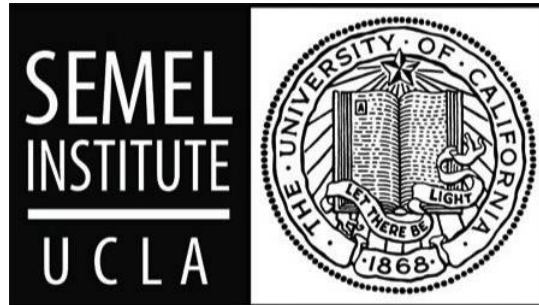


UCLA SEMEL INSTITUTE PSYCHOLOGY DOCTORAL INTERNSHIP TRAINING PROGRAM



Manual 2023-2024



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

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September 1, 2022

Dear Applicant:

Thank you for your interest in our internship program.

The Department of Psychiatry and Biobehavioral Sciences of the David Geffen School of 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, 2023 to June 30, 2024

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

POSITIONS AVAILABLE: We expect to have 20 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: 3
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. We are requesting two reports of comprehensive neuropsychological evaluations for application to the following tracks: Pediatric Neuropsychology, Adult Neuropsychology, Geriatric Psychology-Neuropsychology, Lifespan Neuropsychology, and Cultural and Bilingual Lifespan Neuropsychology.

All materials for this site must be submitted by NOVEMBER 1, 2022

Any questions should be addressed to Psychology Training Coordinator, Jewelle Dela Cruz. Contact information is as follows: jcdelacruz@mednet.ucla.edu, phone: 310-206-5110, 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 NEUROPSYCHOLOGY	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,

Patricia Walshaw, Ph.D.
UCLA Semel Institute
Director, Psychology Doctoral Internship Training Program

**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

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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 20 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 – 3 positions
 Lifespan Neuropsychology – 1 position
 Cultural & Bilingual Neuropsychology Lifespan – 1 positions

The internship was established in 1958 and has been continuously accredited by the American Psychological Association Accreditation Committee since May 1963¹. 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

¹Questions 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

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.

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 Helena Hansen, M.D., PhD, 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. Patricia Walshaw, Ph.D. is the Director of Psychology Internship Training. Emily Ricketts, Ph.D. is the Associate 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 Michael Gitlin, M.D. is acting 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 (2022-2023)

JANE & TERRY SEMEL INSTITUTE FOR NEUROSCIENCE AND HUMAN BEHAVIOR

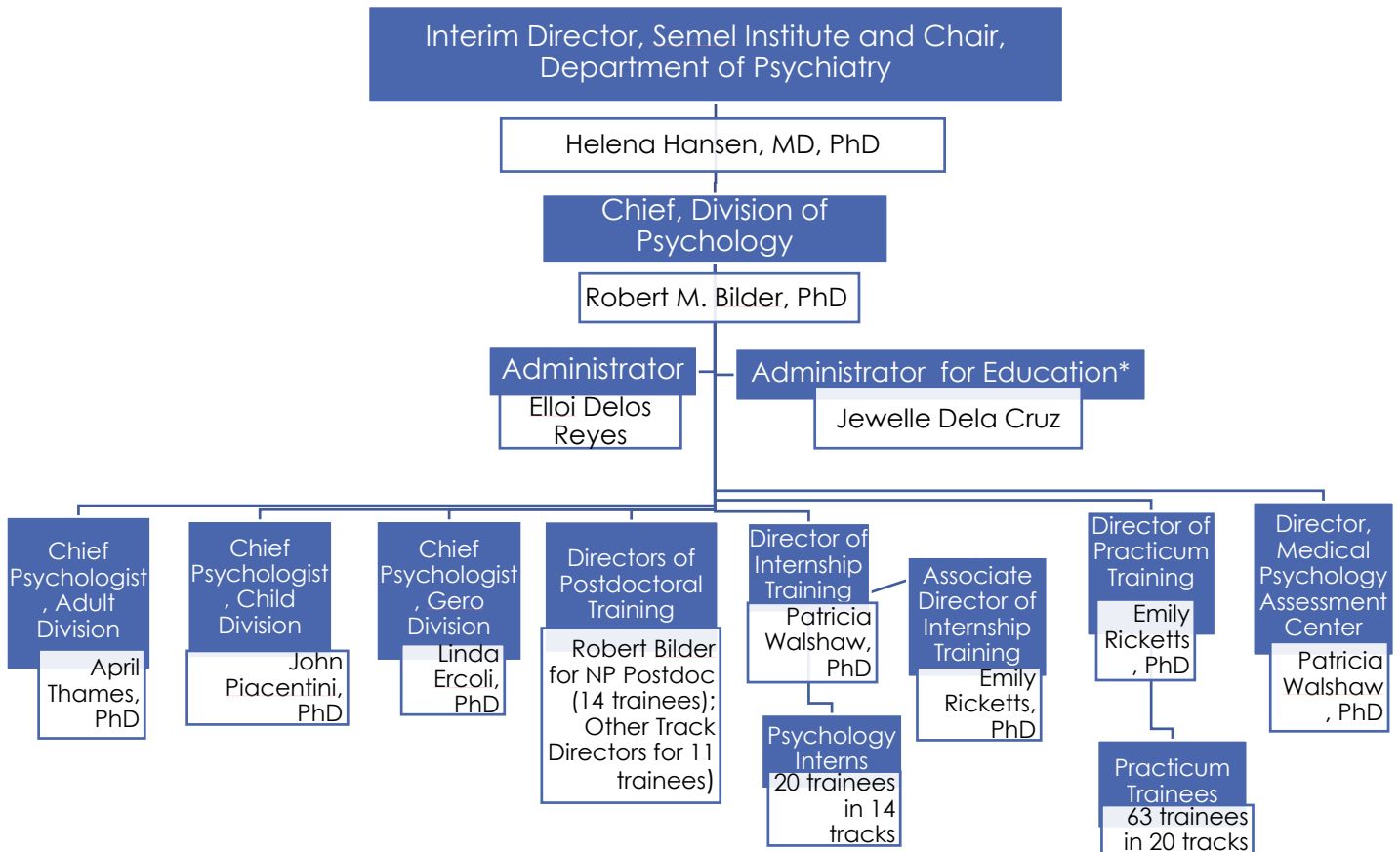
STEWART & LYNDA RESNICK NEUROPSYCHIATRIC HOSPITAL

DEPARTMENT OF PSYCHIATRY & BIOBEHAVIORAL SCIENCES, DAVID GEFKEN 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 outpatient clinical services via a combination of in-person and telehealth visits. 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 has 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. You may choose to have more than one advisor. 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 Drs. Patricia Walshaw and Emily Ricketts 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. 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

Fundamentals of Child and Adolescent Psychiatry (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 Fundamentals of Child and Adolescent Psychiatry 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
Fundamentals of Child and Adolescent Psychiatry(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 Fundamentals of Child and Adolescent Psychiatry 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
Fundamentals of Child and Adolescent Psychiatry (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
Geropsychology/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	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	Tabuenca, Strober
ABC (4 months)	30	Peris
Peds-CL Service (4 months)	27	Emerson
Child and Adolescent Acute Care		
Ch & Adol Inpt/Adol PHP (8 months)	30	Tabuenca, Strober
Peds-CL Service (4 months)	27	Emerson
Peds C-L		
Peds C-L Service (8 months)	27	Emerson
Adolescent Medicine Clinic	4	Emerson
Ch & Adol Inpt/Adol PHP (4 months)	30	Tabuenca, 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	

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 Drs. Walshaw and Ricketts to discuss all aspects of the training program. The faculty appreciates feedback on what is positive about the program and what 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

DESCRIPTION:

Interns in the General Child Track receive training in the ABC children's day treatment program, the Child and Adolescent Inpatient Service, the Adolescent Partial Hospitalization program and in Pediatric Psychology Consultation-Liaison service. This offers a breadth and depth of training in the assessment and treatment of children and adolescents with severe psychopathology and severe psychosocial stressors and children and adolescents with a wide variety of psychiatric, behavioral, emotional, and family problems that are complicating their medical care.

ROTATION SCHEDULE

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

Child and Adolescent Acute Care Track

DESCRIPTION:

The intern in the Child and Adolescent Acute Care Track receives 8 months of training in the Child and Adolescent Inpatient Service and the Adolescent Partial Hospitalization Program, offering an intensive experience in severe psychopathology and severe psychosocial stressors in children and adolescents. The intern also receives training on the Pediatric Psychology Consultation-Liaison service working with children and adolescents with a wide variety of psychiatric, behavioral, emotional, and family problems that are complicating their medical care.

ROTATION SCHEDULE

Child and Adolescent Inpatient Service/ Adolescent Partial Hospitalization Program	Pediatric Psychology 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)
- Fundamentals of Child and Adolescent Psychiatry 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 DURING ROTATIONS:

ABC, Child and Adolescent Inpatient/Adolescent PHP: 6-9

Pediatric Consultation-Liaison Service: 13-16

Child and Adolescent Inpatient Service

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

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00				General Resident Didactics (4267)	Orange Rounds 1 st and 3 rd Friday (4345)
8:30					
9:00	Blue Rounds (4345)	Orange Team Treatment Planning (4267)	Child Division Grand Rounds or Brief Talks - 1 st and 3 rd (4267)	Orange Resident Group Supervision (4345)	Orange Rounds (4345)
9:30					
10:00	ED Blue then Orange (4345)		Bedside Rounds Blue & Orange (4-West)	Blue Resident Group Supervision (4345)	ED Rounds Orange then Blue (4345)
10:30					
11:00	Orange Rounds (4345)	Psychiatry Department Grand Rounds	Eating Disorder Treatment		Blue Rounds (4345)
11:30					

			Planning (4267)		
12:00					
12:30					
1:00	Teaching Rounds (Family Therapy Supervision - 3 rd Monday) 75 minutes (4267)	Blue Team Treatment Planning (4267)	Fellow and Intern Therapy Supervision (4267)	APHP Treatment Planning (APHP day room)	APHP Supervision (APHP nursing)
1:30					
2:00	APHP Supervision (APHP nursing)	Resident Therapy Supervision (4267)			Family Therapy Rounds - 1 st Friday (4267)
2:30		Resident Therapy Supervision (4267)			
3:00					
3:30					
4:00					
4:30					

Rooms: 4267 = conference room outside 4W, 4345 = meeting room on C-unit

FACULTY AND STAFF:

Robert Suddath, M.D., Medical Director

Manal Khan, M.D., Attending Psychiatrist

Michael Strober, Ph.D., Director, Eating Disorder Program, Attending Psychologist

Krista Tabuenca, Ph.D., Attending Psychologist

TRAINING PROVIDED:

Interns have primary case management responsibilities for three patients at any given time during their 4-month rotation. The caseload of three includes patients in both the inpatient and adolescent partial hospitalization programs. Child Psychiatry fellows and psychiatry residents serve as medical 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.

Krista Tabuenca, Ph.D. supervises cases on the Orange Team. Michael Strober, Ph.D. supervises cases on the Blue Team. 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): Krista Tabuenca, Ph.D., Michael Strober Ph.D.

Adolescent Partial Hospitalization Program (APHP)

The Adolescent Partial Hospitalization Program offers a multidisciplinary 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:

<u>Day:</u>	<u>Time:</u>	<u>Meeting or Conference:</u>
Thursday	1-3pm	Treatment planning

HOURS PER WEEK:

30-Includes 4w and Adolescent PHP

FACULTY AND STAFF:

Jennifer Humphrey, L.C.S.W., Program Director
Robert Suddath, M.D., Medical Director
Krista Tabuenca, 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. Krista Tabuenca 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): Krista Tabuenca, Ph.D.

UCLA Child Day Treatment Service – ABC Program

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/1QfzIixJGN1n7ThWcWLNRMKtaSwIB7Kfk/view?usp=drive_web;!!F9wkZZsl-LA!XLehRuPMZTnE34tVd4TX-6PE97NrZ5_6lETe3dfiyPUoD-SNA66lC7nNkvS_YUBY2q\\$](https://urldefense.com/v3/https://drive.google.com/file/d/1QfzIixJGN1n7ThWcWLNRMKtaSwIB7Kfk/view?usp=drive_web;!!F9wkZZsl-LA!XLehRuPMZTnE34tVd4TX-6PE97NrZ5_6lETe3dfiyPUoD-SNA66lC7nNkvS_YUBY2q$)

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 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
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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
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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, microinvalidations, 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 :

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.

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 RPMC 4265	9:00-10:00am Child Psych Grand Rounds (2 nd /4 th Wed; Sept-June)	Core Lectures Semel C8-177 8:00-9:20am	
				10:00-11:00am Supervision with
	11-11:30am PICU/CT-ICU Multidisciplinary Psychosocial Rounds	11-12am Supervision with 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			
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*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
- Fundamentals of Child and Adolescent Psychiatry 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:

Natacha Emerson, Ph.D., Director

Krista Tabuenca, Ph.D., Associate Director

TRAINING PROVIDED:

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 United 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): Natacha Emerson, Ph.D. and Krista Tabuenca., Ph.D.

Autism & Neurodevelopmental Disabilities-Assessment Track and Autism & Neurodevelopmental Disabilities-Treatment Track

DESCRIPTION:

There are two separate Autism and Neurodevelopmental Disabilities (AND) tracks- The AND Assessment Track and the AND Treatment Track. Both tracks are designed to train psychologists to enter careers in the field of developmental disabilities. Autism and neurodevelopmental disabilities are the focus of most of the internship activities with the goal of further developing expertise in this area.

Offering both depth and breadth, interns in each 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.

The AND Assessment Track 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).

The AND Treatment Track 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).

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)
- Fundamentals of Child and Adolescent Psychiatry 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, Fundamentals of Child and Adolescent Psychiatry 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 Fundamentals of Child and Adolescent Psychiatry 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 (2 nd & 4 th week of month) CAN Clinic Evaluation (1 st & 3 rd week of month)	9:30-10:30 CAN Clinic ADOS-2 & ADI-R Reliability	9:00-12:00 CAN Clinic Evaluation 9:00-10:00 CART Autism Affinity Lecture (1 st Friday of the 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		
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)
- Fundamentals of Child and Adolescent Psychiatry 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, Psy.D, 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 2022-2023 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. CAPPS is participating in 26-site consortium longitudinal prospective study- the Psychosis Risk Outcomes Network (ProNET) as well as conducting long term follow up on psychosis-risk youth and families. 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, UPLIFT, in collaboration with the UCLA Child and Adolescent Mood Disorders Program (CHAMP) clinic.

ASMI MEETINGS

Mondays 10-11 – Clinical Assessment Team Supervision

Mondays 11-12 – Neuropsychology Assessment Team Supervision / Psychosocial Treatment Team Supervision/CAPPS Didactic Series (alternating weeks)

Clinical Assessment Supervision: 1 hour per week to be arranged with Dr. Adery

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

Gil Hoftman, M.D., Ph.D., Misty Richards, M.D., Alaina Burns, M.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), the Positive Symptom and Diagnostic Criteria for the CAARMS Harmonized with SIPS (PSYCHS), the Structured Clinical Interview for DSM-5 (SCID), and other clinical rating scales, such as the Brief Psychiatric Rating Scale (BPRS), Negative Symptom Inventory for Psychosis Risk (NSI-PR), Columbia Suicide Severity Rating Scale (C-SSRS) and Calgary Depression Scale for Schizophrenia (CDSS). Interns will administer these and other 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 spend 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)

Fundamentals of Child and Adolescent Psychiatry 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, Fundamentals of Child and Adolescent Psychiatry Seminar, and the Intern' 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 medical or developmental challenges, or homeless youth. Outreach and training opportunities vary during 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, Psy.D, Jeffrey Schaeffer, PhD., ABPP-CN, Diane Schneider, 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)
- Fundamentals of Child and Adolescent Psychiatry 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, Psy.D, Jeffrey Schaeffer, PhD., ABPP-CN, Diane Schneider, 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, Psy.D, 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

Fundamentals of Child and Adolescent Psychiatry 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:

Natacha Emerson Ph.D., Director
Krista Tabuenca 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/7FUG6KjirL8>
- Birthday: <https://youtu.be/FcB8bH0hGkw>
- Lakers: <https://youtu.be/l63HuxQ3lwg>
- 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)

<u>Day:</u>	<u>Time:</u>	<u>Meeting or Conference:</u>
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., Shelley Segal, Ph.D., Perry Nicassio, Ph.D., Ph.D., Natacha Emerson, Krista Tabuenca, Ph.D., 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, Psy.D; 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 inpatient 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

APPROXIMATE 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

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 "frailer" 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 and Van Dyk

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-aculturated, 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.

Antiracism Learning Groups: Program Evaluation

PROGRAM DESCRIPTION:

This elective offers the opportunity for interns to gain mentored research experience through the evaluation of a novel educational program for faculty, staff, and trainees in the Department of Psychiatry and Biobehavioral Sciences: The Antiracism Learning Group (ARLG) Program. The ARLG Program was developed to deepen antiracism learning, unpack individual and collective participation in white supremacy, and cultivate a community of Department of Psychiatry members committed to antiracism. The program was centered on the workbook Me and White Supremacy by Layla Saad, a text that is informed by the scholarship of primarily Black thinkers. During the 2020-2021 academic year, eight small groups (<10 members each) of psychiatry and psychology faculty, trainees, and staff met weekly for 16+ weeks. One member of each group was the primary facilitator and received separate, weekly group supervision with an external consultant from the Department of Public Health, Tanishia Wright.

Since this is the first time ARLGs have been organized in the Department of Psychiatry, there is significant interest in evaluating their process and outcomes through both qualitative and quantitative methods. Evaluation activities are ongoing; see lists below for specific intern activities. Participation in this elective is an excellent opportunity for psychology interns who are interested in: antiracism education and praxis; survey analysis; qualitative data gathering and analysis; group educational programs and group process.

Primary research activities for the psychology intern include:

- Facilitate focus groups and semi-structured interviews
- Code focus groups and interviews
- Analyze qualitative data
- Analyze quantitative data

Secondary and/or future research activities for the psychology intern may include:

- Assist in refinement of protocol prior to the next round of ARLGs
- Assist in survey, interview, and/or focus group modification for the next round of ARLGs
- Conduct outreach and recruitment for next round of ARLGs
- Assist with project tracking
- Conduct literature reviews
- Assist with manuscript and grant writing

DAY, TIME AND LOCATION:

Variable

HOURS PER WEEK:

2-6

DURATION OF ELECTIVE:

4-6 months

FACULTY AND STAFF:

Nastassia Hajal, PhD

Roya Ijadi-Maghsoodi, MD, MSHPM

Eraka Bath, MD

Xavier E. Cagigas, PhD

Please contact Drs. Hajal (NHajal@mednet.ucla.edu) and Kelman (AKelman@mednet.ucla.edu) if you are interested in this elective.

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: Krista Tabuenca, 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.

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 created 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: Thursday: 10:30am-11:30am (supervision); Fridays 2-5pm (clinic)

Names of Supervisor(s): Natacha Emerson, PhD; 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 flexible opportunities for 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 interviews (SIPS, PSYCHS), 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 body-focused repetitive behavior (e.g., trichotillomania, skin picking) 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.

Emily Ricketts, Ph.D.

Julia Cox, Ph.D.

Michael Treanor, Ph.D.

James McCracken, M.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 adherence 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. 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, body-focused repetitive behaviors, and co-occurring 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 a 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, Emily Ricketts, PhD, Julia Cox, PhD, Michael Treanor, 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: Thursdays 9:30-10:30AM; Individual and case supervision: Wednesdays 9AM-5PM, Tuesdays 9AM-12PM and Thursday 9AM-5PM; Group therapy: Wednesdays 5:30-6:30PM (24 weeks/year)

Names of Supervisor(s): Elizabeth Ollen, PhD and Natalia Ramos, MD

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 of 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.

FOCUS-EC Intervention

Program Description:

This elective provides the opportunity to gain experience with and provide treatment for families with a preschool or Kindergarten aged child (3-6 y.o.). The Families OverComing Under Stress - Early Childhood (FOCUS-EC) Program is a strengths-based, brief, manualized evidence-based preventive intervention for families who have experienced trauma. It emphasizes positive parent/caregiver-child interactions, caregiver wellbeing & reflective functioning, early developmental guidance, child learning and self-expression through play, and healthy behavior management. FOCUS-EC is designed to reduce psychosocial stress and improve functioning and resilience within the family system. In this elective, interns would serve as a clinician/interventionist on one of two research studies:

- (1) an RCT on the prevention of the intergenerational transmission of trauma in families in which at least one parent/caregiver experienced trauma in their own childhood
- (2) an open trial in which the feasibility and acceptability of a Spanish language version of FOCUS is being tested for the first time

Day, Time and Location:

Intervention Sessions: Each trainee will carry a caseload of 1-2 families at a time. Day and time of intervention sessions (all virtual) will be flexible, coordinated between the trainee and supervisor.

Group Supervision: One hour per week; day/time is decided on group availability. Thirty minutes are with all FOCUS-EC interventionists in English. For the other thirty minutes, interventionists break into two groups to receive supervision in English or in Spanish.

***Note: Interns interested in participating in this elective at any time during the 2022-2023 training year will be required to attend a full-day FOCUS-EC intervention training that will take place in mid- to late-August 2022 (exact day/time TBD).

Hours Per Week:

4-6 hours

Duration of Elective:

4-6 months

Faculty and Staff:

Nastassia Hajal, Ph.D., Co-director and Co-Principal Investigator

Blanca Orellana, PhD., Co-director & Co-Principal Investigator

Galen McNeil, Ph.D., Postdoctoral Fellow

Training Provided:

This elective provides interns with the opportunity to develop proficiency in providing FOCUS-EC – a 6 module intervention which includes psychoeducation on trauma and trauma reminders, emotion regulation skills, a narrative timeline and reflective parenting, parent training skills for behavior management, and live in-ear play coaching with parent and child together. For Spanish speakers, there is the opportunity to learn how to conduct this intervention and receive supervision in Spanish. Training also includes exposure to clinical research (including a randomized control trial as part of a K-Award and a pilot open trial). Because the intervention is provided as part of a research study, it is provided at no cost to participants and without the need for insurance allowing for increased access to services and greater financial diversity.

Supervision Provided:

Method of Supervision: Direct Observation, Video review, and Case Presentation

Format: Individual and Group

Name of Supervisors(s): Nastassia Hajal, Ph.D., Galen McNeil, Ph.D., Blanca Orellana, Ph.D.

FOCUS-EC Research (EEG)

PROGRAM DESCRIPTION:

This elective provides the opportunity to gain experience conducting EEG assessments and analyzing EEG data as part of a randomized control trial for parents with a preschool age child who experienced trauma in their own childhood. EEG is a noninvasive technique that measures electrical activity in the brain through electrodes placed over the scalp. This technique provides information about the timing and stages of stimulus processing. Prior research has linked patterns of brain activity measured via EEG to emotional processing, parenting behavior, and psychopathology.

STUDY aims to include:

- (1) examining correlates of parents' neurophysiological responses to emotionally evocative child stimuli, including post-traumatic stress symptoms, parenting behaviors, and self-reported emotion and coping;
- (2) examining brain networks involved in parent emotion regulation and their relations with coping, post-traumatic stress symptoms and parenting; and
- (3) examining neural correlates of behavioral change in response to a trauma-informed intervention designed to promote parental emotion regulation.

Day, Time, and Location

Timing: Flexible—EEG data processing can be done on interns' own time, and EEG assessments are scheduled based on participant availability.

Supervision: Weekly meetings with supervisor for data processing (scheduled based on supervisor and trainee availability). Co-facilitation with supervisor for EEG data collection.

Location: Semel A7-454

Hours Per Week:

3-6 hours

Duration of Elective:

6 months

Faculty and Staff:

Nastassia Hajal, Ph.D., Director and Principal Investigator

Sierra Kuzava, Ph.D., Postdoctoral Fellow

Training Provided:

This elective provides interns with the opportunity to develop proficiency in conducting EEG research including:

- Collecting EEG data from adult participants, including preparation and placement of electrodes, capturing a 3-D head map of precise electrode locations, reading data in real-time to assess for quality of signal, and administering computerized behavior tasks
- Learning software used for stimulus presentation and EEG data collection
- Experience cleaning and processing data in MATLAB and EEGLAB.
- Potential opportunities to participate in data analysis and presentation or manuscript preparation, depending on stage of study.

Training also includes exposure to working on a randomized control trial as part of a K-Award from NIH. No prior EEG experience needed.

Supervision Provided:

Method of Supervision: Co-facilitation of assessments with supervisor; weekly lab or individual meetings

Format: Individual and Group

Name of Supervisors(s): Nastassia Hajal, Ph.D., Sierra Kuzava, 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.

Interns will serve as psychological consultants on the team, evaluating patients for any psychiatric, social, and familial contributors to obesity. Interns will be trained to complete focused psychiatric evaluations and provide brief interventions for the promotion of emotional wellness and sustainable behavioral change (e.g. goal setting, motivation for health behavior change, etc). As the FIT clinic provides services to underserved, under-insured majority-minority population, this is an excellent training opportunity to learn how to work with families with a variety of psychosocial issues who are psychologically treatment-naïve. The training model provides interns with the opportunity to practice in an integrated, multidisciplinary setting and to learn about the medical and dietary management of overweight, diabetes and other medical complications. Interns will also get the opportunity to shadow psychiatric evaluations of adolescents pursuing bariatric surgery.

DAY, TIME AND LOCATION:

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

HOURS PER WEEK:

4.5

DURATION OF ELECTIVE:

3-6 months

FACULTY:

Natacha Emerson, 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): Natacha Emerson, PhD; plus attending pediatricians and registered dietitians are available for consult.

For more information and to sign up for this elective, please contact Natacha Emerson, PhD: ndemerson@mednet.ucla.edu or 310-794-8416.

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:

Time: Fridays

- Didactics: 10am-11am Friday
- Case Conference: 11:00-11:30am Friday
- Clinic: 10am-3pm Friday (with flexibility to see patients outside of clinic hours on M-Th alongside of PCIT supervisor)

Location: Semel Institute, Floor A

For more information, contact starclinic@mednet.ucla.edu or coordinator, Autumn Campbell afcambell@mednet.ucla.edu / 310-825-7573

HOURS PER WEEK:

5

DURATION OF ELECTIVE:

6 months

FACULTY AND STAFF:

Nicole Hisaka, Psy.D.
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 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 hours individual (as need basis) and .5 hours Case Conference

Names of Supervisor(s): Nicole Hisaka, Psy.D.; 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:

Shilpa Baweja, Ph.D., LCSW, 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: Shilpa Baweja, PhD, LCSW

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

PROGRAM DESCRIPTION:

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
Jasper 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 adaptations 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 adaptations 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, Psy.D; 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.

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, Ph.D., supervising psychologist

Katerina DeBonis, M.D., 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 "normal" sleep is, what contributes to their unique sleep problems, and provides participants with 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 of 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 communicate with patients appropriately and sensitively 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, jpik@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
Jasper 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, Psy.D 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

Spanish Speaking Psychosocial Clinic (SSPC) Elective Rotation

DESCRIPTION:

Spanish Speaking Psychosocial Clinic (SSPC) psychology trainees will spend their time dedicated to evaluation, treatment, and community outreach/engagement in a 6 month-long rotation within SSPC. It will provide training and supervision in the provision of culturally responsive and comprehensive mental health services to the rapidly growing and underserved Latino/x community. Patients in the SSPC are across the lifespan and present with the full range of psychiatric diagnostic categories and are provided treatment in a variety of modalities, including individual, group, and family psychotherapy, as well as pharmacotherapy.

Trainees must be fully bilingual in Spanish and English.

The SSPC is staffed by culturally humble, bilingual/bicultural mental health professionals within the disciplines of psychiatry, psychology and social work who have extensive knowledge of Latino/x sociocultural issues related to immigration, acculturation, race/ethnicity, class, socioeconomic status, language, cultural practices, traditions and beliefs that impact the psychological functioning and wellbeing of Latino/x individuals and families.

Interns will learn through supervised practice, multidisciplinary case conferences, team meetings, and outreach/training opportunities. Interns will have the opportunity to participate in the overarching goals of the SSPC, which include: 1) Developing and implementing evidence-based for Latino/x patients and families, 2) Strengthening support for patients and families through education and

training of mental health providers, educators, and medical providers, 3) Improving the quality of care for patients and their families through direct service-delivery.

HOURS PER WEEK IN ELECTIVE ROTATION:

6-8

MANDATORY SSPC MEETINGS:

Spanish Speaking Psychosocial Clinic: 2 hours (individual/group)

Individual Supervision: 1 hour per week

Group Supervision: 1 hour per week

Spanish Speaking Psychosocial Clinic Multidisciplinary Rounds: 1 hr (Wednesdays 1PM)

Spanish Speaking Psychosocial Clinic Didactics Seminar: 1 hr

The primary advisors for this track are Jocelyn Meza, Ph.D., Xavier Cagigas, Ph.D., and Erica Lubliner, MD.

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 delegated faculty members consistent with the intern's interests.

OTHER MONTHLY MANDATORY ACTIVITIES:

Group Therapy Seminar: 1 hour per month

Meeting with Latino/x Departmental Advisor: 1 hour per month

Community Engagement: 1-2 hours per month as available

The SSPC 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 Psychiatry Grand Rounds

FACULTY AND STAFF:

Erica Lubliner, M.D., SSPC Medical Director

Xavier Cagigas, Ph.D., Interim HNCE Director

Jocelyn Meza, Ph.D., Attending Supervisor

TRAINING PROVIDED:

Interns will see patients with a wide variety of behavioral, emotional, and family problems that stem from traumatic events, medical illness, sexual abuse, physical abuse, community violence, racism/discrimination, immigration, and intergenerational trauma. Trainees thus gain first-hand experience working with Latinos/xs

and families struggling with challenges. Efforts will be made to provide culturally and linguistically cases consistent with the interns' primary area of interest in addition to a breadth of cases to ensure adequate training across diverse areas of psychopathology.

Cognitive Behavioral Group Therapy for Depression

A 12-week psychosocial evidence-based intervention will be provided for adolescents (ages 14 to 18) and adults [note: groups will be held separately for the different age groups] to improve mood and overall wellbeing. This 12-week manualized intervention will be led by Dr. Jocelyn Meza and is designed for patients who either have a current diagnosis of major depression or dysthymia, or who have previously met criteria for either of these diagnoses. Topics addressed include psychoeducation

on CBT and depression, identifying and changing thoughts, improving relationships to improve mood, and changing behavior to support mood.

Family Systems 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. Treatment may include Families Overcoming Under Stress (FOCUS) en Español, family structural therapy, and family level treatment models.

Trauma-informed Evaluation

Interns gain experience in both brief evaluation and comprehensive assessment for a variety of cognitive and emotional issues that impact Latino/x patients 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.

OUTREACH/TRAINING EXPERIENCE

Interns will have the opportunity to participate in community outreach and provider trainings to help build community capacity to support Latino/x patients and families. This may include events or trainings to support Latino/x families, caregiver groups, community mental health workers (Promotoras), community-based non-profits, and advocacy. Outreach and training opportunities vary during the year, but approximately 2-3 outreach or training events will be completed over the internship year (averaging less than an hour/week).

RESEARCH

SSPC is developing new research projects that are embedded in clinical practice. Intervention development and evaluation, translational research, program evaluation, and data analysis/interpretation opportunities will be 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, journal club, or research meetings.

SPANISH-SPEAKING PSYCHOSOCIAL CLINIC DIDACTIC SEMINAR

Orientation lectures will be provided during the first two months of the internship. Training and culturally relevant presentations will be held every Wednesday from 12-1 PM.

Seminar faculty include Jocelyn Meza, Ph.D., Xavier Cagigas, Ph.D, and Erica Lubliner, MD, as well as, guest lecturers/speakers.

Topics include:

- Social Determinants of Mental Health
- Cultural issues
- The neuropsychological effects of trauma
- Supporting Families
- Trauma-informed assessment and care
- Mental illness across a lifespan
- Resilience factors

- Trauma-informed psychoeducation
- Language barriers and facilitators
- Role of Immigration
- Collaborating with educators and other providers
- Role of psychopharmacology
- Spirituality and Religion
- Systems of care
- Understanding the needs of Latino/x families
- Challenging medical experiences
- Family Systems
- FOCUS in Español
- Advocacy

DIVERSITY TRAINING:

The SSPC 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 SSPC Seminar Rounds hosts experts/speakers in the area of Latino/x mental health and culture 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:

Wednesdays or Thursdays between 9 AM – 5 PM

Names of Supervisor(s): Xavier Cagigas, Ph.D.; Jocelyn Meza, Ph.D., Erica Lubliner, MD.

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). Drs. Walshaw and Ricketts 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.

Fundamentals of Child and Adolescent Psychiatry 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 Jewelle Dela Cruz, jcdelacruz@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. Xavier Cagigas is Chair of the RNPH

Ethics Committee and may be contacted directly for less urgent matters. Dr. Linda Ercoli also serves 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 199 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. 37-357

COORDINATOR: Jewelle Dela Cruz (interim)

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 Jewelle 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 Jewelle's 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. Patricia Walshaw, Ph.D., Internship Training Director, Emily Ricketts, Ph.D., Associate Internship Training Director, Robert Bilder, Ph.D., Chief of Psychology are also available at any time during the training year. If there are issues with Dr. Walshaw or Dr. Ricketts, interns may choose to speak with Dr. Bilder. If there are issues with Dr. Bilder, interns may speak with Drs. Walshaw or Ricketts.

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.

Mistreatment and 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, Walshaw, or Ricketts at any time. There are a number of policies in place to address issues of discrimination, bias, and violence in the workplace.

Community Expectations: Responding to Discrimination in the Clinical and Research Settings

The purpose of this document is two-fold:

First, to describe the shared expectations for the members of our Psychiatry communities for responding to discrimination (including faculty, staff, residents, fellows, postdoctoral-internship- and practicum-trainees, other students, and volunteers), across settings (both clinical and research) both on campus and at affiliated educational/clinical sites outside of UCLA Health.

Second, to guide an appropriate response to reporting and remediating discriminatory or harassing conduct directed towards community members, patients, or research participants (their family members, visitors, or patient representatives) based on those individuals'

protected characteristics, as it pertains to education, training, employment, and patient care.

These expectations apply to *all forms* of discrimination and provide a template to help guide personnel in both managing discriminatory or harassing behavior, and requests from discriminatory patients/participants for provider/personnel reassignments.

These expectations do not supersede, but rather supplement, existing departmental, hospital, and other University policies that pertain to responding and reporting of incidents of discrimination based on an individual's protected characteristics.

Please refer to page 202 on the appendix to access the document.

Mistreatment Incident Reporting

One of the most important priorities at the David Geffen School of Medicine at UCLA (DGSOM) is to provide trainees with the very highest quality clinical learning experiences. Mistreatment of trainees is unacceptable and inconsistent with the commitment to zero tolerance for mistreatment of any kind, and of any form of retaliation against those who report mistreatment. Given the complex nature of our training programs, we understand the importance of having a reporting mechanism for confidential or anonymous trainee complaints of mistreatment. Therefore, the medical student Committee on Learning Environment Oversight (CLEO) and the Mistreatment Incident Reporting Form (MIRF) has been expanded to all trainees, including our GME.

What is GME CLEO and the MIRF?

GME CLEO is charged with being responsible for the review of trainee concerns regarding the learning environment and the development of action plans in response to episodes of alleged mistreatment and to prevent future occurrences. The [Mistreatment Incident Reporting Form \(MIRF\)](#) is an avenue for trainees to submit incidents of mistreatment that they have either personally experienced or heard/witnessed of other trainees. Reporters have the option of submitting incidents either confidentially or anonymously. By submitting confidentially, the reporter may be contacted by the CLEO Chairs and receive updates on the case. By submitting anonymously, the reporter will not be contacted but are able to track the status on the [MIRF Status Dashboard](#).

What happens after I file a MIRF? All MIRFs are reviewed within 72 hours of submission by the CLEO Chairs and staff member. When warranted, the CLEO Chairs may refer a MIRF to Title IX or Discrimination Prevention Office (DPO) for review. CLEO members review MIRFs on a monthly basis at their meetings, MIRFs presented at meetings are redacted of any identifying information for both the reporter and the individual being reported. The committee is composed of faculty, trainees and administration. When reviewing MIRFs, each case has a recommended action plan developed, which is then executed by the CLEO Chairs.

How will this impact my learning environment? In addition to reviewing and triaging MIRFs, the committee is charged with maintaining and analyzing data regarding the learning environment. Databases are kept at the level of each CLEO (UME, GME and Research). By sharing databases, the committees are able to observe for trends across learning environments for all trainees and respond

accordingly. Data collected will be routinely shared with various stakeholders to address any concerns.

How do I access the MIRF? Please refer to the following website: <https://uclahs.fyi/MIRF>

UCLA Non-Discrimination Policy

<https://policy.ucop.remiedu/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 documents and policies related to:

- Community Expectations: Responding to Discrimination in the Clinical and Research Settings (202)
- Workplace Violence Prevention (page 220)
- Management of Patient Discriminatory Conduct and Reassignment Requests (page 225)
- Patient Responsibilities (page 234)

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 134 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 236 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 Jewelle Dela Cruz 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 eight 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 237 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/05ylhpsrvfyfha5s2mrlfvctcfknzxl>.

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	1 = Discharge Summary
2 = NPH	3 = Inpatient Procedure Note
3 = Santa Monica	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 242 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 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. 37-357

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) 794-xxxx (310) 825-xxxx (310) 206-xxxx (310) 267-xxxx

Faculty Roster

Telephone: (310) 794-xxxx (310) 825-xxxx (310) 206-xxxx (310) 267-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
	64985	Director, Outpatient Pediatric Psychology Program	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 ndemerson@mednet.ucla.edu	48416	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	Child and family traumatic stress; intergenerational transmission of trauma; family-centered intervention; early childhood emotional

		Center Early Childhood Care	development; parent emotion regulation
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
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
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
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 jpik@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, Associate Training Director, Psychology Doctoral Internship Program	Phenomenology and behavioral treatment of tic disorders, body-focused repetitive behavior disorders; sleep and circadian intervention
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	Cognitive health disparities, medical illness and neurobehavioral disorders
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	<p>Director, Neurobehavioral Epilepsy Program (NEP)</p> <p>Director of Clinical Services & Training, Medical Psychology Assessment Center (MPAC)</p> <p>Co-Director, Child and Adolescent Mood Disorders Program (CHAMP)</p> <p>Training Director, Psychology Doctoral Internship Training Program</p>	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	<p>Adult Consultation Evaluation Service</p> <p>Revlon-UCLA Breast Clinic</p>	Psycho-oncology Genetics & Cancer Women's Health Issues Forensic Psychology
Wyatt, Gail gwyatt@mednet.ucla.edu	50193	<p>Sexual Health Program</p> <p>Center for Culture, Trauma, and Mental Health Disparities</p>	<p>Behavioral Interactions related to sexual risk taking, HIV risk reduction, sexual and physical socio-cultural assessment, and treatment</p> <p>Disparities in health, mental health, and screeners to assess the need to reduce symptoms of trauma, PTSD, and depression</p>

Sample Evaluation Forms

Evaluation of Interns by Supervisors

2022-2023 PSYCHOLOGY INTERN COMPETENCY ASSESSMENT FORM

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

ASSESSMENT METHOD(S) FOR COMPETENCIES

____ Direct Observation ____ Review of Written Work
____ Videotape ____ Review of Raw Test Data
____ Audiotape ____ Discussion of Clinical Interaction
____ Case Presentation ____ 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

GOAL 1: 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 multi-axial 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:
Date:
Rotation:

Evaluatee:
Academic Year:

Teaching Activity:

Individual supervision; advisor/preceptor

Clinical rotation coordinator or attending

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**

1

2

3

4

5

6

**Among the
very best**

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	
2022-2023 Internship Major Rotation Evaluation	
<p>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:</p> <p>5 – Outstanding 4 – Very good 3 – Average, typical level 2 – Below expected level 1 - Very poor</p>	
<p>Please provide feedback, positive or negative, in addition to your rankings, in the line below. (Expand space to as much as you need)</p>	
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	
2022-2023 Internship Clinic Evaluation	
<p>What follows is a list of the clinics offered during internship year. Please rank each program you participated in on the following scale:</p> <p>5 – Outstanding 4 – Very good 3 – Average, typical level 2 – Below expected level 1 -Very poor</p> <p>Please provide feedback, positive or negative, in addition to your rankings, in the line below. (Expand space to as much as you need)</p>	Rating
CLINIC NAME	
Adolescent Medicine Clinic	
Adult OCD Intensive Treatment & Research Program	
Assessment & Treatment of African-American Families	
Behavioral Intervention for Anxiety in Children with Autism (BIACA)	
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

i. Abuse Reporting Policies.....page 154

- Child Abuse – Management and Reporting of Suspected Cases – HS 13013: 155
- Suspected Child Abuse and/or Neglect – SCAAN – Case Reporting Responsibilities NPH 1616: 167
- Domestic Violence – Intimate Partner Abuse – HS1331: 175
- Reporting Violent Injury including Domestic Violence Abuse - NPH 1618: 180
- Elder and Dependent Adult Abuse – Reporting of – HS 1314: 184
- Suspected Elder-Dependent Adult Abuse and Neglect Reporting – NPH 1617: 191

ii. Warning of Dangerous Patients page 199

- Tarasoff Warnings to Law Enforcement: 199

iii. Nondiscrimination Policies..... page 202

- Community Expectations: 202
- Workplace Violence Prevention Plan HS 8703: 198 202 (220)
- Management of Patient Discriminatory Conduct and Reassignment Requests HS 3068: 207 (225)
- Patient Responsibilities – UCLA Health Experience – Los Angeles, CA: 216 (234)

iv. Remediation Plan..... page 236

v. Educational Funds page 237

vi. Guidelines for Using Interpreter Services page 242