DEPARTMENT OF PSYCHIATRY & BIOBEHAVIORAL SCIENCES

PSYCHOLOGY DOCTORAL INTERNSHIP TRAINING PROGRAM

CLINICAL PSYCHOLOGY INTERNS

2017-2018

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HISTORY AND ORGANIZATION OF UCLA'S SEMEL INSTITUTE PSYCHOLOGY INTERNSHIP TRAINING 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. We have 16 full-time positions.

Child Tracks:
General Child–3 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

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 those applying to the 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 $30,798.00, also UCLA health insurance benefits, plus three weeks of vacation and five days of educational leave.

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

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

The Adult Division coordinates the adult psychiatry educational programs, including the Psychiatry Residency Program under the directorship of Dr. James Spar. The Child Division has a Child Psychiatry Fellowship program, under the directorship of Dr. Sheryl Kataoka.

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

*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: apaaccr@apa.org

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 an area of interest. At the beginning of the year and in November and March, interns, with the help of their advisor, designs 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.

STRUCTURE OF THE INTERNSHIP PROGRAM

Each intern is assigned an advisor who functions as a guide and advocate within the system. Advisors and trainees meet together once a week for an hour to discuss issues surrounding training and professional development. While every effort is made to match advisors and trainees, if the relationship is not a comfortable one, the trainee may request reassignment.
Psychologists, psychiatrists, and social workers provide supervision. 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. The Department of Psychiatry and Biobehavioral Sciences has 135 full-time faculty. An additional 308 psychiatrists and psychologists are on the voluntary clinical faculty. There are 78 psychologists in the Medical Psychology-Neuropsychology Program. Of the 46 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).

Supervisors are assigned by psychologists in each clinic or specialty area or by the Training Director for cases that fall outside the specialty areas. The process of supervisor assignment entails matching interest and experience level of trainees and supervisors. If a supervisory relationship is not working well, interns are advised to contact Dr. Sena for assistance in working through issues or changing supervisors.

**DESIGNING YOUR PROGRAM**

Throughout the orientation period, you will be meeting 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 encourage you to arrange for clinical experiences outside of your track area.

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 and 1 hour per week in a meeting with his or her advisor. 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 and respective sample program schedules in this manual for details.

There is 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**

Interns, supervisors and advisors submit evaluations of their work together in November, March
and June. Interns submit evaluations of the training program in November, March and June. Samples of these evaluation forms can be found at the end of this document.

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. 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.

Evaluations of supervisors are designed to provide early, timely feedback in case there are
problems or issues. These evaluations also are considered important sources of information when
faculty members are reviewed for promotion. Interns are asked to complete an evaluation of each
supervisor every four months.

Every four months interns provide evaluations of the clinics and program they participate in (see
document at the end of this manual). Every four months during the training year, interns meet with
the Dr. Sena to discuss all aspects of the training program. Internship alumni are sent a follow-up
questionnaire to evaluate their experience of the internship and its impact on their career
development (see document at the end of this brochure). 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.

**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 9-10am. 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

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Intern 1</td>
<td>8 months</td>
<td>4 months</td>
<td>4 months</td>
</tr>
<tr>
<td>Intern 2</td>
<td>4 months</td>
<td>4 months</td>
<td>4 months</td>
</tr>
<tr>
<td>Intern 3</td>
<td>4 months</td>
<td>4 months</td>
<td>4 months</td>
</tr>
</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: 23

OTHER MANDATORY ACTIVITIES:
Interns’ Seminar, 1.5 hours per week (Fridays 12-1:30)
Psychopathology/Psychopharmacology Seminar: 1.25 hours per week (Thursdays 8am-9:10am)
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: 7-10
Pediatric Consultation-Liaison Service: 14-17
CHILD & 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, and occupational 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.

TRAINING PROVIDED:
General Child and Pediatric Consultation-Liaison track interns have primary case management responsibilities for three patients at any given time during their 4-month rotation. Autism and Neurodevelopmental Disabilities interns will have primary case management responsibilities for two patients at any given time during their 4-month rotation. This 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 & 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.

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

MANDATORY MEETINGS:

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Meeting or Conference</th>
</tr>
</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>
**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, 8:00am–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.

**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.

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

**MANDATORY MEETINGS:**
<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Meeting or Conference:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday</td>
<td>1-2:30pm</td>
<td>Treatment planning</td>
</tr>
</tbody>
</table>

**HOURS PER WEEK (INCLUDES INPATIENT AND PHP):**
General Child and Pediatric Consultation-Liaison track interns: 30
Autism and Neurodevelopmental Disabilities track interns: 18
## GENERAL CHILD TRACK PROGRAM SCHEDULE

### CHILD AND ADOLESCENT INPATIENT/PHP ROTATION

Name: ___________________________  Advisor: _______________________

<table>
<thead>
<tr>
<th>Period:</th>
<th>July-October</th>
<th>November - February</th>
<th>March-June</th>
</tr>
</thead>
</table>

#### MAJOR ROTATION

<table>
<thead>
<tr>
<th>旋转</th>
<th>估算小时/周</th>
<th>监督者</th>
</tr>
</thead>
</table>
| 儿童和少年住院/青少年PHP | 30 | Rhonda Sena, Ph.D.  
| Michael Strober, Ph.D. |

#### 其他必修活动

<table>
<thead>
<tr>
<th>活动</th>
<th>估算小时/周</th>
</tr>
</thead>
<tbody>
<tr>
<td>内科实习生研讨会</td>
<td>1.5</td>
</tr>
<tr>
<td>儿童精神科大会</td>
<td>0.5</td>
</tr>
<tr>
<td>心理病理学/心理药理学研讨会</td>
<td>1.25</td>
</tr>
<tr>
<td>每周与顾问会</td>
<td>1</td>
</tr>
</tbody>
</table>

**总#小时** 3.75

#### 选修课程

<table>
<thead>
<tr>
<th>选修</th>
<th>日和时间</th>
<th>估算小时/周</th>
<th>监督者</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**估算的小时每周:**

- 重大旋转: _______
- 其他必修活动: _______
- 选修: _______

**总: (必须在40和45之间) _______**
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 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.

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.

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

MANDATORY MEETINGS:

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>9:45-11</td>
<td>ABC Treatment Planning and Rounds</td>
</tr>
<tr>
<td></td>
<td>11-12</td>
<td>ABC Teaching Rounds</td>
</tr>
<tr>
<td>Tuesday</td>
<td>1:30-2:30</td>
<td>IOP Treatment Planning and Rounds</td>
</tr>
<tr>
<td>Mon, Tues, Thurs</td>
<td>3:00-5:00</td>
<td>IOP</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. It is also advisable to meet with the families when they pick up their children in the afternoon around 2:30 to 3:00 pm. Individual and family therapy are conducted according to the intern’s schedule.
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>CBT 1/ School</td>
<td>CBT 1/ School</td>
<td>CBT 1/ School</td>
<td>CBT 1/ School</td>
<td>CBT 1/ Relaxation Group</td>
</tr>
<tr>
<td>9:00-9:45</td>
<td>CBT 2/ School</td>
<td>CBT 2/ School</td>
<td>CBT 2/ School</td>
<td>CBT 2/ School</td>
<td>CBT 2/ School</td>
</tr>
<tr>
<td>9:45-10:00</td>
<td>Snack</td>
<td>Snack</td>
<td>Snack</td>
<td>Snack</td>
<td>Snack</td>
</tr>
<tr>
<td>10:00-11:00</td>
<td>School (LAUSD)</td>
<td>School (LAUSD)</td>
<td>School (LAUSD)</td>
<td>School (LAUSD)</td>
<td>School (LAUSD)</td>
</tr>
<tr>
<td>11:00-12:00</td>
<td>Occupational Therapy</td>
<td>Occupational Therapy</td>
<td>Occupational Therapy</td>
<td>Occupational Therapy</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>*12:00-12:30</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
</tr>
<tr>
<td>12:30-1:15**</td>
<td>Social Skills</td>
<td>Mindfulness</td>
<td>Social Skills</td>
<td>Healthy Habits Group</td>
<td>Art Therapy</td>
</tr>
<tr>
<td>1:00-2:00</td>
<td>Recreational Therapy</td>
<td>Recreational Therapy</td>
<td>Recreational Therapy</td>
<td>Recreational Therapy</td>
<td>Recreational Therapy</td>
</tr>
<tr>
<td>2:00-2:30</td>
<td>Earned Free Time</td>
<td>Earned Free Time</td>
<td>Earned Free Time Exchange Store</td>
<td>Earned Free Time</td>
<td>Earned Free Time Exchange Store</td>
</tr>
<tr>
<td></td>
<td>2:30 Pick up</td>
<td>2:30 Pick up</td>
<td>2:30 Pick up</td>
<td>2:30 Pick up</td>
<td>2:30 Pick up</td>
</tr>
</tbody>
</table>
### Child IOP Schedule

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

### Parent IOP Schedule

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

<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>

HOURS PER WEEK (ABC + IOP): 30 hours per week
### GENERAL CHILD TRACK PROGRAM SCHEDULE

**ABC ROTATION**

Name: __________________________________ Advisor ___________________

Period: _____ July-October        _____ November - February         _____ March-June

<table>
<thead>
<tr>
<th>MAJOR ROTATION</th>
<th>EST HRS/WEEK</th>
<th>SUPERVISORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC</td>
<td>30</td>
<td>Tara Peris, Ph.D.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Benjamin Schneider, Ph.D.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER MANDATORY ACTIVITIES</th>
<th>EST HRS/WEEK</th>
<th>SUPERVISORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interns’ Seminar</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>Child Psychiatry Grand Rounds</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>Psychopathology/Psychopharmacology Seminar</td>
<td>1.25</td>
<td></td>
</tr>
<tr>
<td>Weekly mtg. w/advisor</td>
<td>1</td>
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<tr>
<td>Total # Hours</td>
<td>3.75</td>
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</table>

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

**ESTIMATED HOURS PER WEEK:**

- **MAJOR ROTATION**
- **OTHER MANDATORY ACTIVITIES**
- **ELECTIVES**

**TOTAL:** (Must be between 40 and 45) __________
PEDIATRIC CONSULTATION-LIAISON SERVICE

HOURS PER WEEK IN MAJOR ROTATION: 23

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

DESCRIPTION:
Child and Health Behavior track psychology trainees are required to do a 4-month rotation on the Pediatric Consultation Liaison Service. The Pediatric Consultation-Liaison Service track intern spends 8 months on the rotation. Additionally, the Pediatric Consultation-Liaison Service and Health Behavior track interns also participate in the Adolescent Medicine Clinic on Friday afternoons (2pm-5pm) while on this rotation.

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)

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Meeting or Conference:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mondays</td>
<td>1:30-2:30pm</td>
<td>Oncology Multidisciplinary Rounds</td>
</tr>
<tr>
<td>Wednesdays</td>
<td>1:00-2:00pm</td>
<td>Orientation Lectures and Case Conference</td>
</tr>
<tr>
<td>Thursdays</td>
<td>12:30-2:00pm</td>
<td>Group Supervision and Walking Rounds</td>
</tr>
<tr>
<td>Fridays</td>
<td>10:00-11:00am</td>
<td>Group Supervision</td>
</tr>
<tr>
<td>Fridays</td>
<td>2:00-5:00pm</td>
<td>Adolescent Medicine Clinic (for Pediatric</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consultation-Liaison Service and Health Behavior</td>
</tr>
<tr>
<td></td>
<td></td>
<td>track interns)</td>
</tr>
</tbody>
</table>

Mon-Fri 8:00am-5:00pm On call for new consults 1-2 days/week

Brief orientation lectures will be provided during the first month of each rotation and then case conferences will be held on Wednesdays 1:00-2:00pm.
Pediatric psychiatry consultation lectures are also provided within the Clinical Child Psychopathology Seminar in March and April.
## General Child Track Program Schedule

### Pediatric Consultation-Liaison Rotation

**Name:**________________________________________  **Advisor**_____________________

**Period:** _______July-October _______November - February _______March-June

<table>
<thead>
<tr>
<th>MAJOR ROTATION</th>
<th>EST HRS/WEEK</th>
<th>SUPERVISORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Consultation-Liaison Service</td>
<td>19</td>
<td>Brenda Bursch, Ph.D.</td>
</tr>
<tr>
<td>Adolescent Medicine Clinic</td>
<td>4</td>
<td>Brenda Bursch, Ph.D.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER MANDATORY ACTIVITIES</th>
<th>EST HRS/WEEK</th>
<th>SUPERVISORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interns’ Seminar</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>Child Psychiatry Grand Rounds</td>
<td>0.5</td>
<td></td>
</tr>
<tr>
<td>Psychopathology/Psychopharmacology Seminar Seminar</td>
<td>1.25</td>
<td></td>
</tr>
<tr>
<td>Weekly mtg. w/advisor</td>
<td>1</td>
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<tr>
<td><strong>Total # Hours</strong></td>
<td><strong>4.25</strong></td>
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</tbody>
</table>

### Electives

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

**Estimated Hours Per Week:**

- **Major Rotation:**
- **Other Mandatory Activities:**
- **Electives:**

**Total:** (Must be between 40 and 45) _________
**PEDIATRIC CONSULTATION-LIAISON TRACK ROTATION SCHEDULE**

<table>
<thead>
<tr>
<th>Pediatric C-L Track Intern</th>
<th>Pediatric Consultation/Liaison</th>
<th>Child and Adolescent Inpatient Service/Adolescent Partial Hospitalization Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 months Peds C-L &amp; Adolescent Medicine Clinic</td>
<td>4 months</td>
<td></td>
</tr>
</tbody>
</table>

**HOURS PER WEEK IN MAJOR ROTATION:**
- While on Pediatric Consultation-Liaison Service: 23
- While on Child and Adolescent Inpatient Service/Adolescent PHP: 30

**OTHER MANDATORY ACTIVITIES:**
- Interns’ Seminar, 1.5 hours per week (Fridays 12-1:30)
- Psychopathology/Psychopharmacology Seminar: 1.25 hours per week (Thursdays 8am-9:10am)
- Child Grand Rounds: 2nd and 4th Wednesday of the month, 1 hour (Wednesday 9-10am), 0.5 hours per week
- Meeting with Advisor: 1 hour per week

**TOTAL HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK:**
- While on Pediatric Consultation-Liaison Service: 27.25
- While on Child and Adolescent Inpatient Service/Adolescent PHP: 34.25

**APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES:**
- While on Pediatric Consultation-Liaison Service: 12.25-17.25
- While on Child and Adolescent Inpatient Service/Adolescent PHP: 5.75-10.75
PEDIATRIC CONSULTATION-LIAISON SERVICE

HOURS PER WEEK IN MAJOR ROTATION: 23

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

DESCRIPTION:
Child and Health Behavior track psychology trainees are required to do a 4-month rotation on the Pediatric Consultation Liaison Service. The Pediatric Consultation-Liaison Service track intern spends 8 months on the rotation. Additionally, the Pediatric Consultation-Liaison Service and Health Behavior track interns also participate in the Adolescent Medicine Clinic on Friday afternoons (2pm-5pm) while on this rotation.

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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<td>Fridays</td>
<td>10:00-11:00am</td>
<td>Group Supervision</td>
</tr>
<tr>
<td>Fridays</td>
<td>2:00-5:00pm</td>
<td>Adolescent Medicine Clinic (for Pediatric Consultation-Liaison Service and Health Behavior track interns)</td>
</tr>
<tr>
<td>Mon-Fri</td>
<td>8:00am-5:00pm</td>
<td>On call for new consults 1-2 days/week</td>
</tr>
</tbody>
</table>

Brief orientation lectures will be provided during the first month of each rotation and then case conferences will be held on Wednesdays 1:00-2:00pm. Pediatric psychiatry consultation lectures are also provided within the Clinical Child Psychopathology Seminar in March and April.
# PEDS C-L TRACK PROGRAM SCHEDULE

Name: __________________________________________ Advisor ________________________
Period: ____X_July-October _______November - February ________March-June

<table>
<thead>
<tr>
<th>MAJOR ROTATION</th>
<th>EST HRS/WEEK</th>
<th>SUPERVISORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Consultation-Liaison Service</td>
<td>19 4</td>
<td>Brenda Bursch, Ph.D. Brenda Bursch, Ph.D.</td>
</tr>
<tr>
<td>Adolescent Medicine Clinic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER MANDATORY ACTIVITIES</th>
<th>EST HRS/WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interns’ Seminar</td>
<td>1.5</td>
</tr>
<tr>
<td>Psychopathology/Psychopharmacology Seminar Seminar</td>
<td>1.25</td>
</tr>
<tr>
<td>Weekly mtg. w/advisor</td>
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</tbody>
</table>

Total # Hours 4.25

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

**ESTIMATED HOURS PER WEEK:**
MAJOR ROTATION_______
OTHER MANDATORY ACTIVITIES_______
ELECTIVES_______
TOTAL: (Must be between 40 and 45) _________
## PEDS C-L TRACK PROGRAM SCHEDULE

Name: __________________________________________  Advisor __________________
Period: _____ July-October  ______XNovember - February  ________March-June

<table>
<thead>
<tr>
<th>MAJOR ROTATION</th>
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<tbody>
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<td>Pediatric Consultation-Liaison Service</td>
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</tr>
<tr>
<td>Adolescent Medicine Clinic</td>
<td>4</td>
<td>Brenda Bursch, Ph.D.</td>
</tr>
</tbody>
</table>

| OTHER MANDATORY ACTIVITIES                     | EST HRS/WEEK | SUPERVISORS                      |
| Interns’ Seminar                               | 1.5          |                                  |
| Child Psychiatry Grand Rounds                  | 0.5          |                                  |
| Psychopathology/Psychopharmacology Seminar     | 1.25         |                                  |
| Weekly mtg. w/advisor                          | 1            |                                  |
| Total # Hours                                  | 4.25         |                                  |

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

**ESTIMATED HOURS PER WEEK:**

- MAJOR ROTATION: ______
- OTHER MANDATORY ACTIVITIES: ______
- ELECTIVES: ______

**TOTAL:** (Must be between 40 and 45) ______
## PEDS C-L TRACK PROGRAM SCHEDULE

<table>
<thead>
<tr>
<th>Major Rotation</th>
<th>EST HRS/WEEK</th>
<th>Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child and Adolescent Inpatient/Adolescent PHP</td>
<td>30</td>
<td>Rhonda Sena, Ph.D. Michael Strober, Ph.D.</td>
</tr>
</tbody>
</table>

### Other Mandatory Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>EST HRS/WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interns’ Seminar</td>
<td>1.5</td>
</tr>
<tr>
<td>Child Psychiatry Grand Rounds</td>
<td>0.5</td>
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<tr>
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<td>1.25</td>
</tr>
<tr>
<td>Weekly mtg. w/advisor</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total # Hours</strong></td>
<td><strong>4.25</strong></td>
</tr>
</tbody>
</table>
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 50% of the time throughout the year. The interns will rotate for 4 months on the Child and Adolescent Inpatient Service and Adolescent Partial Hospitalization Program, 4 months on the Pediatric Consultation/Liaison Service, and 4 months in the UCLA ABC Program. On both the Child and Adolescent Inpatient Service and the Adolescent Partial Hospitalization Program and the ABC Program, the interns function as case coordinators. Electives should include a focus on working with persons with neurodevelopmental disabilities.

**HOURS PER WEEK IN MAJOR ROTATION:** 20
**HOURS PER WEEK IN MINOR ROTATION:**
- Child and Adolescent Inpatient/Adolescent PHP: 18
- ABC: 18
- Pediatric-Consultation Service: 18

**OTHER MANDATORY ACTIVITIES:**
- Interns’ Seminar, 1.5 hours per week (Fridays 12-1:30)
- Psychopathology/Psychopharmacology Seminar: 1.25 hours per week (Thursdays 8am-9:10am)
- Child Grand Rounds: 2nd and 4th Wednesday of the month, 1 hour (Wednesday 9-10am)
- Meeting with Advisor: 1 hour per week

**TOTAL HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK WHILE IN ADOLESCENT INPATIENT/ADOLESCENT PHP:** 42.25

**TOTAL HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK WHILE ON ABC:** 42.25

**TOTAL HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK WHILE ON PEDIATRIC CONSULTATION LIAISON SERVICE:** 42.25

**APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES:** 2.75 hours per week

<table>
<thead>
<tr>
<th>Autism and Neurodevelopmental Disabilities Interns</th>
<th>ABC Program</th>
<th>Child and Adolescent Inpatient Service/Adolescent Partial Hospitalization Program</th>
<th>Pediatric Consultation/Liaison</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 months</td>
<td>4 months</td>
<td>4 months</td>
<td>4 months</td>
</tr>
</tbody>
</table>
FACULTY AND STAFF:
Elizabeth Laugeson, Psy.D., Program Director
Enjey Lin, Ph.D.
Mina Park, Ph.D.
Amanda Gulsrud, Ph.D.

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. At the same time, the program provides broad training in the assessment and treatment of other psychiatric conditions that will serve to inform and strengthen differential diagnosis and treatment planning skills for the AND population. The two interns in the AND track will spend 50% of their time in the UCLA Child and Adult Neurodevelopmental (CAN) Clinic and will then rotate through three 4-month rotations on the (1) Child and Adolescent Inpatient Service/Adolescent Partial Hospitalization Program, (2) Pediatric Consultation-Liaison Service, and (3) ABC Children’s Partial Hospitalization Program. Under this training program, interns will have the unique opportunity to work with individuals with autism and other neurodevelopmental disabilities in diverse treatment settings (outpatient, inpatient, partial hospitalization, and medical) within the context of a multidisciplinary treatment team. 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.

TRAINING PROVIDED:
CAN Clinic: The two Autism and Neurodevelopmental Disabilities interns will be required to participate in the Child and Adult Neurodevelopmental (CAN) Clinic for approximately 20 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.

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.

MINOR ROTATIONS:

Child and Adolescent Inpatient Service/Adolescent Partial Hospitalization Program:
Autism and Neurodevelopmental Disabilities interns will participate in a 4-month rotation on the Child and Adolescent Inpatient Service/Adolescent Partial Hospitalization Program during the first four months of internship (July – October), providing primary case management as case coordinators for approximately two patients at any given time. This entails diagnostic interviewing, individual therapy and family treatment, attendance at relevant clinical rounds and
treatment planning. The services have large multidisciplinary teams and many of the children and adolescents have been diagnosed with neurodevelopmental disabilities. Interns will learn to formulate differential diagnoses, and gain familiarity with the developmental, familial, biological, and behavioral features of the major emotional disorders of childhood and adolescence. Interns will also gain experience in short-term and longer-term psychotherapy, and obtain understanding about the role of pharmacotherapy. Total time commitment per week is 18 hours.

**Pediatric Consultation-Liaison Service:**
Within the next 4-month rotation (November – February), Autism and Neurodevelopmental Disabilities interns will gain a unique and rich experience working with youth with neurodevelopmental disabilities who are undergoing medical care. Through the Pediatric Consultation / Liaison Service, 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. Approximately half of the patients have genetic and/or developmental disorders contributing to their reason for hospitalization and/or reason for psychiatric consultation. Interns 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. Total time commitment per week is 18 hours.

**ABC Children’s Partial Hospitalization Program:**
During the final 4-months of the year (March – June), Autism and Neurodevelopmental Disabilities interns will complete a rotation within the ABC Programs. The program for Achievement Behavior and Cognition (ABC) is an intensive day treatment program for youth ages 6-13 who present with a range of psychopathology including autism and other neurodevelopmental disabilities. Youngsters attend the program daily from 7:30-2:30, and participate in evidence-based individual and group treatments along with family therapy and parent training. Autism and Neurodevelopmental Disabilities interns will serve as case coordinators for 2-3 cases and oversee complex differential diagnoses for ABC youth, which may include administration of the ADI-R and ADOS-2. They will have the opportunity to deepen their clinical training with youngsters with neurodevelopmental disabilities by providing assessment, longer-term therapy, and intensive family work and school consultation. They will also be able to participate in group social skills training and emotion regulation skills training for these youth. Individual and interdisciplinary group supervision occur on a weekly basis with the unit psychologist and psychiatrist and through biweekly treatment planning / clinical rounds. In addition, interns will participate in the ABC Intensive Outpatient Program (IOP), with opportunities to provide individual and group therapy sessions with families of children with neurodevelopmental disorders needing a stepped down level of care as they reintegrate in school settings. Total time commitment per week is 18 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 will have the freedom to participate in other clinics as electives, but such electives should include a focus on working with populations with neurodevelopmental disorders. These clinics typically include the PEERS® Clinic, Early Childhood Partial Hospitalization Program (ECPHP), the Infant Preschool Service (IPS), Parenting and Children’s Friendship Program, the Child Diagnostic Assessment Service, and the Center for Cerebral Palsy.

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 3 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.
### JULY – OCTOBER
MANDATORY SCHEDULE OF ACTIVITIES FOR MAJOR AND MINOR ROTATIONS
AND SEMINARS:
CHILD AND ADOLESCENT INPATIENT SERVICE/PARTIAL HOSPITALIZATION
PROGRAM

<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>9:30-11 Inpatient Treatment Rounds</td>
<td>9:15-10:30 Inpatient Teaching Rounds</td>
<td>9-10 Child Grand Rounds (2nd &amp; 4th week of month)</td>
<td>9:15-11 CAN Clinic ADOS-2 &amp; ADI-R Reliability</td>
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<tr>
<td></td>
<td>9:00-11:00</td>
<td>9:15-10:30</td>
<td>9-10 Child Grand Rounds (2nd &amp; 4th week of month)</td>
<td>9:15-11 CAN Clinic ADOS-2 &amp; ADI-R Reliability</td>
<td></td>
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<tr>
<td></td>
<td>11:00-12:00</td>
<td>11:00-12:00</td>
<td>11:30–1 CAN Clinic Multidisciplinary Team Rounds</td>
<td>11-12 Inpatient Treatment Rounds</td>
<td></td>
</tr>
<tr>
<td>12:00-1:00</td>
<td>12-1:30 Intern’s Seminar</td>
<td>1-3 CAN Clinic Evaluation</td>
<td>1-2 Inpatient Group Supervision</td>
<td>1-1:30 PHP Treatment Planning 1-1:30 CAN Clinic Didactics (when no PHP case)</td>
<td></td>
</tr>
<tr>
<td>1:00-2:00</td>
<td>1-3 CAN Clinic Evaluation</td>
<td>1-3 CAN Clinic Evaluation</td>
<td>1-2 Inpatient Group Supervision</td>
<td>1-1:30 PHP Treatment Planning 1-1:30 CAN Clinic Didactics (when no PHP case)</td>
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</tr>
<tr>
<td>2:00-3:00</td>
<td>2-4 Inpatient Treatment Planning</td>
<td>1:30–3 CAN Clinic Family Consultation</td>
<td>2-4 Inpatient Treatment Planning</td>
<td>1:30–3 CAN Clinic Family Consultation</td>
<td></td>
</tr>
<tr>
<td>3:00-5:00</td>
<td>3-4 CAN Clinic Treatment</td>
<td>4-5 CAN Clinic Supervision</td>
<td>3-4 CAN Clinic Treatment</td>
<td>4-5 CAN Clinic Supervision</td>
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**NOVEMBER - FEBRUARY**
MANDATORY SCHEDULE OF ACTIVITIES FOR MAJOR AND MINOR ROTATIONS
AND SEMINARS:
PEDIATRIC CONSULTATION-LIAISON

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<tbody>
<tr>
<td>8:00-9:00</td>
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<td></td>
<td>8-9:10 Psychopath/</td>
<td>10-11 Peds/CL Group Supervision</td>
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<td></td>
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<td></td>
<td></td>
<td>Psychopharm Seminar</td>
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<tr>
<td>9:00-11:00</td>
<td>9-12 CAN Clinic Evaluation</td>
<td>9-12 CAN Clinic Evaluation</td>
<td>9-10 Child Grand Rounds</td>
<td>9:15-11 CAN Clinic ADOS-2 &amp; ADI-R Reliability</td>
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<tr>
<td></td>
<td>(2nd &amp; 4th week of month)</td>
<td></td>
<td>9-11 CAN Clinic Treatment</td>
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<td></td>
<td></td>
<td></td>
<td>(when no Grand Rounds)</td>
<td></td>
<td></td>
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<tr>
<td>11:00-12:00</td>
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<td></td>
<td>11:30–12:30 CAN Clinic</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Multidisciplinary Team Rounds</td>
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<tr>
<td>12:00-1:00</td>
<td>1:30-2:30 Peds/CL Oncology Team Rounds</td>
<td>1-2 Peds/CL Lectures &amp; Case Conference</td>
<td>12:30-2 Peds/CL Group Supervision &amp; Rounds</td>
<td>12-1:30 Intern’s Seminar</td>
<td></td>
</tr>
<tr>
<td>1:00-2:00</td>
<td>1-3 CAN Clinic Evaluation</td>
<td></td>
<td>1-2 Peds/CL Lectures &amp; Case Conference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00-3:00</td>
<td></td>
<td>2–3 CAN Clinic Family</td>
<td></td>
<td>3-4 CAN Clinic Treatment</td>
<td></td>
</tr>
<tr>
<td>3:00–5:00</td>
<td></td>
<td>Consultation</td>
<td></td>
<td>4-5 CAN Clinic Supervision</td>
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MARCH – JUNE
MANDATORY SCHEDULE OF ACTIVITIES FOR MAJOR AND MINOR ROTATIONS AND SEMINARS:
ABC CHILDREN’S PARTIAL HOSPITALIZATION PROGRAM

<table>
<thead>
<tr>
<th>Time</th>
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<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 – 8:00</td>
<td>7:30-8:30 ABC Parent Consultation</td>
<td>7:30-8:30 ABC Parent Consultation</td>
<td>7:30-8:30 ABC Parent Consultation</td>
<td>7:30-8:30 ABC Parent Consultation</td>
<td>7:30-8:30 ABC Parent Consultation</td>
</tr>
<tr>
<td>8:00 – 9:00</td>
<td>9:12:00 CAN Clinic Evaluation</td>
<td>9:12:00 CAN Clinic Evaluation</td>
<td>8-9:10 Psychopath/Psychopharm Seminar</td>
<td>9-12 CAN Clinic Evaluation</td>
<td></td>
</tr>
<tr>
<td>9:00 – 11:00</td>
<td>9:45-11 ABC Treatment Planning</td>
<td>9:10 Child Grand Rounds (2nd &amp; 4th week of month) CAN Clinic Treatment (1st &amp; 3rd week of month) 10-11 ABC Rounds</td>
<td>9:15-11 CAN Clinic ADOS-2 &amp; ADI-R Reliability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00 – 12:00</td>
<td>11-12 ABC Teaching Rounds</td>
<td>11:30-1 CAN Clinic Multidisciplinary Team Rounds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:00 – 1:00</td>
<td>1-3 CAN Clinic Evaluation</td>
<td>1:30-2:30 ABC IOP Treatment Planning</td>
<td>1-1:30 CAN Clinic Didactics</td>
<td>1:30-3:30 ABC Supervision</td>
<td></td>
</tr>
<tr>
<td>1:00 – 2:00</td>
<td>1-3 CAN Clinic Evaluation</td>
<td>1-3 CAN Clinic Evaluation</td>
<td>1-3 CAN Clinic Evaluation</td>
<td>1-3 CAN Clinic Evaluation</td>
<td></td>
</tr>
<tr>
<td>2:00 – 3:00</td>
<td>2:30-3 ABC Parent Consultation (as needed)</td>
<td>2:30-3 ABC Parent Consultation (as needed)</td>
<td>2:30-3 ABC Parent Consultation (as needed)</td>
<td>1:30-3 ABC Parent Consultation (as needed)</td>
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33
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<tr>
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<th>4-5</th>
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<tr>
<td>3:00 - 6:00</td>
<td>ABC IOP</td>
<td>ABC IOP</td>
<td>IOP Treatment</td>
<td>CAN Supervision</td>
</tr>
</tbody>
</table>
AND TRACK PROGRAM SCHEDULE
CHILD AND ADOLESCENT INPATIENT/
ADOLESCENT PHP ROTATION

Name: ___________________________________ Advisor _______________________

Period:  __X___July-October __________November - February __________March-June

<table>
<thead>
<tr>
<th>MAJOR ROTATION</th>
<th>EST HRS/WK</th>
<th>SUPERVISORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAN Clinic</td>
<td>20</td>
<td>Enjey Lin, Ph.D., Mina Park, Ph.D. Amanda Gulsrud, Ph.D.</td>
</tr>
<tr>
<td>Child and Adolescent Inpatient Service/Adolescent PHP</td>
<td>18</td>
<td>Rhonda Sena, Ph.D. Michael Strober, Ph.D.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER MANDATORY ACTIVITIES</th>
<th>EST HRS/ WK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interns’ Seminar</td>
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</tr>
<tr>
<td>Child Psychiatry Grand Rounds</td>
<td>0.5</td>
</tr>
<tr>
<td>Psychopathology/Psychopharmacology Seminar Seminar</td>
<td>1.25</td>
</tr>
<tr>
<td>Weekly mtg. w/advisor</td>
<td>1</td>
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<tr>
<td>Total # Hours</td>
<td>4.25</td>
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<tr>
<th>ELECTIVES</th>
<th>DAY AND TIME</th>
<th>EST HRS/ WEEK</th>
<th>SUPERVISOR</th>
</tr>
</thead>
</table>

ESTIMATED HOURS PER WEEK:
MAJOR ROTATION_________
OTHER MANDATORY ACTIVITIES_________
ELECTIVES_________
TOTAL: (Must be between 40 and 45)_________
# AND TRACK PROGRAM SCHEDULE
## PEDS C-L ROTATION

**Name:** ____________________________  **Advisor:** ____________________________

**Period:** ___ ___ July-October  _X___ November - February  ________ March-June

<table>
<thead>
<tr>
<th>MAJOR ROTATION</th>
<th>EST HRS/WK</th>
<th>SUPERVISORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAN Clinic</td>
<td>20</td>
<td>Enjey Lin, Ph.D., Mina Park, Ph.D., Amanda Gulsrud, Ph.D.</td>
</tr>
<tr>
<td>Peds C-L Service</td>
<td>18</td>
<td>Brenda Bursch, Ph.D.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER MANDATORY ACTIVITIES</th>
<th>EST HRS/WK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interns’ Seminar</td>
<td>1.5</td>
</tr>
<tr>
<td>Child Psychiatry Grand Rounds</td>
<td>0.5</td>
</tr>
<tr>
<td>Psychopathology/Psychopharmacology Seminar Seminar</td>
<td>1.25</td>
</tr>
<tr>
<td>Weekly mtg. w/advisor</td>
<td>1</td>
</tr>
<tr>
<td>Total # Hours</td>
<td>4.25</td>
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</tbody>
</table>

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

**ESTIMATED HOURS PER WEEK:**
- **MAJOR ROTATION**
- **OTHER MANDATORY ACTIVITIES**
- **ELECTIVES**
- **TOTAL:** (Must be between 40 and 45)
# AND TRACK PROGRAM SCHEDULE
## ABC ROTATION

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Advisor ______________________</th>
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<tbody>
<tr>
<td>Period: ___ July-October ___ November - February ___ March-June ___</td>
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</table>

### MAJOR ROTATION

<table>
<thead>
<tr>
<th>Rotation</th>
<th>EST HRS/WK</th>
<th>SUPERVISORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAN Clinic</td>
<td>20</td>
<td>Enjey Lin, Ph.D., Mina, Park, Ph.D., Amanda Gulsrud, Ph.D.</td>
</tr>
<tr>
<td>ABC Program</td>
<td>18</td>
<td>Tara Peris, Ph.D., Benjamin Schneider, M.D.</td>
</tr>
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</table>

### OTHER MANDATORY ACTIVITIES

<table>
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<tr>
<th>Activity</th>
<th>EST HRS/WK</th>
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<tbody>
<tr>
<td>Interns’ Seminar</td>
<td>1.5</td>
</tr>
<tr>
<td>Child Psychiatry Grand Rounds</td>
<td>0.5</td>
</tr>
<tr>
<td>Psychopathology/Psychopharmacology Seminar</td>
<td>1.25</td>
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<tr>
<td>Weekly mtg. w/advisor</td>
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**Total # Hours:** 4.25

### ELECTIVES

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

**ESTIMATED HOURS PER WEEK:**

- **MAJOR ROTATION**: ______
- **OTHER MANDATORY ACTIVITIES**: ______
- **ELECTIVES**: ______
- **TOTAL**: (Must be between 40 and 45) ______
PEDIATRIC NEUROPSYCHOLOGY TRACK

HOURS PER WEEK IN MAJOR ROTATION: 30

OTHER MANDATORY ACTIVITIES:
Interns’ Seminar, 1.5 hours per week (Fridays 12-1:30)
Psychopathology/Psychopharmacology Seminar: 1.25 hours per week (Thursdays 8am-9:10am)
except during Functional Neuroanatomy which meets Fall quarter (Thursdays 9am-10:30am)
Advanced Topics of Neuropsychology (Thursdays 4-3:40pm)
Cultural Neuropsychology Seminar
Child Grand Rounds: 2nd and 4th Wednesday of the month, 0.5 hours (Wednesday 9-10am)
Meeting with Advisor: 1 hour per week

TOTAL HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK: 35.5

APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES: 4.5-9.5

FACULTY AND STAFF:
Sandra K. Loo, Ph.D., Program Director
Patricia Walshaw, Ph.D., Associate Director

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).

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.
# PEDIATRIC NEUROPSYCHOLOGY TRACK
## PROGRAM SCHEDULE

Name: ____________________________________  Advisor ____________________

Period: _____July-October       _____November - February       ________March-June

<table>
<thead>
<tr>
<th>MAJOR ROTATION</th>
<th>EST HRS/WK</th>
<th>SUPERVISORS</th>
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<tbody>
<tr>
<td>MPAC</td>
<td>30</td>
<td>Patricia Walshaw, Ph.D.</td>
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<tr>
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<th>EST HRS/WK</th>
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<tbody>
<tr>
<td>Interns’ Seminar</td>
<td>1.5</td>
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<tr>
<td>Child Psychiatry Grand Rounds</td>
<td>0.5</td>
</tr>
<tr>
<td>Psychopathology/Psychopharmacology Seminar/FUNCTIONAL NEUROANATOMY Seminar</td>
<td>1.25</td>
</tr>
<tr>
<td>Cultural Neuropsychology Seminar</td>
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<tr>
<td>Weekly mtg. w/advisor</td>
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**Total # Hours**: 5.25

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

**Estimated Hours per Week:**
- Major Rotation _______
- Other Mandatory Activities _______
- Electives _______

**Total**: (Must be between 40 and 45) _______
ADOLESCENT SERIOUS MENTAL ILLNESS TRACK

HOURS PER WEEK IN MAJOR ROTATION: 25

OTHER MANDATORY ACTIVITIES:
Interns’ Seminar, 1.5 hours per week (Fridays 12-1:30)
Psychopathology/Psychopharmacology Seminar (Thursdays 8-9:15am), 1.25 hours
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

TOTAL HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK: 29.25

APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES: 10.75-15.75

FACULTY AND STAFF:
Carrie Bearden, Ph.D., Program Director
Alaina Burns, M.D., Medical Director
Jamie Zinberg, M.A., Administrative Director, Treatment Director
Danielle Denenny, Ph.D., Treatment and Assessment Supervisor

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 2017-2018 academic year. This position is made possible with the support of the Staglin Music Festival for Mental Health and the National Institute of Mental Health.

The ASMI internship will conform to APA guidelines for training in clinical psychology with ~70% 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 currently part 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).

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). Approximately 10 hours per week will be spent providing psychosocial treatment, and interns will be provided individual and group supervision by 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 and Danielle Denenny and Jamie Zinberg, M.A., and will include presentations by CAPPS team members including Medical Director Dr. Alaina Burns. 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” clinics
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
Normal 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 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, PhD, 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 Danielle Denenny, Ph.D. (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.

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 Dr. Carrie Bearden.

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

MANDATORY MEETINGS:
Mondays 10-11 – Clinical Assessment Team Supervision
Mondays (monthly) 10-11:30 Interdisciplinary team meeting (Clinical Assessment Team Supervision will be held from 9-10 these days)
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. Denenny and Ms. Zinberg (and group supervision 3x/month)
## ADOLESCENT SERIOUS MENTAL ILLNESS TRACK
### PROGRAM SCHEDULE

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**ESTIMATED HOURS PER WEEK:**

MAJOR ROTATION _______

OTHER MANDATORY ACTIVITIES _______

ELECTIVES _______

TOTAL: (Must be between 40 and 45) _______
STRESS, TRAUMA AND RESILIENCE TRACK

HOURS PER WEEK IN MAJOR ROTATION: 30

OTHER MANDATORY ACTIVITIES:
Interns’ Seminar, 1.5 hours per week (Fridays 12-1:30)
Psychopathology/Psychopharmacology Seminar: 1.25 hours per week (Thursdays 8am-9:10am)
Child Grand Rounds: 2nd and 4th Wednesday of the month, 1 hour (Wednesday 9-10am)
Meeting with Advisor: 1 hour per week

TOTAL HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK: 34.25

APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES: 5.75-10.75

FACULTY AND STAFF:
Patricia Lester, M.D., Medical Director
Catherine Mogil, Psy.D., Clinical Director
Blanca Orellana, Ph.D., Lauren Marlotte, Psy.D., Attending Supervisors

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

Interns will learn through supervised practice, multidisciplinary case conferences, research team meetings, and outreach/training opportunities. Interns will have the opportunity to participate in the overarching goals of the NFRC, which include: 1) Developing and testing new interventions for high-risk families, 2) Strengthening support for families through education and training of mental health providers, educators, and medical providers, 3) Using innovative technology to provide support for families, and 4) Improving the quality of care for families through direct service-delivery.

TRAINING PROVIDED:
Interns will see patients with a wide variety of behavioral, emotional, and family problems that stem from exposure to traumatic events, such as medical illness, pediatric injuries, sexual abuse, physical abuse, community violence, involvement in the child welfare system, and parental illness/injury related to parental combat exposure. Trainees thus gain first-hand experience working with children and families struggling with trauma-related challenges. Efforts will be made to provide trauma-related cases consistent with the interns’ primary area of interest in addition to a breadth of cases to ensure adequate training in various types of trauma.
Trauma-informed intervention
A family approach is used so that the intern learns how to work across the entire family, with parents (biological, foster and adoptive), siblings of the injured/ill child, and significant others (as applicable). Interns learn how stress related to medical illness or traumatic events reverberates across the entire family. An emphasis will also be placed on collaborating with the systems of care that support the child and family. There is also an opportunity to learn home visiting models. Treatment may include Families Overcoming Under Stress (FOCUS), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Parent Child Interaction Therapy (PCIT), Dyadic interventions for early childhood, and other trauma-informed and family level treatment models. There is also the availability to develop and facilitate group level interventions. Approximately 15 hours per week will be spent delivering trauma-informed interventions.

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

Pediatric Consultation-Liaison training
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 interns with exposure to the inpatient experience.

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

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

**Stress, Trauma and Resilience Seminar**
Brief orientation lectures will be provided during the first two months of the internship. In September, case conferences and trauma-related presentations will be held on the first and third Wednesdays of each month from 9:00 to 10:00 AM. Interns will alternate attending Seminar and Child Psychiatry Grand Rounds.

Seminar faculty include Norweeta Milburn, Ph.D., Blair Paley, Ph.D., and William Saltzman, Ph.D.
Topics include:
The FOCUS model
TF-CBT
The neuropsychological effects of trauma
Trauma and the family system
Trauma-informed assessment
Developmental guidance
Resilience factors
Trauma-informed psychoeducation
Trauma and loss reminders
Child development and trauma
Collaborating with educators and other providers
Working within the family home
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
Support parents and caregivers as leaders of the family
Challenging medical experiences for children and parents

Supervisors for this track are Catherine Mogil, Psy.D. Blanca Orellana, Ph.D., and Lauren Marlotte, Psy.D.

**MANDATORY MEETINGS:**
Stress, Trauma and Resilience (STAR) Clinic: 20 hours
Individual Supervision: 1 hour per week
Group Supervision: 1-2 hours per week
Faculty Advisor meeting: 1 hour per week
Outreach/training delivery: averages 1 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

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.
## STRESS TRAUMA AND RESILIENCE TRACK
### PROGRAM SCHEDULE

**Name:** ____________________________  **Advisor:** __________________________

**Period:**  
- **X** July-Oct  
- November - February  
- March-June

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**ESTIMATED HOURS PER WEEK:**

**MAJOR ROTATION**

**OTHER MANDATORY ACTIVITIES**

**ELECTIVES**

**TOTAL:** (Must be between 40 and 45)
## STAR TRACK PROGRAM SCHEDULE

Name:________________________________________Advisor_____________________
Period: _____July-Oct       ___X__November - February         ________March-June

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**ESTIMATED HOURS PER WEEK:**

- MAJOR ROTATION
- OTHER MANDATORY ACTIVITIES
- ELECTIVES

**TOTAL:** (Must be between 40 and 45)
## STAR TRACK PROGRAM SCHEDULE

**Name:** __________________________________________  **Advisor:** ____________________

**Period:** _____July-Oct       _____November - February       _____X____March-June

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**ESTIMATED HOURS PER WEEK:**

MAJOR ROTATION: _______

OTHER MANDATORY ACTIVITIES: _______

ELECTIVES: _______

TOTAL: (Must be between 40 and 45) _______

51
ADULT TRACKS

ADULT NEUROPSYCHOLOGY TRACK

HOURS PER WEEK IN MAJOR ROTATION: 30

OTHER MANDATORY ACTIVITIES:
Interns’ Seminar, 1.5 hours per week (Fridays 12-1:30)
Meeting with Advisor: 1 hour per week

Consult your advisor regarding other mandatory activities.

FACULTY AND STAFF:
Robert Bilder, Ph.D., Chief Medical Psychology-Neuropsychology
Xavier Cagigas, Ph.D.
Delaney Thrasher, Ph.D.

DESCRIPTION:
The 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. The primary emphasis will be on neuropsychological assessments conducted through the Medical Psychology Assessment Center (MPAC), and when appropriate the Cultural Neuropsychology Initiative (CNI).

TRAINING PROVIDED:
The intern will have the opportunity to complete evaluations on a variety of inpatients and outpatients referred to MPAC/CNI by Neurology, 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 intern will be required to attend select didactic seminars in neuropsychology and participate in a range of other activities along with neuropsychology externs and postdoctoral fellows in our APPCN affiliated program, such as WADA testing, intra-operative brain mapping and brain cuttings. The remainder of the trainee's program is comprised of general clinical activities including psychodiagnostic assessment, individual therapy patients, group therapy, 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, and child/adolescent services. 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 as well as specialized training in neuropsychology.
# ADULT NEUROPSYCHOLOGY TRACK
## PROGRAM SCHEDULE

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**ESTIMATED HOURS PER WEEK:**

- **MAJOR ROTATION**
- **OTHER MANDATORY ACTIVITIES**
- **ELECTIVES**

**TOTAL:** (Must be between 40 and 45)
HEALTH AND BEHAVIOR TRACK

HOURS PER WEEK IN MAJOR ROTATION: 20

HOURS PER WEEK IN MEDICAL PSYCHOLOGY ASSESSMENT CENTER: 3

OTHER MANDATORY ACTIVITIES:
Interns’ Seminar, 1.5 hours per week (Fridays 12-1:30)
Meeting with Advisor: 1 hour per week

Consult with your advisor regarding other mandatory activities.

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

APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES:

FACULTY AND STAFF:
David Wellisch, Ph.D.

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.

The Consultation-Evaluation Service provides psychiatric services to the UCLA Hospital and Clinics. These services include psychiatric consultation to inpatients and outpatients of the Center for the Health Sciences, Reed Neurological Institute, and the Family Practice Program. The Consultation-Evaluation Service also performs a wide variety of liaison activities, including providing psychosocial support to members of the clinical medical teams, assistance with the management of difficult patients, and teaching activities. The Consultation-Evaluation Service provides the interface between the Department of Psychiatry and the rest of the UCLA medical community. Members of the Consultation-Evaluation multidisciplinary team include the Service Chief, faculty psychologist, junior faculty. David K. Wellisch, Ph.D. supervises the service for psychology.

The Medical Psychology Assessment Center (MPAC) offers interns an opportunity to receive advanced training in psychodiagnostic and neuropsychological evaluation of adult inpatients and outpatients.

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
HEALTH AND BEHAVIOR TRACK
PROGRAM SCHEDULE

Name: __________________________________________ Advisor ____________________
Period: _____ July-October _____ November - February

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**ESTIMATED HOURS PER WEEK:**
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OTHER MANDATORY ACTIVITIES _______
ELECTIVES _______
TOTAL: (Must be between 40 and 45) _______
HEALTH AND BEHAVIOR TRACK
PROGRAM SCHEDULE

Name: __________________________________ Advisor ___________________
Period: ____July-October _____November - February ___X____March-June

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ESTIMATED HOURS PER WEEK:
MAJOR ROTATION_________
OTHER MANDATORY ACTIVITIES_________
ELECTIVES_________
TOTAL: (Must be between 40 and 45) __________
MAJOR MENTAL ILLNESS TRACK

HOURS PER WEEK IN MAJOR ROTATION: 20

OTHER MANDATORY ACTIVITIES:
Interns’ Seminar, 1.5 hours per week (Fridays 12-1:30)
Advanced Psychodiagnostic Assessment Seminar, 1.5 hours per week
Meeting with Advisor: 1 hour per week

TOTAL HOURS IN MAJOR ROTATION AND OTHER MANDATORY ACTIVITIES PER WEEK: 24

APPROXIMATE NUMBER OF HOURS PER WEEK FOR ELECTIVES: 16-21

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

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.

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, with continuing
involvement throughout the year in those of primary interest and 4-or 6-month rotations in others. The adult outpatient specialty clinics are described later in this Manual.

A variety of other seminars are available to the Major Mental Illness track intern, as listed in this Manual and also in the Semel Institute and Department of Psychiatry and Biobehavioral Sciences course catalogue: http://www.semel.ucla.edu/education/courses. Some popular seminars for interns are linked to outpatient specialty clinics and are described within those descriptions.
# Major Mental Illness Track Program Schedule

Name: ____________________________ Advisor: Nuechterlein ________________

Period: _____ July-October _____ November - February ________ March-June

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**Other Mandatory Activities**

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**Estimated Hours per Week:**

- MAJOR ROTATION: 20
- OTHER MANDATORY ACTIVITIES: 4
- ELECTIVES: __________

TOTAL: (Must be between 40 and 45) ________
GERIATRIC PSYCHOLOGY-NEUROPSYCHOLOGY TRACK

HOURS PER WEEK IN MAJOR ROTATION: 20
HOURS PER WEEK IN MEDICAL PSYCHOLOGY ASSESSMENT CENTER: 3

OTHER MANDATORY ACTIVITIES:
Interns’ Seminar, 1.5 hours per week (Fridays 12-1:30)
Meeting with Advisor: 1 hour per week

Consult with your advisor regarding other mandatory activities.

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

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.

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 geriatric psychotherapy groups under the supervision
of Linda Ercoli, PPh.D. These are outpatient psychotherapy groups that provide 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 Cagigas, Ph.D.

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

**Name:** ____________________________  **Advisor:** ____________________________  
**Period:**  _____July-October  _____November - February  _____March-June

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**ESTIMATED HOURS PER WEEK:**
- **MAJOR ROTATION**
- **OTHER MANDATORY ACTIVITIES**
- **ELECTIVES**

**TOTAL:** (Must be between 40 and 45) __________
ELECTIVE CLINICAL 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.
ELECTIVE CHILD CLINICAL SERVICES AND PROGRAMS

ADOLESCENT MEDICINE OUTPATIENT CLINIC ELECTIVE

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

FACULTY AND STAFF:
Brenda Bursch, Ph.D.

PROGRAM DESCRIPTION:
The goal of training is to provide the psychologist with an introductory experience in evaluation, brief intervention and triage of adolescents presenting to an outpatient adolescent medicine clinic. Adolescents have a range of medical conditions, developmental abilities, and co-morbid psychosocial and/or mental health problems.

TRAINING PROVIDED:
Trainees conduct 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 with a developmental disability. Trains attend weekly group supervision Fridays at 10:00am.

This experience is required for the Pediatric Consultation-Liaison intern and the Health Behavior intern while on the Pediatric Consultation-Liaison rotation.

For more information and to sign up for this elective, contact Brenda Bursch, Ph.D., at bursch@mednet.ucla.edu

Note: Only one slot per rotation is available.

CHILD AND ADOLESCENT MOOD DISORDERS PROGRAM (CHAMP)

DAY, TIME AND LOCATION:
Mondays 11am-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 11am-2:30pm and the therapy elective runs from 2:30pm-6pm.

HOURS PER WEEK: 6.5

FACULTY AND STAFF:
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 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.

Psychosocial treatment is manual-guided, relatively brief (e.g., up to 12 sessions), and based on family-focused therapy (FFT) and cognitive behavioral techniques. Additional mood and behavior management techniques are used to enhance treatment compliance, educate patients and families about pediatric mood disorders, and strengthen treatment gains. Supervision involves live observation via video with a team that includes two or more licensed psychologists.

Medication backup for patients is provided by our child psychiatrists, Drs. Suddath and Forgey. Psychology trainees gain exposure to psychopharmacological interventions through the co-management of patients with mood disorders who require medication and 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.

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. Trainees should expect to see 1-2 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. The total time commitment is approximately 6.5 hours per week.

CHILD AND ADOLESCENT OCD INTENSIVE OUTPATIENT PROGRAM (IOP)

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

HOURS PER WEEK: 5

FACULTY AND STAFF:
R. Lindsey Bergman, Ph.D., Michelle Rozenman, Ph.D.

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
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.

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.

CHILD AND ADULT NEURODEVELOPMENTAL (CAN) CLINIC:
MULTIDISCIPLINARY AND HIGH COMPLEXITY EVALUATIONS & TREATMENTS

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) PRT group for parents of young children with ASD to improve functional communication (12 sessions—10 group and 2 individual family sessions, for group session 3:30-5:00 and for individual family session in the afternoon that is scheduled based on mutual availability)

(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.

FACULTY AND STAFF:
Amanda Gulsrud, Ph.D., Christie Enjey Lin, Ph.D., Mi Na Park, Ph.D.
Medical Director: James McCracken, M.D.

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.

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 Training in Pivotal Response Treatment (PRT) to Improve Functional Communication in Young Children with ASD or At-Risk for ASD* (12 session—10 group and 2 individual family
sessions). In a group setting, parents are taught PRT strategies and then video tape their practice of these skills with their young children. Two individual family sessions are provided.

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

**CHILD OCD, ANXIETY, AND TIC DISORDERS PROGRAM**

**DAY, TIME AND LOCATION:**
Mondays 1-6 p.m. in Room 1208, 300 Medical Plaza.

**HOURS PER WEEK:** 6.5

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

**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.

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

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

The first 1-2 hours of clinic are spent in: 1) didactic instruction in the assessment and treatment of OCD, anxiety, tics, and associated problems, and 2) gross 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.
CHILDREN'S FRIENDSHIP PROGRAM

DAY, TIME AND LOCATION:
Children’s Friendship Program Groups—Wednesdays 5:30pm-8pm

HOURS PER WEEK: 2.5
FRIENDSHIP PROGRAM OBSERVATION: 2.5 HOURS (NO SUPERVISION NEEDED)
FRIENDSHIP PROGRAM CO-LEADING: 3.5 HOURS (INCLUDES SUPERVISION)

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

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 4-5pm.

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.

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 the entire 12 week program first and then may elect to co-lead groups of parents and children. 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. The first 12 weeks, trainees will observe delivery of the intervention and serve as coaches for the child group. During the second 12 weeks, trainees will be directly supervised as they conduct or co-lead either parent or child or both groups.

**FAMILY STRESS, TRAUMA AND RESILIENCE (STAR) CLINIC**

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

**HOURS PER WEEK:** 5

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

**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.

**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.
FIT FOR HEALTHY WEIGHT PROGRAM

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.

TIME COMMITMENT: 8-16 hours per month

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

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 sub-specialists, 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.

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.

**FORENSIC ELECTIVE**

**DAY, TIME AND LOCATION:**
Varies

**HOURS PER WEEK:**
Flexible, depending on the interest and time of the intern. Visits to Juvenile Mental Health Court can occur on Monday, Tuesday and/or Thursday mornings. Forensic evaluations can occur any time during the week.

**FACULTY AND STAFF:**
Eraka Bath, M.D.; Brenda Bursch, Ph.D.

**PROGRAM DESCRIPTION:**
The goal of training is to provide the psychology intern with an introductory experience in forensic evaluation and consultation.

**TRAINING PROVIDED:**
Opportunities include visits to the Juvenile Mental Health court (staffed by Drs. Bath and Bursch); participation in competency evaluations of minors, child abuse evaluations, civil litigation cases and/or criminal case evaluations and consultation. There may be opportunity to observe Dr. Bath or Dr. Bursch testifying in court.
For more information and to sign up for this elective, contact Brenda Bursch, Ph.D. at bbursch@mednet.ucla.edu

GENERAL CHILD OUTPATIENT CLINIC

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.

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.

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

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

HOURS PER WEEK: 5

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

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.

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 preschoolers, 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.

PARENT TRAINING PROGRAM

DAY, TIME AND LOCATION:
Parent Training Groups-Wednesdays 12pm-1pm
Parent Training Group-Thursdays 7:00pm-8:30pm
PEACE Group-Thursdays 5:30pm-6:45pm or Thursdays 10:30-11:45am

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

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) and, less frequently, Conduct Disorder, Anxiety Disorders, Adjustment Disorders, and Encopresis. Most families are referred from community agencies, the Child Outpatient and Inpatient Services, 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).

TRAINING PROVIDED:
Two opportunities: (1) Observe Parent Training groups for 10 weeks, followed by possible opportunity to co-lead subsequent 10 week group. 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 PEACE (Parents of Early Adolescents Conflict Education) groups for 9/10 weeks, followed by opportunity to co-lead groups. 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-ASSISTED SOCIAL SKILLS TRAINING**

DIRECTOR: Elizabeth Laugeson, Psy.D.

SUPERVISORS:
Ted Hutman, Ph.D., Vindia Fernandez, Ph.D., Ruth Ellingsen, Ph.D., Aarti Nair, Ph.D., Kalina Babeva, Ph.D.

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.

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.
TIME REQUIREMENTS: The time commitment for this elective varies according to program:

PEERS® for Preschoolers is approximately 3 hours per week (TUESDAYS, 2:30–5:00PM). 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 (WEDNESDAYS, 4:00–8:00PM). 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 (MONDAYS, 4:00–8:00PM). 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.

STRATEGIES FOR ENHANCING EARLY DEVELOPMENTAL SUCCESS (SEEDS) ELECTIVE

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

HOURS PER WEEK: 5

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

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.

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

DAY, TIME AND LOCATION:
Coordinated with staff

HOURS PER WEEK: 1 (12 month commitment)

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

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.

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; and (4) experience presenting original research at a scientific meeting.

YOUTH STRESS & YOUTH MOOD (YSAM) PROGRAM: EVALUATION AND TREATMENT OF SUICIDAL & SELF-HARM BEHAVIOR & DEPRESSION

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

HOURS PER WEEK:
4-5 (full year commitment preferred, 6-months may be possible)

FACULTY AND STAFF:
Joan Asarnow, Ph.D. & Jeanne Miranda, Ph.D., Directors
Kalina Babeva, Ph.D., Clinical Instructor

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/ Specialized Emergency Room Intervention); dialectical behavior therapy (DBT) informed cognitive-behavioral approaches (SAFETY); DBT (multifamily 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. Integrating mental/behavioral health care within primary care, Emergency Department, and other medical settings is also emphasized. YSAM treatment approaches are 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 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-5:30pm. This time includes didactics, supervision, and clinical care. Patient evaluations, individual and family treatment is conducted during this time.
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 (2-5 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:

- Emergency/Acute Care Evaluation & Intervention
- Evaluation
- Consultations
- Individual & Family Centered Treatment
- Dialectical Behavior Therapy, including multifamily group treatment
- Integrated medical-behavioral care

TRAINING PROVIDED:

- Evaluation, emergency, 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.

Please contact Dr. Asarnow if you are interested in this option.
More information can be found at http://www.semel.ucla.edu/mood/youth-stress
ADULT OCD INTENSIVE TREATMENT AND RESEARCH PROGRAM

DAY, TIME AND LOCATION:
Mondays, Tuesdays or Thursdays

HOURS PER WEEK: 5

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

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 (OCD). 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.

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.

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 experience 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. An optional didactic supervision is offered once a week on Tuesdays.

**AFTERCARE PROGRAM**

**DAY, TIME AND LOCATION:** Training opportunities are available Mondays 11-4, Tuesdays, 9-5, and Thursdays, 11-5.

Contact Keith Nuechterlein, Ph.D., [keithn@ucla.edu](mailto:keithn@ucla.edu) for the group intervention schedule.

The Aftercare Program is located on the 2nd floor of the 300 Medical Plaza meeting, with Room 2240 as its reception office.

**HOURS PER WEEK:** 2-6

**FACULTY AND STAFF:**
Director: Keith Nuechterlein, Ph.D.,
Associate Director: Kenneth Subotnik, Ph.D.
Medical Director: Laurie Casaus, M.D.
Associate Medical Director: Michael Boucher, M.D.
Luana Turner, Psy.D., Joseph Ventura, Ph.D., Yurika Sturdevant, Psy.D., Amanda McCleery, Ph.D.

**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 6 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.
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.

ASSESSMENT AND TREATMENT OF AFRICAN-AMERICAN FAMILIES

DAY, TIME AND LOCATION:
Flexible

HOURS PER WEEK: Flexible

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

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. Dr. Gail Wyatt is the director of the program.

BRAIN BOOT CAMP/MEMORY CARE – UCLA LONGEVITY CENTER

DAY, TIME AND LOCATION:
Brain Boot Camp – Days are flexible, need to be available for a 3 hour time slot in the AM/PM; location – 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

FACULTY AND STAFF:
Karen Miller, Ph.D.

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.

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 once a week, 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 and leading a 1-time community workshop within our Beyond Memory Training (BMT) series. Here the intern presents a 90-minute lecture on cognitive training to a group 20 community dwellers; this part of the elective is optional and not required of each intern. Within Memory Care, BBC, and BMT, trainees learn about theory related to cognitive training, application of compensatory strategies, and have opportunities to develop memory-training lessons and lead workshops. The total weekly time commitment is approximately 4 hours per week.

CULTURE AND NEUROCOGNITIVE ASSESSMENT SERVICE (CNI-CANAS)
CULTURAL NEUROPSYCHOLOGY INITIATIVE

DAY, TIME AND LOCATION:
Tuesdays and Thursdays, 9am to 5pm, Semel, Rm. C7-406

HOURS PER WEEK: 6

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

PROGRAM DESCRIPTION:
The UCLA Cultural Neuropsychology Initiative (CNI) is a unique clinical, training, and research program that focuses on the relationship between culture and neurocognition. The Culture and
Neurocognition Assessment Service (CANAS) 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: Paola Suarez, Ph.D., Carlos Saucedo, Ph.D., and Xavier E. Cagigas, Ph.D. Participation in a bi-monthly journal club examining current literature trends in cultural neuropsychology and enrollment in the quarter long Cultural Neuropsychology Seminar (CNS) is required.

**GERIATRIC PSYCHOTHERAPY GROUPS**

**DAY, TIME AND LOCATION:**
Wednesdays 2:30pm – 4pm, 300 Medical Plaza, Second Floor

**HOURS PER WEEK:** 2.5

**FACULTY AND STAFF:**
Linda Ercoli, Ph.D.

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

**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.

**NEUROBEHAVIOR CLINIC AND CONFERENCE**

**DAY, TIME AND LOCATION:**
Flexible

**HOURS PER WEEK:** Flexible
FACULTY AND STAFF:
Patricia Walshaw, Ph.D.

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.

NEUROBEHAVIORAL EPILEPSY PROGRAM

DAY, TIME AND LOCATION:
Flexible

HOURS PER WEEK: 3

FACULTY AND STAFF:
Patricia Walshaw, Ph.D.

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

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

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.

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.

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.

SEXUAL HEALTH PROGRAM

DAY, TIME AND LOCATION: Flexible

HOURS PER WEEK: Flexible

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

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 GROUP

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

HOURS PER WEEK: 1

FACULTY AND STAFF:
Xavier Cagigas, Ph.D.

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

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

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

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.

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; and (4) experience presenting original research at a scientific meeting.

TELEPHONIC CAREGIVER SUPPORT GROUPS

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.

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.

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
July-June
Friday 12-1:30
Semel C7-144
Attendance is required for all interns
This seminar is intended 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 interact before the seminar starts. Some seminars require longer than one hour and the seminar will start at noon.

**Development Mental Psychopathology/Psychopharmacology Seminar**  
July-June  
Thursday 8-9:10  
Attendance is required for General Child track interns, DD intern, Peds-CL intern, Pediatric OCD intern, ASMI intern, STAR interns

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.

**Advanced Psychodiagnostic Assessment Seminar**  
Spring  
Drs. Kaser-Boyd and Holt  
Thursday 3-4:30  
Semel 17-364  
Attendance is required for Adult NP, MMI, H and B interns

Didactic presentations will cover a variety of areas pertinent to the psychodiagnostic assessment process, including a review of commonly used measures (e.g., MMPI-2, MCMI-III, PAI, MBMD, Rorschach, etc.). Students will be trained in the application of advanced interpretive strategies for evaluating a variety of complex neuropsychiatric conditions such as PTSD, somatoform/conversion, psychotic, mood, chronic pain and personality disorders. Measures and indices relevant to psychiatric symptom validity and malingering will also be addressed.

**Cultural Neuropsychology Seminar (CNS)**  
Drs. Cagigas and Suarez  
Winter  
Thursdays 9-10:30  
Required for Adult NP and Peds NP interns

This seminar will introduce trainees to issues in cultural neuropsychology both in terms of its history and current reemergence in the literature. Topics will include: navigating the ethics of cultural diversity, emerging paradigms in the cultural neuroscience of attention, bilingualism and the brain, acculturation and models of stress in neurocognition, best practice guidelines for use with historically underrepresented populations, and various models for understanding the influence of cultural practices on neural development, performance, the organization of neurocognitive systems, and assessment strategies.
Behavioral Neurology Case Conference
Dr. Mendez
Fall, Winter, Spring
Monday 4:30
300 Medical Plaza, basement conference room
Required for Adult NP interns

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. The conference centers on the mental status examination of a new patient, followed by an extensive discussion. The structure of the discussion involves input from different participating faculty. The discussion also includes a review of available neuroimaging and an interpretation of any neuropsychological reports where available.

Functional Neuroanatomy
Dr. Bookheimer
Fall
Thursday 9:00-10:30am
Semel 37-413
Required for Gero, NP and Peds NP interns

This course integrates neuroanatomy and neuropsychology. The class will identify cortical and sulcal anatomy on MRI images, learn Brodmann's regions, and learn structural functional relationships in the brain using a comparison of lesion analysis and functional imaging data.

Neuropsychology Seminar (Psychiatry 453) Neuropsychology Informal Brown Bag Lunch/NIBBL

Drs. Cagigas and Thames
Fall, Winter, Spring
Thursday 12:00-1:00pm
Semel 17-364
Required for Gero and NP interns

NIBBL is the central lecture series for all neuropsychology tracks. NIBBL will serve three roles: 1) a speaker series on a variety of current topics in neuropsychology for the Fall and Winter quarters, 2) presentations on professional issues, about once a month during the Fall and Winter quarters, and 3) a forum for postdoctoral fellows to present their research activities, including research plans or findings, during the Spring quarter.

Advanced Topics in Adult Neuropsychology
Dr. Green
Fall
Thursday, 1:30-2:30pm
Semel 17-364
Required for NP interns

This course will cover a range of topics that are important content areas for future professional interactions of postdoctoral fellows in neuropsychology, and are not necessarily covered in other courses. The topics reflect the critical interface between neuropsychology with other areas of biomedical science. This course is designed to ensure that all fellows are exposed to topics they are likely to encounter as members of interdisciplinary research and clinical teams. The topics include: cognition and psychopharmacology, cognitive remediation, ecological validity of neurocognitive measures, cognition and genomics, social cognition and emotion, and test development for novel measures. The course will assume that the students / fellows have already taken a general course in human neuropsychology.

Advanced Topics: Neuropsychological Syndromes Seminar (Psychiatry 495)
Dr.s. Holt, Reinlieb and Schaeffer
Fall, Spring
Thursday, 3:00-4:30 PM
Semel 17-364
Required for Gero and Adult NP interns

This 3-quarter course will focus on syndrome analysis and differential diagnosis of the most common neurological, general medical, and neuropsychiatric disorders that impact neuropsychological status. It will include discussion of syndromes for both pediatric and adult conditions. Each lecture will focus on the pathophysiology of the disorder/disease and how it affects CNS functioning, its typical pattern of cognitive and behavioral impairment, and a review of any special issues in the neuropsychological evaluation of this specific population. An illustrative case presentation will also be included. The course will utilize the Neuropsychology Study Guide and Board Review (American Academy of Clinical Neuropsychology) as the primary text.

Neuropsychology Case Conference, Professional Development and Program Review
Dr. Bilder
Fall, Winter, Spring
Thursday, 4:30-5:30 - not necessarily scheduled each week-check Dropbox
Semel 17-364
Required for Adult NP interns

These sessions will emphasize preparation for the ABPP examination in clinical neuropsychology.

Geriatric Psychiatry Didactics/Journal Club
Drs. Miller, Ercoli, Kaufman and other Geriatric Psychiatry Faculty
Fall, Winter, Spring,
Monday, 1-2 pm
Required for Gero intern

This year-long seminar meets 4 times a month. This introductory seminar covers a broad range of topics relevant to geriatrics, including lectures and discussions on normal aging, ethical issues,
Behavioral Neurology Case Conference
Dr. Mario Mendez
Fall, Winter, Spring
Monday, 4:30pm
300 Medical Plaza basement conference room near vending machines
Required for Adult NP interns

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. The conference centers on the mental status examination of a new patient, followed by an extensive discussion. The structure of the discussion involves input from different participating faculty. The discussion also includes a review of available neuroimaging and an interpretation of any neuropsychological reports where available.

Pediatric Neuropsychology Case Conference
Dr. Robert Asarnow
Spring
1st Thursday of the month, 4:30-5:30
Semel 17-364

This case conference, it is an opportunity for trainees to present pediatric neuropsychological cases of interest to the group for a discussion led by Dr. Asarnow.

Research on Pediatric Neurobehavioral Disorders (Psychiatry 208B)
Dr. Robert Asarnow
Winter
Thursday, 1:30-3:00pm
Semel 17-364

This course will review pediatric neurobehavioral disorders from the perspective of detailing pathways from the pathobiology of these disorders to their neuropsychological presentation. The disorders covered in this course include disorders with extrinsic environmental causes (e.g. traumatic brain injury) and genetic conditions (neurofibromatosis). A major focus of the course will be pediatric traumatic brain injury. The pathobiology, course, neuropsychological presentation and treatment approaches will be reviewed. There will be one lecture on forensic evaluations of pediatric neurobehavioral disorders.

Advanced Seminar in Geriatric Psychiatry
Drs. Miller, Ercoli, Espinoza and other Geriatric Psychiatry Faculty
Fall, Winter, Spring
Monday, 12-1pm
This year-long seminar meets 3 times a month. The seminar is offered through the UCLA Multi-Campus Geriatric Psychiatry Fellowship Program, which is accredited by the American Council for Graduate Medical Education (ACGME). The seminar covers a broad range of topics relevant to geriatrics, including lectures and discussions on normal aging, ethical issues, neuropsychological issues, pharmacology, biopsychosocial models of aging, elder abuse, brain imaging, ethnic and minority issues, late-life psychiatric illnesses, and differential diagnosis of the various dementias.

**Geriatric Psychiatry Grand Rounds (Psychiatry 619)**
Fall, Winter, Spring
Mondays 12-1pm
Marisa Leif Conference Room, 300 Medical Plaza, #3200

The Geriatric Psychiatry Grand Rounds meets once a month year-round to discuss the latest advances in research in geriatric psychiatry. Faculty members from the Departments of Psychiatry, Neurology, Psychology, and Geriatric Medicine, as well as invited guests from other universities, participate in the discussion.

**Geriatric Case Conference**
Fall, Winter, Spring
Friday, 10:45am-12pm

Geriatric Psychiatry case conference meets three times per month to discuss current cases on the Geriatric inpatient unit. Frequently, patients are interviewed during rounds. Faculty members from the Departments of Psychiatry, Psychology, and Geriatric Medicine, as well as nursing staff, interns, residents, and fellows participate in the discussion.

**Research Seminar on the Psychoses**
Dr. Nuechterlein
Fall, Winter, Spring
Monday, 11-12
2220 Franz Hall

This seminar provides exposure to current clinical research topics in schizophrenia and mood disorders. Procedures for assessing and treating core cognitive and emotional dysfunctions in these disorders are emphasized. Paradigms from clinical psychology, cognitive neuroscience, and affective neuroscience are introduced and discussed. Presentations and discussions led by numerous UCLA faculty members are featured.

**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 Cagigas 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 or information that I 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.

CHILD ABUSE
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 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 from the Consultation and Liaison service are reported to the UCLA Medical Center Scan Team. This team can be contacted through the page operator at X56301.
WARNING OF DANGEROUS PATIENTS

The California Supreme Court has decided in the case of Tarasoff v. the Regents of the University of California that psychotherapists have a duty to warn persons to whom a patient presents, in the therapists' reasonable professional judgment, a serious danger of violence.

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: David Crawford
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 David Crawford 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., Training Director, or Robert Bilder, Ph.D., Chief of Medical 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 example at the end of this brochure). 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 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: Personnel Policies for Staff Members | UCOP

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 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 Anne Lawrence at 310-472-1764 if you are interested in this opportunity. Speaking with her and receiving therapy is entirely confidential.

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. In addition, five days educational leave for workshops or to present papers or attend meetings may be taken at the discretion of the primary rotation supervisor as these are considered part of the intern's training experience. Generally, it works out best for all concerned to 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.

EDUCATIONAL LEAVE
Interns are entitled to take five days of educational leave for workshops or to present papers or attend meetings 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 out your pager over to the covering person.

HEALTH INSURANCE

100
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 vacation and 12 days 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 the Hospital Risk Coordinator who will coordinate the response on their behalf.

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

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

DICTATION SERVICES
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

For Transcription/Dictation Issues, call (310) 825-6143 For Chart Deficiency Issues, call (310) 825-6502.
INTERPRETER/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) & CULTURAL NEUROPSYCHOLOGY INITIATIVE (CNI)
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. Xavier E. Cagigas (x69326; P25552), or the Chief Neuropsychology Fellow (Aarti Nair) 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 NPI 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.
# FACULTY ROSTER

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

For email addresses 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>
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<tbody>
<tr>
<td>Asarnow, Joan</td>
<td>50408</td>
<td>Youth Stress &amp; Mood Program, Director</td>
<td>Child and Adolescent Depression; Suicidal Behavior; Primary Care Interventions; Intervention &amp; Services Research; Trauma &amp; Stress</td>
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<tr>
<td></td>
<td></td>
<td>Child OCD, Anxiety, and Tic Disorder Clinic</td>
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<tr>
<td>Asarnow, Robert</td>
<td>50394</td>
<td>Pediatric Neuropsychology</td>
<td>Genetic linkage study of childhood onset schiz.; 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>Youth concussion, BrainSPORT program, pediatric TBI</td>
<td>Research area: 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>
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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>Bergman, Lindsey</td>
<td>52373</td>
<td>Child OCD, Anxiety, and Tic Disorder Program</td>
<td>Etiology &amp; Treatment of Child OCD and Anxiety, including Selective Mutism</td>
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<tr>
<td>Name</td>
<td>Number</td>
<td>Position and Clinical Interest</td>
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<tr>
<td>Best, Karin</td>
<td>62210 &amp; 44008</td>
<td>Infant PreSchool Service Brief Evaluation and Treatment Clinic</td>
<td>Long term outcomes among psychiatrically hospitalized adolescents. Clinical interest: assessment of infants and preschool age children</td>
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<tr>
<td>Bilder, Robert</td>
<td>59474</td>
<td>Director Medical Psychology – Neuropsychology, Director Medical Psychology Assessment Center (MPAC), Director Neuropsychology Fellowship Program</td>
<td>Neuropsychology, neuroimaging, neurogenetics; biological bases of psychopathology; dimensional models of psychopathology</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>
</tr>
<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>
</tr>
<tr>
<td>Cagigas, Xavier E.</td>
<td>69326</td>
<td>Director, Cultural Neuropsychology Initiative; Director of Clinical Services &amp; Training, Medical Psychology Assessment Center (MPAC)</td>
<td>Neuropsychology; Bilingual/Spanish neuropsychological assessments; consultation on cultural/linguistic issues in neurocognition</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>
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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>59208</td>
<td>Director, Psychological Services, Division of Geriatric Psychiatry</td>
<td>Neuropsychology, Neuroimaging and dementia risk. Cognitive Training</td>
</tr>
<tr>
<td>Freeman, Stephanny</td>
<td>60402</td>
<td>Early Childhood Partial Hospitalization Program Co-Director</td>
<td>Development (cognitive and social) and behavior in children with autism.</td>
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<tr>
<td>Gulsrud, Amanda</td>
<td>50575</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>
</tr>
</tbody>
</table>
| Jura, Martha       | 50406 | Co-Director, Child Evaluation Clinic
Director, Child Psych Assessment Lab | Clinical Interest: High Functioning Autism/Asperger's Disorder                                        |
| Langley, Audra     | 42460 | Director, UCLA TIES for Families
Director of Training, Trauma Services Adaptation Center for Resiliency, Hope and Wellness in Schools
Bounce Back- Elementary School Intervention for Childhood Trauma | Child traumatic stress; 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 |
| Laugeson, Liz      | 73370 | Director, UCLA PEERS Clinic
Training Director, Tarjan Center UCEDD | Evidence-based, parent-assisted social skills training for preschoolers, teens and young adults with autism, ADHD, depression, and/or anxiety. |
<table>
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<tr>
<th>Name</th>
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<th>Research Interests</th>
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<tr>
<td>Lin, Christie Enjey</td>
<td>5-0458</td>
<td>Child and Adult Neurodevelopmental Clinic</td>
<td>Evidence based treatment for autism spectrum disorder (ASD) and the intersection between co-occurring psychological conditions and core ASD features</td>
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<tr>
<td>Loo, Sandra</td>
<td>59204</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>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>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>Name</td>
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<td>Department/Program</td>
<td>Areas of Expertise</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>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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<td>Nuechterlein, Keith</td>
<td>50036</td>
<td>Adult Outpatient Service Director, Aftercare Research Program Director, Postdoctoral Clinical Research Training Program for Schizophrenia and Mood Disorders Faculty member of Schizophrenia Clinic</td>
<td>Schizophrenia, with emphasis on role of neurocognitive, psychophysiological, and stress factors; interventions for initial period of schizophrenia</td>
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<tr>
<td>Orellana, Blanca</td>
<td>70407</td>
<td>Family Stress, Trauma and Resilience (STAR) Clinic</td>
<td>Stress, Resilience, Family Prevention/Treatment of traumatic stress</td>
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<td>Paley, Blair</td>
<td>50092</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>Paparella, Tanya</td>
<td>60402</td>
<td>Early Childhood Partial Hospitalization Program Co-Director</td>
<td>Development (cognitive and social) and behavior in children with autism.</td>
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<tr>
<td>Park, Mina</td>
<td>65872</td>
<td>Child and Adult Neurodevelopmental Clinical, ABC Partial Hospitalization &amp; Intensive Outpatient Program</td>
<td>Assessment and treatment of neurodevelopmental disorders; psychiatric comorbidities and social competency in autism spectrum and neurodevelopmental disorders</td>
</tr>
<tr>
<td>Name</td>
<td>Phone</td>
<td>Position</td>
<td>Specialties</td>
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<tr>
<td>Peris, Tara 44347</td>
<td></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 66649</td>
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<td>Chief Psychologist, Child Division Director, Child OCD, Anxiety &amp; Tic Disorder Program.</td>
<td>Etiology &amp; Treatment of Child OCD, Anxiety &amp; Tics</td>
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<td>Pike, Jennifer 52109</td>
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<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 41587</td>
<td></td>
<td>Child &amp; Adolescent Inpatient Service/Adolescent Partial Hospitalization Program, Director of Internship Training</td>
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<tr>
<td>Strober, Michael 55730</td>
<td></td>
<td>Director, Eating Disorders Program, and Senior Consultant, Pediatric Mood Disorders Program</td>
<td>Personality and genetics of eating disorders</td>
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<tr>
<td>Suarez, Paola A. 66067</td>
<td></td>
<td>Associate Director, Cultural Neuropsychology Initiative (CNI)</td>
<td>Neuropsychology; Bilingual/Spanish neuropsychological assessments; consultation on cultural/linguistic issues in neurocognition</td>
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<tr>
<td>Sumner, Lekeisha 310-423-1340</td>
<td></td>
<td>Director of Health Psychology, Cedars-Sinai UCLA, Outpatient and Inpatient</td>
<td>Health Psychology/Behavioral Medicine; Pain; Women’s Health; Ethnic Minority Health; Psychodiagnostic Assessment, including Presurgical Evaluations</td>
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<tr>
<td>Name</td>
<td>Contact Number</td>
<td>Title/Position</td>
<td>Research Interests</td>
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<tr>
<td>Thames, April</td>
<td>69296</td>
<td>Director, Social Neuroscience and Health Psychology Lab</td>
<td>Neuropsychology; Cultural Neuropsychology; Infectious disease and chronic illness as it relates to neurocognition.</td>
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<td></td>
<td></td>
<td>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>
<td>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.</td>
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<tr>
<td>Van Dyk, Kathleen</td>
<td>53181</td>
<td>Geriatric Psychology, Division of Geriatric Psychiatry</td>
<td>Neuropsychology, cognitive aging, cancer-related cognitive impairment</td>
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<tr>
<td>Walshaw, Patricia</td>
<td>50257</td>
<td>Co-Director, Child and Adolescent Mood Disorders Program (CHAMP); Medical Psychology Assessment Center (MPAC)</td>
<td>Juvenile Bipolar Disorder; using imaging/EEG techniques and neurocognitive measures to assess for biomarkers of psychopathology and neurological disease (bipolar disorder, ADHD, Tourettes, epilepsy, brain tumors)</td>
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<tr>
<td>Wellisch, David</td>
<td>50391</td>
<td>Chief Psychologist, Adult Division Adult Consultation Liaison Service Revlon-UCLA Breast Clinic</td>
<td>Psycho-oncology Genetics &amp; Cancer Women's Health Issues Forensic Psychology</td>
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<tr>
<td>Name</td>
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<td>Wyatt, Gail</td>
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<td>Sexual Health Program</td>
<td>Behavioral Interactions related to sexual risk taking, HIV risk reduction, sexual and physical socio-cultural assessment and treatment</td>
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<td>Center for Culture, Trauma, and Mental Health Disparities</td>
<td>Disparities in health, mental health, and screeners to assess the need to reduce symptoms of trauma, PTSD and depression</td>
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<td>You, Christine</td>
<td>65456</td>
<td>Wounded Warrior Program &amp; Operation Mend</td>
<td>Neuropsychology</td>
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Evaluation of Intern Competencies

Psychology Evaluation of Interns by Attendings.

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
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<tr>
<th></th>
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<th>Good</th>
<th>Excellent</th>
<th>Outstanding</th>
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<td>Ability to devise a strategy for diagnostic assessment</td>
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<td>Ability to select appropriate psychological assessment tools</td>
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<tr>
<td>Ability to conduct a psychodiagnostic interview</td>
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<td>Ability to incorporate relevant social-cultural factors in assessment process</td>
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<td>Ability to administer psychological instruments</td>
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<tr>
<td>Ability to interpret psychological assessment tools</td>
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<td>Ability to formulate a treatment plan based on assessment results</td>
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<td>Ability to provide feedback and consultation to patients, families, colleagues</td>
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<tr>
<td>Ability to integrate cultural and individual diversity issues</td>
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**Treatment and Consultation Skills**
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<tr>
<th>Ability to construct and maintain appropriate therapeutic relationships</th>
<th>Poor</th>
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<tr>
<td>Ability to formulate treatment interventions</td>
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<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Outstanding</td>
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<tr>
<td>Ability to case coordinate in a multidisciplinary settings</td>
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<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
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<td>Ability to implement treatment interventions</td>
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<td>Fair</td>
<td>Good</td>
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<tr>
<td>Ability to work effectively with patients from a variety of backgrounds</td>
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<td>Ability to understand the role of a consultant</td>
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<td>Ability regarding the consultation process</td>
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<td>Ability to integrate issues related to cultural and individual diversity</td>
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Integration of Practice with Research and Theory
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<table>
<thead>
<tr>
<th>Ability to apply theoretical model to practice</th>
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<td>Outstanding</td>
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<th>Knowledge of relevant research</th>
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<td>Outstanding</td>
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<table>
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<th>Ability to critically evaluate research</th>
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<th>Good</th>
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<td>Outstanding</td>
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<tr>
<td>N/A</td>
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</tbody>
</table>

**Professional Skills**
<table>
<thead>
<tr>
<th>Ability to complete responsibilities in a timely manner</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
<th>Outstanding</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to relate to staff, faculty, and trainees in a professional manner</td>
<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Outstanding</td>
<td>N/A</td>
</tr>
<tr>
<td>Ability to function as a consultant</td>
<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Outstanding</td>
<td>N/A</td>
</tr>
<tr>
<td>Ability to utilize supervision</td>
<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Outstanding</td>
<td>N/A</td>
</tr>
<tr>
<td>Ability to function as a member of a multidisciplinary team</td>
<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Outstanding</td>
<td>N/A</td>
</tr>
<tr>
<td>Ability to demonstrate knowledge of ethical principles</td>
<td>Poor</td>
<td>Fair</td>
<td>Good</td>
<td>Excellent</td>
<td>Outstanding</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Please briefly describe the trainee’s areas of strength and weakness. Please suggestions for improvement.
The Department of Psychiatry and Biobehavioral Science is greatly interested in improving the quality of teaching. For each item, please choose the number which best describes the instructor listed above, based on the following scale:

1-3 = Not at all Descriptive  
4 = Descriptive  
5-7 = Very Descriptive  
N/A = Not able to Assess
Has command of the subject; relates topics to other areas of knowledge.

<table>
<thead>
<tr>
<th>Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<tbody>
<tr>
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<td>Descriptive</td>
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<td>N/A</td>
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</tbody>
</table>

Presents material in organized, clear manner; summarizes major points; provides emphasis.

<table>
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<tr>
<th>Description</th>
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<th>4</th>
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</table>

Devotes appropriate amount of time and discussion to topic, given participant's level of education and training.

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<th>Description</th>
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</table>

Encourages questions, comments and discussion in an open and friendly manner.

<table>
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<tr>
<th>Description</th>
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</tbody>
</table>

Enjoys teaching and is enthusiastic about the subject.

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</table>

Deeply interested in patient care; often makes contributions to their management.

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<tr>
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</table>

Possesses excellent clinical acumen.

<table>
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</tbody>
</table>
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

........................................................Very
Worst...........................................................Very Best

How does this teacher compare with other clinical teachers you have had at UCLA?
Not At All Descriptive - 1  2  3
Somewhat Descriptive - 4  5  6  Very
Descriptive - 7  N/A

Comments:
Semel Institute  
2017-2018 Psychology Internship Triannual 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
_____ 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 all the clinics and programs 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>1 - 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABC Program</td>
<td></td>
</tr>
<tr>
<td>Adolescent General Inpatient</td>
<td></td>
</tr>
<tr>
<td>Adolescent Inpatient Eating Disorders</td>
<td></td>
</tr>
<tr>
<td>Adolescent Medicine Clinic</td>
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</tr>
<tr>
<td>Adolescent Partial Hospitalization Program</td>
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<tr>
<td>Adult Consultation Liaison</td>
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<tr>
<td>Adult Inpatient</td>
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<tr>
<td>Aftercare Program</td>
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</tr>
<tr>
<td>Autism Training Clinic</td>
<td></td>
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<tr>
<td>Behavioral Genetics Clinic</td>
<td></td>
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<tr>
<td>BIACA - (Behavioral Intervention for Anxiety in Children with Autism )</td>
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<tr>
<td>Brain Boot Camp</td>
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<tr>
<td>CAPPS</td>
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<tr>
<td>Center for Cerebral Palsy</td>
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<tr>
<td>CHAMP</td>
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<tr>
<td>Child &amp; Family Trauma Clinic</td>
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<tr>
<td>Child Anxiety Disorder Clinic</td>
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<tr>
<td>Children’s Friendship Program</td>
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<tr>
<td>Chronic Mental Illness Group</td>
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<td>----------------------------</td>
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</tr>
<tr>
<td>Early Childhood Partial Hospitalization Program</td>
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<tr>
<td>Eating Disorders Group Therapy</td>
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<tr>
<td>Family Therapy Clinic</td>
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<tr>
<td>Fetal Alcohol Spectrum Disorders Clinic</td>
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<tr>
<td>General Child Outpatient Clinic</td>
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<tr>
<td>Geriatric Assessment Program</td>
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<td>Geriatric Day Treatment Program</td>
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<tr>
<td>Geriatric Evaluation Clinic</td>
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<td>Geriatric Inpatient</td>
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<tr>
<td>Geriatric Outpatient Psychotherapy</td>
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<tr>
<td>Infant Preschool Clinic</td>
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<tr>
<td>Service</td>
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<tr>
<td>IOP OCD Clinic</td>
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<tr>
<td>Inpatient Neurocognitive Rehabilitation Psychotherapy</td>
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<tr>
<td>Interpersonal Therapy Clinic</td>
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<tr>
<td>Lanterman Development Center</td>
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<tr>
<td>Learning and Advocacy Clinic</td>
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<tr>
<td>Memory Clinic</td>
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<tr>
<td>Mood Disorders Clinic</td>
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<td>MPAC</td>
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<tr>
<td>Parent Training Clinic</td>
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<tr>
<td>Pediatric Consultation Liaison</td>
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<tr>
<td>Pediatric Inpatient Oncology</td>
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<tr>
<td>Residents Psychotherapy Clinic for Interns</td>
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<tr>
<td>Schizophrenia Clinic</td>
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<tr>
<td>Sexual Health Program</td>
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<tr>
<td>Spanish Speaking Clinic</td>
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<tr>
<td>Stroke Support Group</td>
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<tr>
<td>Suicide Prevention</td>
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<tr>
<td>UCLA Anxiety Disorder Clinic</td>
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<tr>
<td>UCLA Center for Cerebral Palsy</td>
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<tr>
<td>UCLA Early Childhood Clubhouse Program</td>
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<tr>
<td>UCLA Peers</td>
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<tr>
<td>Youth Stress &amp; Mood Program</td>
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<tr>
<td>OTHER</td>
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</table>
SEMEL INSTITUTE
INTERNSHIP PROGRAM
UNIVERSITY OF CALIFORNIA, LOS ANGELES
INTERNSHIP FOLLOW-UP QUESTIONNAIRE

Internship Track:______________________________________

I. Internship Evaluation:

Please evaluate the quality of your internship on the following:

A. Overall quality of experience

1  2  3  4  5
Poor Adequate Excellent

B. Overall quality of supervision

1  2  3  4  5
Poor Adequate Excellent

C. Breadth of experience

1  2  3  4  5
Poor Adequate Excellent

D. Depth of experience

1  2  3  4  5
Poor Adequate Excellent

E. Overall professional atmosphere

1  2  3  4  5
Poor Adequate Excellent

F. Overall training atmosphere

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

A. The supervision I received was of good quality.  
Response: _______

B. I received a sufficient amount of supervision.  
Response: _______

C. The content of training seminars was relevant.  
Response: _______

D. I found sufficient opportunity for professional development.  
Response: _______

E. Adequate role models were available to me.  
Response: _______

F. The internship provided sufficient education in professional ethics.  
Response: _______

G. I had the opportunity to develop my supervisory skills.  
Response: _______

H. I found the internship environment to be generally supportive.  
Response: _______

I. The internship was sufficiently challenging to me.  
Response: _______

J. I felt that I was respected by supervisors.  
Response: _______

K. My professional growth was encouraged.  
Response: _______

L. I received educative and emotional support in my job search.  
Response: _______
M. There was adequate support for my graduate research. 

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):

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________