PSYCHOLOGY INTERNSHIP TRAINING PROGRAM

Manual 2019-2020
July 1, 2019

Dear Applicant:

Thank you for your interest in our internship program.

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

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

**APPOINTMENTS:** July 1, 2020 to June 30, 2021, with three weeks of vacation.

**STIPENDS:** The training stipend is $31,320.00 plus health insurance.

**POSITIONS AVAILABLE:** We expect to have 19 full-time positions for the nationwide competition:

**Child Tracks:**
- Adolescent Serious Mental Illness: 1
- Autism & Neurodevelopmental Disabilities: 1
- General Child: 4
- Pediatric Consultation-Liaison: 1
- Pediatric Neuropsychology: 2
- Stress, Trauma and Resilience: 2

**Adult Tracks:**
- Adult Neuropsychology: 3
- Geriatric Psychology-Neuropsychology: 1
Health & Behavior: 1
Major Mental Illness: 1
Cultural & Bilingual Neuropsychology Lifespan: 2

**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](http://www.appic.org), by clicking on "AAPI ONLINE".

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

All materials for this site must be submitted by NOVEMBER 1, 2019.

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

**INTERVIEWS:** After an initial round of applicant review, a group of applicants will be selected and invited for Interviews/Open House. This is a full day event on either Friday, January 10 or 17, 2020. 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. Students should have at least 1000 hours of supervised experience prior to beginning the internship.

**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 eleven 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.

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<td>CULTURAL &amp; BILINGUAL NEUROPSYCHOLOGY LIFESPAN TRACK</td>
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Your interest in our program is appreciated.

Best,

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

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

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979
Email: apaaccred@apa.org
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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 – 4 positions
- Autism and Neurodevelopmental Disabilities – 2 positions
- Pediatric Consultation-Liaison – 1 position
- Adolescent Serious Mental Illness – 1 position
- Pediatric Neuropsychology – 2 positions
- Stress, Trauma and Resilience – 2 positions

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

The internship was established in 1958 and has been continuously approved by the American Psychological Association Accreditation Committee since May 1963. With the exception of the child and adult neuropsychology tracks, only students enrolled in APA-approved doctoral programs are eligible to apply. Internship appointments are from July 1 to June 30 of the following year. Interns receive a stipend of $31,320.00, and also UCLA health insurance benefits, plus three weeks of vacation and five days of educational leave.

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.

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1 Questions related to the program’s accredited status should be directed to the Commission on Accreditation:
Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979
Email: apaacccred@apa.org
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 Director of the Semel Institute and Chair of the Department is Peter C. Whybrow, M.D. and the Medical Director of the Resnick Neuropsychiatric Hospital is Tom Strouse, M.D. Robert Bilder, Ph.D. is the Director of the Division of Psychology, which oversees the discipline of Psychology in the Institute, Department and Hospital. Rhonda Sena, Ph.D. is the Director of Psychology Internship Training.

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

Goals of Psychology Internship Training

The primary goal of the doctoral internship training program is to provide 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.

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

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

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

The Department of Psychiatry and Biobehavioral Sciences has 150 full-time faculty. An additional 373 psychiatrists and psychologists are on the voluntary clinical faculty. There are 98 psychologists in the Medical Psychology-Neuropsychology Program. Of the 55 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%

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Designing Your Program

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

In designing your program, review the training experiences that you have had, take note of the kinds of training experiences that you wish to have, and then discuss with your advisor the various ways in which you might meet those needs. In order to provide breadth as well as depth, we strongly encourage you to arrange for clinical experiences outside of your track area. With the exception of specific neuropsychological assessments, 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 7)
- Track and Major Rotation Hours Per Week and Supervisors (page 10)
- Program Schedule Form (page 12)
- Potential Electives Form (page 13)

### Mandatory Seminars and Grand Rounds by Track

**July - October**

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<tr>
<td>Psychopath/Psychopharm (1.0)</td>
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<td>x (2 mos)</td>
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</table>
# Neuropsychology Seminars

## September-December

<table>
<thead>
<tr>
<th>Seminar</th>
<th>Adult NP</th>
<th>Gero</th>
<th>H&amp;B</th>
<th>MMI</th>
<th>Peds NP</th>
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<tbody>
<tr>
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## January-March

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## April-June

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<td>NP Prof Development (0.5)</td>
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## Track and Major Rotation Hours Per Week and Supervisors

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<thead>
<tr>
<th>TRACK/MAJOR ROTATION</th>
<th>EST HRS/WK</th>
<th>SUPERVISOR/S</th>
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<tbody>
<tr>
<td><strong>Geropsych-NP</strong></td>
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<tr>
<td>Geropsychology Service</td>
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<tr>
<td><strong>Adult/Lifespan NP</strong></td>
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</tr>
<tr>
<td>MPAC for Adult NP</td>
<td>30</td>
<td>Bilder, Bookheimer, Thrasher, Walshaw, Cagigas, Suarez and others</td>
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<tr>
<td><strong>CBNL</strong></td>
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<tr>
<td>Cultural &amp; Bilingual Neuropsychology</td>
<td>30</td>
<td>Cagigas, Suarez</td>
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<tr>
<td><strong>H &amp; B</strong></td>
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<tr>
<td>Adult C-L Service</td>
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<td>Wellisch</td>
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<td>Peds C-L Service</td>
<td>27</td>
<td>Bursch</td>
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<tr>
<td>Adolescent Medicine Clinic</td>
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<td>Bursch</td>
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<td>MPAC for H &amp; B</td>
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<td>Various</td>
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<td><strong>MMI</strong></td>
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<td>Aftercare Program</td>
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<td>Nuechterlein</td>
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<td>MPAC for MMI</td>
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<td>MPAC for Peds-NP</td>
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<td>Walshaw, Loo and others</td>
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<td><strong>Gen Ch</strong></td>
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<td>Ch &amp; Adol Inpt/Adol PHP</td>
<td>30</td>
<td>Sena, Strober</td>
</tr>
<tr>
<td>ABC</td>
<td>30</td>
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<tr>
<td>Peds-CL Service</td>
<td>27</td>
<td>Bursch</td>
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<tr>
<td><strong>Peds C-L</strong></td>
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<tr>
<td>Peds C-L Service</td>
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<td>Bursch</td>
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<tr>
<td>Adolescent Medicine Clinic</td>
<td>4</td>
<td>Bursch</td>
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<tr>
<td>Program</td>
<td>Rotation</td>
<td>Team Members</td>
</tr>
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<td>--------------------------------------------</td>
<td>----------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>Ch &amp; Adol Inpt/Adol PHP</td>
<td>30</td>
<td>Sena, Strober</td>
</tr>
<tr>
<td><strong>AND</strong></td>
<td></td>
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<tr>
<td>CAN Clinic (6 month rotation)</td>
<td>30</td>
<td>Gulsrud, Grantz, Renno, DiStefano, McDonald</td>
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<tr>
<td>Ch &amp; Adol Inpt/Adol PHP (2 month rotation)</td>
<td>30</td>
<td>Sena, Strober</td>
</tr>
<tr>
<td>[CAN Clinic]</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>ABC (2 month rotation)</td>
<td>30</td>
<td>Peris</td>
</tr>
<tr>
<td>[CAN Clinic]</td>
<td>8</td>
<td></td>
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<tr>
<td>Peds C-L Service (2 month rotation)</td>
<td>27</td>
<td>Bursch</td>
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<tr>
<td>[CAN Clinic]</td>
<td>8</td>
<td>Bursch (when not on service, second rotation)</td>
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<tr>
<td><strong>STAR</strong></td>
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<tr>
<td>Star Clinic</td>
<td>30</td>
<td>Orellana, Hajal, Marlotte</td>
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<td><strong>ASMI</strong></td>
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<tr>
<td>CAPPS Program</td>
<td>25</td>
<td>Bearden, Zinberg, Denneny</td>
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</table>
Program Schedule

Name: __________________________________________________________
Advisor: __________________________________________________________
Period: July – October / November – February / March - June

<table>
<thead>
<tr>
<th>MAJOR ROTATION</th>
<th>EST HRS/WEEK</th>
<th>SUPERVISORS</th>
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<table>
<thead>
<tr>
<th>OTHER MANDATORY ACTIVITIES</th>
<th>EST HRS/WEEK</th>
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<tbody>
<tr>
<td>Interns’ Seminar</td>
<td>1.5</td>
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<tr>
<td>Weekly meeting with advisor</td>
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</tr>
<tr>
<td>Departmental Grand Rounds</td>
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TOTAL HOURS:

<table>
<thead>
<tr>
<th>ELECTIVES</th>
<th>DAY/TIME</th>
<th>EST HRS/WEEK</th>
<th>SUPERVISOR</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>ESTIMATED HOURS PER WEEK</th>
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<td>MAJOR ROTATION</td>
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<tr>
<td>OTHER MANDATORY ACTIVITIES</td>
</tr>
<tr>
<td>ELECTIVES</td>
</tr>
<tr>
<td>TOTAL (must be between 40 and 45)</td>
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Potential Electives Form

Name:_________________________________________________________
Advisor:________________________________________________________

<table>
<thead>
<tr>
<th>ELECTIVE</th>
<th>PREFERRED DATES</th>
<th>DAY/TIME</th>
<th>HOURS PER WEEK</th>
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</tbody>
</table>

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](http://www.semel.ucla.edu/education/courses) Elective time may include up to 4 hours per week devoted to research. Interns may work on their own research projects or those of the faculty.

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

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

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

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

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

In addition to these written evaluations, every four months during the training year, interns meet with Dr. Sena to discuss all aspects of the training program. The faculty appreciates feedback on what is positive about the program and 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

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 9-10 am. Out of all the child track interns, six are required to present their research in these rounds over the course of the year.
Child Tracks

General Child Track Rotation Schedule

**APPIC TAXONOMY AND LEVELS OF EDUCATION:**
Clinical Child Psychology: Major Area of Study (<50%)
Clinical Health Psychology: Experience (20-30%)

**DESCRIPTION:**

<table>
<thead>
<tr>
<th></th>
<th>ABC Program</th>
<th>Child and Adolescent Inpatient Service/Adolescent Partial Hospitalization Program</th>
<th>Pediatric Consultation/Liaison</th>
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</thead>
<tbody>
<tr>
<td>Intern 1</td>
<td></td>
<td>8 months</td>
<td>4 months</td>
</tr>
<tr>
<td>Intern 2</td>
<td>4 months</td>
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<td>4 months</td>
</tr>
<tr>
<td>Intern 3</td>
<td>4 months</td>
<td>4 months</td>
<td>4 months</td>
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<tr>
<td>Intern 4</td>
<td>4 months</td>
<td>4 months</td>
<td>4 months</td>
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</tbody>
</table>

With regard to the 8-month adolescent inpatient rotation, every attempt will be made to make assignments based on interns’ preferences. If it is not possible to accommodate each intern’s preference, an assignment will be made. If an intern does not get his or her preference, every effort will be made to meet interests and needs through electives.

**HOURS PER WEEK IN MAJOR ROTATION:**
ABC: 30
4W/PHP: 30
Pediatric Consultation-Liaison Service: 27

**OTHER MANDATORY ACTIVITIES:**
- Interns’ Seminar, 1.5 hours per week (Fridays 12-1:30)
- Departmental Grand Rounds 1 hour per week (Tuesdays 11-12)
- Psychopathology/Psychopharmacology Seminar: 1 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

**APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES:**
ABC, Child and Adolescent Inpatient/Adolescent PHP: 6-9
Pediatric Consultation-Liaison Service: 13-16
Child and Adolescent Inpatient Service

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

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

MANDATORY ACTIVITIES:

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Meeting or Conference</th>
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</thead>
<tbody>
<tr>
<td>Monday</td>
<td>9:30am - 10:30am</td>
<td>Clinical Rounds</td>
</tr>
<tr>
<td>Tuesday</td>
<td>9:15am - 10:30am</td>
<td>Teaching Rounds</td>
</tr>
<tr>
<td>Tuesday</td>
<td>2:00 pm-4:00 pm</td>
<td>Treatment Planning OR Wednesday, 2:00pm - 4:00pm</td>
</tr>
<tr>
<td>Wednesday</td>
<td>1:00pm - 2:00pm</td>
<td>Group Supervision</td>
</tr>
<tr>
<td>Friday</td>
<td>11:00am - 12:00pm</td>
<td>Clinical Rounds</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

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

**Adolescent Partial Hospitalization Program (PHP)**

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

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

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

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

**HOURS PER WEEK:**
(Includes Inpatient and PHP): 30

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

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

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

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

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

**UCLA Child Day Treatment Service – ABC Program**

**DESCRIPTION:**
The **Achievement, Behavior, Cognition (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 a 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.

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

**MANDATORY MEETINGS:**

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Meeting</th>
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</thead>
<tbody>
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<td>9:45-11</td>
<td>ABC Master Treatment Planning</td>
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<td>11-12</td>
<td>ABC Teaching Rounds</td>
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<tr>
<td>Tuesday</td>
<td>12:30-1:30</td>
<td>Didactics</td>
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<td></td>
<td>1:30-2:30</td>
<td>IOP Treatment Planning and Rounds</td>
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<tr>
<td>Wednesday</td>
<td>11-12</td>
<td>ABC Rounds</td>
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<tr>
<td>Thursday</td>
<td>3:30-5</td>
<td>Individual Therapy in IOP</td>
</tr>
<tr>
<td>Friday</td>
<td>11-12</td>
<td>Group Supervision</td>
</tr>
</tbody>
</table>

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

**FACULTY AND STAFF:**
Tara Peris, Ph.D., Program Director
Ben Schneider, M.D., Medical Director

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

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

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

**SCHEDULES:**

**ABC PHP schedule of group activities:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:15 - 9:00</td>
<td>CBT1/ School</td>
<td>CBT1/ School</td>
<td>CBT1/ School</td>
<td>CBT1/ School</td>
<td>CBT1/ Relaxation Group</td>
</tr>
<tr>
<td>Time</td>
<td>Monday</td>
<td>Tuesday</td>
<td>Thursday</td>
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</tr>
<tr>
<td>9:00 - 9:45</td>
<td>CBT2/ School</td>
<td>CBT2/ School</td>
<td>CBT2/ School</td>
<td></td>
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<tr>
<td>9:45-10:00</td>
<td>Snack</td>
<td>Snack</td>
<td>Snack</td>
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</tr>
<tr>
<td>10:00 - 11:00</td>
<td>School (LAUSD)</td>
<td>School (LAUSD)</td>
<td>School (LAUSD)</td>
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</tr>
<tr>
<td>11:00 - 12:00</td>
<td>Occupational Therapy</td>
<td>Occupational Therapy</td>
<td>Occupational Therapy</td>
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</tr>
<tr>
<td>*12:00 - 12:30</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td></td>
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</tr>
<tr>
<td>12:30 - 1:15**</td>
<td>Social Skills</td>
<td>Mindfulness</td>
<td>Social Skills Healthy Habits Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00 - 2:00</td>
<td>Recreational Therapy</td>
<td>Recreational Therapy</td>
<td>Recreational Therapy</td>
<td></td>
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</tr>
<tr>
<td>2:00 - 2:30</td>
<td>Earned Free Time</td>
<td>Earned Free Time Exchange Store</td>
<td>Earned Free Time</td>
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<tr>
<td></td>
<td>2:30 Pick up</td>
<td>2:30 Pick up</td>
<td>2:30 Pick up</td>
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</table>

**Child IOP Schedule**

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Thursday</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:30-3:00</td>
<td>Community Meeting (with parents)</td>
<td>Community Meeting (with parents)</td>
<td>Community Meeting (with parents)</td>
</tr>
<tr>
<td></td>
<td>Theme: Weekend Review and Weekly Goals</td>
<td>Theme: Mindfulness</td>
<td>Theme: Weekend Goals</td>
</tr>
<tr>
<td>3:00-3:15</td>
<td>Snack</td>
<td>Snack</td>
<td>Snack</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3:15-4:00</td>
<td>CBT Group</td>
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<tr>
<td></td>
<td>Individual Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social Problem Solving/Individual pull out</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:00-4:15</td>
<td>Skills Practice Group</td>
<td></td>
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<tr>
<td></td>
<td>Skills Practice Group</td>
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<tr>
<td></td>
<td>Skills Practice Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:15-4:30</td>
<td>Skills Practice Review with Parents</td>
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<tr>
<td></td>
<td>Skills Practice Review with Parents</td>
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<tr>
<td></td>
<td>Skills Practice Review with Parents</td>
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</table>

**Parent IOP Schedule**

### Monday

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>2:30-3:00</td>
<td>Community Meeting (with children)</td>
</tr>
<tr>
<td></td>
<td>Theme: Weekend Review and Weekly Goals</td>
</tr>
<tr>
<td>3:00-3:30</td>
<td>Parent Training Slot #1</td>
</tr>
<tr>
<td>3:45-4:15</td>
<td>Parent Training Slot #2</td>
</tr>
<tr>
<td>4:15-4:30</td>
<td>Skills Practice Review with Child</td>
</tr>
</tbody>
</table>

### Tuesday

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>2:30-3:00</td>
<td>Community Meeting (with children)</td>
</tr>
<tr>
<td></td>
<td>Theme: Mindfulness</td>
</tr>
<tr>
<td>3:00-3:15</td>
<td>Check in with Case Coordinator</td>
</tr>
<tr>
<td>3:15-4:15</td>
<td>Mindfulness Parenting Group</td>
</tr>
<tr>
<td>4:15-4:30</td>
<td>Skills Practice Review with Child</td>
</tr>
</tbody>
</table>

### Thursday
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:30-3:00</td>
<td>Community Meeting (with children)</td>
</tr>
<tr>
<td></td>
<td>Theme: Weekend Goals</td>
</tr>
<tr>
<td>3:00-3:30</td>
<td>Parent Training Slot #3</td>
</tr>
<tr>
<td>3:45-4:15</td>
<td>Parent Training Slot #4</td>
</tr>
<tr>
<td>4:15-4:30</td>
<td>Skills Practice Review with Child</td>
</tr>
</tbody>
</table>

**Pediatric Psychology Consultation-Liaison Service**

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

**HOURS PER WEEK IN MAJOR ROTATION:**
- Pediatric Psychology Consultation-Liaison Service: 27 hours for Peds CL + 4 hours for Adolescent Medicine Clinic = 31 hours total
- Child and Adolescent Inpatient Service/Adolescent PHP: 30

**PEDIATRIC PSYCHOLOGY CONSULTATION-LIAISON TRACK ROTATION SCHEDULE**

<table>
<thead>
<tr>
<th>Pediatric Psychology Consultation-Liaison &amp; Adolescent Medicine Clinic</th>
<th>Child and Adolescent Inpatient Service/Adolescent Partial Hospitalization Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Psychology C-L Track Intern</td>
<td>July - February 8 months</td>
</tr>
<tr>
<td></td>
<td>March-June 4 months</td>
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</tbody>
</table>
### MANDATORY ACTIVITIES:

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8:15-10am</strong></td>
<td><strong>9:00-10:00am</strong></td>
<td>Core Lectures</td>
<td><strong>8:30-9:20am</strong></td>
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<tr>
<td>Intern Supervision with Bursch RRMC 4265</td>
<td>Child Psych Grand Rounds MP 300Marisa Leif (2nd/4th Wed; Sept-June)</td>
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<tr>
<td><strong>10:00am</strong></td>
<td><strong>10:00am</strong></td>
<td>Intern Supervision with Emerson</td>
<td><strong>10:00-11:00am</strong></td>
<td>Location TBD</td>
</tr>
<tr>
<td>Shadow Rounds with CL/ED Psychiatry Team RRMC 5W</td>
<td>Shadow Rounds with CL/ED Psychiatry Team RRMC 5W</td>
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<tr>
<td><strong>11:00am</strong></td>
<td><strong>11:00am</strong></td>
<td>Intern Supervision with Bursch &amp; Emerson</td>
<td><strong>11:00am</strong></td>
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<tr>
<td>11-11:30am</td>
<td>11-12pm</td>
<td>Semel 68-265B</td>
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<tr>
<td>ICU/CT-ICU</td>
<td></td>
<td>RRMC 5485</td>
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<tr>
<td>Multidisciplinary Psychosocial Rounds#</td>
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<tr>
<td><strong>1:30-2:15pm</strong></td>
<td><strong>1:00-2:00pm</strong></td>
<td></td>
<td><strong>2:00-5:00pm</strong></td>
<td></td>
</tr>
<tr>
<td>Multidisciplinary Psychosocial Oncology Rounds RRMC 3514</td>
<td>Heart Transplant Rounds RRMC 3102</td>
<td>Peds CL Teaching Conference Cantwell Library</td>
<td>Adolescent Med Clinic (CL and H/B Interns) MP 200, 2nd Floor</td>
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</tr>
<tr>
<td><strong>3:30pm</strong></td>
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<tr>
<td>Hospitalist Psychosocial Rounds RRMC 5265</td>
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</tbody>
</table>

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

### OTHER MANDATORY ACTIVITIES:

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

**TOTAL HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK:**
While on Pediatric Psychology Consultation-Liaison Service: 35.
While on Child and Adolescent Inpatient Service/Adolescent PHP: 34

**APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES:**
While on Pediatric Psychology Consultation-Liaison Service: 5 - 9.5
While on Child and Adolescent Inpatient Service/Adolescent PHP: 6 - 10.5

**DURATION:**
8 months for Peds CL intern; 4 months for all other interns

**FACULTY AND STAFF:**
Brenda Bursch, Ph.D., Clinical Director
Natacha Emerson, Ph.D.

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

Common reasons for consult requests are to evaluate and follow for acute stress disorder (medical trauma), unexplained somatic symptoms, altered mental status, agitation, non-adherence to medical recommendations, anxiety, behavioral problems, family contributions to adjustment in the child, and depression. All trainees are assigned children undergoing bone marrow, liver, or heart transplants. These patients generally require prolonged patient stays, and thus trainees get experience with ongoing treatment and patient/family management issues.

**DIVERSITY TRAINING:**
Interns evaluate and treat a diverse patient population within Mattel Children’s Hospital. Approximately 50% of patients admitted to UCLA pediatric services have public insurance (MediCal, Medicaid or California Children’s Services). Almost 50% of Medi-Cal managed care members primarily speak a Language other than English. Over 200 languages are spoken in California and, in Los Angeles County, between one-quarter and one-third of the population is Limited-English Proficient (speak English less than "very well"). Spanish-speaking Latinos make up one-third of California’s population. In addition to serving the Southern California region, patients are admitted from distant locations within the 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 models 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. Psychiatry attending attempts to directly supervise at least one evaluation. Case Presentation on all cases.
Format: Individual and Group
Hours Per Week: Minimum 4.5 hours a week
Days and Times: Monday through Friday; 8am - 5pm
Names of Supervisor(s): Brenda Bursch, PhD and Natacha Emerson, Ph.D.

Autism & Neurodevelopmental Disabilities (AND) Track

DESCRIPTION:
The Autism and Neurodevelopmental Disabilities (AND) Track is intended to train psychologists to enter careers in the field of neurodevelopmental disorders. With this in mind, autism and neurodevelopmental disabilities are the focus of most of the internship activities with the goal of further developing expertise in this area. Interns in the AND track will spend 30 hours per week in the UCLA Child and Adult Neurodevelopmental (CAN) Clinic. Moreover, trainees will have protected time to attend monthly UCLA Center for Autism Research and Treatment (CART) lectures and participate in the trainee luncheons with renowned guest speakers. In order to promote their ongoing professional clinical and research development, the trainee will select a mentor from CART research faculty who will serve as an additional mentor throughout the year. Furthermore, opportunities for ongoing training as a postdoctoral fellow with the CAN Clinic, PEERS Clinic, and CART may be available for those seeking further clinical and research training in autism and neurodevelopmental disorders at UCLA.

The Autism and Neurodevelopmental Disabilities track is designed to train psychologists to enter careers in the field of developmental disabilities. Interns will participate in the Child and Adult Neurodevelopmental Clinic (CAN) for 30 hours per week throughout the year, along with mandatory lectures and seminars. Five to ten hours per week are dedicated to elective rotations, which may focus on working with persons with neurodevelopmental disabilities.

HOURS PER WEEK IN MAJOR ROTATION:
30

OTHER MANDATORY ACTIVITIES:
5.25
- Interns’ Seminar: 1.5 hours per week (Fridays 12-1:30)
• Departmental Grand Rounds: 1 hour per week (Tuesdays 11-12)
• Psychopathology/Psychopharmacology Seminar: 1.0 hours 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

APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES: 5-10 hours per week

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.

TRAINING PROVIDED:
**CAN Clinic:** The Autism and Neurodevelopmental Disabilities interns will be required to participate in the Child and Adult Neurodevelopmental (CAN) Clinic for approximately 30 hours per week for a full year. The clinic serves individuals with autism spectrum disorder (ASD), related neurodevelopmental disorders (ND), 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 co-morbidities, genetic conditions, and neurodevelopmental disorders to inform the assessment and treatment of this highly complex population across the lifespan.

One of the core areas of training provided in the clinic is in best practice assessments. Training in several levels and types of assessments will be provided. Cases are often of high complexity and include co-occurring psychiatric and medical issues, requiring a special focus in differential diagnostic practices. Interns will conduct both brief consultations and comprehensive diagnostic assessments. 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, Autism Diagnostic Interview-Revised), structured psychiatric interviews, and measures of cognitive, academic, and neuropsychological functioning. To foster advanced competency in the administration, scoring, and interpretation of the ADOS-2 and ADI-R, the interns will participate in weekly site reliability coding meetings, and will be trained and supervised by Dr. Catherine Lord, developer of the ADOS.

In addition to comprehensive diagnostic evaluations, trainees will also be involved in comprehensive treatment evaluations with patients who present with pre-existing diagnoses of ASD and ND. The focus of the treatment evaluations is to assess the patient’s current needs and enhance treatment and education recommendations. This type of evaluation may include testing empirically informed treatment strategies with the patient and family or conducting a functional behavior assessment in addition to traditional standardized measures. In addition to comprehensive diagnostic and treatment evaluations, trainees will also participate in brief treatment consultations to provide families with focused recommendations for augmenting existing treatment and education programming. Trainees will present the findings from these diagnostic and treatment assessments during the weekly multidisciplinary case conference meetings to discuss case conceptualization and generate relevant diagnoses and recommendations using a team-based approach. Trainees will also have the
opportunity to work closely with the multidisciplinary team and psychiatry and neurology trainees to provide integrated care.

The second aim of training is in evidence-based interventions for ASD. Interns will be provided with opportunities for individual and group-based therapies. One treatment is 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. Another naturalistic developmental behavioral treatment that trainees will be exposed to is Pivotal Response Treatment (PRT). Trainees will also receive training in enhanced cognitive behavioral therapy (CBT) that combines effective behavioral strategies with traditional CBT to suit the unique needs of people with ASD. In addition to individual therapy, trainees will participate in group-based interventions to treat co-occurring anxiety and depression in adolescents with ASD and a behaviorally focused intervention 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.

The third goal of training is to expand their working knowledge of ASD, ND, and related genetic conditions and recent research advancements in these areas. Trainees will be provided with and participate in weekly didactic presentations. Attending teaching faculty and guest speakers will present on a variety of topics, some of which include co-morbid medical and psychiatric issues, genetic conditions, neurological conditions, best practice parameters for assessment and treatments, etiology of ASD, and community-based resources. Trainees will also be paired with a CART faculty mentor who will serve as a research mentor to the trainee, providing opportunities for collaboration within the center. Total time commitment per week is 20 hours.

**LECTURES AND SEMINARS:**
Autism and Neurodevelopmental Disabilities interns are also required to attend lectures and seminars as part of the internship training. In particular, interns will attend Child Grand Rounds, Psychopathology/Psychopharmacology Seminar, and the Intern’s Seminar, and are encouraged to attend lectures focused on neurodevelopmental disorders, such as the CART (Center for Autism Research and Treatment) Autism Affinity Lectures, and Tarjan Center UCEDD (University Center for Excellence in Developmental Disabilities) Distinguished Lecture Series.

**ELECTIVE CLINICS:**
In addition to the mandatory major and minor rotations, lectures, and seminars, Autism and Neurodevelopmental Disabilities interns are encouraged to participate in other clinics as electives. With electives, interns can choose to also focus on working with populations with neurodevelopmental disorders or gain experience with other child and adolescent populations. Clinics with a focus on neurodevelopmental disorders typically include the PEERS® Clinic, Early Childhood Partial Hospitalization Program (EC PHP), the Infant Preschool Service (IPS), and the Parenting and Children’s Friendship Program. Other common electives for AND interns include the Child and Adolescent Mood Disorders Program (CHAMP), the Child and Adolescent OCD Intensive Outpatient Program (IOP), the Child OCD, Anxiety, and Tic Disorders Program, and the Family Stress, Trauma, and Resilience Clinic (STAR).

A full list of electives is provided in this manual. These electives must not conflict with required rotations. A specific program plan will be developed by the intern in collaboration with his/her 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 per week is approximately 5-10 hours.

**TRAVEL AWARD:**
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. Autism and Neurodevelopmental Disabilities interns will be given special consideration for this travel award, which is granted to two interns on a competitive basis, and includes funding for attendance at a scientific meeting up to $1500.

**POSTDOCTORAL TRAINING:**
Autism and Neurodevelopmental Disabilities interns are encouraged to apply for competitive postdoctoral training fellowships at UCLA upon completion of their doctoral internship. Several postdoctoral fellowships are available for trainees interested in obtaining more specialized training in autism and other neurodevelopmental conditions. 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 NEURODEVELOPMENTAL DISABILITIES TRACK: CAN CLINIC MAJOR ROTATION**

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>8:00-9:00</td>
<td></td>
<td></td>
<td>8:00-9:00 Psychopath/Psychopharm Seminar</td>
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<tr>
<td>9:00-11:00</td>
<td>9:00-10:00 CAN Clinic Evaluation</td>
<td>9:00-10:00 CAN Clinic Evaluation</td>
<td>9:00-10:00 Child Grand Rounds (2nd &amp; 4th week of month)</td>
<td>9:30-10:30 CAN ClinicADOS-2 &amp; ADI-R Reliability</td>
<td>9:00-12:00 CAN Clinic Evaluation</td>
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<tr>
<td>10:00-10:00</td>
<td>9:00-10:00 CAN Clinic Evaluation</td>
<td>10:00-10:00 CAN Clinic Evaluation</td>
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<tr>
<td>11:00-12:00</td>
<td>11:30-10:00 CAN Clinic Multidisciplinary Team Rounds and Didactics</td>
<td>12:00-13:00 Intern Seminar</td>
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<td>12:00-1:00</td>
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| Total CAN Clinic Hours | 4 | 4 | 3.5 | 6.75 | 3 |

29
Total Weekly CAN Clinic Hours: 21.5 hours (+8.25 for other CAN related activities)

**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:** 5-13
**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

**Pediatric Neuropsychology Track**

**DESCRIPTION:**
The Child 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 Division 40 (Neuropsychology) of the APA for specialty training in neuropsychology. 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)
* Child Grand Rounds: 2nd and 4th Wednesday of the month, 0.5 hours (Wednesday 9-10am)
Psychopathology/Psychopharmacology Seminar: 1 hour per week (Thursdays 8:30 am-9:20am)**
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

* Child Grand Rounds is Recommended but not mandatory
**Psychopathology/Psychopharmacology Seminar all year OR Neuroanatomy Sept-Dec

**TOTAL HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK:**
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
Multiple Voluntary Clinical Faculty (see Faculty Profiles here):

**TRAINING PROVIDED:**
Interns in this track will spend approximately 30 hours per week of their time in activities related to clinical neuropsychology. The trainee's program will be comprised of general clinical activities including psychodiagnostic assessment, individual therapy patients, group therapy, and elective rotations.

**DIVERSITY TRAINING:**
Adult and Pediatric 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 Initiative.

**SUPERVISION PROVIDED:**

**Method of Supervision:** Direct Observation and Case Presentation

**Format:** Individual and Group

**Hours Per Week:** Varied, but generally 4

**Days and Times:** Flexible, except Thursday

**Names of Supervisor(s):** Sandra K. Loo, PhD; Patricia Walshaw, PhD

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**Adolescent Serious Mental Illness Track**

**DESCRIPTION:**

There is increasing evidence that earlier intervention for serious mental illness (schizophrenia 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 2019-2020 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 in the final phase of a multi-site study, the North American Prodrome Longitudinal Study (NAPLS), which is a consortium of nine independent NIMH-funded prodromal studies across the nation. 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).

**HOURS PER WEEK IN MAJOR ROTATION:**

25 - 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)
- 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)

**MANDATORY MEETINGS:**

- Mondays 10-11 – Clinical Assessment Team Supervision
- Mondays 11-12 – Neuropsychology Assessment Team Supervision / Psychosocial Treatment Team Supervision (alternating weeks)
- Clinical Assessment Supervision: 1 hour per week to be arranged with Dr. Bearden (and weekly group supervision)
- Psychological Treatment Supervision: 1 hour per week to be arranged with Dr. Adery, Dr. Denenny and Ms. Zinberg (and group supervision 3x/month)

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

29

**APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES:**

11 - 16

**Optional Neuropsychology Rotation/Elective:**

Interns will be trained in the administration of a clinical 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. Approximately 5 hours per week will be spent on neuropsychological assessment, which will be supervised by Drs. Aarti Nair and Carrie Bearden.

Neuropsychological Assessment: 5-7 hours/week, including supervision and didactics

**FACULTY AND STAFF:**

Carrie Bearden, Ph.D., Program Director
Alaina Burns, M.D. and Misty Richards, M.D., Medical Co-Directors
Jamie Zinberg, M.A., Administrative Director, Treatment Director
Aarti Nair, Ph.D., Neuropsychology Assessment Supervisor
Danielle Denenny, Ph.D. and Laura Adery, Ph.D., Treatment and Assessment Supervisors
**TRAINING PROVIDED:**
Interns will learn through supervised practice and monthly multidisciplinary treatment team case conference meetings. 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 and testing new interventions for these populations.

**Clinical Assessment:**
Interns will receive training in the administration of the Structured Interview for Prodromal Syndromes (SIPS), Structured Clinical Interview for DSM-5 (SCID), and other clinical rating scales, such as the Brief Psychiatric Rating Scale (BPRS) and Calgary Depression Scale. Interns will administer these assessment measures to young people ages 12-30 and/or their parents, and together with other psychologists, psychiatrists, and post-doctoral fellows, will determine working diagnoses and eligibility for participation in a clinical research program for adolescents at imminent risk for psychosis or with recent onset of psychosis. Interns will 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 Carrie Bearden, PhD, licensed clinical psychologist.

**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 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-HR; Miklowitz, George, & Taylor 2006). Interns will have the opportunity to co-facilitate a co-occurring transdiagnostic skills group for adolescents and parents, using a combined cognitive-behavioral and dialectical-behavioral approach. 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.

**Community Outreach:**
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.

**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, Aarti Nair, and Danielle Denenny and Jamie Znberg, 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.

**Topics include:**
- Controversies surrounding “prodromal” programs
- An introduction to the CAPPS clinical research program
- Assessment of the Prodrome
- Screening instruments to facilitate research and early intervention during the prodrome
  Neuropsychology and the Prodrome
- 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
- Crisis Management – Assessing and managing suicidality and homicidality
- School Interventions – Individual Educations Plans (IEPs), Non Public Schools (NPSs) and beyond
- Community Resources

**Time requirements each week:**
Clinical Assessment: 10-15 hours
Psychosocial Assessment: 2 hours
Psychosocial Treatment: 10 hours
Seminar and Team meeting: 2 hours
Individual and Group Supervision Total: 3.5-4.5 hours
Research: negotiable
Total: Approximately 25-28 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.
The ASMI intern will have a primary advisor, Carrie Bearden, Ph.D., who is the Director of the CAPPS Program and a member of the faculty 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, Danielle Denenny, Ph.D. (Clinical Psychologists) Aarti Nair, Ph.D. (Licensed Clinical Psychologist) and Jamie Zinberg, MA (Treatment Director, Administrative Director). The intern may also receive mentorship from other faculty, depending on the specific selections of electives comprising this intern's program.

**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.

**SUPERVISION PROVIDED:**
Method of Supervision: Direct Observation, Video Tape, Case Presentation
Format: Individual and Group
Hours Per Week: Flexible
Days and Times: Training experiences are available M-Th. Mondays are ideal for interns seeking observation opportunities and to attend Monday morning group supervision/didactics. Elective is available year-round; intensive orientation in July is a recommended foundation.
Names of Supervisor(s): Carrie Bearden, Ph.D. (primary). Aarti Nair, Ph.D., Danielle Denenny, Ph.D., Laura Adery, Ph.D., Jamie Zinberg, M.A.

**Stress, Trauma and Resilience Track**

**DESCRIPTION:**
Stress, Trauma and Resilience track psychology trainees will send approximately 65% of their time dedicated to evaluation, treatment, and community outreach in this year-long placement within the UCLA Nathanson Family Resilience Center (NFRC), which provides family-level interventions for children exposed to various challenges, including traumatic events, pediatric illness, community violence, sexual abuse, parental illness/injury related to combat experience, or natural disasters.
Interns will learn through supervised practice, multidisciplinary case conferences, research team meetings, and outreach/training opportunities. Interns will have the opportunity to participate in the overarching goals of the NFRC, which include: 1) Developing and testing new interventions for high-risk families, 2) Strengthening support for families through education and training of mental health providers, educators, and medical providers, 3) Using innovative technology to provide support for families, and 4) Improving the quality of care for families through direct service-delivery.

**HOURS PER WEEK IN MAJOR ROTATION:**
30

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

**MANDATORY MEETINGS:**
- Stress, Trauma and Resilience (STAR) Clinic: 20 hours
- Individual Supervision: 1 hour per week
- Group Supervision: 2-3 hours per week
- Faculty Advisor meeting: 1.5 hour per week
- Outreach/training delivery: averages 1.5 hour/week
- Research: 2 hours
- Stress, Trauma, and Resilience Seminar 1.0 (Wednesday 9-10 AM)

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

The primary advisors for this track are Catherine Mogil, Psy.D. and Blanca Orellana, 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.

**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:**
- Patricia Lester, M.D., Medical Director
- Catherine Mogil, Psy.D., Clinical Director
- Blanca Orellana, Ph.D., Assistant Clinical Director
- Nastassia Hajal, 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. 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**

At the beginning of the year, interns will co-train the Pediatric Consultation Liaison Service, where they will gain first-hand experience working with children and families struggling with serious childhood illness. Interns will work with 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. Trainees work with children undergoing bone marrow, liver, or heart transplants. These patients generally require prolonged hospital stays and thus trainees get experience with 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 intern with exposure to the inpatient experience.

**Outreach/Training Experience**

Interns will have the opportunity to participate in community outreach and provider trainings to help build community capacity to support children and families affected by traumatic experiences. This may include events or trainings to support military families and children, children with particular medical or developmental challenges, or homeless youth. Outreach and training opportunities vary
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 H jal, Ph.D.; Catherine Mogil, Psy.D.
Adult Tracks

Adult Neuropsychology Track

DESCRIPTION:
The Adult/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 and 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. Historically this track has focused training on adult cases, but exceptionally qualified applicants may be considered for a “Lifespan” training program that would include both adult and pediatric cases.

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:
Robert Bilder, Ph.D., ABPP-CN, Program Director
Susan Bookheimer, Ph.D.
Xavier E. Cagigas, Ph.D.
Paola Suarez, Ph.D.
Delany Thrasher, Ph.D., ABPP-CN
Patricia Walshaw, Ph.D.
Multiple Voluntary Clinical Faculty (see Faculty Profiles here: https://www.semel.ucla.edu/sites/default/files/pdf/research/2020_postdoctoral_fellowship_brochure_rev_16may2019.pdf

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 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, 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. Electives may include (but are not limited to) geropsychology, consultation-liaison, OCD partial program, schizophrenia clinic, family/couples therapy, eating disorders, child/adolescent services, individual therapy patients, and group therapy experiences. 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:
Adult and Pediatric 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 Initiative.

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; there are opportunities for group supervision
Days and Times: Variable
Names of Supervisor(s): See Brochure. There are currently more than 50 supervisors in Neuropsychology.

Health and Behavior Track

DESCRIPTION:
The focus of this track is in consulting with adult 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 the service from July through February.

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 ( Entire year): 3

OTHER MANDATORY ACTIVITIES:
Interns’ Seminar: 1.5 hours per week (Fridays 12-1:30)
Departmental Grand Rounds: 1 hour per week (Tuesdays 11-12, July-June)
Child Psychiatry Grand Rounds: 0.5 hours per week (March through June)
Meeting with Advisor: 1 hour per week

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

TOTAL HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK:
While on Adult Consultation-Evaluation Service: 28
  * 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:
David Wellisch, 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.

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 3 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.

MANDATORY MEETINGS:
Walking Patient Rounds, 5 hours per week
Grand Rounds 1.5 hours per month
Individual Supervision, 2 hours per week

PEDIATRIC CONSULTATION-LIAISON SERVICE FACULTY AND STAFF:
Brenda Bursch, Ph.D., Clinical 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.

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)

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<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Meeting or Conference:</th>
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<tbody>
<tr>
<td>Mondays</td>
<td>1:30-2:30pm</td>
<td>*Oncology Multidisciplinary Rounds</td>
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<tr>
<td>Tuesdays</td>
<td>8:00-10:00am</td>
<td>Group Supervision and Walking Rounds</td>
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<td>Tuesdays</td>
<td>11am-11:30am</td>
<td>*PICU/CT-ICU Psychosocial Rounds</td>
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<td>Tuesdays</td>
<td>1:30-2:00pm</td>
<td>*Heart Transplant Rounds</td>
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<tr>
<td>Tuesdays</td>
<td>3:00-3:30pm</td>
<td>*Hospitalist Psychosocial Rounds</td>
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<td>Wednesdays</td>
<td>1:00-2:00pm</td>
<td>Teaching Conference</td>
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<td>Fridays</td>
<td>10:00-11:00am</td>
<td>Group Supervision</td>
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<td>Fridays</td>
<td>2:00-5:00pm</td>
<td>Adolescent Medicine Clinic (for Pediatric</td>
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<td>Consultation-Liaison and Health Behavior track</td>
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<tr>
<td>Mon-Fri</td>
<td>8:00am-5:00pm</td>
<td>On call for new consults 1-2 days/week</td>
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*These rounds are required for three weeks and thereafter when a patient followed by the intern is being discussed.
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 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.

Geriatric Psychology – Neuropsychology Track

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

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

**HOURS PER WEEK IN MAJOR ROTATION:**
20

**HOURS PER WEEK IN MEDICAL PSYCHOLOGY ASSESSMENT CENTER:**
3

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

**Other Mandatory Activities:**
- Interns’ Seminar: 1.5 hours per week (Fridays 12-1:30)
- Departmental Grand Rounds: 1 hour per week (Tuesdays 11-12)
- Meeting with Advisor: 1 hour per week
- Neuropsychology Seminars:
  - **Fall Quarter: September-December**
    - Functional Neuroanatomy: 1.5 hours per week
    - Neuropsychological Syndromes: 1.5 hours per week
  - **Winter Quarter: January-March**
    - Functional Neuroanatomy: 1.5 hours per week
    - Neuropsychological Syndromes: 1.5 hours per week
    - Neuropsychological Professional Development: 0.5 hours per week
    - Geropsychology Journal Club: 0.25 hours per week
**Spring Quarter: April-June**

Neuropsychological Syndromes: 1.5 hours per week  
Neuropsychological Professional Development: 0.5 hours per week  
Cultural Neuropsychology: 1 hour per week  
Geropsychology Journal Club: 0.25 hours per week

**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  
Karen Miller, Ph.D.  
Kathleen Van Dyk, Ph.D.

**TRAINING PROVIDED:**

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

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

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

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

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

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

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

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

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

The intern in this track also participates in a geriatric psychotherapy group under the supervision of Linda Ercoli, Ph.D. The outpatient psychotherapy group provides a combination of supportive, insight-based and Cognitive Behavioral interventions for older adults. The type of interventions covered include: (a) Deep breathing and relaxation training; (b) Meditation (e.g., body scan, visualization, and guided imagery); (c) Cognitive elements (e.g., cognitive restructuring, addressing distorted thought patterns); (d) Behavioral components (e.g., activation, discussing the connection between increased pleasant events and mood); and (e) Problem-solving & goal setting. One group consists chiefly of slightly more “frail” and cognitively slowed older adults, whereas the other group is for slightly “higher” physically and cognitively functioning individuals. Recently discharged patients from 4-North may also be referred to the groups for ongoing support.

The intern in this track may elect to participate in Caregiver Support Groups, supervised Linda Ercoli, and Ph.D. These are two free telephone support groups: one for caregivers of patients with early onset Alzheimer’s disease and the other for caregivers of patients with frontotemporal lobar degenerative dementia. Each group meets every other week. There are opportunities for interns to co-lead in-person support groups for Spanish speaking caregivers of patients with Alzheimer’s disease supervised by Xavier E. Cagigas, Ph.D.

**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 the requirements set forth by Division 40 (Neuropsychology) of the APA. The primary emphasis will be on neuropsychological assessments of Spanish monolingual, English/Spanish bilingual, and culturally self-identified Hispanic/Latina/o patients and their families conducted through the Hispanic Neuropsychiatric Center of Excellence’s Cultural Neuropsychology Program (HNC-E-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.
**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.
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.
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.

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: Fridays 10:00am-11:00am

HOURS PER WEEK:
5

DURATION OF ELECTIVE:
4-6 months

FACULTY:
Brenda Bursch, Ph.D.

TRAINING PROVIDED:
Trainees conduct brief evaluations to target presenting symptoms, which can include symptoms of trauma, depression, anxiety, psychosis, aggression, grief, high-risk behavior, obesity, school problems, family discord, and behavioral problems associated (or not associated) with a developmental disability. Psychoeducation and limited skills building may be provided. Recommendations and referrals for further care are provided to the pediatrician and patient/family. Trainees attend weekly group supervision Fridays at 10:00am and are expected to be done seeing patients by 5pm (or sooner) each Friday. If more than two interns wish to share the elective, a rotating schedule will be creating so that two interns at a time will be in clinic.

This experience is required for the Pediatric Consultation-Liaison intern and the Health Behavior intern while on the Pediatric Consultation-Liaison rotation. For those wishing to elect this experience, please attempt to schedule it during a rotation when you are not also on Peds CL.
For more information and to sign up for this elective, contact Brenda Bursch, Ph.D., at bursch@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 models 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: Fridays: 10-11am; 2-5pm
Names of Supervisor(s): Brenda Bursch, PhD; Natacha Emerson, PhD; plus Pediatrician Attendings on site, under the direction of Martin Anderson, MD

Child and Adolescent Mood Disorders Program (CHAMP)

PROGRAM DESCRIPTION:
The CHAMP Clinic is a UCLA program that focuses on differential diagnosis and treatment of bipolar disorder and other pediatric mood disorders. The CHAMP Clinic involves two components: comprehensive diagnostic assessment of pediatric illness and both pharmacological 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. Psychosocial 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. 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.
Medication backup for patients is provided by our child psychiatrists, Drs. Horstmann and Suddath. 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 either assessment or family therapy (or both) for adolescents and children with mood disorders.

**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 12-1:45 pm and the therapy elective runs from 2:30pm-6pm. Clinic rounds are Monday 1:45 pm – 2:30 pm.

**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.

**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 for 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 formulation around differential diagnosis and approaches to treatment. Specific discussion occurs regarding how the identity of the patient and family and their cultural beliefs plays a role in their beliefs about mental health and DSM diagnostic terminology. Supervision is provided on how to incorporate these beliefs 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 as we have many families where the child/adolescent is a first-generation American with parents from another country. Supervision is
provided around the impact of the trainee’s and supervisor’s own identities and how these play a role in approach to our patients as well as 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

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**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 Numi, M.D.

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

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

**DAY, TIME AND LOCATION:**
Day, time and location in 300 Medical Plaza vary depending on options chosen

**HOURS PER WEEK:**
- **Assessment:** 6 hours in total; 4-month rotation:
Conduct assessment in the morning for one day on either Mon, Tue, Wed, or Fri, 9-12 AM. Attend multidisciplinary team case conference on Thursday from 11:30 to 12:30 PM for (1 hour) to present your case. 1 hour for report writing. 1 hour for supervision.

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

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

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

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

**DURATION OF ELECTIVE:**
Flexible, 4 - 6 months

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

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

Treatment: Training in treatments that are based on evidence-based practices (e.g., CBT, social skills treatments, and naturalistic developmental behavioral interventions) in individuals with ASD is available. Treatments are provided in individual format with parent-training components. The range of presenting issues includes co-occurring emotion regulation difficulties (e.g., comorbid anxiety,
depression, behavioral concerns) and ASD related symptoms (e.g., rigid thinking, social skills impairments), as well as the overlap between these two areas.

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

- **Enhancing Independence for Young Adults Group** (16 sessions). For young adults with ASD to enhance their daily living skills in the home and the community in a group format.

- **Parent Support Group: Education and Support Group for Parents of Children Recently Diagnosed with Autism Spectrum Disorder** (8 sessions). An 8-week education series for parents of children recently diagnosed with autism spectrum disorder (ASD). This group is designed to both inform and support parents in learning about ASD, evidence based strategies and interventions, and navigating pertinent community resources.

- **Teen Coping Skills Group** (16 sessions). For adolescents with autism spectrum disorder with intact verbal abilities experiencing depression and/or anxiety.

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

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

**Child OCD, Anxiety, and Tic Disorders Program**

**PROGRAM DESCRIPTION:**
The Child OCD, Anxiety, and Tic Disorders Program specializes in the evaluation and evidence-based treatment of children and adolescents with OCD, anxiety, tic, and habit disorders.
**DAY, TIME AND LOCATION:**
Mondays 1-6 pm
300 Medical Plaza, Room 1208

**HOURS PER WEEK:**
6.5

**HOURS PER WEEK:**
6 months

**FACULTY AND STAFF:**
John Piacentini, Ph.D.
Joan Asarnow, Ph.D.
Susanna Chang, Ph.D.
James McCracken, M.D.
Erika Numi, M.D., Ph.D.

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

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

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

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

SUPERVISION PROVIDED:

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

Children’s Friendship Program

PROGRAM DESCRIPTION:
The Children’s Friendship program is a brief (12 week) manualized intervention delivered to groups of 10 children between the ages of 7 and 11 years and their parents. Child sessions are composed of homework review, brief didactic presentations, followed by role-playing and individual coaching. Children are given homework assignments, which the parents help them implement. Parent sessions are composed of homework review, informational handouts, and anticipation of problems with future homework assignments. Parents do not watch child sessions, but are required to attend their own concurrent sessions. Didactic sessions for trainees who are co-leading are on Wednesdays 4:30-5:30pm.

Clients are children with at least average cognitive functioning between 2nd and 5th grade, mainstreamed in school, who are having difficulty making and keeping friends. Diagnoses most typically seen are Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorder (high-functioning), with fewer children having Conduct Disorder, Anxiety Disorders, and Adjustment Disorders. Most referrals are from schools, clinicians, or word of mouth. Some families are concurrently being seen within other modalities (individual psychotherapy for parent or child, psychiatric care, or other family therapy).

This program has spawned 4 research grants: 2 with NIMH one with the CDC and one with Pepperdine University. Previous results on clinic data have found approximately 70% of children with ADHD show some improvement after 12 weeks either on parent or teacher assessment or both. Randomized
controlled studies have been published on children with Fetal Alcohol Spectrum Disorders and Autism Spectrum Disorders.

**DAY, TIME AND LOCATION:**
Wednesdays 5:30pm-8pm

**HOURS PER WEEK:**
Friendship Program Observation: 2.5 (NO SUPERVISION NEEDED)
Friendship Program Co-leading: 3.5 (INCLUDES SUPERVISION)

**FACULTY AND STAFF:**
Shilpa Baweja, Ph.D. LCSW
Bob Myatt, Ph.D.
Cynthia Whitham, LCSW

**TRAINING PROVIDED:**
On-site participation in conducting a family-oriented cognitive-behavioral intervention within a child social skills group. A 12-week, highly structured syllabus is followed. No previous experience in behavioral techniques is necessary.

Two opportunities: (1) Trainees observe and subsequently co-lead groups of parents and/or children during the 12-week program. When “observing” in the Child Group, trainees will support group leader by coaching children as they engage in role plays and practice in vivo. Observing the Parent Group, trainees will learn how parents are trained to coach their children in applying the skills at home and in school; they will also observe the challenging group dynamics that can occur during parent education.

(2) Social Skills groups are conducted only on Wednesday evenings 5:45-6:45 and 7:00-8:00. Trainees may participate in one or both parent or child groups but must commit to 12 consecutive weeks. During the 12 weeks, trainees will be directly supervised as they conduct or co-lead either parent or child or both groups.

**UCLA EMPWR Program for LGTQ Youth**

**PROGRAM DESCRIPTION:**
The UCLA EMPWR (“empower”) Program provides specialized psychotherapeutic interventions to LGBTQ youth and 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, 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 the LGBTQ Teen Resilience Skills Group, which teaches tangible CBT skills to foster resilience and improve functioning in stressed youth (ages 12-17) over eight weeks. 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 Group and EMPWR Parent/Caregiver Group.

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

Family Stress, Trauma and Resilience Clinic (STAR)

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

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

HOURS PER WEEK:
5

DURATION OF ELECTIVE:
6 months

FACULTY AND STAFF:
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.
Fit for Healthy Weight Program

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 overweight and obesity among children and adolescents. We work both in the community preventing pediatric obesity and at UCLA with our multidisciplinary team comprised of a general pediatrician, medical and surgical subspecialists, dietitians, and psychologists.

Our team also provides resources and education to physicians in the community and around the globe to help with the prevention and treatment of obesity in children. We also support public-health efforts in the policy arena and in program implementation and evaluation in order to improve nutrition and promote fitness in the community, and improve clinical prevention and management of obesity in diverse healthcare settings. As a trainee, you are only required to be in the role of psychological consultant and behavioral specialist within the multidisciplinary team providing assessment and interventions with patients and their families. However, if you would like to be involved in any other aspect of our project (e.g., outreach or research), you are welcome to inquire about opportunities. This elective provides both didactic and clinical training in a comprehensive multidisciplinary clinic. Interns will be trained in various evidence-based practices (e.g., motivational interviewing, exposure therapy, CBT, DBT, social skills treatments, bullying interventions). The range of presenting issues includes comorbid depression, anxiety, trauma, eating disorders, and behavioral issues. Interns will be trained in assessing for the aforementioned co-morbidities and in making the appropriate psychological referrals. Dr. McCurdy-McKinnon trains interns with didactics in supervision as well as in vivo training by shadowing her in the clinic. Trainees will then take the role of junior colleague and be the psychological consultant on the team for the duration of their elective.

CLIENT POPULATION SERVED: Children and adolescents in the greater Los Angeles area are our primary population. However, we often have families come from other surrounding counties to seek our specialized services. Families are referred to our program by their physicians. Ages range from toddlers to adolescents primarily and we have some developmentally delayed young adults as well.

OTHER UNIQUE FEATURES: This program is an ongoing funded research project. The medical director, Dr. Wendy Slusser, serves as the principal investigator on several studies including the Prevention of Childhood Overweight through Parent Training Intervention Project. She is also co-principal investigator for the evaluation of the Nutrition Network Los Angeles Unified School District Project and the Associate Vice Provost of the UCLA Healthy Campus Initiative.

DAY, TIME AND LOCATION:
Four afternoons per month: the first and third Tuesday, and the second and last Friday. Interns are only required to commit to either the Tuesday or the Friday clinic (although you can do all of them). Clinic hours are from 1:00pm-5:00pm on Tuesdays and 1:30-5:30pm on Fridays.
300 UCLA Medical Plaza, Suite 300.
HOURS PER WEEK:
8-16 hours per month

FACULTY AND STAFF:
Danyale McCurdy-McKinnon, Ph.D.

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

The multidisciplinary clinic is held four afternoons per month: the first and third Tuesday, and the second and last Friday. Interns are only required to commit to either the Tuesday or the Friday clinic (although you can do all of them). Clinic hours are from 1:00pm-5:00pm on Tuesdays and 1:30-5:30pm on Fridays. 300 UCLA Medical Plaza, Suite 300.

Supervision is during clinic hours. For optimal training purposes, we prefer that trainees commit to six months to a year for this elective given that it is only a once (or twice if you choose) per month clinic. However, special accommodations will be made if a shorter rotation is possible. Knowing that trainees' schedules often change on a quarterly basis, the clinic that you choose each month can be renegotiated as your schedule changes.

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

General Child Outpatient Clinic

PROGRAM DESCRIPTION:
Psychology trainees have the opportunity to elect rotate for 4 or 6-months in the General Child Outpatient Clinic (GCOC). Psychology trainees are supervised by the clinic co-director Jennifer Levitt, M.D. and faculty: Martha Bates Jura, Ph.D., Karin Best, Ph.D., Bonnie Zima, M.D., and Melita Daley, M.D. Children and adolescents, ranging in age from 3-18 years old, are seen for diagnostic assessment and treatment recommendations, with select cases who receive follow-up care for medication and/or psychotherapy in the clinic. The primary type of psychotherapy this clinic uses is MAP (Managing and Adapting Practice), which is a modular psychotherapy that encompasses evidence-based treatment skills for a broad range of psychiatric problems and structural family therapy.

The clinic begins with didactics presented by a trainee and/or an attending in the form of MAP group supervision, case presentations, journal club, and discussion of special topics relevant to clinic practice. Initial evaluations and treatment cases are scheduled throughout the afternoon.

Trainees receive direct supervision for each new and follow-up case seen in the clinic. Some cases will be observed from behind a one-way mirror. The team involves second-year child psychiatry fellows and psychology interns, in addition to medical students and residents who observe and sometimes
participate in cases. The psychology interns and child fellows serve as case coordinators, evaluating cases and providing treatment.

**DAY, TIME AND LOCATION:**
Tuesdays 1:00pm-6:00pm
300 Medical Plaza, Room 1208

**HOURS PER WEEK:**
5.25

**FACULTY AND STAFF:**
Veronica Barenstein, Ph.D.
Martha Bates Jura, Ph.D.
Karin Best, Ph.D.
Jennifer Levitt, M.D.
Bonnie Zima, M.D.
Melita Daley, M.D.

**TRAINING PROVIDED:**
The clinic provides an opportunity to assess a wide range of diagnostic categories in children and adolescents and to provide interventions in a variety of modalities (including parent training, CBT for anxiety and depression, and other evidence-based treatments). Because cases are not pre-selected by diagnostic group or suitability for a particular treatment, GCOC trainees have an opportunity to see a wide variety of cases and to provide interventions, much as they might in clinical practice. In this university hospital outpatient clinic, patients can have a range of presentations, from first time assessments to second opinions on complex cases, along with follow-ups from the inpatient and partial programs and emergency room. Interns may have the opportunity to see cases with clinical complexity and co-morbidity that may not be seen in other specialty clinics at UCLA. Patients have a range of diagnoses from disruptive behavior disorders, Autism spectrum disorders and intellectual disabilities, and anxiety, mood, and psychotic disorders. The trainees will be responsible for evaluating the child and family, working with the professional team in clinic, making recommendations to the family and other providers, and coordinating care in an outpatient setting with the relevant systems of care and providers such as school personnel, pediatricians, and other mental health providers. The clinic provides an opportunity for collaboration between psychologists and psychiatrists around complex cases, which may require both therapy and medication. The information acquired and skills learned during this rotation would be of use in both research and practice in the future.

**Infant and Preschool Service**

**PROGRAM DESCRIPTION:**
The Infant and Preschool Service provides both didactic and clinical training in the evaluation of children from birth through 6 years of age. The primary objective of this program is to train professionals in the early identification of problems and treatment of this underserved group of children. For most families, this service provides their child with their first comprehensive psychodiagnostic evaluation. Thus, this service affords trainees the opportunity to work with parents
whose children are receiving a diagnosis for the first time. Trainees will be exposed to both clinical populations and typically developing children during their rotation on this service. Interns will be assisted by an extern.

**DAY, TIME AND LOCATION:**
Mondays-Fridays 9:00am-4:00pm (trainees select a morning or afternoon block, one day per week)
Semel, Room 47-421

**HOURS PER WEEK:**
5

**DURATION OF ELECTIVE:**
6 months (4 in some circumstances)

**FACULTY AND STAFF:**
Karin Best, Ph.D., Program Director
Mary O’Connor, Ph.D., Consulting Psychologist

**TRAINING PROVIDED:**
Trainees will learn how to provide a comprehensive evaluation and treatment plan for each infant or preschool patient and their family. Upon completion of this clinical training experience, trainees will have (1) a comprehensive knowledge base in normal child development; (2) an integrated conceptual framework of current developmental theory; (3) practical clinical experience in the formal assessment of infants, preschoolers, and their families; (4) opportunities for direct observation of and interaction with young children and families from diverse cultural and socioeconomic backgrounds (in clinic, at school, and occasionally at home); (5) the ability to evaluate and diagnose psychopathology in this age group; (6) experience in developing comprehensive treatment plans for infants and preschooer, many of whom are receiving diagnoses for the first time; (7) experience providing feedback to families in a well-organized, comprehensive, and sensitive manner; (8) exposure to and familiarity with current research literature; (9) experience working with and supervising externs.

Trainees select a morning or afternoon block as their time slot. The first weeks of the rotation meetings focus on providing interns and fellows with additional training in evaluation of young children and the administration of various assessment protocols (e.g., Bayley-III, WPPSI-4). Initial visits for new cases, most follow-ups, and feedbacks will occur during clinic time. On occasion, to meet the needs of trainee or family, follow-up appointments or feedback may occur outside clinic time (arranged by the trainee in consultation with Dr. Best and the family). Trainees are case coordinators for approximately 4 to 5 cases during the year. When not a case coordinator, trainees observe other cases. Time commitment for the clinic averages 5 hours per week over the year (hours vary within individual weeks, depending on the testing scheduled by the intern).

The time commitment is 5 hours per week for 6 months; individuals with previous experience with young child assessment may join for 4 months; trainees will receive a new case approximately every 6-8 weeks. Clinic begins the third week of July.
**DIVERSITY TRAINING:**
The Infant and Preschool Clinic is committed to providing a high standard of clinical services to individuals and their families. Training throughout the program will include emphasis on the importance of culturally sensitive work to match the diverse individuals and family constellations (e.g., self-identified ethnicity/race, social and educational status, religion, gender identity, sexual orientation, nationality and acculturation) that seek evaluation in clinic. Trainees are expected to be open to and willing to work with families that may differ in background/self-identity and values from themselves. Supervision will encourage trainees to examine actively how their own training, family background, previous experiences and self-identity(ies) may influence and impact the assessment process, including discussion of when it may appropriate and indicated to refer clients to other providers. Case conferencing and supervision will explicitly include discussion of context (e.g., cultural, economic, residential, family constellation, perceived power/status differential), and identity (e.g., ethnic, gender, sexual orientation) issues relevant/salient to each child and family in order to optimize the assessment plan and subsequent recommendations for that child and family. Discussion of clinical case conceptualization, treatment recommendations, and treatment access for clients will be incorporated in a manner that is cognizant and respectful of the cultural, ethnic, religious, gender identity, sexual orientation and economic diversity among the children and families we assess. Discussion and planning of interviews and feedback sessions will emphasize the importance of culturally sensitive and effective communication.

**SUPERVISION PROVIDED:**

**Method of Supervision:** Direct Observation and Case Presentation  
**Format:** Individual and Group  
**Hours Per Week:** 4-5  
**Days and Times:** TBD for 2020-21; likely: Tuesday morning or afternoon and Wednesday afternoon  
**Names of Supervisor(s):** Karin Best, Ph.D.

**Parent Training Program**

**PROGRAM DESCRIPTION:**
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, community agencies or word of mouth. Many families are concurrently being seen within other modalities (individual psychotherapy for parent or child, psychiatric care, or other family therapy).

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

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

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

**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.

**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 25 countries and has been translated into over a dozen languages. This program, developed at UCLA, 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 their children 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 18-30 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 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 4:30-4:00PM (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 4:30-4:00PM (lower functioning group) and 6:30-8:00PM (higher functioning 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
Ted Hutman, Ph.D.
Vindia Fernandez, Ph.D.
Ruth Ellingsen, Ph.D.
Aarti Nair, Ph.D.
Kalina Babeva, Ph.D.

**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.
Strategies for Enhancing Early Developmental Success (SEEDS)

PROGRAM DESCRIPTION:
The Strategies for Enhancing Early Developmental Success for School Readiness (SEEDS-SR) Program is a federally funded (U.S. Department of Education) prevention and early intervention clinical research program designed for children ages 3 to 5 years with histories of prenatal alcohol exposure, trauma, and disrupted attachment relationships, as well as their birth, adoptive, foster parents and relative caregivers. The 15-week school readiness program includes a specialized child classroom curriculum and a concurrent weekly parent group. The child sessions are designed to promote self-regulation, socioemotional competence, and early literacy and numeracy skills, and to support children in developing secure attachment relationships with both their parents and with their teachers who will function as secondary attachment figures. Parent sessions are designed to equip parents with skills needed to promote school readiness at home, and actively engage parents in their children’s early learning experiences.

DAY, TIME AND LOCATION:
Mondays and Wednesdays 10:00am 3:00pm
Semel, Rm. 48-241

HOURS PER WEEK:
5

FACULTY AND STAFF:
Blair Paley, Ph.D., Director
Catherine Mogil, Psy.D., Additional Supervisor

TRAINING PROVIDED:
Interns participating in a SEEDS elective will spend the majority of their time working with young children in both an indoor classroom and an outdoor nature-based learning center. There is also an opportunity to assist in the parent sessions. Interns will assist with intervention delivery, assessment, and providing parent feedback. Interns can opt for a Monday or Wednesday schedule.

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 (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.

**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); dialectical behavior therapy (DBT) informed cognitive-behavioral approaches (SAFETY); DBT (skills training groups are ongoing); 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).

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, 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

**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 treatments. If interpreters are required to facilitate the assessment process, specific supervision regarding the sensitive and appropriate use of live interpretation (on line 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

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

**PROGRAM DESCRIPTION:**

This program offers specialized research 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 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, and the needs of youth endorsing sexual or gender minority status. 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 collaborating 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
**TRAINING PROVIDED:**
Opportunities to learn about and participate in our ASAP Center national dissemination program ([www.asapnctsn.org](http://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. Asamow if you are interested in this option. More information can be found at [www.asapnctsn.org](http://www.asapnctsn.org) and [http://www.semel.ucla.edu/mood/youth-stress](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 (on line 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 Asamow, 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

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, Ventura, and McCleery. 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 reception office
Contact Keith Nuechterlein, Ph.D., keithn@ucla.edu, for the group intervention schedule

HOURS PER WEEK:
2-6

HOURS PER WEEK:
6 months

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.
Amanda McCleery, Ph.D.

**TRAINING PROVIDED:**
Trainees can serve as co-therapists in group therapy and as individual therapists with outpatients with a 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 sample 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 great loss 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 our trainees to do so as well in order to provide the best treatment that emphasizes understanding of each individual’s core identities and values.

**SUPERVISION PROVIDED:**

**Method of Supervision:** Direct Observation, Case Presentation

**Format:** Individual and Group

**Hours Per Week:** Typically 2 hours per week, more if clinical load indicates

**Days and Times:** Individual supervision at times to be arranged; group supervision Tues, 9-10 and 10-11

**Names of Supervisor(s):** Keith Nuechterlein, PhD; Luana Turner, PsyD; Joseph Ventura, PhD; Kenneth Subotnik, PhD
Assessment and Treatment of African-American Families

PROGRAM DESCRIPTION:
This course is designed for both mental health trainees and graduate students generally who are interested in developing and refining skills in the assessment and treatment of African American families within a sociocultural context. Various factors including economic, historical trends in America, the cultural milieu, violence, male and female dynamics and institutional racism are discussed as variables that impact child development, male-female relationships, family life, and the development of a healthy self-concept.

The goals of the course are (1) to teach clinicians how to conduct an assessment and treatment with an ethnic specific focus and (2) to enable scholars to understand the variables that should be identified in research involving African Americans and how to measure them.

DAY, TIME AND LOCATION:
Flexible

HOURS PER WEEK:
Flexible

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

Brain Boot Camp/Memory Care – UCLA Longevity Center

PROGRAM DESCRIPTION:
Brain Boot Camp provides 1:1 cog rehab for individuals experiencing mild to moderate memory changes (Mild Cognitive Impairment, mild dementia). Memory Care provides 3 hours of group treatment for individuals with mild to moderate dementia and their family; we have late-onset of older adults (70+ years) and early onset (<65 years old). Both Brain Boot Camp and Memory Care are cog rehab and educational programs designed to help adults compensate for memory loss. Ideally, the intern will commit at least 4 hours a week, and spend at least 6 months in this elective, with the option to do 12 months. The intern can choose to do Brain Boot Camp or Memory Care or both.

DAY, TIME AND LOCATION:
Days are flexible, need to be available for a 3-hour time slot in the AM/PM; PVUB conference room. Memory Care - Tuesdays 1:00pm-5:00pm for late-onset group; Marisa Leif Conference Room; Thursdays 1:00-5:00 for early-onset group; Semel - 3rd Floor Conference Room.

HOURS PER WEEK:
4

DURATION OF ELECTIVE:
3-6 months
FACULTY AND STAFF:  
Karen Miller, Ph.D.

TRAINING PROVIDED:  
Brain Boot Camp (BBC) is an individualized cog rehab program for older adults who are experiencing mild memory changes due to age or MCI (sometimes mild dementia). The 3-hour program of BBC is designed to be presented across 2 or 3 sessions in a 1:1 setting between the intern and patient (sometimes family members do attend); the lessons have already been created but are tailored according to the needs of the participant. The day and time of the lessons are arranged according to the intern's schedule; supervision is 1:1 with Dr. Miller 2-4x a month (depending on the BBC case load of the intern), per schedule of intern. Memory Care is held each Tuesday (late onset group) and Thursday (early onset group) from 1 to 5pm. This comprehensive program is conducted weekly for individuals with mild to moderate dementia and/or severe TBI. Interns can choose to participate in Tuesday or Thursday; both involve 3 hours of group treatment, including: memory training (cog rehab lesson), mind body connection (light yoga, mindfulness, music/art therapy), and patient/caregiver support groups. Intern will be given the chance to co-lead both the patient support group for 3 months and the caregiver support group for 3 months. Group supervision is conducted at 4pm on Tuesdays or Thursdays with Dr. Miller. Finally, for advanced interns who want to do even more, they can participate in creating a 1-time community workshop within our Beyond Memory Training (BMT) series. Here the intern presents a 90-minute lecture on cognitive training to a group 20 community dwellers; this part of the elective is optional and not required of each intern. Within Memory Care, BBC, and BMT, trainees learn about theory related to cognitive training, application of compensatory strategies, and have opportunities to develop memory-training lessons and lead workshops. The total weekly time commitment is approximately 4 hours per week.

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

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

**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:**
Talin Babikian, PhD, ABPP
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.

**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.

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 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, 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. 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.

**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
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.

HOURS PER WEEK/DURATION OF ELECTIVE:
Flexible, 6 hours/week for 4 months or 4 hours/week for 6 months.

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

TRAINING PROVIDED:
Interns will first have didactics and shadow an attending delivering 6-8 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. 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.

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.

SUPERVISION PROVIDED:
Method of Supervision: Direct observation
Format: Individual
Hours Per Week: 1 or 1.5 Hours per week depending on the elective duration
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

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Neurobehavioral Clinic and Conference

**PROGRAM DESCRIPTION:**
Behavioral Neurology is the neurology subspecialty that deals with neurologically-based disorders of cognition and behavior and the assessment and care of patients with those disorders. Behavioral Neurology involves the clinical and pathological aspects of neural processes associated with cognition, emotion, and behavior, specialized techniques and skills for the evaluation of patients with such problems, and clinical skills in treating and managing these patients.

The UCLA Neurobehavior Clinic on Monday afternoons will provide detailed Behavioral Neurology assessments and a new educational opportunity for residents, fellows and psychology interns.

The clinic will be followed by a Clinical Case Conference held in 300 UCLA Medical Plaza at 4:30pm.

**DAY, TIME AND LOCATION:**
Flexible

**HOURS PER WEEK:**
Flexible

**FACULTY AND STAFF:**
Patricia Walshaw, Ph.D.

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.

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

**PROGRAM DESCRIPTION:**
PEERS® for Young Adults is appropriate for individuals 18-30 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:** 4-5 HRS/WK

**FACULTY AND STAFF:**
Elizabeth Laugeson, Psy.D.
Ted Hutman, Ph.D.
Vindia Fernandez, Ph.D.
Ruth Ellingsen, Ph.D.
Aarti Nair, Ph.D.
Kalina Babeva, Ph.D.

**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 4-5 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. 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.
Psychosis Clinic

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

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

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

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

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

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

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

Sexual Health Program

PROGRAM DESCRIPTION:
The Sexual Health Program is composed of multidisciplinary, national and international research and training programs in sexual health, HIV related risk taking and the socio cultural context of human
sexuality. The program serves as a resource for individuals, couples and families seeking sex related services, clinical care and information within the university. We are also linked to the AIDS Institute and serve as an outreach and bridge to diverse, under represented populations.

**DAY, TIME AND LOCATION:**
Flexible

**HOURS PER WEEK:**
Flexible

**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.

**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:**
Xavier E. Cagigas, Ph.D.

**TRAINING PROVIDED:**
Co-lead a support group for Spanish speaking caregivers of patients with Alzheimer’s disease, supervised by 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).
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).

Seminars

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

This seminar is intended provide an overview on a wide range of topics and to foster group identity and cohesion as the year progresses. The group will discuss current topics in clinical psychology (e.g. psychopathology, diagnostic evaluation and modalities of treatment). Dr. Sena will meet with the trainees quarterly to discuss training issues. This seminar has an open structure to accommodate the
needs of the intern and interns provide input regarding topics. Seminars are held from 12:30-1:30 p.m. This gives half-an-hour for the interns to arrive at noon with their lunch and spend time together before the seminar starts. Some seminars require longer than one hour and the seminar will start at noon.

**Developmental Psychopathology/Psychopharmacology Seminar**

Thursdays from 8:30 - 9:20 am  
Semel C8-177  
Attendance is required for General Child track interns, AND intern, Peds-CL intern, STAR interns, and H&B intern for two months while on Peds-CL

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

**Neuropsychology Seminars**

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

**Additional Elective Seminars**

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

**Ethical, Legal and Confidentiality Issues**

**Legal and Ethical Consultation**

Please re-read the APA Ethics Code prior to beginning work. The Interns' Seminar will consider ethical as well as legal and professional standards questions. It is also expected that trainees and supervisors will actively explore ethical issues.

Consultation regarding emergent clinical ethical issues is available by calling the Ethics Consult Service at pager at #38442. Psychology faculty member, Dr. Brenda Bursch is Chair of the RNPH Ethics Committee and may be contacted directly for less urgent matters. Drs. Linda Ercoli and Xavier E. Cagigas also serve on this committee.
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

California law requires certain people to report known or suspected dependent adult or elder abuse or neglect. You have been identified as one of those people – a “mandated reporter.” Mandated reporters are individuals who have “assumed full or intermittent responsibility for the care or custody of an elder or dependent adult,” as well as health care practitioners, clergy members, and law enforcement personnel. [W&I § 15630(a)]

DEPENDENT ADULTS AND ELDERS
A dependent adult is a California resident aged 18-64 who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights. These include persons with physical or developmental disabilities or whose physical or mental abilities have diminished with age. [W&I 15610.23] Elders are California residents age 65 or older. [W&I 15610.27]

WHEN REPORTING ABUSE IS REQUIRED
A mandated reporter, who in his or her professional capacity, or within the scope of his or her employment, has observed or has knowledge of an incident that reasonably appears to be dependent adult or elder abuse or neglect, or who is told by a dependent adult or elder that he or she has experienced abuse or neglect, or reasonably suspects abuse or neglect, must report this information by telephone immediately or as soon as practicably possible, and by written report within two (2) working days. [W&I 15630(b)]

ABUSE THAT MUST BE REPORTED
- Physical abuse [W&I § 15610.63]
- Neglect [W&I § 15610.57]
- Financial abuse [W&I § 15610.30(a)]
- Abandonment [W&I § 15610.65]
- Isolation [W&I § 15610.43]
- Abduction [W&I § 15610.06]

WHERE TO CALL IN AND SEND THE WRITTEN ABUSE REPORT
If the abuse occurred in a long-term care facility or residential facility serving adults or elders or an adult day program, you must report to either local law enforcement or the local long-term care ombudsman. [W&I § 15630(b)(1)(A)]. Otherwise, you must report to local law enforcement (including Campus Police) or county adult protective services. [W&I § 15630(b)(1)(C)]

Forms for submitting written reports may be found online at http://www.cdss.ca.gov/agedblinddisabled/PG1298.htm. In addition, an internal report must be made to your supervisor or to the University Compliance Hotline. This internal report may be made anonymously. Additional information on reporting requirements can be found by accessing the UCLA

All employees of the Neuropsychiatric Institute and Hospital are mandated by the state of California to report child abuse. This means that if you reasonably suspect that a child (i.e. anyone under the age of 18) is being abused you must report that abuse to the Department of Children and Family Services and/or a law enforcement agency. In addition to this being California State law, it is UCLA Medical Center and RNPH policy to report such abuse to the above authorities. The Suspected Child and Adult Abuse and Neglect Team (SCAAN) provides consultation to all faculty, staff and trainees on child abuse reporting.

Consultations regarding Resnick patients 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.

Warming 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.
Policies, Procedures, and General Administrative Issues

Psychology Trainee Administration Office

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

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

Due Process Policies and Procedures

Interns who have problems or concerns with any aspect of the training program may speak with their advisor, Rhonda Sena, Ph.D., Internship Training Director, or Robert Bilder, Ph.D., Chief of Psychology, at any time during the training year.

Reporting of grievances by Interns should be made to Monica Rodriguez, Semel Institute’s Registrar and Ombudsperson. 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.

UCLA Non-Discrimination Policy

The University of California does not discriminate on the basis of race, color, national origin, religion, gender identity, pregnancy, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, service in the uniformed services, or status as a covered veteran. This policy applies to all employment practices, including recruitment, selection, promotion, transfer, merit increase, salary, training and development, demotion, separation. This policy is intended to be consistent with the provisions of applicable State and Federal laws and University policies. These policies can be found in the UCLA Resnick Neuropsychiatric Hospital Psychology Doctoral Internship Contract.

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, integration of practice with research and theory, and professional skills. Ability to integrate cultural and individual diversity issues is evaluated for each area. Any intern who has a score below the “fair” range on the MedHub evaluation form receives remediation. A written plan is formed with the relevant supervisor/s, the intern’s advisor and the training director, and 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. Additionally, a 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: 

Transportation and Escort Service for Hospital Personnel

The Campus Escort Service (310-794-WALK) may be called to request without charge an escort between campus buildings, local living areas, and Westwood Village. Escorts are available 365 days a year from dusk until 1am.

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 David Wellisch, Ph.D. at 310-825-0391 if you are interested in this opportunity. Speaking with him and receiving therapy is entirely confidential.

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

Vacation

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

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

Educational Leave

Interns are entitled to take five days of educational leave for workshops, to present papers or to attend meetings. Educational 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.

Health Insurance

As a staff, contract employee, interns are eligible for medical, dental and optometry coverage with the option for additional employee paid benefits. 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 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/0h1rffdalrmtcg8wicngk1viovx619hr. The moonlighting request form can be found: https://uclahs.box.com/s/05ylhpzqvyfsha5s2mrffvtcfkqzxl.

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-%20Use%20of%20Email%20in%20Communication%20of%20Restricted%20Information%20-%20rev%202010331.pdf

Pager Policy

Intern pagers should be carried and on at all times during work 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 your pager to be covered if you are away. Please discuss issues related to your pager status with your supervisors. As a courtesy to those who may be trying to reach you, and to ensure efficient communication regarding patient care, do not turn off your pager without forwarding it to changing the status to “off pager.”

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. Please connect to this link for instructions on how to use the system: http://www.med.ucla.edu/Document/cds.htm

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/Pages/patients/patient-services/interpreter-services/for-staff.aspx
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 (Lucia Cavanagh, Ph.D.) is required in order to check out materials, all of which must be returned within 24 hours due to the high demand for their use.

Office of Education

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

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

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

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

Medical References/Libraries

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

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

Telephones

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

Telephone: (310) 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/](http://directory.ucla.edu/)

<table>
<thead>
<tr>
<th>Faculty Name</th>
<th>Phone #</th>
<th>Clinic/Program</th>
<th>Research Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asamow, Joan</td>
<td>50408</td>
<td>Youth Stress &amp; Mood Program, Director Child OCD, Anxiety, and Tic Disorder Clinic</td>
<td>Suicidal &amp; Self-Harm Behavior-Moving Towards the Aspirational Goal of Zero Suicide; Child and Adolescent Depression; Trauma &amp; Stress-National Child Traumatic Stress Center on Trauma-Informed Suicide &amp; Self-Harm Treatment &amp; Prevention; Integrated Medical-Behavioral Health Care; Intervention &amp; Services Research.</td>
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<tr>
<td>Asamow, Robert</td>
<td>50394</td>
<td>Pediatric Neuropsychology</td>
<td>Genetic linkage study of childhood onset schizophrenia; neurobehavioral sequelae of traumatic brain injury in children and adults: functional plasticity</td>
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<tr>
<td>Babikian, Talin</td>
<td>50983</td>
<td>Associate Director, UCLA BrainSPORT program, pediatric neuropsychology, pediatric brain injury</td>
<td>Pediatric brain injury, neuroimaging, sports related concussions, urea cycle disorders</td>
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<tr>
<td>Barenstein, Veronica</td>
<td>51246</td>
<td>Family &amp; Couples Therapy Training Program, Director</td>
<td>Peer victimization, Trauma interventions, Parenting techniques</td>
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<tr>
<td>Baweja, Shilpa</td>
<td>62883</td>
<td>Children's Friendship Program Parent Training Program</td>
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<tr>
<td>Bearden, Carrie</td>
<td>62983</td>
<td>Center for Assessment and Prevention of Prodromal States (CAPPS) Adolescent Brain-Behavior Research Clinic</td>
<td>Neurobiological precursors of adolescent serious mental illness; brain development in unique genetic high risk populations</td>
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<tr>
<td>Best, Karin</td>
<td>62210</td>
<td>Infant Pre-School Service</td>
<td>Long term outcomes among psychiatrically hospitalized adolescents. Clinical interest: assessment and treatment of infants and preschool age children; application of</td>
</tr>
<tr>
<td>Name</td>
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<td>Office</td>
<td>Roles/Research Interests</td>
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<tr>
<td>Bilder, Robert</td>
<td>59474</td>
<td>Director, Division of Psychology</td>
<td>Neuropsychology, neuroimaging, neurogenetics; biological bases of psychopathology; dimensional models of psychopathology</td>
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<tr>
<td></td>
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<td>Director Adult/Lifespan Track of Neuropsychology Internship program</td>
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<td>Director, Neuropsychology Fellowship Program</td>
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<tr>
<td>Bookheimer, Susan</td>
<td>46386</td>
<td>Center for Cognitive Neurosciences Brain Imaging Lab</td>
<td>Neuropsychology; Neuroimaging; Wada testing and electrocorticography</td>
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<tr>
<td>Bursch, Brenda</td>
<td>64985</td>
<td>Clinical Director, Pediatric Psychiatry Consultation Liaison Service</td>
<td>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.</td>
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<td>Cagigas, Xavier E.</td>
<td>69326</td>
<td>Co-Director, Cultural Neuropsychology Program (CNP)</td>
<td>Neuropsychology; Bilingual/Spanish neuropsychological assessments; consultation on cultural/linguistic issues in neurocognition; Socially Responsible Neuropsychology (SRN)</td>
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<tr>
<td></td>
<td></td>
<td>Associate Director, Hispanic Neuropsychiatric Center of Excellence (HNCE)</td>
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<tr>
<td>Chang, Susanna</td>
<td>61040</td>
<td>Child OCD, Anxiety, and Tic Disorder Program</td>
<td>Neurocognitive correlates of child OCD, anxiety and Tics. Attention bias modification as novel treatment for anxiety and OCD.</td>
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<tr>
<td>DiStefano, Charlotte</td>
<td>58892</td>
<td>Child and Adult Neurodevelopmental (CAN) Clinic</td>
<td>Autism spectrum disorder; Intellectual Disability; Language development; Genetic disorders</td>
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<td>Ellis, Alissa</td>
<td>50118</td>
<td>Director, thinkSMART® program; Child and Adolescent Mood Disorders Program</td>
<td>Electrophysiological correlates of childhood psychiatric disorders, particularly mood disorders; reward and frustration processing; cognitive mechanisms associated with mood disorder vulnerability</td>
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<tr>
<td>Ercoli, Linda</td>
<td>Director, Psychological Services, Division of Geriatric Psychiatry</td>
<td>Neuropsychology, Neuroimaging and dementia risk. Cognitive Training</td>
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<tr>
<td>Grantz, Caroline</td>
<td>Child and Adult Neurodevelopmental (CAN) Clinic</td>
<td>Autism spectrum disorder; Neuropsychology; Transition-age youth</td>
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<tr>
<td>Gulsrud, Amanda</td>
<td>Clinical Director, Child and Adult Neurodevelopmental Clinic</td>
<td>Early identification and treatment for children with ASD, specializing in the JASPER treatment and development.</td>
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<tr>
<td>Jura, Martha</td>
<td>Co-Director, Child Evaluation Clinic</td>
<td>Clinical Interest: High Functioning Autism/Asperger's Disorder</td>
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<tr>
<td>Langley, Audra</td>
<td>Director, UCLA TIES for Families</td>
<td>Child traumatic stress; Interdisciplinary 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</td>
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<tr>
<td>Laugeson, Liz</td>
<td>Director, UCLA PEERS Clinic Training Director, Tarjan Center UCEDD Program Director, Autism Center of Excellence</td>
<td>Evidence-based, parent-assisted social skills training for preschoolers, teens and young adults with autism, ADHD, depression, and/or anxiety.</td>
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<tr>
<td>Loo, Sandra</td>
<td>Director, Pediatric Neuropsychology, Medical Psychology Assessment Clinic; UCLA Genetic Studies of Attention Deficit Hyperactivity Disorder</td>
<td>Cognitive and electrophysiological correlates of childhood psychiatric disorders; Genetics of ADHD and Dyslexia</td>
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<tr>
<td>Lord, Catherine</td>
<td>CAN Clinic</td>
<td>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</td>
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<tr>
<td>Name</td>
<td>Phone/Other Information</td>
<td>Position/Publication/Representation</td>
<td>Areas of Focus</td>
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<td>Marlotte, Lauren</td>
<td>40339</td>
<td>Family Stress, Trauma and Resilience (STAR) Clinic</td>
<td>Trauma, resilience, military Families, adolescent intervention, family prevention, school-based prevention, foster families</td>
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<tr>
<td>Marvin, Sarah</td>
<td>69531</td>
<td>Child and Adolescent Mood Disorders Program, attending psychologist with the assessment and family therapy treatment teams</td>
<td>Early intervention in bipolar disorder and schizophrenia, family factors in mood disorders</td>
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<tr>
<td>McCurdy-McKinnon, Danyale</td>
<td>(405) 757-5379</td>
<td>Clinical Psychology Director of the UCLA Fit for Healthy Weight Clinic</td>
<td>Multidisciplinary pediatric obesity clinic</td>
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<tr>
<td>McDonald, Nicole</td>
<td>58906</td>
<td>Child and Adult Neurodevelopmental (CAN) Clinic</td>
<td>Autism spectrum disorder; early developmental trajectories; infant sibling studies; infant brain imaging</td>
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<tr>
<td>Miklowitz, David</td>
<td>72659</td>
<td>Director of Child and Adolescent Mood Disorders Program, Director of Integrative Study Center in Mood Disorders</td>
<td>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</td>
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<tr>
<td>Miller, Karen</td>
<td>72663</td>
<td>Director of Practicum Training Longevity Center, Geriatric Evaluation Clinic, Brain Boot Camp, Memory Care</td>
<td>Preclinical markers of dementia, aging/memory, hormones and cognition, memory training and brain fitness</td>
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<tr>
<td>Mogil, Catherine</td>
<td>43518</td>
<td>Family Stress, Trauma and Resilience (STAR) Clinic, Family Development Program/NICU</td>
<td>Trauma, Resilience, Military Families, Early childhood intervention, family prevention, NICU, family-centered care</td>
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<tr>
<td>Motivala, Sarosh</td>
<td>47305</td>
<td>Adult OCD Intensive Treatment &amp; Research Program</td>
<td>Treatment efficacy, durability and clinical course of Obsessive-Compulsive Disorder</td>
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<tr>
<td>Name</td>
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<tr>
<td>Nicassio, Perry</td>
<td>53141</td>
<td>Adult Outpatient; Senior Research Scientist, Norman Cousins Center</td>
<td>Health Psychology/Behavioral Medicine</td>
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<tr>
<td>Nuechterlein, Keith</td>
<td>50036</td>
<td>Adult Outpatient Service Director</td>
<td>Schizophrenia, with emphasis on role of neurocognitive, psychophysiological, and stress factors; interventions for initial period of schizophrenia</td>
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<td></td>
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<td>Aftercare Research Program Director</td>
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<td></td>
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<td>Postdoctoral Clinical Research Training in Schizophrenia and Other Psychoses</td>
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<tr>
<td>Orellana, Blanca</td>
<td>70407</td>
<td>Assistant Director, Family Stress, Trauma and Resilience (STAR) Clinic</td>
<td>Stress, Resilience, Family Prevention/Treatment of traumatic stress</td>
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<tr>
<td>Paley, Blair</td>
<td>50992</td>
<td>Strategies for Enhancing Early Developmental Success</td>
<td>Early childhood, transition to parenthood, foster families, school readiness, prenatal alcohol exposure</td>
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<tr>
<td>Peris, Tara</td>
<td>44347</td>
<td>Child OCD, Anxiety, and Tic Disorders Program, ABC Partial Hospitalization Program (7th Floor)</td>
<td>Developmental psychopathology of youth anxiety and related disorders; treatment mechanisms; family-focused intervention.</td>
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<tr>
<td>Piacentini, John</td>
<td>66649</td>
<td>Chief Psychologist, Child Division</td>
<td>Etiology &amp; Treatment of Child OCD, Anxiety &amp; Tics</td>
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<td></td>
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<td>Director, Child OCD, Anxiety &amp; Tic Disorder Program</td>
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<td>Renno, Patricia</td>
<td>50458</td>
<td>Child and Adult Neurodevelopmental (CAN) Clinic</td>
<td>Autism Spectrum Disorder; Anxiety; Cognitive Behavioral Therapy</td>
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<td>Pike, Jennifer</td>
<td>52109</td>
<td>Adult Outpatient</td>
<td>Behavioral medicine, chronic pain, insomnia, and affective disorders in individuals with chronic co-morbid medical disorders</td>
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<tr>
<td>Sena, Rhonda</td>
<td>41587</td>
<td>Child &amp; Adolescent Inpatient Service/Adolescent Partial Hospitalization Program</td>
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<td>Director of Internship Training</td>
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<td>Strober, Michael</td>
<td>55730</td>
<td>Director, Eating Disorders Program</td>
<td>The genetic epidemiology of eating disorders; neural circuit interactions predicting long-term outcome in anorexia nervosa; risk calculators in forecasting adult</td>
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<tr>
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<td>Senior Consultant, Pediatric Mood Disorders Program</td>
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<td>Position and Department</td>
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<td>Suarez, Paola A.</td>
<td>66067</td>
<td>Co-Director, Cultural Neuropsychology Program (CNP)</td>
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<tr>
<td>Thames, April</td>
<td>69296</td>
<td>Director, Social Neuroscience and Health Psychology Lab; Director, Neuropsychology of Medical Illness Program</td>
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<tr>
<td>Thrasher, Delany</td>
<td>45300</td>
<td>Director of Neuropsychology, Wounded Warrior Program &amp; Operation Mend</td>
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<tr>
<td>Van Dyk, Kathleen</td>
<td>53181</td>
<td>Geriatric Psychology, Division of Geriatric Psychiatry</td>
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<td>Walshaw, Patricia</td>
<td>50257</td>
<td>Co-Director, Child and Adolescent Mood Disorders Program (CHAMP)</td>
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<td>Medical Psychology Assessment Center (MPAC)</td>
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<td>Director, Neurobehavioral Epilepsy Program (NEP)</td>
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<td>Interim Director of Clinical Services &amp; Training, Medical Psychology Assessment Center (MPAC)</td>
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<td>Wellisch, David</td>
<td>50391</td>
<td>Chief Psychologist, Adult Division</td>
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<td>Adult Consultation Liaison Service</td>
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**illness trajectories in childhood-onset of bipolar illness.**

Neuropsychology; Bilingual/Spanish neuropsychological assessments; consultation on cultural/linguistic issues in neurocognition; Socially Responsible Neuropsychology (SRN)

Neuropsychology; Cultural Neuropsychology; Infectious disease and chronic illness as it relates to neurocognition.

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.

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)

Psycho-oncology Genetics & Cancer Women’s Health Issues Forensic Psychology
### Sample Evaluation Forms

**Psychology Evaluation of Interns by Attendings**

<table>
<thead>
<tr>
<th>Evaluator:</th>
<th>Evaluatee:</th>
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<tr>
<td>Date:</td>
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<td>Rotation:</td>
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**Please describe the areas of focus of the trainee’s experience:**

____________________________________________________________________

____________________________________________________________________

**Please rate the trainees skills and competencies in the areas listed below:**

**Assessment and Diagnosis**

---

**Whitham, Cynthia**

| 50215 | Children’s Friendship Program  
Parent Training Program |

**Wyatt, Gail**

| 50193 | Sexual Health Program  
Center for Culture, Trauma, and Mental Health Disparities |

**Behavioral Interactions related to sexual risk taking, HIV risk reduction, sexual and physical socio-cultural assessment and treatment**

**Disparities in health, mental health, and screeners to assess the need to reduce symptoms of trauma, PTSD and depression**
<table>
<thead>
<tr>
<th>Ability to devise a strategy for diagnostic assessment</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Outstanding</th>
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<tbody>
<tr>
<td>Ability to select appropriate psychological assessment tools</td>
<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Outstanding</td>
<td>N/A</td>
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<tr>
<td>Ability to conduct a psychodiagnostic interview</td>
<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
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<td>N/A</td>
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<tr>
<td>Ability to incorporate relevant social-cultural factors in assessment process</td>
<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Outstanding</td>
<td>N/A</td>
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<tr>
<td>Ability to administer psychological instruments</td>
<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Outstanding</td>
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<tr>
<td>Ability to interpret psychological assessment tools</td>
<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
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<tr>
<td>Ability to formulate a treatment plan based on assessment results</td>
<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Outstanding</td>
<td>N/A</td>
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<tr>
<td>Ability to provide feedback and consultation to patients, families, colleagues</td>
<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Outstanding</td>
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<tr>
<td>Ability to integrate cultural and individual diversity issues</td>
<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Outstanding</td>
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**Treatment and Consultation Skills**

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<th>Ability to construct and maintain appropriate therapeutic relationships</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Outstanding</th>
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<tbody>
<tr>
<td>Ability to formulate treatment interventions</td>
<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Outstanding</td>
<td>N/A</td>
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<tr>
<td>Ability to case coordinate in a multidisciplinary setting</td>
<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Outstanding</td>
<td>N/A</td>
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<tr>
<td>Ability to implement treatment interventions</td>
<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Outstanding</td>
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<tr>
<td>Ability to work effectively with patients from a variety of backgrounds</td>
<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Outstanding</td>
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<td>Ability to understand the role of a consultant</td>
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<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Outstanding</td>
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<td>Ability regarding the consultation process</td>
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<td>Good</td>
<td>Excellent</td>
<td>Outstanding</td>
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<tr>
<td>Ability to integrate issues related to cultural and individual diversity issues</td>
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<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Outstanding</td>
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**Integration of Practice with Research and Theory**

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<th>Knowledge of various theoretical models</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
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<td>Ability to apply theoretical model to practice</td>
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</tbody>
</table>
### Knowledge of relevant research

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Outstanding</th>
<th>N/A</th>
</tr>
</thead>
</table>

### Ability to critically evaluate research

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Outstanding</th>
<th>N/A</th>
</tr>
</thead>
</table>

### Integration of research and theory related to individual and cultural diversity

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Outstanding</th>
<th>N/A</th>
</tr>
</thead>
</table>

## Professional Skills

### Ability to complete responsibilities in a timely manner

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Outstanding</th>
<th>N/A</th>
</tr>
</thead>
</table>

### Ability to relate to staff, faculty, and trainees in a professional manner

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Outstanding</th>
<th>N/A</th>
</tr>
</thead>
</table>

### Ability to function as a consultant

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Outstanding</th>
<th>N/A</th>
</tr>
</thead>
</table>

### Ability to utilize supervision

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Outstanding</th>
<th>N/A</th>
</tr>
</thead>
</table>

### Ability to function as a member of a multidisciplinary team

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Outstanding</th>
<th>N/A</th>
</tr>
</thead>
</table>

### Ability to demonstrate knowledge of ethical principles

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Outstanding</th>
<th>N/A</th>
</tr>
</thead>
</table>

### Please briefly describe the trainee’s areas of strength and weakness. Please suggestions for improvement.

### Evaluation of Teaching Activities

**Evaluator:**

**Evaluatee:**

**Date:**

**Academic Year:**

**Rotation:**
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

Teaching Activity:

Single Lecture (Course Title):

Course/Seminar series (Title):

Individual supervision; advisor/preceptor

Clinical rotation coordinator or ward/service chief

Hospital site:

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?

<table>
<thead>
<tr>
<th>Among the very worst</th>
<th>Among the very best</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
</tbody>
</table>

Comments:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Evaluator Signature: ______________________________

---

**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 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:
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
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:

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 – Outstanding</td>
</tr>
<tr>
<td>4 – Very good</td>
</tr>
<tr>
<td>3 – Average, typical level</td>
</tr>
<tr>
<td>2 – Below expected level</td>
</tr>
<tr>
<td>1 - very poor</td>
</tr>
</tbody>
</table>

Please provide feedback, positive or negative, in addition to your rankings, in the line below. (Expand space to as much as you need)

<table>
<thead>
<tr>
<th>MAJOR ROTATION</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC Program</td>
<td></td>
</tr>
<tr>
<td>Adolescent Partial Hospitalization Program</td>
<td></td>
</tr>
<tr>
<td>Adult Consultation-Liaison</td>
<td></td>
</tr>
<tr>
<td>Aftercare Program</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Center for the Assessment and Prevention of Prodromal States (CAPPS)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Child &amp; Adolescent Inpatient Service</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Child and Adult Neurodevelopmental Clinic (CAN)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Hispanic Neuropsychiatric Center of Excellence – Cultural Neuropsychology Program (HNCE-CNP)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Geropsychology Service</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Psychology Assessment Center (MPAC)</strong></td>
<td></td>
</tr>
<tr>
<td>Pediatric Consultation-Liaison Service</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Stress, Trauma and Resilience Clinic (STAR)</td>
<td></td>
</tr>
</tbody>
</table>

**Clinic Elective Evaluation**

**UCLA - Semel Institute Psychology Internship Program**

**2019-2020 Internship Clinic Evaluation**
What follows is a list of the clinics offered during internship year. Please rank each program you participated in on the following scale:

5 – Outstanding  
4 – Very good  
3 – Average, typical level  
2 – Below expected level  
1 - very poor

Please provide feedback, positive or negative, in addition to your rankings, in the line below. (Expand space to as much as you need)

<table>
<thead>
<tr>
<th>CLINIC NAME</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Medicine Clinic</td>
<td></td>
</tr>
<tr>
<td>Adult OCD Intensive Treatment &amp; Research Program</td>
<td></td>
</tr>
<tr>
<td>Assessment &amp; Treatment of African-American Families</td>
<td></td>
</tr>
<tr>
<td>Behavioral Intervention for Anxiety in Children with Autism (BIACA)</td>
<td></td>
</tr>
<tr>
<td>Brain Boot Camp</td>
<td></td>
</tr>
<tr>
<td>Child &amp; Adolescent Mood Disorder Program (CHAMP)</td>
<td></td>
</tr>
<tr>
<td>Child OCD, Anxiety &amp; Tic Disorders Program</td>
<td></td>
</tr>
<tr>
<td>Children’s Friendship Program</td>
<td></td>
</tr>
<tr>
<td>Fit for Healthy Weight Program</td>
<td></td>
</tr>
<tr>
<td>General Child Outpatient Clinic</td>
<td></td>
</tr>
<tr>
<td>Geriatric Psychotherapy Groups</td>
<td></td>
</tr>
<tr>
<td>Infant &amp; Preschool Clinic</td>
<td></td>
</tr>
<tr>
<td>Neurobehavior Clinic and Conference</td>
<td></td>
</tr>
<tr>
<td>Neurobehavioral Epilepsy Clinic</td>
<td></td>
</tr>
<tr>
<td>OCD IOP Clinic</td>
<td></td>
</tr>
<tr>
<td>Program Description</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Parent Training Program</td>
<td></td>
</tr>
<tr>
<td>PEERS Clinic – Caregiver-Assisted Social Skills Training for Young Adults</td>
<td></td>
</tr>
<tr>
<td>PEERS Clinic – Parent-Assisted Social Skills Training</td>
<td></td>
</tr>
<tr>
<td>Psychosis Clinic</td>
<td></td>
</tr>
<tr>
<td>Residents Psychotherapy Clinic for Interns</td>
<td></td>
</tr>
<tr>
<td>Strategies for Enhancing Early Developmental Success (SEEDS)</td>
<td></td>
</tr>
<tr>
<td>Sexual Health Program</td>
<td></td>
</tr>
<tr>
<td>Spanish Language Caregiver Support Group</td>
<td></td>
</tr>
<tr>
<td>Telephonic Caregiver Support Groups</td>
<td></td>
</tr>
<tr>
<td>Youth Stress &amp; Mood Program (YSAM)</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
</tr>
</tbody>
</table>
Internship Track: ________________________________

I. Internship Evaluation:

Please evaluate the quality of your internship on the following:

A. Overall quality of experience

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>Adequate</td>
<td>Excellent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Overall quality of supervision

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>Adequate</td>
<td>Excellent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. Training and Supervision in Individual and Cultural Diversity

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>Adequate</td>
<td>Excellent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. Breadth of experience

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>Adequate</td>
<td>Excellent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E. Depth of experience

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>Adequate</td>
<td>Excellent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F. Overall professional atmosphere

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>Adequate</td>
<td>Excellent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G. Overall training atmosphere

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>Adequate</td>
<td>Excellent</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. What experiences in your internship specifically aided you in obtaining post-internship employment?
III. In addressing the following aspects of your internship experience, please write the appropriate numbers in the response column:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

Response  
A. The *supervision* I received was of good *quality*. _______  
B. I received a sufficient *amount of supervision*. _______  
C. The content of *training seminars* was relevant. _______  
D. I found sufficient opportunity for *professional development*. _______  
E. Adequate *role models* were available to me. _______  
F. The internship provided sufficient education in *professional ethics*. _______  
G. I had the opportunity to develop my *supervisory skills*. _______  
H. I found the internship *environment* to be generally supportive. _______  
I. The internship was sufficiently *challenging* to me. _______  
J. I felt that I was respected by supervisors. _______  
K. My *professional growth* was encouraged. _______  
L. I received educative and emotional support in my *job search*. _______  
M. There was adequate support for my *graduate research*. _______  

121
N. Training did not seem subordinate to service delivery. _____

IV. A. Which internship experiences did you find most beneficial and why?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

B. Which internship experiences did you find least beneficial and why?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

V. Additional Comments (attach a separate sheet if desired):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name_____________________________________________Date____________________