neuropsychiatric Center of Excellence (HNCE)	Cultural Neuropsychology; Neurobehavioral Genetics; Bilingual/Spanish neuropsychological assessments; consultation on cultural/linguistic issues in neurocognition; Justice, Equity, Diversity & Inclusion (JEDI)
Chang, Susanna schang@mednet.ucla.edu	61040	Child OCD, Anxiety, and Tic Disorder Program	Neurocognitive correlates of child OCD, anxiety and Tics. Attention bias modification as novel treatment for anxiety and OCD.
Díaz-Santos, Mirella mdiazsantos@mednet.ucla.edu	40292	Research Director, Hispanic Neuropsychiatric Center of Excellence (HNCE)	Neuropsychology; Bilingual/Spanish neuropsychological assessments; Neuroimaging; Alzheimer's and Related Dementia; Caregiver support groups; Qualitative Research
DiStefano, Charlotte cdistefano@mednet.ucla.edu	58892	Child and Adult Neurodevelopmental (CAN) Clinic	Autism spectrum disorder; Intellectual Disability; Language development; Genetic disorders

Ellis, Alissa aellis@mednet.ucla.edu	50118	Director, thinkSMART® program Child and Adolescent Mood Disorders Program	Electrophysiological correlates of childhood psychiatric disorders, particularly mood disorders; reward and frustration processing; cognitive mechanisms associated with mood disorder vulnerability
Emerson, Natacha nemerson@mednet.ucla.edu	48416	Associate Director, Pediatric Psychology Consultation Liaison Service	Health psychology (hematology-oncology, endocrinology, pulmonology, and general pediatrics); adherence to medical treatments; iatrogenic medical trauma; family-centered and trauma-informed approaches to managing chronic illnesses; early childhood; health disparities.
Ercoli, Linda lercoli@mednet.ucla.edu	59208	Director, Psychological Services, Division of Geriatric Psychiatry	Neuropsychology, Neuroimaging and dementia risk. Cognitive Training
Hajal, Nastassia nhajal@mednet.ucla.edu	46073	Stress, Trauma and Resilience Clinic Assistant Director, Nathanson Family Resilience Center Early Childhood Care	Child and family traumatic stress; intergenerational transmission of trauma; family-centered intervention; early childhood emotional development; parent emotion regulation
Grantz, Caroline cgrantz@mednet.ucla.edu	57690	Child and Adult Neurodevelopmental (CAN) Clinic	Autism spectrum disorder; Neuropsychology; Transition-age youth
Gulsrud, Amanda agulsrud@mednet.ucla.edu	50575	Clinical Director, Child and Adult Neurodevelopmental Clinic	Early identification and treatment for children with ASD, specializing in the JASPER treatment and development.
Langley, Audra alangley@mednet.ucla.edu	42460	Director, UCLA TIES for Families Director of Training, Trauma Services Adaptation Center for Resiliency, Hope and Wellness in Schools Bounce Back- Elementary School Intervention for Childhood Trauma	Child traumatic stress; Inter-disciplinary approaches to supporting children and young people in foster care and adoption; Trauma and resiliency informed, child-welfare competent care training; Preplacement education and preparation for foster families; Prenatal substance exposure and adoption

Laugeson, Liz elaugeson@mednet.ucla.edu	73370	Director, UCLA PEERS Clinic Training Director, Tarjan Center UCEDD Program Director, Autism Center of Excellence	Evidence-based, parent-assisted social skills training for preschoolers, teens and young adults with autism, ADHD, depression, and/or anxiety.
Loo, Sandra sloo@mednet.ucla.edu	59204	Director, Pediatric Neuropsychology, Medical Psychology Assessment Clinic UCLA Genetic Studies of Attention Deficit Hyperactivity Disorder	Cognitive and electrophysiological correlates of childhood psychiatric disorders; Genetics of ADHD and Dyslexia
Lord, Catherine clord@mednet.ucla.edu	50364	CAN Clinic	how to make the diagnostic process meaningful for families and individuals with ASD across the lifespan from infants to adults, diverse trajectories and how to help families make decisions about treatments and educational services
Marlotte, Lauren lmarlotte@mednet.ucla.edu	40339	Family Stress, Trauma and Resilience (STAR) Clinic	Trauma, resilience, military Families, adolescent intervention, family prevention, school-based prevention, foster families
Marvin, Sarah smarvin@mednet.ucla.edu	69531	Child and Adolescent Mood Disorders Program Attending psychologist with the assessment and family therapy treatment teams	Early intervention in bipolar disorder and schizophrenia, family factors in mood disorders
McCurdy-McKinnon, Danyale dpmccurdy@mednet.ucla.edu	(405) 757-5379	Clinical Psychology Director of the UCLA Fit for Healthy Weight Clinic	Multidisciplinary pediatric obesity clinic
McDonald, Nicole nmcdonald@mednet.ucla.edu	58906	Child and Adult Neurodevelopmental (CAN) Clinic	Autism spectrum disorder; early developmental trajectories; infant sibling studies; infant brain imaging
Miklowitz, David dmiklowitz@mednet.ucla.edu	72659	Director of Child and Adolescent Mood Disorders Program Director of Integrative Study Center in Mood Disorders	Early intervention for youth with or at risk for bipolar disorder; controlled trials of family-focused treatment; mentalization-based therapy for youth with suicidality; mindfulness-based cognitive therapy

Miller, Karen kmiller@mednet.ucla.edu	72663	Director of Practicum Training Longevity Center Geriatric Evaluation Clinic Brain Boot Camp Memory Care	Preclinical markers of dementia, aging/memory, hormones and cognition, memory training and brain fitness
Mogil, Catherine cmogil@mednet.ucla.edu	43518	Family Stress, Trauma and Resilience (STAR) Clinic Family Development Program/NICU	Trauma, Resilience, Military Families, Early childhood intervention, family prevention, NICU, family-centered care
Motivala, Sarosh smotivala@mednet.ucla.edu	47305	Adult OCD Intensive Treatment & Research Program	Treatment efficacy, durability and clinical course of Obsessive-Compulsive Disorder
Nicassio, Perry pnicassio@mednet.ucla.edu	53141	Adult Outpatient Senior Research Scientist, Norman Cousins Center	Health Psychology/Behavioral Medicine
Nuechterlein, Keith keithn@ucla.edu	50036	Adult Outpatient Service Director Aftercare Research Program Director, Postdoctoral Clinical Research Training in Schizophrenia and Other Psychoses	Schizophrenia, with emphasis on role of neurocognitive, psychophysiological, and stress factors; interventions for initial period of schizophrenia
Orellana, Blanca borellana@mednet.ucla.edu	70407	Assistant Director, Family Stress, Trauma and Resilience (STAR) Clinic	Stress, Resilience, Family Prevention/Treatment of traumatic stress
Paley, Blair bpaley@mednet.ucla.edu	50092	Strategies for Enhancing Early Developmental Success	Early childhood, transition to parenthood, foster families, school readiness, prenatal alcohol exposure
Peris, Tara tperis@mednet.ucla.edu	44347	Co-Director, Child OCD, Anxiety, and Tic Disorders Program ABC Partial Hospitalization Program	Developmental psychopathology of youth anxiety and related disorders; treatment mechanisms; family-focused intervention.

Piacentini, John jpiacentini@mednet.ucla.edu	66649	Chief Psychologist, Child Division Director, Child OCD, Anxiety & Tic Disorder Program	Etiology & Treatment of Child OCD, Anxiety & Tics
Pike, Jennifer jpike@mednet.ucla.edu	52109	Adult Outpatient	Behavioral medicine, chronic pain, insomnia, and affective disorders in individuals with chronic co-morbid medical disorders
Renno, Patricia prenno@mednet.ucla.edu	50458	Child and Adult Neurodevelopmental (CAN) Clinic	Autism Spectrum Disorder; Anxiety; Cognitive Behavioral Therapy
Ricketts, Emily ericketts@mednet.ucla.edu		Child OCD, Anxiety, and Tic Disorders Program	Phenomenology and behavioral treatment of tic disorders, body-focused repetitive behavior disorders; sleep and circadian intervention
Sena, Rhonda rsena@mednet.ucla.edu	41587	Director of Internship Training Child & Adolescent Inpatient Service Adolescent Partial Hospitalization	
Strober, Michael mstrober@mednet.ucla.edu	55730	Director, Eating Disorders Program Senior Consultant, Pediatric Mood Disorders Program	The genetic epidemiology of eating disorders; neural circuit interactions predicting long-term outcome in anorexia nervosa; risk calculators in forecasting adult illness trajectories in childhood-onset of bipolar illness.
Suarez, Paola A. psuarez@mednet.ucla.edu	66067	Co-Director, Cultural Neuropsychology Program (CNP)	Neuropsychology; Bilingual/Spanish neuropsychological assessments; consultation on cultural/linguistic issues in neurocognition; Socially Responsible Neuropsychology (SRN)
Thames, April Athames@mednet.ucla.edu	52146	Adult Consultation Evaluation Service Associate Director, MPAC	
Thrasher, Delany ethrasher@mednet.ucla.edu	45300	Director of Neuropsychology & Operation Mend	Neuropsychological and Psychodiagnostic Assessment (peds and adults); Effects of psychiatric disturbances on cognition; Neuropsychological functioning in Epilepsy; Suicidal Behavior; Application of Evidence Based Practices in Community Mental Health settings.

Van Dyk, Kathleen kvandyk@mednet.ucla.edu	53181	Geriatric Psychology, Division of Geriatric Psychiatry	Neuropsychology, cognitive aging, cancer-related cognitive impairment
Walshaw, Patricia pwalshaw@mednet.ucla.edu	50257	Director, Neurobehavioral Epilepsy Program (NEP) Director of Clinical Services & Training, Medical Psychology Assessment Center (MPAC) Co-Director, Child and Adolescent Mood Disorders Program (CHAMP)	Juvenile Bipolar Disorder: using imaging/EEG techniques and neurocognitive measures to assess for biomarkers of psychopathology and neurological disease (bipolar disorder, ADHD, Tourette's, epilepsy, brain tumors)
Wellisch, David dwellisch@mednet.ucla.edu	50391	Chief Psychologist, Adult Division Adult Consultation Evaluation Service Revlon-UCLA Breast Clinic	Psycho-oncology Genetics & Cancer Women's Health Issues Forensic Psychology
Whitham, Cynthia cwhitham@mednet.ucla.edu	50215	Children's Friendship Program Parent Training Program	
Wyatt, Gail gwyatt@mednet.ucla.edu	50193	Sexual Health Program Center for Culture, Trauma, and Mental Health Disparities	Behavioral Interactions related to sexual risk taking, HIV risk reduction, sexual and physical socio-cultural assessment, and treatment Disparities in health, mental health, and screeners to assess the need to reduce symptoms of trauma, PTSD, and depression

Sample Evaluation Forms

Evaluation of Interns by Supervisors

2020-2021 Psychology Intern Competency Assessment Form

Trainee _____ Supervisor _____ July-Oct Nov-Feb Mar-Jun

Assessment Method(s) for Competencies

_____ Direct Observation
_____ Videotape
_____ Audiotape
_____ Case Presentation
_____ Review of Written Work
_____ Review of Raw Test Data
_____ Discussion of Clinical Interaction
_____ Comments from Other Staff

COMPETENCY RATING DESCRIPTIONS

N/A Not assessed during training experience
1 Below the expected level of our typical intern
2 At the expected level of our typical intern
3 Above the expected level of our typical intern

Goal1: Competence in Professional Conduct, Ethics and Legal Matters

Comments:

Objective: Professional Interpersonal Behavior
Professional and appropriate interactions with treatment teams, peers, and supervisors, seeks peer support as needed.

N/A 1 2 3

Objective: Uses Positive Coping Strategies
Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.

N/A 1 2 3

Objective: Professional Responsibility and Documentation
Responsible for key patient care tasks (e.g., phone calls, letters, case management), completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.

N/A 1 2 3

Objective: Efficiency and Time Management
Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.

N/A 1 2 3

OBJECTIVE: KNOWLEDGE OF ETHICS AND LAW
Demonstrates good knowledge of ethical principles and state law. Consistently applies these appropriately, seeking consultation as needed.

N/A 1 2 3

OBJECTIVE: ADMINISTRATIVE COMPETENCY
Demonstrates a growing ability to accomplish administrative tasks. Prioritizes appropriately. Shows a growing autonomy in management of larger administrative, research or clinical projects.

N/A 1 2 3

GOAL 2: COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY

Comments:

OBJECTIVE: PATIENT RAPPORT
Consistently achieves a good rapport with patients.

N/A 1 2 3

OBJECTIVE: SENSITIVITY TO PATIENT DIVERSITY
Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.

N/A 1 2 3

OBJECTIVE: AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND
Aware of own background and its impact on clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.

N/A 1 2 3

GOAL 3: COMPETENCE IN THEORIES AND METHODS OF PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT

Comments:

OBJECTIVE: DIAGNOSTIC SKILL
Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM multiaxial classification. Utilizes historical, interview and psychometric data to diagnose accurately.

N/A 1 2 3

OBJECTIVE: PSYCHOLOGICAL TEST SELECTION AND ADMINISTRATION
Promptly and proficiently administers tests. Appropriately chooses the tests to be administered.

N/A 1 2 3

OBJECTIVE: PSYCHOLOGICAL TEST INTERPRETATION
Interprets the results of psychological tests.

N/A 1 2 3

OBJECTIVE: ASSESSMENT WRITING SKILLS
Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.

N/A 1 2 3

OBJECTIVE: FEEDBACK REGARDING ASSESSMENT
Plans and carries out a feedback interview. Explains the test results in terms the patient and/or caregiver can understand, provides suitable recommendations, and responds to issues raised by patient or caregiver.

N/A 1 2 3

GOAL 4: COMPETENCE IN THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION

Comments:

OBJECTIVE: PATIENT RISK MANAGEMENT AND CONFIDENTIALITY
Effectively evaluates, manages, and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.

N/A 1 2 3

OBJECTIVE: CASE CONCEPTUALIZATION AND TREATMENT GOALS
Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.

N/A 1 2 3

OBJECTIVE: THERAPEUTIC INTERVENTIONS
Interventions are well-timed, effective, and consistent with empirically supported treatments.

N/A 1 2 3

OBJECTIVE: EFFECTIVE USE OF EMOTIONAL REACTIONS IN THERAPY (COUNTERTRANSFERENCE)
Understands and uses own emotional reactions to the patient productively in the treatment.

N/A 1 2 3

OBJECTIVE: GROUP THERAPY SKILLS AND PREPARATION
Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety, and confidentiality. If the group is psychoeducational, readies materials for group, and understands each session's goals and tasks.

N/A 1 2 3

GOAL 5: COMPETENCE IN SCHOLARLY INQUIRY AND APPLICATION OF CURRENT SCIENTIFIC KNOWLEDGE TO PRACTICE

Comments:

OBJECTIVE: SEEKS CURRENT SCIENTIFIC KNOWLEDGE
Displays necessary self-direction in gathering clinical and research information practice independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.

N/A 1 2 3

GOAL 6: COMPETENCE IN PROFESSIONAL CONSULTATION

Comments:

OBJECTIVE: CONSULTATION ASSESSMENT
Performs an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to answer the referral question.

N/A 1 2 3

OBJECTIVE: CONSULTATIVE GUIDANCE
Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods and principles.

N/A 1 2 3

GOAL 7: COMPETENCE IN SUPERVISION

Comments:

OBJECTIVE: SUPERVISORY SKILLS
Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Builds good rapport with supervisee.
.

N/A 1 2 3

AREAS OF ADDITIONAL DEVELOPMENT OR REMEDIATION

Comments:

TRAINEE COMMENTS REGARDING COMPETENCY EVALUATION (IF ANY):

Comments:

Evaluation of Teaching Activities: Supervisor

Evaluator: Evaluatee:
Date: Academic Year:
Rotation:

Teaching Activity:

Individual supervision; advisor/preceptor

Clinical rotation coordinator or ward/service chief

Hospital site:

The Department of Psychiatry and Biobehavioral Science is greatly interested in improving the quality of teaching. For each item, please choose the number which best describes the instructor listed above, based on the following scale:

1-3 = Not at all Descriptive
4 = Descriptive
5-7 = Very Descriptive
N/A = Not able to Assess

Has command of the subject; relates topics to other areas of knowledge.
Not At All Descriptive 1 2 3 Somewhat Descriptive 4 5 6 Very Descriptive 7 N/A

Presents material in organized, clear manner; summarizes major points; provides emphasis.
Not At All Descriptive 1 2 3 Somewhat Descriptive 4 5 6 Very Descriptive 7 N/A

Devotes appropriate amount of time and discussion to topic, given participant's level of education and training.
Not At All Descriptive 1 2 3 Somewhat Descriptive 4 5 6 Very Descriptive 7 N/A

Encourages questions, comments and discussion in an open and friendly manner.
Not At All Descriptive 1 2 3 Somewhat Descriptive 4 5 6 Very Descriptive 7 N/A

Enjoys teaching and is enthusiastic about the subject.
Not At All Descriptive 1 2 3 Somewhat Descriptive 4 5 6 Very Descriptive 7 N/A

Deeply interested in patient care; often makes contributions to their management.
Not At All Descriptive 1 2 3 Somewhat Descriptive 4 5 6 Very Descriptive 7 N/A

Possesses excellent clinical acumen.
Not At All Descriptive 1 2 3 Somewhat Descriptive 4 5 6 Very Descriptive 7 N/A

Is an excellent role model.
Not At All Descriptive 1 2 3 Somewhat Descriptive 4 5 6 Very Descriptive 7 N/A

Keeps appointments; punctual; doesn't leave early; attentive during supervision (for supervisors/preceptors).
Not At All Descriptive 1 2 3 Somewhat Descriptive 4 5 6 Very Descriptive 7 N/A

How does this teacher compare with other clinical teachers you have had at UCLA?

Among the very worst						**Among the very best**
1	2	3	4	5	6	7

Comments:
_____
_____
_____

Evaluator Signature: _____

Evaluation of Teaching Activities: Lecture

Evaluator:
Evaluation of:
Date:

1. The learning objectives for this lecture were clearly stated and met.*

1	2	3	4	5
Strongly Disagree				Strongly Agree

2. This lecture contributed to my knowledge, skills, and/ or attitudes on the subject.*

1	2	3	4	5
Strongly Disagree				Strongly Agree

3. This lecturer was engaging and knowledgeable on the topic.*

1	2	3	4	5
Strongly Disagree				Strongly Agree

4. This lecture discussed relevant issues of race, culture, and/or disparities.*

1	2	3	4	5
Strongly Disagree				Strongly Agree

5. Please comment specifically on what made this lecture effective:
(e.g. use of cases, interaction with learners, presentation of data, relevance to my practice, small group activity, skills building exercises, etc.) *

6. Please comment specifically on what would make this lecture better:
(e.g. simplifying PowerPoint slides, limiting content to fit timeframe, use of cases, interaction with learners, small group activity, skills building exercises, etc.) *

Tri-Annual Evaluation Form

Rating Period (circle one)

July-Oct **Nov-Feb** **Mar-June**

Please rate your experience of your internship training using the scale provided below.

Rating Scale

5—outstanding
4—very good
3—average, typical level
2—below expected level
1—very poor
n/a—not applicable

Area of Evaluation

_____Individual Therapy

_____Group Therapy

_____Family Therapy

_____Assessment

_____Testing

_____Consultation

_____Training and Supervision regarding individual and cultural diversity

_____Case Management

_____Didactics

Comments:

_____
_____
_____

Supervision and Training

_____Individual Supervision

_____Group Supervision

_____Seminars

_____Treatment Rounds/Treatment Planning

_____Clinics

_____Training and supervision regarding individual and cultural diversity

Comments:

_____
_____
_____

Professional and Ethical Issues

_____Adherence to APA ethical guidelines

_____Collaboration between faculty, staff, and team members

_____Commitment towards meeting the needs of patients

_____Awareness of cultural and individual differences

Comments:

_____
_____
_____

Training Environment

_____Commitment to training

_____Responsiveness to personal and individual training needs

_____Accessibility of faculty and staff for supervision and consultation

_____Training is not subordinate to service

_____Breadth of experience

_____Depth of experience

_____Atmosphere of intellectual stimulation and professional growth

_____Presence of good role models

Comments:

_____
_____
_____

Recommendations:

_____
_____
_____

How would you rate the training program overall with regard to helping prepare you as a psychologist?

Excellent Above Average Average Below Average Poor

Additional Comments:

_____
_____
_____

Major Rotation Evaluation

UCLA - Semel Institute Psychology Internship Program	
2020-2021 Internship Major Rotation Evaluation	

What follows is a list of the major rotations offered during internship year. Please rank each major rotation you participated in on the following scale: **5 – Outstanding** **4 – Very good** **3 – Average, typical level** **2 – Below expected level** **1 - Very poor**	**Rating**
Please provide feedback, positive or negative, in addition to your rankings, in the line **below**. (**Expand space to as much as you need**)	
MAJOR ROTATION	**1 - 5**
ABC Program	
Adolescent Partial Hospitalization Program	
Adult Consultation-Liaison	
Aftercare Program	

Center for the Assessment and Prevention of Prodromal States (CAPPS)	
Child & Adolescent Inpatient Service	
Child and Adult Neurodevelopmental Clinic (CAN)	
Hispanic Neuropsychiatric Center of Excellence – Cultural Neuropsychology Program (HNCE-CNP)	
Geropsychology Service	
Medical Psychology Assessment Center (MPAC)	

Pediatric Consultation-Liaison Service	
Stress, Trauma and Resilience Clinic (STAR)	

Clinic Elective Evaluation

UCLA - Semel Institute Psychology Internship Program	
2020-2021 Internship Clinic Evaluation	

What follows is a list of the clinics offered during internship year. Please rank each program you participated in on the following scale: **5 – Outstanding** **4 – Very good** **3 – Average, typical level** **2 – Below expected level** **1 -Very poor**	**Rating**
Please provide feedback, positive or negative, in addition to your rankings, in the line **below**. (**Expand space to as much as you need**)	
CLINIC NAME	**1 - 5**
Adolescent Medicine Clinic	
Adult OCD Intensive Treatment & Research Program	
Assessment & Treatment of African-American Families	
Behavioral Intervention for Anxiety in Children with Autism (BIACA)	
Brain Boot Camp	
Child & Adolescent Mood Disorder Program (CHAMP)	
Child OCD, Anxiety & Tic Disorders Program	
Geriatric Psychotherapy Groups	
Infant & Preschool Clinic	
Neurobehavior Clinic and Conference	
Neurobehavioral Epilepsy Clinic	
OCD IOP Clinic	
Parent Training Program	
PEERS Clinic – Caregiver-Assisted Social Skills Training for Young Adults	
PEERS Clinic – Parent-Assisted Social Skills Training	

Psychosis Clinic	
Residents Psychotherapy Clinic for Interns	
Sexual Health Program	
Spanish Language Caregiver Support Group	
Telephonic Caregiver Support Groups	
Youth Stress & Mood Program (YSAM)	
OTHER	
OTHER	

Internship Follow Up Questionnaire

SEMEL INSTITUTE INTERNSHIP PROGRAM

UNIVERSITY OF CALIFORNIA, LOS ANGELES

INTERNSHIP FOLLOW-UP QUESTIONNAIRE

Internship Track: _____

Name: _____

Preferred Email: _____

Date: _____

I. Internship Evaluation:

5 - Excellent
4 - Above Expectations
3 - Adequate
2 - Below Expectations
1 - Poor

Please evaluate the quality of your internship on the following:

A. Breadth of experience _____
B. Depth of experience _____
C. Overall quality of experience _____
D. Preparation for your current employment _____
E. Major Rotation _____
F. Electives _____
G. Didactics related to your major rotation _____
H. Interns' Seminar _____
I. Other didactic offerings _____

COMMENTS:

II. In addressing the following aspects of your internship experience, please select the appropriate numbers:

5 - Strongly Agree
4 - Agree
3 - Neutral
2 - Disagree
1 -Strongly Disagree

A. The supervision I received was of good quality. _____
B. I received a sufficient amount of supervision. _____
C. Considerations related to culture, race and individual diversity were addressed in supervision. _____
D. Considerations related to culture, race and individual diversity were addressed in didactics. _____
E. Ethical considerations were addressed in clinical care and didactics. _____
F. Training did not seem subordinate to service delivery. _____
G. I found sufficient opportunity for professional development. _____
H. I received educative and emotional support in my search for post-internship employment. _____

COMMENTS:

III. Employment

Licensed as a Psychologist: _____

What was your initial post -internship employment?

Job Title: _____

Initial Post-Internship Employment Setting:

_____

What is your current employment?

Job Title: _____

Employment Setting:

_____

Job Description:

IV. What experience in your internship aided you in obtaining post-internship employment?

V.

A. Please describe the most satisfying, most worthwhile aspects of the program.

B.Please describe the most frustrating, least satisfying aspects of the program.

C. What suggestions do you have for improvement of the internship training program?

VI. Additional Comments:

Appendix

UCLA Health

Effective Date:	*2/1/1977*
Review Date:	*3/25/2020*
Revised Date:	*3/25/2020*
Next Review:	*3/25/2023*
Owner:	*Derek Hoppe: Mgr*
Policy Area:	*Care of Patients*
Reference Tags:	*Lippincott*
Applicability:	*Ronald Reagan, Santa Monica, & Ambulatory Care*

Child Abuse - Management and Reporting of Suspected Cases, HS 1303

PURPOSE

To specify the procedures which fulfill the legal and Hospital requirements for reporting cases of actual or suspected child abuse and/or neglect.

POLICY

COPY

1. **CHILD ABUSE DEFINITIONS:**
   A. "Child" means a person under the age of 18 years.
   B. "Child abuse" is defined as any act or omission that endangers or impairs a child's physical or emotional health and development. Child abuse which is required to be reported includes:
      1. Physical injury or death inflicted by other than accidental means.
      2. Sexual assault on, or the sexual exploitation of, a child (Refer to HS 1303.1).
      3. Willfully causes or permits a child to suffer or inflicts unjustifiable physical pain or mental suffering or unjustifiable punishment (including permitting the health of a child to be endangered).
      4. Unlawful corporal punishment or injury—willful infliction of cruel or inhuman corporal punishment or injury resulting in a traumatic condition.
      5. Severe neglect—failure to protect from severe malnutrition or medically diagnosed non-organic failure-to-thrive or willfully causing or permitting child to be in situation such that their person or health is endangered. Includes intentional failure to provide adequate food, clothing, shelter, or medical care.
         General neglect-- failure to provide adequate food, clothing, shelter, medical care, or supervision where no physical injury has occurred
         The fact that a child is homeless or classified as an unaccompanied youth (Section 11434a of federal McKinney-Vento Homeless Assistance Act) is not, in and of itself, sufficient basis for reporting child abuse/neglect.
      6. Abuse and neglect in out-of-home care
   C. Suspected endangerment of an infant due to prenatal drug/alcohol exposure concomitant with other risk factors as per California Penal Code Sections 11165.8 and 11165.13. (See Medical Center

Policy, *"Suspected Child Abuse and/or Neglect – Newborn Drug /Alcohol Related Situations".*

D. Emotional abuse—knowledge of or reasonable suspicion that a child is suffering serious emotional damage or is at substantial risk of suffering serious emotional damage, evidenced by states of being or behavior such as severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others may be reported.

E. "Reasonable suspicion" means that it is objectively reasonable for a person to entertain *such* a suspicion, based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his or her training and experience, to suspect child abuse or neglect. "Reasonable suspicion" does not require certainty or a specific medical indication of child abuse or neglect.

F. UCLA SCAN (Suspected Child Abuse and Neglect) Team—Multidisciplinary team that provides case consultation and review to ensure children are protected, mandated reporting responsibilities are met, and appropriate evaluation and case management strategies are employed.
SCAN Referral/Consultation

1. The UCLA SCAN On-Call Consultant is available 24 hours a day to provide phone consultation in cases regarding suspected child abuse or neglect or the health care provider is concerned but unsure whether the situation meets a reporting threshold (See Appendix I). The SCAN On-Call Consultant can be reached through the Medical Center page operator (310-206-6766) or by paging the SCAN beeper #96672.

G. Hospital Holds

1. Police Hold-- is a form or written statement provided to the hospital by a law enforcement agency when it has been determined by police that it is unsafe to return the child to the custody of his or her parent(s) or guardian(s). In this case, the child cannot be legally discharged without authorization of the appropriate police agency. Police Holds are placed on victims of physical or sexual abuse or severe neglect.

2. DCFS Hospital Hold (DCFS Form 164)—is a form issued to the hospital by the Department of Children and Family Services (county child protective services agency) when DCFS has responded to a report and has determined that child is at immediate risk of serious physical harm, sexual abuse, or physical abuse if released to the parent. The child cannot be legally discharged to the parent(s) or guardian(s) unless DCFS provides a written release of the Hospital Hold.

3. If a DCFS Hospital Hold or Police Hold is actively in place and there is an attempt to remove the child from hospital premises then the staff should contact Hospital security and UCPD immediately. Interventions by the hospital staff to delay or stop the removal of the child should only be considered if the safety of other patients, patient families, visitors and hospital staff themselves can be ensured.

4. Medical Incapacity Holds (HS 1491) pertain only to adult patients. Similarly, Medical Detainment orders do not apply to situations in which the child is a suspected victim of abuse or neglect and the parent wishes to remove the child from care AMA (HS 0311 AMA). In these situations the SCAN Team On Call Consultant and Social Worker should be paged immediately.

2. **LEGAL REQUIREMENTS**

A. Any health practitioner, child care custodian or child protective agency employee must report to a child protective service agency, all cases of reasonably suspected child abuse which he or she has knowledge of or observed in his or her professional capacity. "Health practitioner" includes medical

COPY

examiners who perform autopsies and others licensed under Division 2, Section 500, of the Business and Professions Code. Non-medical practitioners and social workers are also mandated reporters.

B. This report must be made immediately by telephone to Child Protective Hotline (CPH) and form SS8572 (Suspected Child Abuse Report/SCAR) must also be sent: in writing or on-line submission within 36 hours. Documentation within the Electronic Medical Record (EMR) shall include the child welfare agency's applicable tracking process (i.e. name and/or referral number) along with the name of the contact person, date and time for reference and validation.

   a. Los Angeles County: For telephonic/written reports documentation of the 19-digit referral number in the the EMR is necessary along with the name of the person contacted, date and time. If utilizing the on-line submission process, print a PDF copy of the report and subsequently obtain and document the 16-digit tracking number for inclusion prior to scanning into the EMR.

C. The Mandated reporter may also include the report any non-priviledged documentary evidence relating to the the incident. (See 3c. Reports).

D. After a telephonic report of physical abuse to CPH, if the child is considered to be at imminent risk, contact Law Enforcement (LE) agency who has jurisdiction for where the alleged crime occurred. Additionally a contact to University of California Police Department (UCPD) will be made. Documentation of LE's applicable tracking process shall be included into the EMR.

E. Follow-up regarding completion of SS 8572 an inclusion into the EMR shall be coordinated by the weekly on-call SCAN social worker, SCAN team coordinator, and/or SCAN team medical director.

F. The Emergency Department (ED) social worker, Pediatric Hospitalist, ED physician, on-call SCAN social worker and/or SCAN medical director shall communicate the CPH safety plan and ensure CPH and/or LE have been contacted accordingly prior to discharge regarding disposition.

G. Any person who fails to report as required is guilty of a misdemeanor punishable by 6 months in jail or $1,000.00 fine or both.

H. No health care practitioner/reporter shall be civilly or criminally liable for reporting a suspected instance of child abuse.

I. No supervisor or administrator may impede or inhibit reporting, and no person making such report shall be subject to any sanction for making such report. To the extent that any person obligated to report believes there is an impediment to reporting, he or she should immediately bring this to the attention of the Risk Management Department (310-794-3500) and/or the Chief Compliance Officer (310-794-6763), or if he/she is unavailable, or after hours, the Administrator On-Call by contacting the page operator.

J. Skeletal X-rays and photographs of the child may be taken without the consent of the child's parent or guardian only for purposes of diagnosing the case as one of possible child abuse and for determining the extent of such child abuse. This information can be given only to those persons authorized to receive it. Photographs are best obtained by utilizing the EPIC Haiku app on an encrypted and secured mobile device which will automatically transmit the images into the patient's chart within CareConnect

3. **SUSPECTED CHILD ABUSE PROTOCOL**

A. All Ronald Reagan UCLA Medical Center and Santa Monica UCLA Medical Center personnel should be attentive to the possibility of abuse, neglect, or any indication of maltreatment of a minor (refer to Appendix I for Child Abuse Danger Signals).

   1. Notify the Clinical Social Worker

COPY

2. Ensure the SCAN Team On Call Consultant is notified by directly paging 96672 or through the Page Operator at 310-206-6766.

B. In cases where a report was filed by another hospital and the child was subsequently transferred to a UCLA Health facility, UCLA personnel are required to (also) make a report if they have reasonable suspicion of abuse/neglect.

C. The specific responsibilities of Medical Center personnel with suspected abuse/neglect cases are outlined in the Action Guidelines section of this policy.

D. The privacy of the child and the family should be protected. Access to information concerning abused or neglected children should be limited to only those persons directly involved in the case, or otherwise authorized by statute.

E. Refer to HS Policy 1303.1 regarding suspected child sexual abuse cases and HS policy 1303.2 regarding newborn drug/alcohol related cases.

F. Suspected Child Abuse & Neglect (SCAN) Team

The SCAN team, including medical director or designee, will meet regularly to ensure all mandated reporting requirements are completed.

SCAN Team On Call Consultant's Responsibility

The SCAN Team On-Call Consultant assists in case management, providing guidance regarding reporting of suspected child abuse or neglect cases. The SCAN Team On-Call Consultant will review the case with the assigned social worker and/or other referral source and together formulate a plan on how to proceed with the case. When there is not an assigned social worker, the SCAN Team On-Call Consultant is available for phone consultation.

SCAN Team Medical Director Responsibility

The SCAN Team Medical Director's role includes medical/forensic consultation in cases of suspected child abuse or neglect. S/he provides medical evaluation and recommendations for additional tests and studies, assists the Primary Medical Team in case management, and facilitates communication between the Medical Center with DCFS and police with regards to medical results.

A. Reports

1. **Telephone Report**
   Known or suspected instances of child abuse shall be reported to a child protection agency immediately or as soon as practically possible by telephone. The SCAN Team On Call Consultant provides guidance on filing the report and contacting the appropriate child protection agency(s). **The Los Angeles County Child** Protection Hotline (800) 540-4000 is contacted for families residing within the county. Contact numbers for outside counties can be obtained from http://www.cdss.ca.gov/Reporting/Report-Abuse/Child-Protective-Services/Report-Child-Abuse. UCPD will facilitate law enforcement reporting for suspected sexual abuse and physical abuse cases.

2. **Suspected Child Abuse Report Form**
   The California Department of Justice Form Suspected Child Abuse Report *SS* BCIA 8572 must be completed within 36 hours after abuse is suspected. This form is to be completed by the reporting party or by the Clinical Social Worker, when involved. When reporting to the LA County Hotline, the mandated reporter has the option of completing the report form on line through the secure link on the DCFS website for mandated reporters at https://mandrepla.org. The report form for all counties is available at https://oag.ca.gov/childabuse/forms. Scroll down the page to "Suspected Child Abuse Report Form and select Form BCIA 8572, pdf and the instructions link.

COPY

3. **Medical Report - Suspected Child Physical Abuse and Neglect Form**
   When a medical evaluation has been performed on a suspected physical child abuse case, the Cal OES Form 2-900: Medical Report: Suspected Child Physical Abuse and Neglect Examination should be completed within 36 hours after abuse is suspected, and forwarded with Form 11166 PC. The Form 2-900 is usually completed by the physician. However, it may be completed by other appropriate medical or professional personnel involved with the case.
   The report form and instructions, are available online at https://www.ccfmtcorgforensic-medical-examination-forms/

4. The person or department completing any of the report forms shall complete the UCLA Healthcare Report of Mandatory Disclosure of PHI (Form ID# 10468 on the Forms Portal) and forward it to the Privacy Management Office.

5. **Distribution of Report Forms**
   The completed written report forms are given to the investigating agency(s) and a copy to the SCAN Team Coordinator in the Department of Care Coordination and Clinical Social Work. This department is responsible for distributing appropriate copies to the SCAN Team Medical Director and medical record. These records are to be CONFIDENTIAL and must not be disclosed to anyone except as necessary to report cases of suspected abuse as described in this policy.

B. **ACTION GUIDELINES**

A. If Medical Center personnel suspect a child is in imminent danger or harm, the physician, nurse and/or social worker taking care of the child should contact the Medical Center Security Supervisor to advise him/her of the potential harm to the child. A discussion should take place between the contacting party and Security to determine the appropriate response from Security, such as remaining with the child or in the Department, or notifying UCPD.

B. Any staff member concerned that a child may be a victim of child abuse/neglect should contact the social worker for the service *or* and ensure that the SCAN Team On Call Consultant is notified. (After hours, on weekends and holidays, contact the Page Operator for the Social Worker on duty.)

C. Physician (Dentist/Optometrist when applicable) Responsibility
   When child abuse or neglect is suspected, the physician/dentist should contact the SCAN Team Medical Director for consultation through the SCAN Team On Call Consultant on pager #96672. The Pediatric Hospitalist will also be contacted if the patient is in the ED.
   The physician/dentist is responsible for the following unless directed otherwise:

   1. Obtaining a detailed history from the child's parent(s) or caretaker(s) and the child;
   2. Examining the child after consulting with the SCAN Medical Director for guidance;
   3. Charting carefully and accurately the following: the location and description of all injuries, pertinent details concerning the injury, neglect, or sexual abuse such as time, place, sequence of events, people present;
   4. Ordering laboratory tests and radiologic procedures as indicated (refer to **Appendix I** for tests/studies).
   5. Ordering consults as indicated, such as pediatric hospitalist, ophthalmology, psychiatry, neurology, hematology, dentistry, child development, child life
   6. Informing the parent(s) or caretaker(s) of the medical evaluation of suspected child abuse and neglect unless the child or you or others would be endangered as a result of the disclosure or if it is decided for other reasons that it is not in the best interest of the child or family. Notification

COPY

of the parents can potentially increase risk to the child in some circumstances. The SCAN Consultant and SCAN Medical Director can offer guidance in this risk assessment and communication with the parents regarding the evaluation, any reporting, and follow-up contacts.

7. Completing Form BCIA 8572 Suspected Child Abuse Report within 36 hours after abuse is suspected. (The clinical social worker, if available, may complete this form.)
8. When injuries are believed to have been caused by abuse or neglect, and a physical examination is conducted, complete Form OES 2-900: Medical Report of Suspected Child Abuse within 36 hours after abuse is suspected;
9. When sexual abuse is suspected refer to Policy 1303.1 Child Sexual Abuse - Management and Reporting of Suspected Cases
10. When appropriate, recommending to DCFS and/or law enforcement that the child's siblings receive an appropriate medical evaluation.
11. Continuing, when possible, to provide medical follow-up or arranging for alternative on-going medical care for the patient.

D. Nursing Staff*s* Responsibility

1. The nursing staff must act to protect the patient for whom the Medical Center has assumed responsibility.
2. When notified that a hospitalized pediatric patient has been placed on a DCFS/Police Hospital Hold due to child abuse allegations, the Nurse Manager will consult with the SCAN Team On Call Consultant, the assigned Clinical Social Worker, and Security, regarding the level and type of supervision needed for the specific case. This may include the assignment of a Clinical Care Partner or Continuous Observation Aide (COA) and/or changing location on the ward. Whenever possible admitted infants/children on Hospital Holds should have a Pediatric Security Sensor placed in order to monitor and ensure patient safety.
3. Infants and children on Hospital Holds must be accompanied by staff whenever they leave the unit.
4. If the parent(s) or caretaker(s) attempts to remove a child who is on a Hold from the Medical Center, the nursing staff should notify the attending physician, Medical Center Security UCLA Police Department (Dial 911 for an emergency) and the SCAN On Call Consultant. If child is missing from the Pediatric unit, call Code Purple. If a newborn is missing from the nursery or NICU, call Code Pink.
5. All significant nursing findings and recommendations related to the child's condition and treatment, and family/caretaker interaction should be recorded objectively in the medical record. These should include any person(s) who accompany and/or visit the child, frequency of visits, and the child's reaction and behavior during and after such visits.

E. UCLA Police Department's Responsibility

When child abuse or neglect is suspected, the UCLA Police Department is responsible for the following:

1. Responding to referrals from physicians, nurses, or other Medical Center personnel in suspected cases of child abuse and neglect
2. Acting as the official referral agency for reporting child abuse and neglect when outside law enforcement is not already involved;

COPY

3. Responding at the Medical Center when requested to make a preliminary investigation of the suspected child abuse and neglect cases; and appearing at the Medical Center for all cases of suspected child sexual abuse;
4. Immediately photographing bruises, burns, or other suspicious injury;
5. Contacting, and acting as the liaison with appropriate law enforcement agencies responsible for follow-up action.

F. Clinical Social Work Staff's Responsibility
The social worker is responsible for:

1. Interviewing the parent(s) or guardian(s) or other caregivers who bring the child to the ED, clinic, or hospital, and patient for psychosocial assessment.
2. Consulting with other professionals involved in the evaluation of the case
3. Making the required suspected child abuse/neglect phone report and written reports unless another member of the team is designated on the particular case.
4. Ensuring that the Attending physician, Charge RN, Security and SCAN Team On Call Consultant are informed when a child has been placed on a Hospital Hold. Ensures that the Hold is placed in the child's record.
5. Coordinating with the family, Hospital personnel, SCAN Team consultant and the child protection agencies
6. Recording immediately all pertinent findings in the medical record; providing completed BCIA 8572 Suspected Child Abuse Report Form and other related documents such as Hospital Holds or court orders to the SCAN On Call Consultant and providing the Report of Mandatory Disclosure of PHI Form to the Privacy Management Office
7. Arranging and coordinating the discharge conference, as needed, to involve the appropriate persons in planning the discharge of the child from the Hospital and the follow-up care

G. Volunteers Responsibility
Volunteers whose duties require direct contact and supervision of children are encouraged to obtain training in the identification and reporting of child abuse.

COPY

FORMS

OES Form 2-900 Medical Report: Suspected Child Physical Abuse and Neglect Examination

California Department of Justice Form Suspected Child Abuse Report Form BCIA 8572.

Report of Mandatory Disclosure of PHI Form ID # 10468

REFERENCES

California Penal Codes, Sections 220, 243.4, 261, 261.5, 264.1, 266c, 273a, 273d, 285, 286, 288, 288a, 289, 647a, 664, 11165, 11166, 11167, 11168, 11169, 11170, 11171, 11172, 11174, 13823.5, 13823.11.

California Welfare & Institutions Code, Section 300, Civil Code 34.9

California Business and Professions Code, Section 500.

UCLA Medical Center Policy HS 1303.1, *Management of Suspected Child Sexual Abuse Cases*

REVISION HISTORY

Effective Date:	February 1, 1977
Review Date:	May 1, 1981, March 1, 1986, June 1, 1988, 1989, 1990, 1991, March 1,1992, May 1, 1993, July 1, 1994; April 6, 1998; January 25, 2001, May 1, 2004, April 27, 2005, October 31, 2007, July 24, 2013
Revised Date:	June 23, 2005, November 29, 2007, March 2008, August 30, 2013 (systemized).

APPENDIX I

CHILD ABUSE WARNING SIGNALS OR INDICATORS

COPY

I. Characteristic features observed in cases of child abuse and/or neglect may help alert physicians and other hospital personnel to possible occurrences. It is important to remember that often it is not one or more symptoms or facts, but certain combinations of them that lead to a determination of child abuse in a particular case.

II. The infliction of injury, rather than the degree of that injury, is the determinant for intervention. According to researchers in the field, there is a 50 percent chance that a parent or caretaker who begins inflicting minor injuries will go on to severe or fatal injury of the child. Therefore, detecting initially inflicted small injuries and intervening with preventive action, may save a child from future permanent harm or death.

III. Observation of family dynamics is important during the evaluation process. However, it is equally important to be cognizant of one's own personal biases and preconceived notions as to the appearance and/or behavior of a potential perpetrator. Child abuse and neglect occurs in all cultures, races, ethnic groups, and socioeconomic classes. When deciding whether to make a report to the child abuse hotline or request consultation from the SCAN Team, **it is critical to focus on objective findings such as an unexplained injury in a young, non- mobile infant. Subjective observations such as the caregiver/ family appearing "nice", well-to-do, or extremely cooperative, are NOT reasons to defer consultation with the SCAN Team** . Understanding the plausibility of a given mechanism as to having caused a child's injury is often challenging and not straight forward. An assessment of the particular child's developmental capabilities is an important factor.
**** Any child ≤ 1 year of age with trauma to the head, chest, abdomen or skeleton without independent eyewitnesses to the alleged incident (excluding family members) or those without an objective mechanism to explain the injury (i.e. motor vehicle accident (MVA) or MVA versus pedestrian accident) should require at a minimum consultation with the SCAN Team.****

IV. CHIEF COMPLAINT

   A. suspicious trauma, wound, or injury

   B. ingestion of dangerous drugs, food, or poisons such as a cleaning fluid

V. HISTORY

A. repeated injuries

B. repeated ingestion of dangerous drugs, food or poisons

C. child being described as "accident prone"

VI. AGE

A. Children ≤ 4 years of age, and especially ≤ 6 months of age are at highest risk for death from child abuse and neglect.

VII. SUSPICIOUS FACTORS

A. a major discrepancy between the type and degree of injury and the explanation given for it

B. unreasonable delay in seeking treatment

C. unnecessarily late night arrival at the hospital

D. travel to the hospital from an unusual distance, when medical help is available nearer the patient's home

E. bringing the child to the hospital for unneeded treatment (as a disguised plea for help with fears of potential child abuse)

VIII. PHYSICAL EXAMINATION EVIDENCE

A. unexplained bruises, swelling, burns, fractures, abrasions

B. multiple injuries in various stages of healing

C. injuries on several surfaces of the body

D. injuries normally hidden by clothing

E. injuries reflecting the outline of an object or mode of infliction

F. head injuries with subdural hematomas and retinal hemorrhages

G. injuries difficult or impossible to self-inflict

H. evidence of old trauma

I. signs of dehydration, malnutrition, or unexplained failure to thrive

J. signs of hygienic or medical neglect.

K. signs of sexual abuse

L. evidence of fabrication of child's symptoms of illness

IX. SKELETAL SURVEY

A. A complete skeletal survey should be ordered for all children ≤ 2 years of age who present with injuries suspicious for physical abuse. Between 2-5 years of age a skeletal survey should be considered and consultation with SCAN Team Medical Director may assist in the decision-making process.

B. High Specificity Fractures

1. Classic Metaphyseal Lesions

a. Avulsion

b. Bucket-Handle

c. Corner chip

COPY

2. Posterior rib fractures
3. Sternum
4. Scapular
5. Spinous process

C. Moderate Specificity Fractures
1. Multiple fractures
2. Fractures of differing ages
3. Epiphyseal separations
4. Vertebral body
5. Digits
6. Complex skull fractures
a. Depressed
b. Multiple
c. Comminuted
d. Fractures crossing suture lines
e. Non-parietal skull fractures
f. Diastatic, wide

D. Low Specificity Fractures
1. Clavicular
2. Long bone shaft (in an ambulatory child)
3. Simple linear parietal skull fracture

X. ADDITIONAL TESTS AND STUDIES TO CONSIDER

A. Head Computed Tomography (CT) Scan to rule out intracranial bleeds.

B. Magnetic Resonance Imaging (MRI) to rule out small intracranial bleeds missed on CT, diffuse axonal injuries, shearing injuries.

C. Ophthalmology consult to rule out retinal hemorrhages concerning for abusive head trauma.

D. Three-dimensional reconstruction of the head CT to further assess complex skull fractures.

E. Laboratory studies: Blood and urine tests
1. Complete blood count with differential and platelet count
2. Coagulation panel for those presenting with bruises and/or intracranial bleeds, gastrointestinal bleeds, etc...
3. Liver function tests and lipase to rule out potential intraabdominal injury requiring an Abdominal CT scan
4. Urine toxicology screen and/or serum alcohol level to rule out potential drug ingestion

F. Photography
1. If overt physical injuries are noted the SCAN Team Medical Director should be notified

COPY

immediately in order to obtain photographic documentation in a timely manner. Photographs can also be obtained by Law Enforcement (i.e. Los Angeles Police Department (LAPD); UCLA Police Department (UCPD)) or by the hospital staff by utilizing the EPIC Haiku app on an encrypted and secured mobile device which will automatically transmit the images into the patient's chart within CareConnect. If photographs are taken by the hospital staff the SCAN Team Medical Director should be notified and those images transmitted for further evaluation

XI. FAMILY HISTORY

A. irritation with personal characteristics of the abused child (e.g., the child is mischievous, hyperactive, sickly)

B. negative parental attitudes toward patient (the child is seen as unwanted, unrewarding, or demanding too much of the adult(s))

C. inadequate supervision of the child

D. unrealistic expectations of and demands on the child

E. distorted concepts of the nature and limits of discipline (over-punishment is a common form of inflicted physical injury)

F. questionable trauma, hospitalizations or deaths among siblings

G. mental illness; drug or alcohol abuse

H. physical illness or death in the family

I. parents having been abused or deprived in childhood

J. partner abuse

K. absence of supportive partner relationship; separation or divorce

L. disagreement among adults in household on child-rearing concepts

M. recent tensions or crises in the home

N. long-standing social isolation of parents

O. unavailability of help during times of stress

P. job instability of primary wage earner

Q. income consistently inadequate for family needs

XII. Further clues may be obtained from the SOURCES OF INFORMATION. However, whether the informant is the parent, another adult, a sibling, or the patient, it is important to evaluate the informant as well as the information provided. Interviews with parents, the child and siblings should be conducted separately whenever possible.

XIII. ADULTS

A. manner of responding to questions (defensiveness, abusiveness, denial, vagueness, loss of emotional control)

B. emotional reaction and overt behavior inappropriate to the situation

C. concern focused primarily on the adult's needs and problems rather than the child's

D. possible intoxication

E. verbalization of fears of injuring the child

COPY

F. blaming of injuries on others such as siblings

G. justification of injuries in the name of discipline

H. inconsistency or contradictions in account of accident/injury or complete change of story

I. If two or more persons provide information, do their accounts differ markedly or differ on a crucial detail? Is there a discrepancy between the patient's injury and the explanations offered for it?

XIV. CHILDREN

A. emotional behavior inappropriate to the child's age or to the situation (overly passive, aggressive, frightened)

B. marked delay in language development

C. verbalization of fears of being injured

D. behavior in the presence of parents or guardians that contrasts noticeably with behavior in their absence

E. Does the child appear to have been coached for reporting purposes? Does the child's account make sense? Does it conflict with the adult's account?

Attachments

No Attachments

COPY

Approval Signatures

Step Description	Approver	Date
Administration Approval- President and CEO, UCLA Health	Johnese Spisso: Ceo Med Ctr [FD]	3/25/2020
Ronald Reagan Medical Staff Executive Committee- Chief of Staff	Carlos Lerner: Assoc Prof Of Clin-Hcomp [FD]	3/25/2020
Santa Monica Medical Staff Executive Committee- Chief of Staff	Roger Lee: Hs Clin Prof-Hcomp [FD]	3/25/2020
Resnick Neuropsychiatric Medical Staff Executive Committee- Chief of Staff	Aaron Kaufman: Hs Assoc Clin Prof-Hcomp [FD]	3/25/2020
Hospital System Policy Committee Chair	Fiona Dunne: Adm Crd Ofcr [KK]	3/20/2020
Hospital System Policy Committee Chair	Jeffrey Bergen: Mgr [KK]	3/13/2020
Policy Owner	Derek Hoppe: Mgr	2/26/2020

Effective Date:	*5/14/2002*
Review Date:	*6/19/2017*
Revised Date:	*6/19/2017*
Next Review:	*6/18/2020*
Owner:	*Thomas Strouse: Prof Of Clin-Hcomp*
Policy Area:	*Care of Patients*
Reference Tags:	
Applicability:	*Resnick Neuropsychiatric Hospital*

Suspected Child Abuse and/or Neglect (SCAAN) Case Reporting Responsibilities, NPH 1616

PURPOSE:

To specify the policy of the Resnick Neuropsychiatric Hospital in relation to the reporting of suspected child abuse and/or neglect cases.

POLICY:

COPY

1. Any person who enters into employment or is a trainee at the Resnick Neuropsychiatric Hospital on or after January 1, 1985, such as a child care custodian, medical practitioner or non-medical practitioner shall sign a statement, on a form provided by Resnick Neuropsychiatric Hospital Human Resources, to the effect that he or she has knowledge of Penal Code Section 11166, which requires:

   Any child care custodian, medical practitioner or non-medical practitioner who has knowledge of or observes a child in his or her professional capacity, or within the scope of his or her employment or training, whom he or she knows or reasonably suspects has been the victim of child abuse, to report the known or suspected instance of child abuse to a child protection agency immediately or as soon as practically possible by telephone and to prepare and send a written report within 36 hours of receiving the information concerning the incident.

   1. Human Resources shall retain the signed statement in the employee's personnel file.
2. Child abuse is defined as any act or omission that endangers or impairs a child's physical or emotional health and development.
   1. Child abuse which is required to be reported includes:
      1. Physical injury or death inflicted by other than accidental means;
      2. Sexual assault, including rape, rape in concert, statutory rape, incest, sodomy, lewd or lascivious acts upon a child, oral copulation, penetration of a genital or anal opening by a foreign object and child molestation;
      3. Sexual exploitation including conduct involving any matter depicting a minor engaged in obscene acts (preparing, selling or distributing obscene matter) or employment of a minor to perform obscene acts; a person who knowingly promotes, aids or assist, employs, uses, persuades, induces, or coerces a child, or a person responsible for a child's welfare who knowingly permits or encourages a child to engage in, or assist others to engage in, prostitution

or to either pose or model alone or with others for purposes of preparing a film, photograph, negative, slide, or live performance involving obscene sexual conduct; a person who depicts a child in, or who knowingly develops, duplicates, prints, or exchanges, any film, photograph, videotape, negative, or slide in which a child is engaged in an act of obscene sexual conduct, except for those activities by law enforcement and prosecution agencies.

4. Willful cruelty or unjustifiable punishment (a situation where a person willfully causes or permits a child to suffer, or inflicts upon a child, unjustifiable physical pain or mental suffering, or having the care and custody of the child, willfully causes or permits the child to be placed in a situation where the child's person or health is endangered)
5. Unlawful corporal punishment or injury resulting in a traumatic condition;
6. Neglect: negligent treatment or maltreatment of a child including both acts and omissions; and severe neglect including severe malnutrition or medically diagnosed non-organic failure-to-thrive;
7. Abuse in out-of-home care. (child abuse is suspected and the person responsible for the child's welfare is a licensee, administrator or employee of a licensed community care or child day care facility or facility licensed to care for children or the administrator or employee of a public or private residential home, school, or other institution.)
8. Child witnessing of domestic violence which is likely to result in emotional or physical harm to the child

2. Additionally, although reporting of mental suffering inflicted upon a child or the endangerment of a child's emotional well being is discretionary and not required by law, such reporting is strongly encouraged.

3. The Resnick Neuropsychiatric Hospital shall report all suspected child abuse or neglect cases.
4. The Resnick Neuropsychiatric Hospital shall designate and publicize Suspected Child and Adult Abuse and Neglect (SCAAN) Committee in order to facilitate recognition and reporting of suspected child abuse and neglect. The Committee shall provide clinical consultation, conduct trainings.
5. The faculty, staff, or trainee who suspects child abuse and/or neglect may contact a SCAAN Committee representative who will provide consultation on the reporting process.
6. Reporting party shall report suspected child abuse or neglect cases immediately by phone (number 800-540-4000) to Department of Child and Family Services (DCFS) and in writing within 36 hours.
7. Physician shall report by telephone, as soon as practically possible, and in writing to the police and L.A. County Health Department, within 36 hours, of the fact of any patient received from a health facility or community care facility who exhibits a physical injury or condition which, in the opinion of the examining physician, reasonably appears to be the result of neglect or abuse.
    1. RN, LVN, or LCSW may make the report if in his/her opinion the patient's injury or condition reasonably appears to be the result of abuse or neglect. However the physician must confirm this opinion as required for mandatory reporting.
8. The reporting duties are individual, and no supervisor or administrator may impede or inhibit the reporting duties and no person making such a report shall be subject to any sanction for making the report.
9. Reports made under the law are confidential and may be disclosed only to specified agencies. Violation of confidentially provisions is a misdemeanor, punishable by imprisonment in the county jail not exceeding six months, by a fine of not more than $500 or both fine and imprisonment (Ref. Penal Code 1116.75).

COPY

1. Reporting party may not release copy of report to any person or entity not authorized under law to receive the report.

PROCEDURE:

1. NPH case identification, consultation and oral reporting procedures are as follows:
    1. The person suspecting abuse/neglect must discuss the case with available treatment team members, e.g., Unit Director, Clinical Nurse Manager, Social Worker, &/or Psychologist.
    2. The person suspecting abuse/neglect may contact the NPH SCAAN representative.
        1. SCAAN consultation is available Monday-Friday, 9am-5pm, pager #95818.
        2. After hours, consultation is available through Department of Child and Family Services (DCFS) hotline 800-540-4000.
    3. As long as it does not jeopardize the clinician's safety, **do not** allow a child to leave the NPH if he/she appears to be in immediate danger related to a disclosure of abuse or has physical signs of abuse. Call the SCAAN consultant. If the consultant is unavailable, call Campus Police, ext. 51491.
    4. The designated team member immediately telephones report to DCFS Child Abuse/Neglect Hotline 800-540-4000.
2. Written reporting procedures:
    1. The designated team member shall make a written report of child abuse within 36 hours by completing the CALIFORNIA DEPARTMENT OF JUSTICE SUSPECTED CHILD ABUSE REPORT. All parties who have received an allegation of abuse are responsible for making reports. A team member can be designated to make the report, however, all parties with information about the abuse are responsible for ensuring a report is submitted.
        1. Place a copy of form #SS5872 behind the legal tab in the patient's medical record.
            1. Past physical abuse or current physical abuse when **no** injury is observed.
            2. Emotional/psychological maltreatment.
            3. Child abandonment; e.g., with relatives, with unrelated caretakers, in day care center or other similar facility, or child left alone.
            4. Parent refusing to take child home from psychiatric hospital and home evaluated to be safe (Section 270.5 of penal code).
            5. If the home appears unsafe, Department of Child and Family Services should be contacted for the consultation regarding possible temporary custody.
    2. Certain cases must be cross-reported to and investigated by Campus Police, ext. 51491, including:
        1. Current physical abuse when an injury is observed.
        2. Severe medical or physical neglect.
        3. Sexual abuse, past or current.
        4. Severe endangerment or exploitation of children.
    3. In those cases where a physical examination is necessary due to suspected acute physical and/or sexual child abuse, an inpatient is transported, accompanied by clinical staff, to the Emergency Room at the Santa Monica UCLA Medical Center, 1250 16th Street, Santa Monica, CA 90404, (310)

COPY

319-4503 (or after hours (310) 319-4000 request Therapist-On-Call), as soon as possible (preferably within 72-96 hours).

1. Prior to transportation, a clinical staff member provides a general overview of the physical examination with the patient/legally responsible adult, as appropriate, and documents this discussion with the patient/legally responsible adult, including willingness to receive a physical examination at the Santa Monica UCLA Medical Center, in the Medical Record.
2. Signature (patient/parent/conservator/guardian) should be obtained, whenever possible, on the TEMPORARY ABSENCE RELEASE FORM.
    1. The following are notified:
    2. Nurse Manager/Nursing OD
    3. Attending Physician
    4. Campus Police
    5. Department of Children and Family Services
3. Provide Santa Monica UCLA Medical Center with the following patient information:
    1. Patient's first and last name
    2. Home address
    3. Home telephone number
    4. Social Security Number
    5. Date of birth
    6. Age
    7. Law Enforcement Agency , if any, and contact person

COPY

4. After the physical examination is performed, the patient shall be transported back to RNPH with a completed Santa Monica UCLA Medical Center SEXUAL ASSAULT AFTERCARE INSTRUCTIONS form.
    1. File copy of the SEXUAL ASSAULT AFTERCARE INSTRUCTIONS in the Medical Record.
    2. Patient's condition upon return is documented in the Electronic Health Record.
5. Partial Hospitalization patients and outpatients should be referred to an Emergency Room or Rape Treatment Center.
6. Photographs may be taken of a suspected victim of child abuse without parental consent.
7. In cases where a physical examination is necessary due to suspected non-acute physical and/or sexual child abuse, contact the Child Advocate at the Stuart House, 1250 10th Street, Santa Monica, CA 90404, (310) 319-4503.

3. Document in the medical record in detail any injuries or findings such as trauma, bruises, erythemas, excoriations, lacerations, wounds or burns.
4. The Physician reports by telephone and in writing to the police and L.A. County Health Department, within 36 hours, of the fact of any patient received from a health facility or community care facility who exhibits a physical injury or condition which, in the opinion of the examining physician, reasonably appears to be the result of abuse or neglect.
    1. Reports must state character and extent of physical injury or condition.

2. Mail written reports to police and L.A. County Health Department.

FORMS

None

REFERENCES

CHA CONSENT MANUAL
RONALD REAGAN UCLA MEDICAL CENTER POLICY #1303 – Management of Suspected Child Abuse Cases
CALIFORNIA PENAL CODE, Sections 220, 243.4, 261.2, 261.5, 264.1, 266c, 273a, 273d, 285, 286, 288, 288a, 289, 647a, 664, 11164, 11165, 11166, 11167, 11168, 11169, 11170, 11171, 11172, 11174, 13823.5, 13823.11
CALIFORNIA WELFARE AND INSTITUTIONS CODE, SECTION 300
JOINT COMMISSION MANUAL FOR HOSPITALS

REVISION HISTORY

Effective Date:	May 14, 2002
Revised Date:	June 9, 2017

COPY

APPROVAL

Robert Suddath, MD
Chief of Staff
Resnick Neuropsychiatric Hospital at UCLA

Thomas Strouse, MD
Medical Director
Resnick Neuropsychiatric Hospital at UCLA

CHILD ABUSE WARNING SIGNALS OR INDICATORS

1. Characteristic features observed in cases of child abuse and/or neglect may help alert physicians and other hospital personnel to possible occurrences. It is important to remember that, often it is not one or more symptoms or facts, but certain combinations of them, which lead to a determination of child abuse in a particular case.
2. The infliction of injury, rather than the degree of the injury, is the determinant for intervention. According to researchers in the field, there is a 50% chance that a parent or caretaker who begins inflicting minor injuries will go on to severe or fatal injury of the child. Therefore, detecting initially inflicted small injuries and intervening with preventive action, may save a child from permanent harm or death.
3. Chief complaint of suspicious trauma wound or injury or injection of dangerous drugs, food or poisons such as cleaning fluid.
4. History of repeated injuries, repeated ingestion of dangerous drugs, good or poisons, or child being described as "accident prone."

5. Suspicious factors such as (1) major discrepancy between the type & degree of injury and the explanation given to it; (2) unreasonable delay in seeking treatment; (3) unnecessarily late night arrival at the hospital; (4) travel to the hospital from an unusual distance, when medical help is available nearer to the patient's home; and (5) bringing the child to the hospital for unneeded treatment (as disguised plea for help with fears of potential child abuse).
6. Age of under 4 years (the most common period for child abuse, although abuse is not limited to those years, especially under six months)
7. Physical examination evidence of
    1. Unexplained bruises, swelling, burns, fractures, abrasions
    2. Multiple injuries in various stages of healing
    3. Injuries on several surfaces of the body
    4. Injuries normally hidden by clothing
    5. Injuries reflecting the outline of an object or mode of infliction
    6. Head injuries with subdural hematomas and retinal hemorrhages
    7. Injuries difficult or impossible to self-inflict
    8. Evidence of old trauma
    9. Signs of dehydration, malnutrition, or unexplained failure to thrive
    10. Signs of hygenic or medical neglect
    11. Signs of sexual abuse
    12. Evidence of fabrications of child's symptoms of illness
8. Family history of
    1. Irritation with personal characteristics of the abused child (e.g. child is mischievous, hyperactive, sickly)
    2. Negative parental attitudes toward child (unwanted, unrewarding or demanding too much of the adult(s))
    3. Inadequate supervision of the child
    4. Unrealistic expectations of and demands on the child
    5. Distorted concepts of the nature and limits of discipline
    6. Questionable trauma, hospitalizations or deaths among siblings
    7. Mental illness, drug or alcohol abuse
    8. Physical illness or death in the family
    9. Parents having been abused or deprived in childhood
    10. Spousal abuse
    11. Absence of supportive spousal relationship (separation or divorce)
    12. Disagreements among adults in household on child rearing concepts
    13. Recent tensions or crises in the home
    14. Long-standing social isolation of parents

COPY

15. Unavailability of help during times of stress
16. Job instability of primary wage earner
17. Income consistently inadequate for family needs

9. Further clues may be obtained from other sources of information. However, whether the informant is the parent, another adult, sibling or the child, it is important to evaluate the informant as well as the information provided. Interviews with parents, the child and siblings should be conducted separately whenever possible.
10. In observing a family, it is important also to be aware of one's personal biases and preconceptions. Remember that all forms of child abuse and neglect occur in all cultural, ethnic, occupational and socioeconomic groups.
11. Adults
    1. Manner of responding to questions (e.g. defensive, abusive, denial, vague, loss of emotional control)
    2. Emotional reaction and overt behavior inappropriate to the situation
    3. Concern focused primarily on the adult's needs and problems rather than the child's
    4. Possible intoxication
    5. Verbalization of fears of injuring child
    6. Blaming injuries on others such as siblings
    7. Justification of injuries in the name of discipline
    8. Inconsistency or contradictions in account of accident/injury or complete change of story
    9. If two or more persons provide information, do their accounts differ markedly or differ on crucial details? Is there a discrepancy between the patient's injury and the explanation offered for it?
12. Children
    1. Emotional behavior inappropriate for the child's age or situation (e.g. overly passive, aggressive or frighened)
    2. Marked delay in language development
    3. Verbalization of fears of being injured
    4. Behavior in the presence of parents or guardians that contrasts noticeably with behavior in their absence
    5. Does the child appear to have been coached for reporting purposes? Does the child's account make sense? Does it conflict with the adult's account?

COPY

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
RNPH Professional Staff Executive Committee (RNPSEC) Meeting	Sherri Martin: Admin Anl Prn 1	6/19/2017
Nursing Leadership	Patricia Matos: Dir [SM]	6/19/2017
	Thomas Strouse: Prof Of Clin-Hcomp [SM]	6/19/2017

COPY

Effective Date: *4/6/1998*
Review Date: *2/28/2019*
Revised Date: *2/28/2019*
Next Review: *2/27/2022*
Owner: *Derek Hoppe: Mgr*
Policy Area: *Care of Patients*
Reference Tags: *Lippincott*
Applicability: *Ronald Reagan, Santa Monica, & Ambulatory Care*

Domestic Violence/Intimate Partner Abuse, HS 1331

PURPOSE

To state the Health System's plan for educating health care practitioners about their role in screening for domestic violence/intimate partner abuse; To define screening procedures for patients who may be victims of assault, abuse, or suspected abuse including domestic violence or intimate partner abuse; To define reporting procedures regarding patients who are victims of assault, abuse, or suspected abuse including domestic violence or intimate partner abuse; To define guidelines for appropriate care, referral, protection and follow-up.

COPY

DEFINITIONS

Domestic Violence

Abuse committed against an adult or minor who is the spouse, former spouse, cohabitant, former cohabitant or person with whom the suspect has had a child or is having/had a dating or engagement relationship. (California Penal Code §13700 b)

Abuse

Intentionally or recklessly causing or attempting to cause bodily injury or causing reasonable apprehension of imminent serious bodily injury to self or another. (California Penal Code §13700 a).

POLICY

It is the policy of UCLA Health System to screen patients for domestic violence according to the California Health and Safety Code § 1259.5 and to report assault, abuse or suspected abuse pursuant to California Penal Code §11160. In addition, all health care practitioners shall be educated on the criteria for identifying, and the procedures for handling, patients whose injuries or illnesses are attributable to spousal or partner abuse.

I. **Staff Education**
Health care practitioners shall receive appropriate education regarding their responsibilities for screening for domestic violence/intimate partner abuse as well as their reporting obligations.
Criteria for identifying abuse shall be included in the Staff Orientation and Information Handbook which is presented to staff at orientation and which is reviewed annually. Department Managers will assure that staff are acquainted with, and comply with this policy. The Emergency Department, which is the area of

UCLA Health System where domestic violence victims are most likely to be seen, shall have department-specific screening and education procedures.

II. **Screening**

All UCLA Health System practitioners who provide medical services to any person for a physical injury shall screen patients, as appropriate for domestic violence or intimate partner abuse. (Refer to attachment, **"GUIDELINES FOR ABUSE RECOGNITION AND REPORTING"** for screening criteria)

III. **Intervention**

A. If it has been determined that the patient is a possible victim of domestic violence, notify the appropriate Social Worker. A Domestic Violence Consultant is available to UCLA Staff for phone consultation (pager # 96000). Any person who accompanies the patient and is a possible perpetrator should be asked to wait in the waiting room.

B. When a patient acknowledges that he or she is the victim of domestic violence or abuse, the patient will be asked if she/he would prefer to use an AKA when registering.

C. Place the patient in a room close to the nursing station if possible.

D. Notify staff that all visitors for the patient will be screened and will be allowed to see the patient with the approval of the primary nurse only.

E. Notify hospital security officers.

F. Maintain patient confidentiality. Give no information about the patient over the telephone including confirmation of patient's presence in the Medical Center.

G. Notify assigned Clinical Social Worker or pager #96000 for a Domestic Violence phone consultation if a Clinical Social Worker is unavailable to assess the patient's immediate safety by ascertaining the following:

1. Where is the abuser now?
2. Does the abuser know victim's whereabouts?
3. Has the abuser threatened to use weapons?
4. Are there weapons available to the abuser?
5. Has the abuser ever threatened to kill victim?
6. Is the abuser intoxicated with drugs or alcohol?

H. Notify the primary service of the presence of a possible victim of domestic violence.

IV. **Responsibility of Social Worker**

A. Interview patient and other parties to complete a psychosocial assessment.

B. Discuss safety planning with the patient and provide resources such as the 24-hour hotline 310-264-6644, counseling referrals, education, and contact information for primary Clinical Social Worker.

C. Inquire about the presence of children in the home and/or if children witnessed Domestic Violence. If children reside in the home and/or were present at the time of the assault, notify the SCAN Team Consultant on Pager #96672 for consultation regarding reporting suspected child abuse or child endangerment.

D. If patient is interested in supportive services, contact the Domestic Violence Consultant on Pager #96000 for both consultation and occasional on-site support. If Domestic Violence Consultant is

COPY

unavailable, contact the 24 Hour Hotline at 310-264-6644.

E. The Clinical Social Worker may provide consultation support to the mandated reporter

V. **Responsibility of Health Care Practitioners**

A. Contact your assigned Clinical Social Worker or page #96000 to consult with a Domestic Violence Advocate if a Clinical Social Worker is not available. The Clinical Social Worker will assist in completing the required reports and facilitate the process accordingly; however, UCLA health care practitioners are responsible for charting and completing mandated reports.

B. **If your area does not have a Clinical Social Worker assigned, a Domestic Violence Advocate can be contacted for consultation on Pager # 96000.** If Domestic Violence Advocate is not available, contact the 24-hour hotline at (310) 264-6644.

C. Document clearly patient's account of current injuries using the patient's exact words when possible.

D. If children reside in the home, the SCAN Team Consultant must be contacted for consultation on Pager #96672.

E. File a Suspicious Injury Report (Form OES 920) to law enforcement if indicated according to California Penal Code §11160.

F. Work in collaboration with UCPD to ensure the safety of the victim and the confidentiality of victim's location.

VI. **Procedure for Reporting to Law Enforcement**

A. Any health care practitioner who renders medical services for a physical condition to a patient whom he or she knows or reasonably suspects is a victim of assaultive or abusive behavior must contact law enforcement. California law requires reporting even if the patient is seeking medical attention for another condition not arising from the assaultive or abusive behavior. (Licensed Clinical Social Workers are not subject to this reporting requirement because they are not health care practitioners who render medical services for a physical condition to a patient.)

B. Notify UCPD (or local law enforcement in whose jurisdiction the injury occurred) that a victim of abuse or suspected abuse is on the premises. Inform them if the suspected abuser is with the patient.

C. UCPD will respond to all calls of suspected or actual abuse.

D. Document the name and ID number of the responding officer/dispatcher.

E. The Suspicious Injury Report (OES 920) is completed by the physician and must be given to UCPD or the responding law enforcement agency. A copy of the Suspicious Injury Report (OES 920) is placed in the patient's chart.

F. Complete the Mandatory Disclosure of PHI Report (Form 10468 on Forms Portal) and submit to HIMS per instructions on the form.

FORMS

RR UCLA MC Domestic Violence Reporting Form

Suspicious Injury Form OES 920

Mandatory Disclosure of PHI Form 10468 on Forms Portal

UCLA Health System. Domestic Abuse Reporting Requirement Acknowledgement Form

COPY

REFERENCE

UCLA Hospital System Policy HS 9015 *Reporting of Incidents to Law Enforcement Agencies",*

Hospital System Policy HS1303 *Child Abuse - Mgmt of Suspected cases of Child Abuse (Reporting of)*

Hospital System Policy HS1314 - *Elder/Dependent Adult Abuse - Reporting of* UCLA Hospital System Policy HS 9010 - *Mandatory Reporting*

McLeer, S.V., and R. Anwar. 1987. The role of emergency physicians in the prevention of domestic violence. Annals of Emergency Medicine 16:1155-1161.

Penal Code 11160

Penal Code 13700 (a) (b)

Contact:

Director, Department of Care Coordination and Clinical Social Work, UCLA Health System

REVISION HISTORY (PRE-POLICYSTAT)

Effective Date:	April 6, 1998 Systemized w-SM 1303 (10-31-14)
Review Date:	November 21,2002, January 26, 2005, November 18, 2009, September 24, 2014
Revision Date:	November 21, 2002, April 28, 2005, March 2008, December 29, 2009, July 1, 2013, October 31, 2014

COPY

APPROVAL

Johnese Spisso, RN, MPA
President UCLA Health
CEO UCLA Hospital System

Carlos Lerner, M.D.
Chief of Staff
Ronald Reagan UCLA Medical Center

Roger M. Lee, M.D.
Chief of Staff
Santa Monica-UCLA Medical Center and Orthopaedic Hospital

Attachments

1: General Guidelines for Abuse Recognition and Reporting
1b: Collection of Evidence
Domestic Abuse Reporting Requirement
1a: Physician Guidelines for Examination of a Patient with Actual or Suspected Abuse

Approval Signatures

Step Description	Approver	Date
Administration Approval	Johnese Spisso: Ceo Med Ctr [MW]	2/28/2019
Administration Approval	Carlos Lerner: Speaker-Unex [MW]	2/28/2019
Administration Approval	Roger Lee: Hs Clin Prof-Hcomp [MW]	2/28/2019
Administration Approval	Laurie Casaus: Hs Assoc Clin Prof-Hcomp [MW]	2/28/2019
Executive Medical Boards - MSEC, RNPH PSEC, SMEMB	M Lynn Willis: Mgr [KK]	2/28/2019
Hospital System Policy Committee Chair	M Lynn Willis: Mgr [KK]	2/28/2019
Hospital System Policy Committee	Kailyn Kariger: Admin Anl Prn 1	2/7/2019
	Alaa Badawy: Mgr	2/4/2019

COPY

UCLA Health

Effective Date:	*5/17/2011*
Review Date:	*6/28/2016*
Revised Date:	*6/28/2016*
Next Review:	*6/28/2019*
Owner:	*Thomas Strouse: Prof Of Clin-Hcomp*
Policy Area:	*Care of Patients*
Reference Tags:	
Applicability:	*Resnick Neuropsychiatric Hospital*

Reporting Violent Injury including Domestic Violence/Abuse, NPH 1618

PURPOSE

To outline RNPH Health Practitioners reporting responsibilities for victims of assault, abuse or suspected abuse including domestic violence or intimate partner abuse or injury by a deadly weapon.

POLICY

COPY

I. It is the policy of the Resnick Neuropsychiatric Hospital to comply with the requirements of the California Penal Code 11160 and 11161 that a report shall be made to UCPD when a health practitioner, in his or her professional capacity or within the scope of his or her employment, provides medical services for a physical condition to a patient whom he or she knows or reasonably suspects is a person described as follows:

   A. A person suffering from any wound or other **physical** injury (a) inflicted by his or her own act where the injury is by means of a firearm **or** (b) inflicted by another where the injury is by means of a firearm;

   B. A person suffering from any wound or other **physical** injury inflicted upon the person where the injury is a result of assaultive or abusive conduct. (Penal Code Section 11160);

   C. The duty to report arises where the health practitioner provides medical services to a patient for **a** physical condition or injury arising from the assault, battery or firearm.

      i. The duty to report does not arise when the health practitioner provides only psychological or psychiatric counseling.

      ii. If minors are present and/or exposed to the abusive relationship, a suspected child abuse and neglect report shall be filed with the Department of Children's Services (see RNPH Policy #NPH 1616), regardless of whether or not a domestic violence/spouse/partner abuse report is filed.

   D. A health practitioner, for the purpose of this policy only, includes physicians, RNs, LVNs, and LPTs. The term health practitioner, for the purpose of this policy only, excludes professionals whose role is solely psychotherapeutic such as psychologists, clinical social workers, and marriage/family therapists.

   E. Examples of domestic violence and firearm injuries include assault, battery, sexual battery, incest, assault with a deadly weapon, spousal rape, abuse of spouse or cohabitant, sodomy, and/or oral

copulation.

F. A patient who acknowledges being the victim of domestic violence has the right to refuse to speak to law enforcement personnel; however a verbal report shall be given to UCPD, immediately, if indicated, and a completed REPORT OF INJURIES BY A DEADLY WEAPON OR ASSAUBLTIVE OR ABUSIVE CONDUCT within two working days.

II. All employees shall sign a statement, on a form provided by Resnick Neuropsychiatric Hospital Human Resources, to the effect that he/she has knowledge of California Penal Code 11160 and 11162.

A. Human Resources shall retain the signed statement in the employee's personnel file.

III. Orientation to recognition, reporting and referral of violent injury including suspected cases of domestic violence and firearm injuries shall be provided to appropriate health providers of Resnick NPH.

PROCEDURE

I. The following factors may indicate assault or abuse:

A. Explanation of injury does not seem plausible.

B. There has been a delay in seeking medical care.

C. There are multiple sites of injury.

D. Patient is pregnant and injury is to breast, abdomen, genitals.

E. History of repeated injuries.

F. Injuries of various ages.

G. Partner accompanies patient, insists on staying close and answers all questions directed toward the patient.

H. If sexual assault is suspected, refer to RNPH Policy/Procedure #NPH 1616 or #NPH 1617.

II. The health practitioner's responsibilities for outpatients include the following:

A. Requests person accompanying the patient, if applicable, to wait in the waiting room in order to interview the patient alone. If staff assesses possible threat by family member/friend accompanying the patient, calls UCPD Threat Assessment Team at ext. 51491.

B. Assesses the patient's safety by ascertaining abuser's location now, abuser's knowledge of patient's whereabouts, if the abuser has threatened to use weapons, if there are weapons available to the abuser, if the abuser has ever threatened to kill the patient, the abuser's mental status including drugs and alcohol.

C. If the outpatient is willing to go to the Emergency Department, the UCLA Domestic Violence Consult Team should be contacted, if applicable, by paging 96000.

i. Determines whether or not hospital security should be called to escort the patient to the UCLA Emergency Department and remain with the patient until she/he has been seen by the Emergency Department Triage Nurse.

ii. The health practitioner should be available for consultation with the physician or other members of the Domestic Violence Consult Team in the Emergency Department.

iii. Documentation of the visit should be made in the patient's chart.

D. Advises that outpatient mental health services are available either through RNPH or through

COPY

community agencies.

E. If the outpatient is unwilling to go to the UCLA Emergency Department:
   i. Assesses the patient's immediate needs.
   ii. Helps the patient identify any personal support systems and assist with contacting them if a request is made.
   iii. Provides information that will enable the patient to pursue alternatives and assistance: 24-hour hotlines; shelters for abuse victims; counseling services and support groups; numbers for legal assistance and restraining orders; assist in obtaining an Emergency Protective Order from UCPD if needed; provide a safe place for the patient to use the telephone.
      a. If needed, considers utilizing the Domestic Violence Consult Team (page #96000) to assist with patient education and referral.
   iv. If the outpatient decides to return to the abuser, encourage her/him to develop a safety plan.
   v. Initiates education on the cycle of violence and batterers' syndrome.
   vi. Documents the referrals given and the patient's stated plan in the medical record.
   vii. Inquires about the safety of the children, if any, in the home. If children are at risk, notify the SCAAN Team.
   viii. Consults with UCPD to determine if a police interview is indicated.

F. If patient declines to file a written report with UCPD, verbally report the incident to UCPD as soon as possible and jointly determine appropriateness of police interview.
   i. Completes REPORT OF INJURIES BY A DEADLY WEAPON OR ASSAULTIVE OR ABUSE CONDUCT and mails/faxes to UCPD.

COPY

FORMS

PSYCHIATRY EVALUATION/CONSULTATION INITIAL TREATMENT PLAN, NPI Form #2-192
REPORT OF INJURIES BY A DEADLY WEAPON OR ASSAULTIVE OR ABUSIVE CONDUCT, RNPH Form #1-129

REFERENCES

California Penal Code 11160
California Penal Code 11161
California Penal Code 11162
UCLA Medical Center Policy #0041, #2004
RNPH Policy #NPH 1616, Suspected Child Abuse and/or Neglect Case Reporting Responsibilities
RNPH Policy #NPH 1617, Elder/Dependent Adult Abuse Reporting

REVISION HISTORY

Effective Date:	May 17, 2011
Revised Date:	June 28, 2016

APPROVAL

Robert Suddath, MD
Chief of Staff
Resnick Neuropsychiatric Hospital at UCLA

Thomas Strouse, MD
Medical Director
Resnick Neuropsychiatric Hospital at UCLA

Attachments

No Attachments

COPY

UCLA Health

Effective Date:	*10/1/1986*
Review Date:	*3/25/2020*
Revised Date:	*3/25/2020*
Next Review:	*3/25/2023*
Owner:	*Derek Hoppe: Mgr*
Policy Area:	*Care of Patients*
Reference Tags:	*Lippincott*
Applicability:	*Ronald Reagan, Resnick, Santa Monica, Ambulatory Care*

Elder and Dependent Adult Abuse (Reporting of), HS 1314

PURPOSE

The purpose of this policy is to establish procedures for reporting abuse of elder or dependent adults who present as outpatients or inpatients at the Ronald Reagan UCLA Medical Center, Santa Monica UCLA Medical Center and Orthopaedic Hospital, and the licensed clinics, and Resnick Neuropsychiatric Hospital

POLICY

COPY

Any administrator, supervisor, employee, licensed staff, or volunteer ("Mandated Reporters") who witnesses or suspects that an "elder" or "dependent adult" is being or has been "abused" must report suspected cases to the county Adult Protective Services (APS) agency (or other appropriate state agency). (See the Attachments to this policy for Definitions and Indicators of Abuse). **All employees, including those in unsalaried categories, must sign a statement that they understand and will comply with the elder abuse reporting requirements under California law. (See Attachment C - Elder or Dependent Adult Abuse Reporting Statement and *California Welfare and Institutions Code § 15630).***

PROCEDURE

I. **Reporting Procedures**

A. **What to Report:** A Mandated Reporter must report to APS (or other appropriate state agency) any of the following **Incidents of Abuse** that he or she observes in his or her professional capacity or within the scope of his or her employment:

1. Any incident that he or she has observed or has knowledge of that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse, or neglect; or self neglect or,
2. If an elder or dependent adult says that he or she has experienced behavior, including an act or omission, constituting physical abuse, abandonment, abduction, isolation, financial abuse, or neglect; or self neglect or,
3. If he or she reasonably suspects abuse.

B. **Exceptions (No Reporting)**
If a Mandated Reporter is a physician, a registered nurse, or a psychotherapist, as defined in Section

1010 of the Evidence Code, he or she NOT is required to report **Incidents of Abuse** where **ALL** of the following four conditions exist:

1. The Mandated Reporter has been told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, abduction, isolation, financial abuse, or neglect;
2. The Mandated Reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred;
3. The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of a court-ordered conservatorship because of a mental illness or dementia; **AND**
4. In the exercise of his/her clinical judgment, the Mandated Reporter reasonably believes that the abuse did not occur.

C. **Reporting**

The report shall be made by telephone immediately or as soon as practicably possible, and the written report must be sent within two working days of the telephone report. Reports shall be made to the Adult Protective Services agency or local law enforcement agency when the alleged abuse occurs. Long-Term Care Ombudsman Coordinator-800-334-WISE or to a local law enforcement agency (See Attachment C for listings in Los Angeles County). If the abuse is alleged to have occurred in a long-term care facility, reports shall be made to the county If the suspected or alleged abuse occurred in a State mental hospital or State developmental center, the report shall be made to designated investigators of the State Department of Mental Health, the State Department of Developmental Services, or the local law enforcement agency. Where two or more Mandated Reporters have knowledge of a known or suspected **Incidents of Abuse,** the telephone report may be made by a member of the team selected by mutual agreement, and a single report may be made and signed by the designated member of the reporting team. Any member who has knowledge that the designed member has failed to report shall thereafter make the report. Reports should be made online using the portal unless not available in which case downtime protocol is utilizing the phone number plus written report.

1. **Telephone Report:** The telephone report shall include, if known, the following:
    a. Name of person making the report.
    b. Name, address, and age of the elder or dependent adult.
    c. The present location of the elder or dependent adult.
    d. Any information that led the reporting person to suspect that abuse has occurred.
    e. Nature and extent of the elder's or dependent adult's condition, if known.
    f. The date of the alleged or suspected incident.
    g. Names and addresses of family members or any other person responsible for the elder's/ dependent adult's care.
    h. Any other information requested by the agency receiving the report, including that which led the reporter to suspect elder or dependent adult abuse.
    i. Note in the patient's medical record the date and time the telephone report is made, the name of the person taking the report, and the address where the written report should be sent.

COPY

2. **Written Report (SOC 341):** The written report shall be completed for each victim and each **Incident of Abuse** using the form adopted by the Department of Social Services as required under *California Welfare and Institutions Code §15630(b)1).* This form is referred to as SOC 341, Report of Suspected Dependent Adult/Elder Abuse. General instructions for completion are listed on the reverse side of the form. Reporting forms are located in the Department of Care Coordination and Clinical Social Work, the Emergency Department, and online at http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC341.pdf. . The written report shall include all areas highlighted on the Report of Suspected Dependent Adult/Elder Abuse Form. In the narrative section of the form, the following should be included:
   The written report shall include all areas highlighted on the Report of Suspected Dependent Adult/Elder Abuse Form (SOC 341). In the narrative section of the form, the following should be included:

   a. Any information that led the reporting person to suspect that abuse has occurred, including name of the person, title or relationship, (RN, MD, daughter, etc), if different from the reporting party.

   b. Nature and extent of the elder's/dependent adult's condition if known.

   c. Brief narrative, explanation or clarification of any information pertinent to the incident.

   d. Written reports are to be filed online at secured website: https://fw4.harmonyis.net/LACSSLiveintake/
      If the SOC 341 Report of Suspected Dependent Abuse/Elder is handwritten, the completed report shall be mailed to: APS Centralized Intake Unit 3333 Wilshire Blvd., Suite 400 Los Angeles, California 90010 unless the site is down, then must be called in to 877-477-346 and a written report must be filed.

   e. If a report was made with the Long-Term Care Ombudsman, a copy of the written report shall be sent to: WISE Senior Services, Ombudsman
      Program, 1527 Fourth Street, 2nd Floor, Santa Monica, California 90404.

D. **Call APS (or appropriate state agency) and Department of Care Coordination and Clinical Social Work**: All Incidents of Abuse are to be reported directly to APS or the appropriate State agency The Clinical Social Worker ("CSW") assigned to the designated service shall be notified that a report has been made and may assist the mandated reporter in fulfilling their reporting obligation. Police involvement is at the discretion of the CSW, in consultation with Adult Protective Services. Contact with the Department of Care Coordination and Clinical Social Work is only to facilitate reporting and to apprise supervisors and administrators of reports. Reporting duties are individual. No supervisor or administrator may impede or inhibit reporting. No person making such a report shall be subject to any sanction for making the report. To report, contact:

   1. The APS Mandated Reporter Line at-888-202-4248 M-F 8:30 a.m.-5:00 p.m. or the 24-Hour Elder Abuse Reporting Line-877-477-3646. For information or inquiries about the appropriate district office contact 1-800-231-4024 or you may visit the following link: http://www.cdss.ca.gov/inforesources/County-APS-Offices

   2. The Long-Term Ombudsman Coordinator for elder or dependent adults in Skilled Nursing Facilities or board and-care facilities- 1-800-334-9473.

   3. During regular workday hours, (8 a.m.-5 p.m. Mon-Fri), calls should be made to the CSW assigned to the respective service.
      Ronald Reagan-Clinical Social Work is available onsite, 24 hours a day. Contact the Pager

COPY

Operator 310-825-6301 and asked to be connected to the Social Worker. A call to Neuro-Psychiatric Hospital (RNPH) CSW is not required. RNPH Suspected Child and Adult Abuse and Neglect (SCAAAN) Team is available for reporting, Monday through Friday 08:00 A.M. - 05:00 P.M. if needed at pager number 95818. Santa Monica-CSW is available 24 hours a day. If Social Work is unavailable, contact the Page Operator 310-825-6301 and ask to be connected with the Administrator on Call for assistance/consultation.

E. **Social Work and Mandated Reporter Responsibilities:**
For reports made to the Long-Term Ombudsman Coordinator, reporting and paperwork procedures remain the same. If the patient is hospitalized, the case will be assigned to the appropriate CSW on the admitting service.

a. The admitting physician or physician providing care for the patient should be notified immediately of suspected or alleged abuse identified by another care provider.

b. The CSW should conduct an interview with the patient, the patient's family members and/or significant other(s) to complete an in-depth evaluation and assessment. A full assessment of the person and the situation should be made. The assessment should be charted in the patient's electronic medical record. The physician caring for the patient must be contacted. If, appropriate, the patient's family and/or primary caregiver may be contacted to discuss the assessment and mandatory reporting guidelines. The family may also be informed of the CSW interventions and referrals that will be provided. However, if the mandated report or CSW has a reasonable belief that the patient's family member or personal representative is the abuser or that providing information regarding mandatory reporting to such person could endanger the patient, the mandated reporter or CSW, in the exercise of professional judgment, may determine that it is not in the best interest of the patient to treat the person as the patient's personal representative.

c. The CSW will provide referrals to appropriate agencies and community resources for further evaluation, if needed, and ongoing services to meet patient/family needs of medical care, counseling, advocacy, and other services.

d. For reports made to the Long-Term Ombudsman Coordinator, reporting and paperwork procedures remain the same. If patient is hospitalized, the case will be assigned to the appropriate CSW on the admitting service.

II. **Reporting Responsibilities**

A. The elder abuse reporting duties are individual, and, no supervisor or administrator may impede or inhibit the reporting duties. No person making such a report shall be subject to any sanction for making the report. However, the UCLA Health System may establish internal procedures to facilitate reporting, ensure confidentiality and notify supervisors and administrators of reports, provided these procedures are not inconsistent with California law.

B. No Mandated Reporter who reports a known or suspected instance of elder or dependent adult abuse shall be civilly or criminally liable for any report he/she is required or permitted to make under law.

C. Any Mandated Reporter who fails to report physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder or dependent adult or self neglect ("Incidents of Abuse") which he or she knows to exist or reasonably should know to exist, is guilty of a misdemeanor punishable by imprisonment in the county jail not exceeding six months, by a fine not exceeding $1,000.00 or by both fine and imprisonment. Any Mandated Reporter who willfully fails to report, where that abuse

COPY

results in death or great bodily injury, shall be punished by not more than one year in a county jail or by a fine of not more than five thousand dollars ($5,000.00) or by both that fine and imprisonment. *(California Welfare and Institutions Code §15630 (h)).*

D. Reports made under the law are confidential and may be disclosed only to the agencies specified. Violation of the confidentiality provisions is a misdemeanor, punishable by imprisonment in the County jail not exceeding six months, by a fine of not more than $500.00 or by both fine and imprisonment. *(California Welfare and Institutions Code §15633, 15633.5, and 15634).*

III. **REPORT TO THE CLINICAL REGULATORY AFFAIRS OFFICE**

If the elder or dependent abuse incident involves a hospital employee inflicting physical abuse, abandonment, abduction, isolation, financial abuse, or neglect upon a patient, notification must be made immediately to the Department of Licensing, Accreditation and Policy-310-794-3043. Based on individual review of the nature of the case, it will be reported to the California Department of Public Health pursuant to Title 22, Section 70737 "Reporting."

IV. **REPORT NOTIFICATION TO THE HEALTH INFORMATION MANAGEMENT SERVICES DEPARTMENT**

A. HIPAA requires that all disclosures for purposes other than for Treatment, Payment or Health Care Operations must be tracked and logged by UCLA Health Systems. UCLA must be able to provide an accounting of such disclosures to patients upon request. All requests for disclosures to third parties must be referred to Health Information Management Services Department. Certain individuals or departments within UCLA Health Systems may, however, be permitted to disclose PHI to third parties directly provided they:

1. have been authorized by the Director, HIMS Department or designee; or
2. have an individual legal obligation to report and make the report pursuant to such legal authority in accordance with UCLA Health Systems policies and procedures; and
3. The individual with the legal obligation to report (such as that of a Mandated Reporter) must notify the HIMS Department of the report by completing the form "Mandatory Reporting of Protected Health Information" (Form ID #10468) so that the disclosure can be included in UCLA Health Systems PHI Tracking system
4. The RNPH HIM Department will remove the written abuse report from the discharged patient record and will enter the required information into the PHI/ROI Tracking System.

B. Be specific in completing this form. You must state that PHI was released in connection with Mandatory reporting of Elder/Dependent Adult Abuse. This facilitates protection of the patient when providing an accounting of disclosures to patient representatives. This form, in addition to the SOC 341, Report of Suspected Dependent Adult/Elder Abuse must be faxed to 310-206-4023 or mailed to Health Information Management Department (HIMS), UCLA Health Systems, 10833 Le Conte Avenue, Room CHS-BH- 921, Los Angeles, California 90095.

C. The report identification number must be documented inside the patient's electronic chart via the mandated report template and flow-sheet once the report has been completed.

D. The department of Care Coordination and Social Work will maintain a log of reported cases for both Ronald Reagan and Santa Monica.

FORMS

Report of Suspected Dependent Adult/Elder Abuse - State of California Form - SOC 341

COPY

Mandatory Reporting of Protected Health Information (UCLA Healthcare HIPPA Forms, PHI Management Forms) Form #10468

REFERENCES

California Welfare and Institutions Code, Sections 15600, , 15610, 15630, 15631, 15632, 15633, 15633.5, 15634, , 15637, and Penal Code, Section 368.

Adult Protective Services

California Department of Public Health, Title 22, Section 70737

CONTACT:

Director, Licensing, Accreditation & Policy, Director, Care Coordination Departments, SMH, RR UCLA and R-NPH

REVISION HISTORY (PRE-POLICYSTAT)

Effective Date:	October 1, 1986 Systemized w-SM 1304 (10-31-14)
Review Date:	October 1, 1987, 1988; March 1, 1991; October 1, 1992, 1993, 1994; April 6, 1998; July 24, 2000; June 11,2003, March 2008, August 26, 2009, September 24, 2014
Revision Date:	November 30, 2009, July 1,2013, October 31,2014

COPY

Attachments

A: Definitions
D: Local Law Enforcement Agencies
C: Statement Acknowledging Requirement to Report Suspected Abuse of Dependent Adults and Elders
B: Indicators of Abuse

Approval Signatures

Step Description	Approver	Date
Administration Approval- President and CEO, UCLA Health	Johnese Spisso: Ceo Med Ctr [FD]	3/25/2020
Ronald Reagan Medical Staff Executive Committee- Chief of Staff	Carlos Lerner: Assoc Prof Of Clin-Hcomp [FD]	3/25/2020
Santa Monica Medical Staff Executive Committee- Chief of Staff	Roger Lee: Hs Clin Prof-Hcomp [FD]	3/25/2020
Resnick Neuropsychiatric Medical Staff Executive Committee- Chief of Staff	Aaron Kaufman: Hs Assoc Clin Prof-Hcomp [FD]	3/25/2020

Step Description	Approver	Date
Hospital System Policy Committee Chair	Fiona Dunne: Adm Crd Ofcr [KK]	3/20/2020
Hospital System Policy Committee Chair	Jeffrey Bergen: Mgr [KK]	3/13/2020
Policy Owner	Derek Hoppe: Mgr	2/3/2020
Policy Owner	Alaa Badawy: Mgr	8/12/2019

COPY

UCLA Health

Effective Date:	*3/18/2008*
Review Date:	*6/19/2017*
Revised Date:	*6/19/2017*
Next Review:	*6/18/2020*
Owner:	*Thomas Strouse: Prof Of Clin-Hcomp*
Policy Area:	*Care of Patients*
Reference Tags:	
Applicability:	*Resnick Neuropsychiatric Hospital*

Suspected Elder/Dependent Adult Abuse and Neglect Reporting, NPH 1617

PURPOSE:

To specify the policy of the Resnick Neuropsychiatric Hospital in relation to the reporting of suspected elder/ dependent adult abuse or neglect cases.

POLICY:

COPY

1. All employees of R-RNPH shall sign a statement on a form provided by Resnick Neuropsychiatric Hospital Human Resources to the effect that he or she has knowledge of the provisions of Section 15630 of the California Welfare & Institutions Code and will comply with its provisions.
    1. Section 15630 W&I requires health care practitioners and elder or dependent adult care custodians who, within the scope of their employment or professional capacity, have observed or have knowledge, are told by an elder or dependent adult, or reasonably suspects an incident that appears to be elder or dependent adult abuse or neglect, to report such information to the Los Angeles County Adult Protective Services Agency.
    2. Human Resources shall retain the signed statement in the employee's personel file.
2. Definitions
    1. The law expressly includes any person between the ages of 18 and 64 who are admitted as an inpatient in an acute care hospital or other 24-hour health facility (Ref. WIC 15610.23, 15610.27 & 15701.2).
    2. An elderly person includes anyone who is 65 years of age or older.
    3. Dependent adult means any person resident in California, between the ages of 18 and 64, who has physical or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age.
    4. Physical abuse means all of the following:
        1. Assault
        2. Battery
        3. Assault with a deadly weapon or force likely to produce great bodily injury.

4. Unreasonable physical restraint.
5. Prolonged or continual deprivation of food and water.
6. Sexual assault, including sexual battery, rape, rape in concert, incest, spousal rape, sodomy, oral copulation, or penetration of a genital or anal opening by a foreign object.
7. Use of physical or chemical restraint or psychotropic medication under any of the following conditions:
    1. For punishment.
    2. For a period significantly beyond that for which the restraint or medication is authorized by a physician licensed in California who is providing medical care to the elder or dependent adult at the time the instructions are given.
    3. For a purpose not authorized by the physician.

5. Neglect means the negligent failure of any person having the care or custody of a dependent adult to exercise that degree of care which a reasonable person in a like position would exercise. This includes:
    1. Failure to assist in personal hygiene
    2. Failure to provide food, clothing, or shelter.
    3. Failure to provide medical care for physical and mental health needs.
    4. Failure to protect from health and safety hazards.
    5. Failure to prevent malnutrition or dehydration
6. Self-neglect means the failure of the person themselves to exercise the degree of care that a reasonable person in a like position would exercise.
    1. Self-neglect also applies if the person fails in the items listed in 2.4.1-2.4.5 due to ignorance, illiteracy, incompetence, mental limitations, substance abuse or poor health.
7. Abandonment means the desertion or willful forsaking of an elderly/dependent adult by anyone having care of or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.
8. Financial abuse occurs when a person or entity takes, secretes, appropriates or retains (or assists another to do so) real or personal property of an elder/dependent adult to a wrongful use or with intent to defraud or both. A person or entity shall be deemed to have taken, secreted, appropriated, or retained for a wrongful use faith.if, among other things, the person did so in bad faith. A person or entity shall be deemed to have acted in bad faith if the person knew or should have known that the elder/dependent adult had the right to have the property transferred or made readily available to the elder/dependent adult or to his/her representative. A representative is a conservator, trustee, or other representative of the estate of an elder/dependent adult, or an attorney-in-fact acting within the authority of the power of attorney (W&I Code Section 15610.35).
9. Isolation means:
    1. Acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elderly or dependent adult from receiving his/her mail or telephone calls.
    2. Falsely telling a caller or prospective visitor that the elderly or dependent adult is not present or does not wish to talk or meet with the visitor and is made for the purpose of preventing an

COPY

elderly or dependent adult from having contact with family, friends or concerned persons.

3. False imprisonment.
4. Physical restraint for the purpose of preventing an elderly or dependent adult from meeting with visitors.

10. Mental suffering means fear, agitation, confusion, severe depression, or other forms of serious emotional distress that Is brought about by forms of intimidating behavior, threats, harassment, or by deceptive acts performed or false or misleading statements made with malicious intent to agitate, confuse, frighten, or cause severe depression or serious emotional distress of the elder/ dependent adult (W&I Code Section 15610.53).
11. Treatment with resulting physical harm or pain or mental suffering.
12. Deprivation by a Care Custodian of goods or services that are necessary to avoid physical harm or mental suffering.
13. Abduction means the removal from California and the restraint from returning to California, or the restraint from returning to California of someone who does not have the capacity to consent to the removal from California and the restraint from returning to California, or the restraint from returning to California, as well as the removal from California, of any conservatee without consent of the conservator of the court.
14. Care Custodian is defined as an administrator, employee, or volunteer of the UCLA Resnick Neuropsychiatric Hospital & Institute including persons who do not work directly with elders or dependent adults as part of their official duties, including members of support staff and maintenance staff.
15. Health practitioner means a physician, psychiatrist, psychologist, dentist, resident, intern, licensed nurse, social worker, occupational therapist.
16. Adult protective services agency means a county welfare or social department.

3. Physician shall report by telephone and in writing to the police and L.A. County Health Department, within 36 hours, of the fact of any patient received from a health facility or community care facility who exhibits a physical injury or condition which, in the opinion of the examining physician reasonably appears to be the result of neglect or abuse.
    1. RN, LVN, or LCSW may make the report if in his/her opinion the patient's injury or condition reasonably appears to be the result of abuse or neglect. However the physician must confirm this opinion as required for mandatory reporting.
4. The reporting duties are individual, and no supervisor or administrator may impede or inhibit the reporting duties and no person making such a report shall be subject to any sanction for making the report.
5. No mandated reporter who reports a known or suspected instance of elder or dependent adult abuse shall be civilly or criminally liable for any report required or authorized under California Welfare and Institutions Code Sections 15600 (Ref: WIC, Section 15634).
6. Any mandated reporter who fails to report an instance of elder/dependent adult abuse which he or she knows to exist or reasonably should know to exist, is guilty of a misdemeanor and shall be punished by imprisonment in the county jail not exceeding six month, by a fine of not exceeding $1,000.00 or by both fine and punishment (Ref: WIC, Section 15634 (d)). Any mandated reporter who willfully fails to report, where that abuse results in death or great bodily injury, is punishable by not more than one year on a county jail or by fine and imprisonment (Ref. WIC, Section 15630(h)).

COPY

1. The duty to report is incumbent on each person with actual knowledge of the abuse. This duty, however, may be discharged by the report of one individual made on his/her behalf and that of others.

7. Reports made under the law are confidential and may be disclosed only to the agencies specified. Violation of the confidentiality provisions is a misdemeanor, punishable by imprisonment in the county jail not exceeding six months, by a fine of not more than $500 or both fine and imprisonment (Ref. WIC, Section 15633, 15633.5 and 15634).
8. If the suspected or alleged abuse has occurred in a long-term care facility (e.g. nursing/community home, residential facility) except a state mental health hospital or a state developmental center, the report must be made to the local long term care ombudsman or the local law enforcement agency.
9. If the suspected or alleged abuse has occurred in a state mental health hospital or a state developmental center, the report must be made to designated investigators of the State Department of Health, or the State Department of Mental Health, or to the local law enforcement agency.
10. If the suspected or alleged abuse has occurred in any other place than described in policy #8, the report must be made to Adult Protective Services.
    1. A physician, registered nurse, or psychotherapist as defined in Evidence Code Section 1010 need not report an incident where all the following conditions exist:
        1. The mandated reporter has been told by an elder or dependent adult that he/she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse or neglect; and
        2. The mandated reporter is not aware of any independent evidence that corroborates the statement that the abuse has occurred; and
        3. The elder or dependent adult has been diagnosed with a mental illness or dementia, or is the subject of court-ordered conservatorship because of a mental illness or dementia; and
        4. In the exercise of clinical judgment, the mandated reporter believes that the abuse did not occur.
11. In situations of extreme physical danger or violence, the report shall be made directly to Campus Police, in addition to mandated agencies.

PROCEDURE:

1. The health care practitioner/care custodian who reasonably suspects, observed, or has actual knowledge of a known or suspected instance of dependent adult abuse immediately makes a telephone report to the Los Angeles County Department of Public Social Services by telephone, 800-992-1660, followed by a written report within 2 working days.
    1. The person suspecting abuse/neglect may contact the RNPH SCAAN representative.
        1. SCAAN consultation is available Monday – Friday, 9am – 5pm, pager #95818.
    2. The agency to contact if the person resides in Los Angeles County is as follows or call agency for referral to another California cachement area:

       Fax report to: 213-738-6485
       Mail original report to:
       Adult Protective Services

COPY

Los Angeles County Community and Senior Services
3333 Wilshire Blvd., Suite 400
Los Angeles, California 90010

3. The telephone report includes:
    1. Name of person making the report;
    2. Name, address, and age of the elder or dependent adult;
    3. Nature and extent of the elder or dependent adult's condition;
    4. Date of the incident;
    5. Present location of the elder or dependent adult;
    6. Information that led reporting person to suspect elder or dependent adult abuse.
    7. Names and addresses of family members or any person responsible for the elder or dependent adult's care.
4. The written report includes:
    1. Reporting party,
    2. Name, address, and age of the elder or dependent adult;
    3. Nature and extent of the elder or dependent adult's condition;
    4. Date of the incident;
    5. The present location of the elder or dependent adult;
    6. Information that led the reporting person to suspect elder or dependent adult abuse.
    7. Brief narrative, explanation or clarification of any information pertinent to the incident.
5. In those cases where there is suspected sexual assault or rape, the patient should be physically examined within 72-96 hours. Arrangements should be made to transport an inpatient, accompanied by clinical staff (Refer to RNPH Policy #7003) to the Emergency Room at the Santa Monica UCLA Medical Center, 1250 16th Street, Santa Monica, CA 90404, (310) 319-4503 (after hours (310) 319-4000 request Therapist-On-Call). Partial Hospitalization patients and outpatients should be referred to an Emergency Room or Rape Treatment Center.
    1. Prior to transportation, a clinical staff member provides a general overview of the physical examination with the patient and documents this discussion, including the patient's willingness to receive a physical examination at the Santa Monica UCLA Medical Center, in the Electronic Health Record.
        1. The victim has the right to the presence of a sexual assault victim counselor and one support person.
        2. A victim of sexual assault shall be informed that he or she may refuse to consent to an examination for evidence of sexual assault, including the collection of physical evidence, but that such a refusal is not a grounds for denial of treatment of injuries and for possible pregnancy and venereal disease, if the person wishes to obtain treatment and consents thereto.
        3. A victim of sexual assault must be informed that he/she may withdraw consent at any time for any portion of the evidentiary examination.

COPY

2. Signatures are obtained on the TEMPORARY ABSENCE RELEASE FORM.
3. The following are notified:
    1. Attending Physician
    2. Nurse Manager/Nursing OD
    3. Campus Police
    4. Adult Protective Services
4. Provide Santa Monica UCLA Medical Center with the following patient information:
    1. Patient's first and last name
    2. Home address
    3. Home and work telephone numbers
    4. Social Security number
    5. Date of birth
    6. Age
    7. Law Enforcement Agency, if any, and contact person
6. After the physical examination is performed, the patient shall be transported back to RNPH with a completed Santa Monica UCLA Medical Center SEXUAL ASSAULT AFTERCARE INSTRUCTIONS.
    1. Patient's condition upon return is documented in the Electronic Health Record (EHR).
7. A report is completed in the EHR for each victim and each incident of suspected elder or dependent adult abuse and a copy is placed in the medical record.
8. Where the elder or dependent adult is subject to extreme physical danger or violence, the report shall be made directly to Campus Police, Ext. 51491.
9. When two or more persons are required to report are present and jointly have knowledge of a known or suspected instance of abuse of an elder or dependent adult and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected members of the reporting team.
    1. Any member required to make a report who has knowledge that the member designated to make the report has failed to do so thereafter makes the report.

2. The Physician reports by telephone and in writing to the police and L.A. County Health Department, within 36 hours, of the fact of any patient received from a health facility or community care facility who exhibits a physical injury or condition which, in the opinion of the examining physician, reasonably appears to be the result of abuse or neglect.
    1. Reports must state character and extent of physical injury or condition.
    2. Mail written report to police and L.A. County Health Department.
3. If the elder or dependent abuse incident involves a hospital employee inflicting physical abuse, abandonment, abduction, isolation, financial abuse, or neglect upon a patient, notification must be made immediately to the Department of Licensing, Accreditation and Policy. Based on individual review of the nature of the case, it will be reported to the California Department of Public Health pursuant to Title 22, Section 70737 "Reporting".
4. HIPAA requires that all disclosures for purposes other than for Treatment, Payment or Health Care

COPY

Operations must be tracked and logged by UCLA Healthcare (so that it may be able to provide an accounting of such disclosures to patient upon request). All requests for disclosures to third parties must be referred to the Privacy Management Office for handling, except as otherwise provided in UCLA Healthcare Privacy Policy #202. Certain individuals or departments within UCLA Healthcare may, however, be permitted to disclose PHI to third parties directly provided they:

a. Have been authorized by the Privacy Officer to do so by completing a specialized privacy training program; or

b. Have an individual legal obligation to report and make the report pursuant to such legal authority in accordance with UCLA Healthcare policies and procedures; and

c. The individual with the legal obligation to report (such as that of a Mandated Reporter) must notify the Privacy Management Office of the report by completing the form "Mandatory Reporting of Protected Health Information" so that the disclosure can be included in UCLA Healthcare's PHI Tracking system.

Be specific in completing this form. You must state that PHI was released in connection with mandatory reporting of Elder/Dependent Adult Abuse. (This facilitates protection of the patient when providing an accounting of disclosures to patient representatives).

FORMS

REFERENCES

COPY

CHA CONSENT MANUAL
CALIFORNIA PENAL CODE 368
CALIFORNIA WELFARE AND INSTITUTIONS CODE, SECTIONS 15600, 15602, 15610, 15630, 15631, 15632, 15633, 15633.5, 15634, 15635, 15637, AND 15701
JOINT COMMISSION MANUAL FOR HOSPITALS

REVISION HISTORY

Effective Date:	March 18, 2008
Revised Date:	June 9, 2017

APPROVAL

Robert Suddath, MD
Chief of Staff
Resnick Neuropsychiatric Hospital at UCLA

Thomas Strouse, MD
Medical Director
Resnick Neuropsychiatric Hospital at UCLA

Attachments

Temporary Absence Release

Indicators of Abuse

Approval Signatures

Step Description	Approver	Date
RNPH Professional Staff Executive Committee (RNPSEC) Meeting	Sherri Martin: Admin Anl Prn 1	6/19/2017
Nursing Leadership	Patricia Matos: Dir [SM]	6/19/2017
	Thomas Strouse: Prof Of Clin-Hcomp [SM]	6/19/2017

COPY

Effective Date:	*7/20/1987*
Review Date:	*7/11/2019*
Revised Date:	*7/10/2019*
Next Review:	*7/10/2022*
Owner:	*Thomas Strouse: Prof Of Clin-Hcomp*
Policy Area:	*Care of Patients*
Reference Tags:	
Applicability:	*Resnick Neuropsychiatric Hospital*

Tarasoff Warnings to Law Enforcement, NPH 1621

PURPOSE:

To state the policy of the Resnick Neuropsychiatric Hospital to notify individuals and law enforcement agencies of the identity of hospital patients who present a serious danger of violence to a reasonably foreseeable victim(s).

POLICY:

COPY

1. When a patient, in the opinion of his or her psychotherapist, presents a serious danger of violence to a reasonably foreseeable victim or victims, the psychotherapist must take actions to protect any such foreseeable victims, including but not limited to:
    1. Notification, including disclosure of the patient's name and any other needed information, to law enforcement within 24 hours of the psychotherapist's determination. Law enforcement includes UCLAPD and/or any other state or federal law enforcement agencies as may be appropriate under the circumstances.
    2. Notification to the foreseeable victim or victims of the name of the patient and the nature of the threat.
    3. The report should be made by telephone when possible, followed by a written letter documenting the telephone report. The Electronic Health Record (EHR) should reflect the date and time and recipient of these notifications.
2. If reasonably possible, the psychotherapist should consult with University legal counsel before making a disclosure in accordance with this policy. However, if counsel is not immediately available, then the psychotherapist shall immediately take appropriate steps as set forth herein.
3. The psychotherapist shall release to law enforcement all information and records that will assist in the identification and capture of the patient, as well as in the identification and location of any foreseeable victim(s).
4. The information to be released to law enforcement and/or the foreseeable victim(s) shall be limited to that which is required to protect such foreseeable victim(s). Protected patient information and other confidential information shall be appropriately redacted as necessary to ensure that only that information reasonably necessary to protect the foreseeable victims is released in accordance with applicable law.
5. The term "psychotherapist" for purposes of this policy means any licensed physician who practices psychiatry, licensed psychologists, licensed clinical psychiatric social workers, a school psychologist, and

a licensed marriage and family therapist. Where an unlicensed trainee is the primary provider of care, it is the responsibility of the licensed supervisor to assure the enactment of the elements of this policy.

6. Nurses and any other treatment staff shall inform the attending physician or the physician in charge of the service of any patient whose conduct falls within the provisions of policy statement #1.
7. The following information shall be documented in the medical record:
    1. Attempts or actual notification to the foreseeable victim(s) and law enforcement.
    2. Confidential information disclosed to the foreseeable victim(s) and law enforcement).

FORMS

None

REFERENCES

TARASOFF V. THE REGENTS OF THE UNIVERSITY OF CALIFORNIA (1976) 17 CAL.3D 425
Ewing v. Goldstein, PhD, 2004 DJDAR 8707 (7/20/04)
WELFARE AND INSTITUTIONS CODE, SECTION 5328 (S)
EVIDENCE CODE, SECTION 1010
CALIFORNIA BUSINESS AND PROFESSIONS CODE, SECTIONS 2911, 2913, 2909(d), 4980.03, 4980.40, 4980.44, 4996.20
CALIFORNIA HOSPITAL ASSOCIATION CONSENT MANUAL

COPY

REVISION HISTORY

Effective Date:	July 20, 1987
Revised Date:	July 23, 2019

APPROVAL

Aaron Kaufman, MD
Chief of Staff
Resnick Neuropsychiatric Hospital at UCLA

Thomas Strouse, MD
Medical Director
Resnick Neuropsychiatric Hospital at UCLA

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
RNPH Professional Staff Executive Committee (RNPSEC) Meeting	Sherri Martin: Admin Anl Prn 1	7/11/2019
Nursing Leadership	Patricia Matos: Dir [SM]	7/11/2019
	Thomas Strouse: Prof Of Clin-Hcomp [SM]	7/11/2019

COPY

UCLA Health

Effective Date:	*09/2018*
Approved Date:	*09/2018*
Revised Date:	*09/2018*
Next Review:	*09/2021*
Owner:	*William Dunne: Dir*
Policy Area:	*Environment of Care*
Reference Tags:	*Employee Safety, Lippincott, Threat, Violence, Workplace Violence, threat assessment*
Applicability:	*Ronald Reagan, Resnick, Santa Monica, Ambulatory Care*

Workplace Violence Prevention Plan HS- 8703

PURPOSE

Healthcare workers have faced a significant risk of job-related violence and violence continues to increase. This Hospital will provide a means of addressing workplace violence.

PLAN

COPY

A. The safety and security of UCLA Health personnel (faculty, staff, students, & volunteers), patients and visitors is of vital importance. Therefore, acts or threats of physical violence, including intimidation, harassment or coercion, which in your judgment affects UCLA Health or which occurs on UCLA Health property will not be tolerated.

B. This prohibition against threats and acts of violence applies to all persons involved, including but not limited to UCLA Health personnel, contract and temporary personnel, patients and visitors. Therefore, violations of this policy by any individual on UCLA Health property is considered misconduct and will lead to disciplinary and/or legal action as appropriate.

C. No reprisals will be taken against any employee who reports or experiences workplace violence.

RESPONSIBILITY FOR A WORKPLACE FREE FROM ACTS AND THREATS OF VIOLENCE:

A. All UCLA Health personnel must refrain from engaging in acts of violence and are responsible for maintaining a work environment free from acts or threats of violence.

PROCEDURE

PREVENTION PROGRAM FOR WORKPLACE SECURITY:

A. A prevention program for workplace security will include the following:

1. Complete annual security and safety assessment of hospitals and clinics;
2. Sufficient trained personnel to provide security;
3. Controlling access and freedom of movement;

4. Ensuring adequate security systems including door locks, security windows, physical barriers and restraint systems;
5. Employee training;
6. Effective systems to warn others of a security danger or to summon assistance (i.e., panic buttons);
7. Adequate employee escape routes;
8. Buddy system for specified emergency events.

THE MANAGEMENT RESPONSE TEAM:

A. UCLA Health has established an incident response team which is responsible for the overall implementation and maintenance of the Hospital's Workplace Violence Prevention Plan. Management response team members are management level representatives from the following departments:
   1. Human Resources
   2. Security Department
   3. Risk Management
   4. Legal Affairs
   5. Administration
   6. Faculty and Staff Counseling
   7. Spiritual Care
   8. UCLA Police

B. The management response team is headed by Security Services. He/she can be contacted by dialing the page operator x56301.

C. The management response team's duties include, but are not limited to, improving the Hospital's readiness to address workplace violence by:
   1. Reviewing past incidents of violence at the Hospital.
   2. Reviewing Hospital's readiness to respond to issues of workplace violence.
   3. Developing an expertise among management response team members and other appropriate members of management regarding issues of workplace violence.
   4. Establishing liaison with local law enforcement and emergency services.
   5. Training Hospital personnel.
   6. Initial appropriate pre-employment screening of potential Hospital personnel in order to minimize the likelihood of hiring an individual with violent propensities.
   7. Establishing and maintaining policies and procedures for dealing with issues of workplace violence among contract and temporary personnel.
   8. The management response team may assign all or some of these tasks to other individuals within the Hospital. Nevertheless, the management response team remains ultimately responsible for implementing and maintenance of the Hospital's Workplace Violence Prevention Plan.

MANAGERS AND SUPERVISORS SHALL BE RESPONSIBLE FOR

COPY

THE FOLLOWING:

A. Workplace violence prevention training for personnel under their supervision.

B. Assisting management response team with implementing and maintaining the workplace violence program.

C. All Hospital personnel shall obey all approved workplace violence prevention policies.

D. Managers, supervisors and all employees shall be held accountable for reporting all incidents and following-up on violence related reports.

REPORTING REQUIREMENTS:

A. Hospital Personnel:

1. Personnel shall report immediately any acts or threats of violence occurring on Hospital premises to the Security Department, their supervisor, a management response team member or to the Human Resources Department. No employee will be disciplined or discharged for reporting any threats or acts of violence.

B. Supervisor:

1. Supervisors shall report immediately any acts or threats of violence to the Security Department, their immediate supervisor, management response team member or the Human Resources Department. Supervisors/Managers are additionally required to report the occurrences of each warning sign of violence that they observe (i.e., verbal abuse, aggressive behavior, loitering).

C. Contract Services:

1. Third parties working on Hospital premises, shall be informed of Workplace Violence Prevention requirements by contracting department prior to doing any actual work on Hospital premises.

COPY

MEDICAL MANAGEMENT:

A. Employees, who are victims of violence, will be provided with medical and emotional treatment. Employees who are abused by patients, visitors, clients and so on, may experience long- and short-term psychological trauma, post traumatic stress, anger, anxiety, irritability, depression, shock, disbelief, self-blame, fear of returning to work, disturbed sleep patterns, headaches and changes in relationships with family and coworkers.

B. Employees, who have been the victims of violence will receive immediate physical evaluations, be removed from the worksite and treated for acute injuries. Additionally, referrals shall be made for appropriate evaluation, treatment, counseling and assistance both at the time of the incident and for any follow-up treatment necessary.

RECORD KEEPING:

A. Record keeping should be used to provide information for analysis, evaluation of methods of control, severity determinations, identifying training needs and overall program evaluations.

B. Record keeping includes the following:

1. Entry of injury on the OSHA Injury and Illness Log. Injuries that must be recorded include the following:

2. Loss of consciousness
3. Restriction of work or motions
4. Transfer to another job or termination of employment
5. Medical treatment beyond first aid.
6. All incidents of abuse, verbal attacks or aggressive behavior;
7. Recording and communicating mechanism so that all staff who may provide care for an escalating or potentially aggressive, abusive or violent patient will be aware of the patient's status and of any problems experienced in the past;
8. Gathering of information to identify any past history of violent behavior, incarceration, probation reports or any other information that assists employees to assess violent status;
9. Emergency Department personnel are encouraged to obtain and record information regarding drug abuse, criminal activity or other relevant information;
10. Workers' Compensation and insurance records;
11. Safety Committee Minutes and inspections are kept in accordance with requirements; and
12. Training program contents and sign-in sheets of all attendees are maintained.Start here

REFERENCES

COPY

- **· UC Statement of Ethical Values and Standards of Ethical Conduct**
- **· UCLA Policy 131, Weapons on Campus**
- **· Faculty Code of Conduct**
- **· Academic Personnel Manual**
- **· Personnel Policies for Staff Members**
- **· UCLA Student Code of Conduct**
- **· UC Sexual Harassment Policy**
- **· UCLA Policy 136: Reporting Child Abuse and Neglect**
- **· UC Whistleblower Policy**
- **· American National Standard – Workplace Violence Prevention and Intervention**
- **· California Code of Civil Procedure Section 527.8**
- **· California Code of Civil Procedure Section 527.6**
- **· Domestic Violence Employment Leave act CAL Labor Code 230.1**
- **· The Federal Equal Employment Opportunity Commission (EEOC)**
- **· California Department of Fair Employment and Housing (DFEH)**
- **· HS Policy 7313, Disruptive Behavior Among Employees**
- **· Cal OSHA Workplace Violence in Healthcare - Section 3342**

CONTACT

Threat Management & Work Place Violence Outreach Manager

Approval Signatures

Johnese Spisso, RN, MPA
President UCLA Health
CEO UCLA Hospital System

Carlos Lerner, M.D.
Chief of Staff
Ronald Reagan UCLA Medical Center

Roger M. Lee, M.D.
Chief of Staff
Santa Monica-UCLA Medical Center and Orthopaedic Hospital

Laurie R. Casaus, M.D.
Chief of Staff
Resnick Neuropsychiatric Hospital at UCLA

COPY

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Administration Approval	Johnese Spisso: Ceo Med Ctr [MW]	09/2018
Administration Approval	Carlos Lerner: Assoc Prof Of Clin-Hcomp [MW]	09/2018
Administration Approval	Roger Lee: Hs Clin Prof-Hcomp [MW]	09/2018
Administration Approval	Laurie Casaus: Hs Assoc Clin Prof-Hcomp [MW]	09/2018
Executive Medical Boards - MSEC, RNPH PSEC, SMEMB	M Lynn Willis: Mgr [KK]	09/2018
Hospital System Policy Committee Chair	M. Lynn Willis: Mgr	09/2018
Hospital System Policy Committee	M. Lynn Willis: Mgr	09/2018
	William Dunne: Dir	07/2018

Effective Date:	*4/29/2021*
Review Date:	*4/29/2021*
Revised Date:	*4/29/2021*
Next Review:	*4/28/2024*
Owner:	*Medell Briggs-Malonson: Hs Assoc Clin Prof-Hcomp*
Policy Area:	*Care of Patients*
Reference Tags:	*Lippincott*
Applicability:	*Ronald Reagan, Resnick, Santa Monica, Ambulatory Care*

Management of Patient Discriminatory Conduct and Reassignment Requests HS 3068 (NEW)

PURPOSE

The purpose of this policy is to guide an appropriate response to patient discriminatory or harassing conduct toward UCLA Health personnel (faculty, staff, trainees, students and volunteers) based on the assigned personnel's protected characteristics, such as race, ethnicity, national origin, religion, sex, gender, gender expression, gender identity, gender transition status, pregnancy, physical or mental disability, medical condition, genetic information, ancestry, marital status, age, sexual orientation, citizenship, body habitus, political affiliation, or service in the uniformed services. This policy also provides guidelines on how to address discriminatory-based personnel reassignment requests by patients.

COPY

DEFINITIONS

Protected characteristics: race, color, ethnicity, national origin, religion, sex, gender, gender expression, gender identity, gender transition status, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, language, body habitus, political affiliation, or service in the uniformed services.

Personnel: UCLA Health faculty, staff, trainees, students, and volunteers

Affected personnel: personnel who are the target of biased behavior from a patient

Observer personnel: personnel who directly or indirectly observes an incident of discriminatory or harassing behavior toward another personnel member

Discrimination: unfair or prejudicial treatment towards someone due to their protected and social identity characteristics.

Harassment: Harassment is unwelcome conduct, including verbal, nonverbal, or physical conduct, based on any of the protected and social identity categories. Harassment is prohibited when it is sufficiently severe, pervasive, or persistent that it adversely affects a person's employment or education or creates an environment that a reasonable person would find to be intimidating, hostile, abusive, or offensive.

Discriminatory conduct: inappropriate behavior based on an individual's protected or social identity characteristics, including, but not limited to: comments, epithets, slurs, negative stereotyping, suggestions of lack of competence, unwillingness to be treated, displays of offensive materials, or unwelcome physical

contact.

POLICY

UCLA Health patients, as well as their family members, representatives and visitors, are expected to recognize and respect the rights of other patients, visitors, and staff Patient Responsibilities. Threats, violence, disrespectful communication, harassment, or other discriminatory conduct towards any UCLA Health personnel, for any reason, including because of an individual's protected and social identity characteristics will not be tolerated Workplace Violence Prevention Plan HS 8703. Consistent with this commitment, UCLA Health is dedicated to protecting patient autonomy and the rights of all personnel to a safe and productive work and learning environment that is free from racism, sexism, discrimination, harassment, and abuse based on their protected characteristics. To meet these obligations, this policy sets forth a process to guide personnel in managing discriminatory or harassing behavior by patients and/or their family, hereafter referred to as "patient", and discriminatory requests for personnel reassignments.

PROCEDURE

A patient's medical condition must be considered when personnel or UCLA Health make decisions regarding a patient's discriminatory conduct or requests for reassignment based on the personnel's protected characteristics. When these circumstances arise, the affected personnel, observer personnel, or member of the clinical management team should intervene immediately to evaluate and address the situation. The following considerations should be followed when encountering discriminatory conduct or personnel reassignment requests.

COPY

A. **Assess Patient's Medical Condition**
Appropriate clinical personnel should evaluate the patient to determine the patient's clinical stability. If the patient is unstable, the patient must receive stabilizing treatment. If an unstable patient demands reassignment based on the assigned personnel's protected identity, other clinical personnel may be permitted to conduct the patient's initial evaluation and stabilization treatment to prevent death or significant harm. Once stabilized, the patient's request for personnel reassignment will be addressed as per the following guidelines.

B. **Responding to Patient Discriminatory Conduct**
UCLA Health is committed to providing the highest quality of care to its patients while also ensuring a safe and respectful work environment for all personnel. If a patient engages in inappropriate discriminatory or harassing behavior, the following protocol should be followed to the extent practicable.

1. *Immediately Address the Discriminatory Conduct*
The affected personnel, observer personnel, or member of the clinical management team should immediately address the patient's biased behavior (see Appendix A for script responses). Ideally, the most senior personnel present should address the discriminatory behavior and set mutually acceptable expectations for the provision of care based upon the following guidance:

    a. *Affected Personnel*
    If comfortable and practical, the affected personnel should identify the offensive behavior to the offender and request that it stop immediately. In doing so, the affected personnel may discuss the behavior with the offending patient and clarify why the specific behavior is problematic.
    If it is not comfortable or practical for the affected personnel to confront the offending patient directly or if the individual has done so and the discriminatory conduct continues, the affected personnel should promptly report the behavior to their immediate supervisor or member of the

clinical management team so that they may address the behavior with the patient and report the incident to the UCLA Civil Rights Office.

b. *Observer Personnel*
It is imperative that personnel who witness an incident of patient discriminatory conduct towards other personnel take an active role in identifying the offensive behavior to the offender and request that it stop immediately. In doing so, the observer personnel should discuss the behavior with the patient and clarify why the specific behavior is inappropriate. The patient and their surrogate, family members, representatives, and visitors should be informed that discrimination will not be tolerated at UCLA Health.The observer personnel should promptly report any witnessed incidents of discrimination to their immediate supervisor or member of the clinical management team and ensure that the affected personnel is safe from emotional and/or physical harm.

c. *Incident Reporting*
To facilitate the tracking of incidents, any personnel who has been affected by or witnessed an incident of discriminatory or harassing conduct is highly encouraged to submit an incident report in the UCLA Health RLDatix (SOFI) incident reporting system. Incidents of discrimination should also be reported to the supervisor/manager. Supervisors/manages are obligated to ensure a SOFI report is filed and the incident has been reported to the UCLA Civil Rights Office.

2. *Patient-Personnel Discussion Regarding Behavior Expectations*
A discussion between the clinical personnel and the patient should be conducted to establish a clear understanding of UCLA Health's policy that prohibits discriminatory or and disruptive behavior. The discussion should include identifying the specific behavior that is problematic, the behavior changes that are expected, and the consequences of not making those changes. Clinical personnel should document these discussions in the medical record as appropriate. If the behavior continues, the clinical management staff should contact the Office of the Patient Experience (OPX) for additional guidance on how to address the patient's behavior.

COPY

a. *If the Behavior Expectations Agreement Is Not Followed by Inpatients*
Inpatients, or their surrogates, should be informed by clinical personnel of their responsibility not to engage in discriminatory conduct and their right to seek care elsewhere. If the patient, or surrogate, under circumstances that are non emergent, continues to engage in discriminatory conduct, then discharge as outlined in Aggressive or Threatening Behavior by Patients or Visitors HS 8702 should be considered in consultation with the Office of the Patient Experience and Risk Management. If the patient's behavior causes team members to feel unsafe, security should be involved to manage the situation safely.

b. *If the Behavior Expectations Agreement Is Not Followed by Outpatients*
Outpatients and/or their surrogates should be informed of their right to seek treatment elsewhere if they engage in discriminatory conduct. Depending on the severity of the behavior and/or recurrent inability to follow an established patient care and behavior agreement, personnel should refer to Aggressive or Threatening Behavior by Patients or Visitors HS 8702 for additional management guidelines. The patient may be dismissed and transferred to an outside clinic as per Termination of Patient-Provider Relationship - Dismissal From Care HS 1462.

C. **Responding to Discriminatory Patient Requests for Personnel Reassignments**
To provide the highest quality care to all patients, the organization does not accommodate discriminatory reassignment requests. However, the organization remains available to hear patients' concerns about care and will work tirelessly to provide patients with care of the highest quality. The following outlines how to respond to patient requests for personnel reassignments:

1. *Determine the Reason for the Reassignment Request.*
Patient requests for clinical personnel changes based on that individual's protected characteristics will not be honored. Requests for provider or medical staff changes based on gender will be considered on a case-by-case basis and only based on extenuating circumstances. If a patient request clinical personnel reassignment, the reason(s) for the request must be determined. Ethical, cultural, or religious appropriate reasons for reassignment include, but are not limited to, requests for gender concordance based on religion or clinically significant conditions such as posttraumatic stress disorder. If the reasons for the patient's request are not clinically, culturally, or ethically justified, the request will be denied. However, UCLA Health will not force any clinical personnel to treat or refrain from providing treatment to a patient who has requested reassignment based on the clinical personnel's protected characteristics that is deemed to be unacceptable.
2. *If the affected clinical personnel wishes to accommodate the patient's reassignment request, the decision is permissible if:*
    a. other appropriate medical personnel are available;
    b. the clinical personnel involved are comfortable with and agree to the decision;
    c. accommodations can be made within the practical constraints of providing appropriate care for other patients;
    d. procedures are in place to provide institutional support and guidance to the personnel affected;
    e. clinical personnel are not required to accommodate a patient's bias-based reassignment request without explicit consent; and
    f. the decision does not compromise the provision of quality medical care.

D. **Discriminatory Conduct and Reassignment Requests Involving Students and Trainees**
When patients exhibit discriminatory behavior towards a student or trainee, the following steps should be followed:

1. *Students*
All incidents of discriminatory conduct towards a student should be immediately reported to the student's immediate supervisor (i.e., attending physician, preceptor) and clerkship director. The immediate supervisor, or other observer personnel, should inform the patient or surrogate of their specific problematic behavior. The student's immediate supervisor should file an incident report via the UCLA Health RLDatix (SOFI) incident reporting system and report the incident to the UCLA Civil Rights Office and the Dean of Students Office.

    Students may continue treating the patient unless they request or consent to reassignment. In all cases, the immediate supervisor should determine how the student wishes to proceed. A student should not be required to provide care to a patient who has caused them emotional harm or trauma. The student should be clearly informed that their decision to participate or not in the patient's care will not impact their evaluation of their performance.
2. *Resident/Fellow Trainees*

COPY

All incidents of discrimination towards a trainee should be reported to the trainee's attending physician and their site director or program director. An incident report should also be submitted by the trainee or attending via the UCLA Health RLDatix (SOFI) incident reporting system and to the UCLA Office of Civil Rights. The trainee may continue treating the patient unless they request or consent to reassignment. In all cases, the attending physician or immediate supervisor should determine how the trainee wishes to proceed, including assessing whether is it best for the trainee or attending to inform the patient or surrogate of their specific problematic behavior. A trainee should not be required to provide care to a patient who has caused them emotional or physical trauma. The trainee should be clearly informed that their decision to participate or not in the patient's care will not impact evaluation of their performance.

E. **Support for Affected Personnel**

Support should be offered to all affected personnel when they experience discriminatory or harassing behavior from a patient. Racism, sexism, and other forms of discriminatory behavior can cause significant psychological trauma to the targeted individual and observers. Immediate steps should be taken to ensure the affected personnel feel safe, heard, and supported. When feasible and appropriate, convening a meeting of the personnel involved in the patient's care to discuss the incident, evaluate how the team responded, and discuss how best to address future patient discriminatory conduct can help provide support to all of the personnel and strengthen the team's confidence in responding to discrimination incidents in the future. Individual and team counseling offered by the Office of Health Equity, Diversity, and Inclusion in conjunction with the UCLA Employee Assistance Program, should be offered to the affected care team and the leadership in the specific unit.

F. **Manager or Supervisor Responsibility**

Managers and supervisors have an affirmative duty under this policy to protect personnel from patients' discriminatory conduct and to promptly report to their manager(s) and director(s) any such incidents that they witnessed or become aware of within their own department or another department, regardless of whether the alleged recipient of such conduct makes a formal complaint. The manager or supervisor should also verify that an incident report (SOFI) has been submitted, and if not, submit one. Incidents reported to a supervisor, manager and/or director should verify that a SOFI has been filed and report any complaints of discrimination or harassment to the UCLA Civil Rights Office based on an individual's protected characteristics.

G. **Reporting Procedures and Guidelines**

UCLA Health encourages personnel to report any perceived incidents of patient discriminatory conduct, regardless of the offending patient's identity or position. This policy prohibits retaliation for bringing a complaint of discrimination or harassment pursuant to this policy against any patient. This policy also prohibits retaliation against a person who assists someone with a complaint of discrimination or harassment or participates in any manner in an investigation or resolution of a complaint of discrimination or harassment. Retaliation includes threats, intimidation, reprisals, and/or adverse actions related to employment.

No person will be adversely affected in their employment or training because of reporting a good-faith complaint of patient discriminatory conduct. All incidents of discrimination directed towards personnel should be immediately reported to the supervisor or manager and an incident report (SOFI) should be submitted to the RLDatix (SOFI) incident reporting system by the affected personnel, observer personnel,

COPY

or supervisor. Incidents of discrimination or harassment based on an individual's protected characteristics should also be reported to the UCLA Office of Civil Rights.

H. **Tracking and Data Collection**
Incidents of patient biased behavior and reassignment requests will be tracked via the RLDatix (SOFI) incident reporting system and reported to the Department of Quality and the Office of Health Equity, Diversity, and Inclusion, and the UCLA Civil Rights Office. The RLDatix SOFI reporting portal can be found on the UCLA Health mednet website page. This collected data includes, but is not limited to, the department where the incident occurred, incident response, and personnel support.
Tracking and data collection systems for students and trainees will be overseen by educational supervisors and reported both to school and hospital administration.

I. **Data Review**
The Department of Quality and the Office of Health Equity, Diversity, and Inclusion will analyze the data and direct report to appropriate standing committees overseeing relevant matters, including the Disruptive Behavior Committee, UCLA Hospital System Equity Council, and the David Geffen School of Medicine student and graduate medical education leadership. These committees shall review all submitted reports on a regular basis and update health system protocols and policies, as necessary.
Education and Training

Discriminatory behavior and discriminatory reassignment requests can have a demoralizing effect on personnel. Advance knowledge and training about UCLA Health policies and procedures will better prepare personnel to determine the appropriate course of action in these challenging situations. Accordingly, this policy will be included in regular personnel and trainee education programs. These trainings will be designed to enhance personnel knowledge and skills for identifying discriminatory behavior with the intent of reducing the common tendency to overlook these aggressions; increase awareness of available supports; enable personnel to effectively manage patient discrimination interactions; and understand the need and processes for reporting incidents.

COPY

Cross References

HS 1354: Patient Rights and Responsibilities

HS 1462: Patient-Provider Relationship - Dismissal from Care

HS 8702: Aggressive or Threatening Behavior by Patients or Visitors

HS 8703: Workplace Violence Prevention Plan

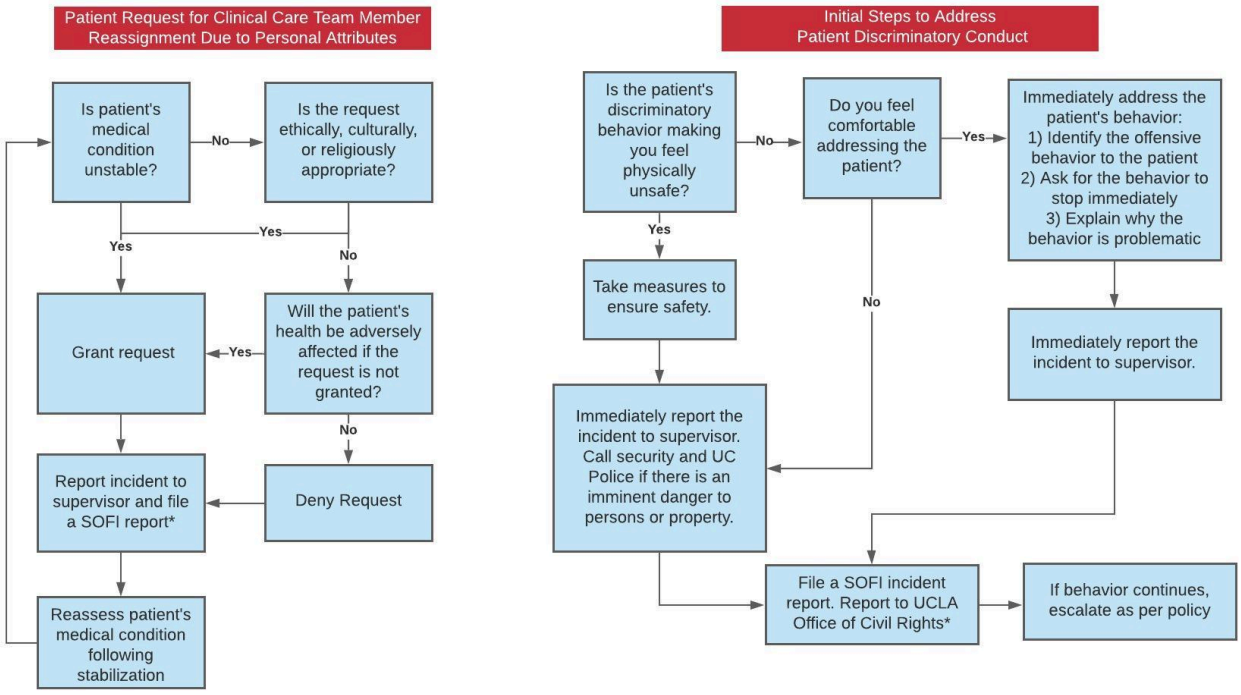
Appendix A: Scripted Responses to Discriminatory Conduct and Requests for Reassignment

Example Responses to Discriminatory Comments or Behavior	Example Responses to Discriminatory Reassignment Requests
• "Help me understand your comment."	• "Help me understand your request."
• "Words/comments such as that can be viewed as offensive. I/we ask that you	• "We are here to help you as a team. We do not change doctors/nurses/etc. because of their race/

do not use that word/comment again.	ethnicity/religion, etc.
• "UCLA Health is a place of healing and respect. We do not tolerate words or behavior such as that."	• "All UCLA Health team members are very qualified. Our top priority is that you receive the best care, and I know that our team members can provide that."
• "One of UCLA Health's core principle is to treat everyone with respect and dignity. We do not tolerate disrespectful or offensive comments/behavior."	• "We are confident in each of our team member's ability to provide you with exceptional care. We do not honor requests to reassign people based on their race/ethnicity/sexual orientation/etc."

COPY

Workflow



***Observer Personnel or Supervisor:** Immediately ensure the physical and psychological safety of the affected individual. Provide empathy and resources to personnel negatively impacted by reassignment requests of discriminatory behavior. Verify that SOFI incident report is submitted. Supervisors must report indicent to UCLA Office of Cilvil Rights if discriminatory behavior was based on ptotected characteristics.

REFERENCES

HS 1354: Patient Rights and Responsibilities

HS 1462: Patient-Provider Relationship - Dismissal From Care

HS 8702: Aggressive or Threatening Behavior by Patients or Visitors

HS 8703: Workplace Violence Prevention Plan

Paul-Emile, Kimani, et al. "Addressing patient bias toward health care workers: recommendations for medical centers." *Annals of internal medicine* 173.6 (2020): 468-473.

Warsame, Rahma M., and Sharonne N. Hayes. "Mayo Clinic's 5-Step Policy for Responding to Bias Incidents." *AMA journal of ethics* 21.6 (2019): 521-529.

CONTACT

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Administration Approval- President and CEO, UCLA Health	Johnese Spisso: Ceo Med Ctr [FD]	4/29/2021
Ronald Reagan Medical Staff Executive Committee- Chief of Staff	Carlos Lerner: Prof Of Clin-Hcomp [FD]	4/29/2021
Santa Monica Medical Staff Executive Committee- Chief of Staff	Roger Lee: Hs Clin Prof-Hcomp [FD]	4/29/2021
Resnick Neuropsychiatric Medical Staff Executive Committee- Chief of Staff	Aaron Kaufman: Hs Assoc Clin Prof-Hcomp [FD]	4/29/2021
Hospital System Policy Committee Chair	Fiona Dunne: Adm Crd Ofcr [KK]	3/1/2021
Policy Owner	Medell Briggs-Malonson: Hs Asst Clin Prof-Hcomp	2/15/2021

COPY

Patient Responsibilities

As a patient of UCLA Health, you have the following responsibilities:

Healthcare is a shared responsibility. Engaging in discussion, asking questions, seeking information, and exploring alternatives improves communication and understanding of one's health and treatment.

- Patients, as well as their family members, representatives and visitors, are expected to recognize and respect the rights of our other patients, visitors, and staff. Threats, violence, disrespectful communication or harassment of other patients or of any medical center staff member, for any reason, including because of an individual's age, ancestry, color, culture, disability (physical or intellectual), ethnicity, gender, gender identity or expression, genetic information, language, military/veteran status, national origin, race, religion, sexual orientation, or other aspect of difference will not be tolerated. This prohibition applies to the patient as well as their family members, representatives, and visitors.
- In addition, requests for changes of provider or other medical staff based on that individual's race, ethnicity, religion, sexual orientation or gender identity will not be honored. Requests for provider or medical staff changes based on gender will be considered on a case by case basis and only based on extenuating circumstances.
- To respect the rights and property of other patients and UCLA Health personnel. Just as you want privacy, a quiet atmosphere and courteous treatment, so do other patients. You have the responsibility to follow the organization's rules and regulations, limit your visitors, follow smoking regulations, and use the telephone, television, and lights courteously so that you do not disturb others.
- Following Safety Policies
- Patients and their families or visitors are expected to:
    - To prevent accidental fire due to ignition of a patient's administered oxygen therapy, do not bring any smoking materials (cigarettes/tobacco in any form, electronic cigarettes ["Vaping"], matches, lighters, battery recharger for electronic cigarettes,) into a patient's room.
    - Refrain from conducting any illegal activity on UCLA property. If such activity occurs, it will be reported to the police.
    - Refrain from recording your experiences in the hospital without the consent of everyone involved including Medical Center physicians, nurses, and other staff. Please Note that unauthorized recording violates California state law.
    - For the safety of all patients, visitors, faculty, staff, and students, do not bring any weapons onto health system property including but not limited to guns, knives, pepper spray (or similar), or tazers/stun guns.
- To report to your physician, and other healthcare professionals caring for you, accurate and complete information to the best of your knowledge about present complaints, past illness, hospitalizations, medications, unexpected changes in condition and other matters relating to your health as well as to provide a copy of your advance directive or POLST to be filed in your medical record, if applicable.
- To seek information about your health and what you are expected to do. Your healthcare provider may not know when you're confused or uncertain, or just want more information. If you don't

understand the medical words they use, ask for a simpler explanation.

- The most effective plan is the one to which all participants agree and that is carried out exactly. It is your responsibility to tell your health care provider whether or not you can and want to follow the treatment plan recommended for you.
- To ask your healthcare provider for information about your health and healthcare. This includes following the instructions of other health team members, including nurses and physical therapists that are linked to this plan of care. The organization makes every effort to adapt a plan specific to your needs and limitations.
- To continue your care after you leave UCLA Health, including knowing when and where to get further treatment and what you need to do at home to help with your care.
- To accept the consequences of your own decisions and actions, if you choose to refuse treatment or not to comply with the care, treatment, and service plan offered by your healthcare provider.
- To keep appointments with your healthcare provider. If you need to cancel an appointment, you should do so at least 24 hours before your appointment time.
- To assure that your financial obligations for your healthcare fulfilled by paying bills promptly. Late payments increase overall charges. You are responsible for working with your account representative to make payment arrangements and for providing the information necessary to determine how your hospital bill will be paid.
- To follow UCLA Health rules and regulations affecting patient care and conduct.
- To be considerate of UCLA Health facilities and equipment and to use them in such a manner so as not to abuse them.
- Any abusive or disrespectful behavior could result in dismissal from UCLA care or a visitor being barred from visitation.

If you have any questions regarding these Patient Responsibilities, please contact:

- Ronald Reagan UCLA Medical Center, Office of the Patient Experience (Inpatient/Ambulatory Care) 310-267-9113
- UCLA Santa Monica Medical Center, Office of the Patient Experience (Inpatient/Ambulatory Care) 424-259-9120
- Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA, Patient Relations 310-267-9092

These Patient Rights combine Title 22 and other California laws, The Joint Commission and Medicare Conditions of Participation requirements.

These Patient Rights combine Title 22 and other California laws, The Joint Commission and Medicare Conditions of Participation requirements.

REMEDIATION PLAN

The UCLA Semel Institute Psychology Internship Program has a goal of providing you with the best training possible. There have been continued concerns regarding your performance. Our concerns were discussed with you (ie. dates, circumstances)_____. Our hope is that a remediation plan will help you develop the skills necessary for the satisfactory completion of the internship. You are more than welcome to give us feedback, in writing or verbally if you have any suggestions in how we may improve your training.

Attached is a joint written remedial plan, with specific dates indicated for completion. Once completed, the issues/s addressed will be re-evaluated using another evaluation form.

Intern: _____

Issue/s to be addressed:_____
_____
_____
_____
_____

Contributing factors to the issue/issues, if any (ie. Insufficient prior training, absence):_____
_____
_____
_____
_____

Intern's comments (if desired):_____
_____
_____
_____
_____

_____

Date:_____

_____
Intern

_____
Supervisor

_____
Supervisor

_____
Advisor

_____
Director of Clinical Training

Educational Support Awards for Clinical Psychology Trainees

As approved at the last meeting of the Neuropsychiatric Behavioral Health Service (NPBHS) Board, pending finance committee approval, we proposed that our clinical psychology trainees (internship and postdoctoral levels) receive an annual allocation to support educational advancement. We propose that these awards begin in academic year beginning 7/1/2021. The guidelines for awarding this allocation are as follows.

1. Eligible trainees include doctoral interns (Title Code 2714) and postdoctoral fellows in clinical psychology (Title Code 2740).
2. The eligible period for any given trainee is the program year (for interns, always from 7/1 to 6/30 coinciding with the academic year); for fellows, who have start dates other than 7/1, the program year is counted as the calendar year beginning with their start-date.
3. The $1,000 annual allocation per trainee is the total available from NPBHS from this pool. If a trainee's total expenses exceed this amount, any overage must be paid from other sources (either the trainee personally or other sources if these are available for the advisor, preceptor, or program director).
4. Any unused funds in a given academic year will become part of a pool for other educational activities, with a priority given to educational activities supporting antiracism or equity, diversity and inclusion.
5. The funds are to be awarded selectively to trainees who submit meritorious applications. Merit of applications will be determined by a committee of faculty, based on criteria including: (a) value to the trainee's educational development; (b) quality of the educational opportunity; (c) cost is reasonable given the educational opportunity. In general, a trainee is expected to either be presenting their own work, or if not, to provide compelling justification about how the opportunity will advance their professional education.
6. The funds may be used for any reasonable educational purpose (e.g., conference registration, travel, lodging, meals) but the costs must be justified.
7. If there are travel restrictions (e.g., due to a pandemic), the funds may be used for conference registration or other non-travel expenses.
8. A trainee may request more than one award in a given academic year but the total funding available through this mechanism will not exceed $1,000 in total.
9. Trainees are allowed a total of 3 attendance-only conference days per year. Trainees are also allowed to use vacation days to attend conferences, workshops, and other outside training of interest.
10. Conference days that are approved for departmental reimbursement (see above) do not count against these 3 days.
11. Attendance-only requests may be denied if your absence will cause undue burden on your fellow trainees and/or impact clinical care.

Approval Request for Conference Travel under UC Policy on Travel Regulations (G-28)

To allow adequate time for review and approval, requests for prior approval must be submitted to the program at least 60 days in advance of the presentation or in advance of the submission of materials for consideration of payment/fee for registration.

For details on items eligible for reimbursement, please reference UC Policy
https://policy.ucop.edu/doc/3420365/BFB-G-28

* Required

Name *

Your answer

Internship/Fellowship

___ Psychology Internship Program
___ Postdoctoral Fellowship in Neuropsychology
___ Postdoctoral Fellowship in Clinical Psychology

Conference Name and Location

Your answer

Description of Submission including co-authors and mentor.

Your answer

Description of how this submission relates to professional development

Your answer

Please list any funding sources (awards, PI, travel grants). Financial support/scholarship may be applied to defray travel and registration expenses.

Your answer

Dates of Expected Travel

Your answer

Clinical Rotation at Time of Conference

Your answer

Expected Plan for Clinical Coverage

Your answer

Latest Provider and Staff Information

The following is the latest information on our services and how to obtain them:

- Vendor over-the-phone (*310-267-8001 option 3*) and video-remote (*blue Cyracom iPad carts*) interpretation services remain accessible 24/7.
- Additionally, UCLA staff interpreters are available via MyChart Video Visit, Zoom, and telephone:

Spanish

- UCLA staff Spanish interpreters are available Monday through Friday, 8:00 am to 5:00 pm, to provide service via MyChart Video Visit, Zoom, and telephone.

Whenever possible, please submit requests 48 hours in advance.

  - If you need a Spanish staff interpreter for a MyChart Video Visit or Zoom meeting taking place during business hours, please submit the online request form.
  - If you need a Spanish interpreter for a scheduled Zoom meeting after-hours, including weekends, a request needs to be submitted in advance using the online request form, during business hours, Monday through Friday, 8:00 am to 5:00 pm.

Languages Other than Spanish (including American Sign Language)

- Interpretation services for MyChart Video Visits are currently not available for languages other than Spanish. We suggest converting these encounters to phone or Zoom if an interpreter is needed.
- If you need an interpreter for a scheduled Zoom meeting in a language other than Spanish (including after-hours and weekends) a request needs to be submitted in advance using the online request form, during business hours, Monday through Friday, 8:00 am to 5:00 pm.
- Click here for information on regulations and guidance on communicating with Deaf, Deaf/Blind, and Hard of Hearing Patients and their Caregivers.

Interpretation Services for Last-minute Zoom Meetings

- Interpretation services for last-minute Zoom meetings are available Monday - Friday, 8:00 am - 5:00 pm in the following languages: Spanish, American Sign Language, Arabic, Cantonese, Mandarin, Russian, and Vietnamese. To obtain this service, please contact us at 310-267-8001 and select option 1.

****For critical or exceptional cases where an in-person interpreter is imperative to the communication, please contact us.**

Contact Information

- Click here to access the Interpreter Request Form
- Telephone: (310) 267-8001
- Email: interpreters@mednet.ucla.edu

Additional Resources

- MyChart Video Visit Tip Sheet
- Hoja informativa para videoconsultas por MyChart - Español
- Language Services Policy - *coming soon*

.

GUIDELINES OF USING INTERPRETER SERVICES

Helpful information from Brenda Bursch, Ph.D.

Video Tele-Interpreting

This should be your first choice for translation services. The service is available through our partnership with the Health Care Interpreter Network (HCIN). There are more than 200 qualified medical interpreters online within the HCIN network, providing Spanish, American Sign Language, Arabic, Armenian, Cambodian, Cantonese, Farsi, Hindi, Hmong, Korean, Lao, Mandarin, Mien, Russian, Spanish, Thai, Tongan, Vietnamese and more. Ask bedside nurse about equipment availability.

Telephone Interpretation

This is the quickest way to access service, although sometimes calls get dropped and you have to call back in. Call from bedside phone. You will need the patient's name, medical record number and location.

How to Request an in-Person Interpreter

- Identify patient's language. If unknown, please use the language card.
- Schedule interpreters by completing the interpreter request form online, by email or by fax to x47924, at least 48hrs in advance.
- For Deaf and Hard of Hearing patients schedule in advance by calling (310) 267-8001.
- For unforeseen medical interpreter needs during office hours, call extension x78001.
- Off hours and holidays, contact the page operator at (310) 825-6301.

Priority is given to emergency situations, then to scheduled appointments, and then to same day requests.

<u>Information you will need when calling Interpreter Services</u>:

1. Extension/telephone # of the location where the patient will be seen
2. Last & first name of the patient
3. Specific clinic name where the patient will be seen
4. Location of the appointment & room number
5. Patient medical record number
6. Name of the clinician who will be seeing the patient
7. Estimated duration of appointment
8. Time of the appointment

How to End a Call or Video Session with an Unhelpful Interpreter

Thank them for their service, end the call, and then call back for a different interpreter. Report any problems encountered to interpreters@mednet.ucla.edu, along with the name/ID number of the individual.

If You Speak Spanish

Callinterpreters@mednet.ucla.edu to set up a 30-minute language proficiency assessment (to demonstrate basic conversational Spanish competency) in order to be certified to speak Spanish to patients.

Use of Family Members as Interpreters

UCLA Hospital System may not require a patient to use friends, minor children, or family members as interpreters. However, some patients may feel more comfortable when a trusted family member/friend acts as an interpreter. A patient's desire to use an interpreter of his/her own choosing must be respected. If there are concerns regarding the use of a family member or friend serving as the interpreter (i.e. conflict of interest or lack of competency) the Medical Center can request that a qualified interpreter be utilized to ensure accurate interpretation. Children under the age of 15 are prohibited to act as interpreters in medical settings. Children between the age of 15 and 18 may be used as interpreters in emergency circumstances only. It is recommended that providers and staff document the use of an interpreter (or that the family declined use of an interpreter) in the EMR when using on-site, over-the-phone or video interpreters.

Tips: Below you will find tips on how to properly work with an interpreter in a medical setting.

Before seeing the patient:

· If you are unfamiliar with the interpreter, ask if he/she will be interpreting simultaneous or consecutively. (Below find an explanation of the terms.)

Once inside:

· ALWAYS address the patient, and not the interpreter.

· Strive to maintain eye contact with your patient. Although sometimes challenging when an interpreter is present, this will establish that YOU are the clinician, and are interested in the PATIENT, not the interpreter. Your interpreter should also reinforce this by not holding side conversations with the patient and directing any questions to YOU.

· Never make side comments about the patient. You never know how much the patient can understand.

The conversation:

Simultaneous: The interpreter interprets the dialogue immediately after it is spoken.

Consecutive: The interpreter retains what is said in his/her memory and relays it back once the person pauses or stops speaking. When working with consecutive interpretation, you must:

· Speak at a reasonable pace. Allow time for the interpreter to do his/her job.

· Do not interrupt the interpreter while he/she is speaking.

· Do not expect interpreter to clarify information or explain what you say. Mean what you say and say what you mean.

AND YOU SHOULD NEVER:

· Ask patients to bring their own interpreter. This is a violation of federal law.

· Use another patient to interpret.

· Use unqualified staff to interpret.

· Use children to interpret.