

Argosy University: San Francisco Bay

American School of Professional Psychology

Clinical Training Office

999-A Canal Blvd. Point Richmond, CA 94804

Ph: 510-215-0277 Fax: 510-215-0299

Practicum Information Form (form ver 9/21/2006)

I. AGENCY NAME	<i>Cognitive Rehabilitation Program, VA Northern California Health Care System</i>
Date Completed:	Friday, February 02, 2007
Address:	VANCHCS (116), 150 Muir Road
City, State, Zip:	Martinez, CA 94553
Phone:	925-370-4789
Fax :	925-370-4712
Agency Website address:	n/a
List multiple agency programs/sites:	Separate Program, unique program at Day Tx Program w/ Dr. Patrick Neer
Director of Training Name:	Jeffrey Kixmiller, Ph.D.
Director Degree and CA License #:	Ph.D., CA PSY #16872
Director Phone:	925-370-4789
Director email:	jeff.kixmiller@va.gov
Other contact person information:	

II. PRACTICUM TRAINING PROGRAM BASICS	
A. <u>Year Level Openings</u>	Estimated
2 nd Year (Grad School) Practicum Openings	1-2
3 rd Year (Grad School) Practicum Openings	1-2
-Total Practicum Openings	4
-Total Pre-Doc Internship Level Openings	n/a
B. <u>Student Data</u>	
Number of Total Practicum Applicants Last Year	15
Number of All Current Practicum Students at Agency	4
Number of Current Argosy Practicum Students at Agency	0
Number of All Current Pre-Doc Intern Students	n/a
Number of Current Argosy Pre-Doc Interns	n/a
C. <u>Practicum Dates and Times</u>	
Beginning Date	September 1
Ending Date	July 31
Number of weeks for practicum	Approx 48 (negotiable)
Hours per week for practicum	16
Required days and times at agency	No Mondays, Tuesdays required, other days negotiable
D. <u>Stipend</u>: Is there Stipend? If yes, amount per year?	none

***Note:** Practicum requirements:
 -16 hours a week
 -minimum of 38 weeks
 -maximum of 52 weeks
 -minimum 500 hours
 -Primary supervisor is licensed psychologist
 -Training is 4 or more hours typically including: 1 or more hours of individual supervision, 2 hours case conference, 1 hour didactic training per week.

III. AGENCY DESCRIPTION: Please describe below.

The Cognitive Rehabilitation Service is an inpatient/outpatient treatment service, serving adult veterans (age 18+) for treatment and education of cognitive complaints/impairments and co-occurring behavioral and emotional concerns/dysfunction. The 30 bed inpatient unit specializes in neurological and neurorehabilitation assessment and treatment for vets with a variety of neurobehavioral concerns/disorders (e.g., Traumatic Brain Injury, Stroke, Dementias, Movement Disorders, and Surgical Brain Recovery). The Cognitive Rehab. Service provides comprehensive screening assessments of cognition, mood, , disability, and coping resources and provides more comprehensive neuropsychological and psychological case formulations, treatment plans, individualized cognitive rehabilitation plans, and assistance with discharge planning within an interdisciplinary team of neurologists, nurse practitioners, PT/OT, Speech Language Therapists, Pharmacists, Dieticians and Recreational Therapists. Practicum trainees will typically case manage approximately 10 inpatients and 1-2 outpatients and assist with running/co-leading one of several groups for at least a portion of the year. Neuroscience and neuropsychological didactics will be provided throughout the year, as well as individual and group supervision with Dr. Kixmiller, as well as Neuropsychology Postdoctoral Fellows and APA Interns.

A. Population: Indicate estimated % of clients in each category.

<u>%</u>	<u>Gender</u>	<u>%</u>	<u>Life Cycle</u>
	Male	90	Infants (0-4)---NONE
	Female	5-10	Children (ages 5-12)--NONE
	Transgender:	0-1	Adolescents (ages 13-17)--NONE
100%	<i>Total</i>		Adults (18-64)—35-40%
			Seniors (ages 65+)—60+%
	<u>Ethnic/Cultural Identity</u>	100%	<i>Total</i>
	African American	35	
	Asian American	20	<u>Other Identified Groups</u>
	Euro-American	40	Gay/Lesbian: 10% or less
	Hispanic/Latino American	5	Disabled Population: 80%+
	Native American	0	International: d/k
	<i>Other:</i>		Other:
100%	<i>Total</i>		(Note, above will not total 100%)
	<u>Populations Treated</u>		
	Individual	85	<u>Functioning Level of Clients</u>
	Couples	5	Severe Dysfunction (i.e., psychotic, severe personality or substance abuse dx)-25%
	Families	5	Moderate Dysfunction (i.e., moderate personality dx, anxiety, depression) 50%
	Groups	5	Mild Dysfunction (i.e., adjustment dx, transitions, growth) 25%
100%	<i>Total</i>	100%	<i>Total</i>

► **Others notes about populations:** Predominance of neurologically impaired patients s/p various acquired or progressive neurobehavioral syndromes. Also, general medical/behavioral medicine issues (e.g., chronic pain, post amputation), addiction issues, and a wide variation of diversity issues in context of coping/adjustment to disability.

B. Specialty Areas: Mark an X next to all specialties that apply at agency.					
X	Behavioral Medicine	X	Hospital	X	Disabilities
X	Health Psychology		Community Mental Health Clinic	X	Multicultural Therapy
X	Psychopharmacology		Forensics		Spirituality/Psychology Integration
	Pediatrics		Management/Administration		Gay/Lesbian/Transgender
	Infant/Parent		Program Evaluation	X	Death/Dying/Bereavement
	Family		Vocational/Career Development		Domestic Violence
X	Geropsychology	X	Psychological Assessment	X	PTSD/Trauma
	School Based	X	Neuropsychological Assessment		Serious Mental Illness
	College Based	X	Psychology of Men	X	Substance Abuse/Recovery
	Bilingual in treatment		Psychology of Women		Others (specify):

IV. PRACTICUM TRAINEE RESPONSIBILITIES AND FUNCTIONS

A. Treatment Modalities performed by student: (Mark X in all that apply.)

X	Individual Therapy	X	Crisis Intervention
	Couples Therapy	X	Brief Therapy
	Family Therapy		Long Term Therapy
X	Group Therapy	X	Psychological Assessment
	Community Intervention	X	Neuropsychological Assessment
X	Consultation/Liaison	X	Case Management
	Others (specify):		

► Describe practicum trainee duties and responsibilities:

Practicum trainees will be assigned a caseload of approx. 10 inpatients to be psychologically and neuropsychologically screened and followed for individual and family support/education, individualized cognitive rehabilitation interventions, and assistance with discharge planning. Issues commonly addressed also include lifestyle modifications, addiction work, adjustment to disability, and community/family re-integration issues. Practicum trainees will learn to provide neuropsychological screens and a limited number of longer fixed/flexible batteries (approx. 5-10). Psychological testing is encouraged and required. Co-leading a group is a common expectation. Other activities are optional and dependent on the day(s) of the week selected for practicum training (e.g., interdisciplinary treatment team meetings, psychiatry rounds, neurology rounds, etc.). Practicum trainees typically follow 1-2 outpatients for cognitive rehabilitation work and/or psychotherapy. While trainees often find patients to follow longer term 6+ weeks to 3-4 months, this cannot always be guaranteed—it depends on patient referrals. Inpatients typically stay 30 days to 3-4 months.

V. ASSESSMENT and PSYCHOLOGICAL TESTING	
A. Assessment Overview	
Will trainee have opportunity for assessment/testing experiences?	Yes
Is there additional supervision/training for assessment/testing?	Yes
Percentage of practicum time allotted for providing assessment services:	5-15%
Estimate of average # of Test Batteries completed per year:	5-10

B. Assessment Modalities performed by student: (Mark X next to all that apply.)			
X	Projective	X	Intelligence
X	Personality	X	Neuropsychological
	Academic	X	Vocational
	Others (specify):		
<p>► Describe the Assessment Program: Practicum trainees will administer screening measures (MMSE, GDS, BDI) regularly and often additional fixed longer batteries (RBANS, DRS, Independent Living Scale (ILS), Rivermead Behavioral Memory Test, frontal executive testing/inventories) and limited number flexible batteries. Also, administer, score and interpret psychological testing/batteries. Conduct health and substance abuse screenings and education/interventions.</p>			

VI. TRAINING/SUPERVISION PHILOSOPHY and OBJECTIVES: A. Please describe below.			
Supervision consists of regular 1:1 supervision with Dr. Kixmiller, and ancillary/prn supervision with Postdoctoral Fellows/Interns. Progress notes are reviewed and videotaping of tx sessions encouraged and/or direct observation of sessions/testing. Developmental model of supervision is used, tailoring goals to specific trainee areas of interest and identified practicum goals and supervisor assessments. Supervision is open-ended and supportive.			
B. Supervisor Licenses: Please note the number of supervisors with the following licenses.			
1-2	*Licensed Psychologists (PsyD/PhD/EdD)	0	MFT
1	*Psychiatrists	0	LCSW
	Other (specify):		
* Note: Primary Supervisor must be a licensed provider at the doctoral level of training. Primary Supervisor may be individual or group supervisor & must sign or co-sign evaluation and contract forms for students.			

C. Supervision and Training	Hours per week
Individual Supervision	1
Group Case Consultation	1
Didactic Training	2-4 (depends on days attended)
Other (specify):	Rounds—psychiatry, tx team, neurology
Total hours Training/Supervision	4 or more

D. Methods of Supervision: (Mark X next to all that apply.)			
X	Live Observation	X	Process Notes
	Two Way Mirror	X	Case Reviews and Discussion
X	Videotapes Review	X	Audiotape Review
	Others (specify):		

E. Theoretical Orientations of the Supervising Staff: (Mark X next to all that apply.)			
X	Biopsychosocial		Narrative
X	Cognitive Behavioral	X	Psychosocial Rehabilitation
	Family Systems		Psychodynamic/analytic:
	Feminist	X	Solution Focused
	Humanistic/Existential		Transpersonal
	Integrative		Recovery Based Model
	Others (specify):		
<p>► Comments on theoretical orientation: Open to theoretical orientation of trainees, though supervision will predominantly consist of above approaches, esp. CBT-rehabilitative.</p>			

F. Training Emphasis Areas: Please fill out the following classifications below to assist us in differentiating practicum placements. Indicate with "X" areas where <i>substantial</i> training program and experience exists such that it would qualify for graduate program training emphasis areas.			
	Community/Multicultural	X	Cognitive Behavioral
	Health Psychology	X	Assessment
	Forensic Psychology	X	Geriatric
	Family/Child		Gender
	Psychodynamic		Not Applicable
	Others (specify):		
<p>► Please add specific information regarding all Emphasis Areas you checked: It is a neurocognitive rehabilitation unit with assessment and treatment focus. It utilizes CBT and cognitive rehabilitative interventions with ongoing neuropsychological and psychological assessments of strengths and weaknesses. It has a large male, geriatric population with frequent co-occurring chronic health, persistent mental illness, substance abuse, and Axis I disorders. Brain-behavior relationships are emphasized.</p>			

G. Multicultural Training	yes	no
Agency provides formal multi-cultural didactic training for students.	X	
Agency integrates multi-cultural training into supervision.	X	
Agency makes multicultural issues an important part of case conferences.	X	
<p>► Please describe or add information about your multicultural training? It is a setting with significant diversity in staff and patient populations. Multicultural considerations, formal assessment methods, and case formulation and interventions are emphasized.</p>		

VII. PRACTICUM APPLICATION PROCESS FOR STUDENTS	
Application Deadline:	Feb. 10
Selection Date Estimate:	End of Feb
Standard required materials	Vita, Letter of Intent, 3 Letters of Recommendation
Agency specific materials:	
Preferred Experience:	Basic psychotherapy experience; assessment experience
Preferred Coursework:	Health psychology, group therapy, neuropsychology
Interview Process:	Individual Interview, Vignettes
Other application/interview information:	

VIII. Verifying Information: I verify that the above information is current and accurate.	
Date:	Friday, February 02, 2007
Directors Name:	Jeff Kixmiller, PH.D
*Directors Signature:	<i>Jeffrey Kixmiller</i>