

ELIZABETH S. SUTHERLAND, Psy.D.

Geropsychologist

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CURRICULUM VITAE

May 10, 2022

Regularly commended for professional leadership, mission accomplishment, and genuine concern for patients, family members, and employees. Expert with behavior and activities of human organisms. Committed to achieving results and recognized for establishing, growing, and managing top performing medical center areas for Mental Health Services and Ambulatory Care. Skilled in working within complex medical areas providing the ability to plan, develop, coordinate, monitor and implement special reviews to ensure quality and patient care. Skilled in recruiting, developing and leading complex organizations and operations and development of proposals for work plans. An accomplished and motivated leader with over 15 years of experience in managing operations, personnel and human resources, health and safety management, training, leader development, strategic planning, and leading organizations to accomplish their goals and objectives. Coordinates and works with others to get the job done while seeking opinions from other team members. Values relationships and able to facilitate discussion before decision-making process is completed. Ability to investigate complex issues, analyze problems, and present both written and oral recommendations taking into consideration the wide range of actions and requirements which affect the management of a complex healthcare system. Broad skill set for initiating qualitative and quantitative techniques for evaluating quality assurance of health systems.

CORE COMPETENCIES

Mental Health Experience:

Neuropsychological/Capacity Assessments
Individual, Group & Family Therapy
Treatment for Complex Diagnostic Issues
Multidisciplinary Team Leader & Member
Disruptive Behavior Expert
Evidence-Based Psychotherapy
Alternative Dispute Resolution
Behavior Health Disorders & Intervention
Professor
Educator
Researcher

Operations & Health Access:

Organizational Leadership
Operational Planning
Financial Management
Strategic Planning
Expert Human Resources Management
Inter-Agency Coordination
Contingency Planning
Program Evaluation Management
Emergency Management
Manager of Phone Center
Written and Oral Communication/English

Subject Matter Expert: Geriatrics, Capacity, Death & Dying, Severe Mental Illness, Personality Disorders, Suicidal Ideation, Homicidal Ideation, Traumatic Brain Injury, Post-Traumatic Stress Disorder & Chronic Pain

EDUCATION

- 2004-2007** **John F. Kennedy University – Pleasant Hill, California**
 Doctor of Psychology (Psy.D.) in Clinical Psychology
 APA Accredited Program in Clinical Psychology
- 2002-2004** **John F. Kennedy University – Pleasant Hill, California**
 Masters of Arts (M.A.) in Clinical Psychology
 APA Accredited Program in Clinical Psychology
- 2000-2002** **Sonoma State University – Sonoma, California**
 Bachelor of Arts Degree in Psychology *with Distinction*
 Minor and Certificate in Gerontology
- 1996-1997** **California Culinary Academy - San Francisco, California**
 Associate of Occupational Studies (AOS) Degree
 Alumni #542
- 1988-1990** **Loyola Marymount University – Westchester, California**
 Certificate for Hotel & Restaurant Management
 The American Hotel & Motel Association

CURRENT CLINICAL POSITION

2019 – Present **(40 Hours+/week)**
San Francisco VA Health Care System, San Francisco (SFVAHCS), CA

Geropsychologist (GS – 13)

Geropsychologist and mental health consultant with Home Based Primary Care Team (HBPC) with a caseload of 300+ patients covering from Millbrae to Eureka for three major teams (San Francisco, Santa Rosa, and Eureka). The HBPC Team is committed to providing primary care in the home to our veterans who have difficulty with traditional clinic care because of their chronic illness and needs. These services will be provided with dignity and compassion that promotes trust and respect. Goals with HBPC include the following: to promote the veteran's maximum level of health and independence by providing comprehensive care and optimizing physical, cognitive, and psychological function; enhance the veteran's quality of life through symptom management and other comfort measures; assist in transition from health care facility to the home; adapt a therapeutic environment; support veteran caregiver(s) and family members; accommodate the changing needs and preferences of the veterans and their families throughout the course of chronic disease, including end of life; and to maximize veteran care to prevent unnecessary re-admissions.

Dr. Sutherland assists with adjustments to illness, depression, and overall feeling of transitioning a veteran to HBPC program care. Lifestyle changes due to chronic disease drastically alters everyday life, Dr. Sutherland provides the veteran an opportunity to discuss issues and concerns they have that may be preventing them from having a better quality of life they deserve. In order to address needs specifically important to patient, Dr. Sutherland conducts necessary assessments to determine best course of care. She provides individual patient, group, and family clinical services, psycho-diagnostic evaluations, psychotherapy, patient health education, consulting services and aftercare planning in accordance with Mental Health Service, Medical Center, and VACO procedures. The care provided appropriately meets the cognitive, emotional and chronological maturation needs of the adult and/or geriatric patients served.

Dr. Sutherland participates in weekly treatment planning and decision making for the three teams along with evaluating treatment programs meeting the therapeutic needs of the patients in assignment areas and introduces new initiatives to modify and/or improve existing psychology programs.

CURRENT EXPERT WITNESS CASES

2017 - Present

Dr. Sutherland has been hired as a consulting psychologist and expert witness. As a consulting psychologist, Dr. Sutherland reviewed records, reviewed literature, critiqued opposing evaluations, provided referrals, helped with psychological strategies, and/or performed other psycho-legal functions as mutually determined. As an expert witness, Dr. Sutherland is prepared and available as an expert witness to provide declarations, attend depositions, and make court appearances with reasonable notification. Consulting cases are pertinent to the geriatric population. Cases have included patients/clients who are alive as well as patients/clients who have already died.

CURRENT TEACHING OPPORTUNITIES

**2013 – Present - Adjunct Faculty Member – John F. Kennedy University, Pleasant Hill, CA
California Board of Psychology – Section 25 of the Business and Professions Code requires all applicants to take training in particular courses. Currently teaching the following courses:**

- Aging & Long-Term Care
- Human Sexuality
- Suicide Assessment & Intervention
- Spousal or Partner Abuse Assessment, Detection, and Intervention
- Child Abuse Assessment & Reporting
- Geriatric Neuropsychology

CURRENT FACILITATOR/VOLUNTEER ALZHEIMER'S ASSOCIATION

August 2017 – Present Facilitate Monthly Southern Marin Caregiver Support Group

MEDICAL CENTER APPOINTMENTS/PRIVILEGES

**2010 – 2015 Staff Psychologist
Department of Veterans Affairs Medical Center
San Francisco, California**

**2017 – Present Staff Psychologist
Department of Veterans Affairs Medical Center
San Francisco, California**

MEDICAL SERVICE RESPONSIBILITIES AT SAN FRANCISCO VA MEDICAL CENTER (SFVAHCS)

2008 – 2009	Psychologist for Home Based Primary Care
2008 – 2009	Psychologist for Geriatric Medical Practice Outpatient Clinic
2008 – 2009	Psychologist for Hospice Inpatient Unit
2008 – 2015	Psychologist for the Community Living Center Inpatient Unit
2008 – 2015	Psychologist for Geropsychiatry Outpatient Clinic
2008 – 2015	Psychologist for Inpatient Medicine Units
2014 – 2015	Psychologist for Palliative Care Inpatient, Palliative Care Outpatient Consult Service & Hospice Unit
2017-2018	Psychologist for Main Hospital
2018-Present	Psychologist for Home Based Primary Care (San Francisco, Santa Rosa & Eureka Teams)

MAJOR ADMINISTRATION RESPONSIBILITIES

2008 – 2015	SFVAHCS Chair of the Disruptive Behavior Committee
2014 – 2015	SFVAHCS Clinical Geropsychology Postdoctoral Fellowship Director
2010 – 2014	SFVAHCS Geropsychology Co-Director for Training

ACADEMIC APPOINTMENTS

March 2010 – July 2017	Health Sciences Assistant Clinical Professor University of California, San Francisco Department of Psychiatry, School of Medicine
March 2013 – Present	Adjunct Faculty John F. Kennedy University Doctorate Program in Clinical Psychology Specialize in Geropsychology

MAJOR COMMITTEE ASSIGNMENTS AT THE SFVAHCS

2008 – 2015	SFVAHCS Clinical Psychology Training Program
2008 – 2015	<p>Chair of the Disruptive Behavior Committee</p> <p>Established policies and procedures for identifying and warning staff about patients at high risk for violent, abusive, threatening or disruptive behavior. Collected and analyzed incidents of patient threatening, disruptive, or violent behavior; oversaw training related to the prevention and management of violent behavior; and provided recommendations to medical center Chief of Staff. Completed annual data report for VACO and attended daily Leaderships morning report.</p>

- 2010 – 2014** **Member of Workgroup from VA Central Office in Washington DC**
Invited to be a member of a workgroup since January 2010 charged by Dr. Bradley Karlin, Associate Chief Consultant for Psychotherapy and Psychogeriatrics, Office of Mental Health Services, VA Central Office to provide specific recommendations for training VA CLC mental health providers in empirically supported interventions to address behavioral and psychological symptoms of dementia in our skilled nursing facility, the Community Living Center (CLC).
- 2011 – 2012** **Healthcare Failure Mode & Effect Analysis (HFMEA) Member**
Joint Commission required annual medical facility wide prospective risk assessment. Topic was the prevention and management of disruptive patient behavior across the patient care experience (inpatient, outpatient, long term care & behavioral health).
- 2014 – 2015** **Member of SFVAHCS Task Force – Psychology/Psychiatry/Medicine**
Task force to address the needs of inpatients who have co-existing medical and psychiatric/behavioral issues. Results included four new FTE's approved by the SFVAHCS Executive Leadership Team for the evolution of the BEST TEAM (Behavioral Education and Support Team. Involved in the interviewing process.
- 2014 – 2015** **Member of SFVAHCS Mental Health/Community Living Center Task Force – Geropsychology/Geropsychiatry/Medicine**
- 2014 – 2015** **Member of SFVAHCS Dementia Committee**
- 2017 to 2019** **Member of the Employee Threat Assessment Team**
San Francisco VA Health Care System

PREVIOUS CLINICAL APPOINTMENT

2017 – 2019 **(40 Hours+/week)**
San Francisco VA Health Care System, San Francisco (SFVAHCS), CA

Geropsychologist (GS – 13 / Detail)

Geropsychologist with the Behavioral Education and Support Team (BEST). The BEST is an embedded interdisciplinary mental health team designed to support both Veterans who are exhibiting behaviors that impede care and the staff who are responsible for providing care on the medical units of this hospital. Programming is based on the expertise of the geropsychologist and includes assessments, treatment planning, recommendations for care and Veteran/staff education. The BEST program collaborates with medical and surgical teams to offer education and assist with continuity of care of veterans with neurocognitive and behavioral challenges. The BEST will address LOS (length to “pending status”), behavioral altercations, readmission, staff time off/turnover, staff satisfaction and feelings of safety, code greens, police standbys, and appropriate use of psychotropic meds when and if indicated. Consistent with the Alzheimer’s Association, when working with Veterans with dementia, the geropsychologist recognizes the utility of both nonpharmacological and pharmacologic interventions to treat the symptoms of the illness. Nonpharmacological approaches are generally utilized first unless the risk for greater harm without use of pharmacological interventions is greater (e.g. compromised nutrition, mobility, safety). Principles from STAR-VA, which Dr. Sutherland was an author, are also incorporated into care. The

three primary components of STAR-VA include identifying and changing activators to, and consequences of, challenging behaviors; increasing personally relevant and meaningful pleasant events; and the promotion of effective communication and creation of realistic expectations among direct care staff. Overall, the geropsychologist provides behavioral intervention plans, group programming, staff education, neuropsychological testing, pharmacological consultation, and functional cognitive assessment. The geropsychologist also manages an enormous data base from the inception (October 2015) of this program with so far 580 consults and over 16,000 data points to date.

**April 2008 – 2015 (40 Hours+/week GS-13)
San Francisco Veterans Affairs Medical Center (SFVAHCS)
San Francisco, California**

Clinical Geriatric Psychologist

*Director of Training for Geropsychology Practicum Students and Geropsychology Fellows
Department of Geropsychiatry*

Community Living Center (CLC) - Inpatient

The primary mental health provider for the CLC which is a 120-bed skilled nursing facility. Provided disease management, palliative care, and rehabilitation for veterans with complex, chronic, and disabling diseases. Provided assessment, treatment, management, and professional consultation services.

Assessments and evaluations were for a multitude of late-life psychological disorders including chronic pain, anxiety, depression, bereavement, delirium, dementia, psychotic disorders, sleep disturbance, sexual dysfunction, and personality disorders. Assessments and evaluations also included assessing veterans for level of acuity for suicidal and homicidal ideation.

Neuropsychological evaluations completed to assess capacity/competency for making medical and/or financial decision making as well as assessing veterans understanding of advanced medical directives. Instruments for testing include, but not limited to, the Repeatable Battery for Neuropsychological Status (RBANS), Trail Making Test (TMT), Controlled Oral Word Association Test (COWAT), Wechsler Test of Adult Reading (WTAR), Dementia Rating Scale-2 (DRS-2), Mini Mental Status Exam (MMSE), The Neurobehavioral Cognitive Status Examination (COGNISTAT), Montreal Cognitive Assessment (MoCA), St. Louis University Mental Status Exam (SLUMS), Wechsler Adult Intelligence Scale (WAIS-III), and Draw-A-Clock. Also, provided individual, group, and conjoint treatments. Continuous training and in-service seminars were very important and provided to various staff members including nursing and medical staff.

Hospice, Palliative Care Inpatient & Palliative Care Consult Service – Inpatient/Outpatient

Hospice and Palliative Care collectively represented a continuum of comfort-oriented and supportive services provided in the home, community, outpatient, or inpatient settings for persons with advanced life-limiting disease. Hospice and Palliative Care was a covered service and on equal priority with any other medical care service as authorized in the Medical Benefits Package. The San Francisco VA has developed Hospice and Palliative Care in three main settings: 1) the hospital via an inpatient palliative care consult team, 2) the outpatient setting via an outpatient palliative care clinic and community hospice referrals, and 3) a 10-bed hospice unit located within the Community Living Center (CLC).

Geriatric Mood Assessment Clinic (GMAC) - Outpatient

Conduct structured and unstructured clinical psycho-diagnostic intake assessments (SCID I and II). Provide weekly individual psychotherapy for approximately 6 outpatient veterans as well as facilitating a weekly depression group since 2007. Conducted neuropsychological evaluations to assess capacity/competency for making medical and/or financial decision making as well as assessing veterans understanding of advanced medical directives using the same testing instruments described above. The GMAC team met weekly to discuss and review cases and especially as a training opportunity for psychiatry fellows, Geropsychology fellows, and Geropsychology externs.

Supervision and Management of Geropsychology Services

Primary supervisor for the Geropsychology Fellowship Program and for Geropsychology Externs. Duties included weekly supervision, interviewing potential candidates, extensive training for many different realms of care for both inpatient and outpatient services, as well as modeling professionalism throughout the many different services for SFVAHCS, VISN 21 and VACO.

Worked closely with CLC Leadership to assist with analyzing problems to identify significant factors, gather pertinent data, and recognize solutions to optimize staff morale and efficacy as well as to overall increase the quality of life for our veterans. Effective communication was key especially since there were so many different levels of understanding due to many staff being bi-lingual. The CLC overall has been extremely successful with many transformations due to my passion, knowledge, skill set, and ability to perform many different duties.

PAST CLINICAL EXPERIENCE

September 2007 - April 2008 (40 Hours+/week)
San Francisco Veterans Affairs Medical Center (SFVAHCS)
San Francisco, California

Geropsychology Postdoctoral Fellow Supervisors:

Michael L. Drexler, Ph.D.

Johannes Rothlind, Ph.D.

This fellowship included advanced training and supervision in geropsychology under the supervision of three psychologists specializing either in geropsychology and/or neuropsychology. I worked in 5 departments for both inpatient and outpatient veterans, which included the Community Living Center (CLC), Home Based Primary Care, Geriatric Mood Assessment Clinic, Memory Disorders Clinic, and the Geriatric Clinic. Through the CLC, I also worked with the Palliative Care Unit and the Social Focus Cohort which opened the middle of December 2007. I was a team member for each department's interdisciplinary team and each team meets weekly. I was involved in assessments, evaluations, and treatment planning for a multitude of late-life psychological disorders including chronic pain, anxiety, depression, delirium, dementia, psychotic disorders, sleep disturbance, sexual dysfunction, bereavement, and/or personality disorders to name a few. Neuropsychological assessments of the elderly were conducted in each department and many referrals were to determine a veteran's capacity and ability to make medical and/or financial decision making. Other neuropsychological assessments included screening for dementia and facilitate refined diagnosis and optimal treatment plans for veterans with memory difficulties and concerns. Participated in extensive training at the SFVAHCS and UCSF Medical School. In addition, presented at seminars, in-services, and training forums. I also had the opportunity to supervise externs and pre-doctoral interns. This geropsychology training follows the guidelines declared by APA Division 12 (Section II).

September 2006 - August 2007 (40 Hours+/week)
Mount Sinai Medical Center (MSMC)
New York, New York

APA Accredited Pre-Doctoral Intern

Program Supervisors:

Sabrina Breed, Ph.D.

Angela Riccobono, Ph.D.

Mary R. Hibbard, Ph.D., ABPP

The Department of Rehabilitation Medicine rotations included a six-month rotation on the inpatient spinal cord injury unit (SCI), a six-month rotation on the inpatient traumatic brain injury unit (TBI) and a one-year rotation on the inpatient major medical rehabilitation unit. Inpatient clinical case assignments consisted of a rich multicultural experience with individuals seen for treatment coming from diverse cultural and socio-economic backgrounds with over 50% or more adults over the age of 65. Patients presented with central nervous system trauma (i.e., traumatic or acquired brain injury, stroke, or spinal cord injury), neuromuscular diseases (i.e., multiple sclerosis and Parkinson's disease) and other major medical conditions (i.e., cardiac deconditioning and transplants). Clinical responsibilities comprised of psychological assessment screening and neuropsychological assessment including brief cognitive assessments and in-depth neuropsychological assessments. Individual rehabilitation interventions included psychotherapy, crises intervention, behavioral management, and psychoeducation. Individual neurocognitive interventions included cognitive psychotherapy, cognitive remediation and behavioral management. Group psychotherapy interventions included co-leading a daily Cognitive Remediation group for patients with cognitive impairment and a weekly Spinal Cord Injury Transitions group for individuals who were both inpatient and outpatient. I was also a member of the interdisciplinary rehabilitation teams for SCI unit, BI unit, and the major-medical unit which consisted of medical doctors, nursing, along with physical, occupational and speech therapy. Each team meet weekly and I participated in patient evaluations and family meetings to discuss patient's progress and discharge options.

July 2005 - June 2006 (40 Hours+/week)
San Francisco Veterans Affairs Medical Center (SFVAHCS)
San Francisco, California
Geropsychology Advanced Trainee
 Supervisor: Michael L. Drexler, Ph.D.

After completing my 3rd year practicum requirements at this facility, along with my university requirements, I had the opportunity to continue my training for an additional year to enhance both my clinical and research skills at the Community Living Center (CLC). Responsibilities included providing individual therapy to 5-10 residents on an on-going basis, facilitate 2 group therapy sessions weekly (*Chronic Pain Management* and *Cognitive Behavioral Treatment for Geriatric Depression* through the Geriatric Clinic) as well as interview patients and administer neuropsychological assessment batteries. Required to complete daily progress notes on each patient and tracking CPT codes. Participated in three weekly interdisciplinary team consultations/rounds to discuss patient concerns and treatment plan. Attended weekly geriatric and palliative care seminars. Observed brain/spinal cord cuttings weekly and full autopsies. I had the opportunity to follow CLC patients into neurosurgery to provide therapeutic support with the intent to decrease anxiety and increase quality of life. I also attended Dr. Drexler's year-long course in Neuropsychology and Neuropsychological Assessment after completing a year-long course at John F. Kennedy University to further enhance my learning in this field. I presented two lectures to the medical and psychological staff at the SFVAHCS along with professional presentations discussing research projects at various national and international conferences.

July 2004 - June 2006 (40 Hours+/week)
San Francisco Veterans Affairs Medical Center (SFVAHCS)
San Francisco, California
Geropsychology Extern-3rd Year Practicum Student
 Supervisor: Michael L. Drexler, Ph.D.

Individual therapy consisted of patients who are either residents at the nursing home, palliative care patients or residing at home followed by Home Base Primary Care (HBPC). I co-led weekly groups consisting of *Living with Chronic Illness* and *Living in the Moment* (for those diagnosed with dementia)

while leading the weekly *Living with Chronic Pain*. Patients presented with a wide range of neuropsychological conditions and psychological problems, often interacting with the physical difficulties that require extended care and/or rehabilitation. Neuropsychological conditions included head injuries, strokes, dementias, Parkinson's disease, neuropsychiatric disorders and multiple sclerosis, among others. Psychological treatment included many patients experiencing preexisting mental health problems such as major depression, anxiety disorders (including PTSD), interpersonal functioning, bereavement, end of life issues and adjustment disorders to name a few. Referral questions included assessment of decision-making capacity, differential diagnosis and enhancement of treatment compliance. The neuropsychological testing, I conducted included the RBANS, Trails A & B, Boston Naming Test, and the FULD to name a few. Batteries of psychological testing were also performed.

I participated in four weekly interdisciplinary teams (CLC, HBPC, and Palliative Care). Each interdisciplinary team consisted of medicine, nursing, psychology, neuropsychology, occupational therapy, physical therapy, nutrition services, activity/recreation therapy, chaplaincy services and others as needed. Each interdisciplinary team met weekly to discuss patient issues and I was expected to attend and provide feedback and suggestions directly to the team. Consultation was provided to the interdisciplinary teams mentioned, along with nursing and other staff as needed. Consultation included assisting team members how to approach complex behaviors, such as non-adherence, confusion/agitation and manipulative behavior to name a few. I attended extensive weekly training including Palliative Care Brown Bag Lecture, Geriatrics & Extended Care Conference, Intern Seminar and Geropsychology Seminar. This site also provided weekly group supervision and individual supervision for one to three hours weekly with my primary supervisor Dr. Michael L. Drexler. I attended Clinical Operations meetings weekly and staff meetings held weekly or monthly. I was fortunate to be able to attend on a regular basis post mortem brain examinations and post mortem autopsies to enhance understanding of neuroanatomy and neuropathology. I also attended two neurological surgeries for patients that I was following in the CLC. I also attended monthly Geriatric Grand Rounds, Psychiatric Grand Rounds and Palliative Care Conferences. I co-presented two presentations to medical and psychology staff at the SFVAHCS and presented research at both national and international conferences.

September 2004 - June 2005 (40 Hours/week)
East Bay Community Recovery Project (EBCRP)
Oakland, California

2nd Year Practicum Student

Supervisor: Robin Wand, Psy.D.

Direct individual and group counseling through the Outpatient Division of the Dual Diagnosis Day Treatment and the Criminal Justice programs. The Day Treatment Program involved three groups per day, along with individual therapy for those struggling with mental illness and poly substance abuse. I was able to implement and lead a group specifically for the older adult population. The Criminal Justice program included clients through the Board of Prisons, Prop 36 and inmates at Santa Rita Jail. At Santa Rita Jail, EBCRP offered voluntary workshops for maximum security level inmates known as *Breaking the Chains*. The Drug/Alcohol and Mental Health Educational Program provided information on addiction, dual diagnosis, relapse prevention and assisting inmates with release plans. EBCRP also offered extensive weekly training along with individual and group supervision. EBCRP serves a very diverse population of both men and women ranging in age from 18 to 60 years. The majority of clients are African American whereas the inmate population includes African Americans, Latinos, Puerto Ricans, and Caucasians.

July 2005 - June 2006 (40 Hours+/week)
East Bay Community Recovery Project (EBCRP)
Oakland, California
Contract Employee
Supervisor: Robin Wand, Psy.D.

Responsibilities included providing individual therapy for 6-10 clients per week and performing in-depth assessments for clients who remained inmates to the Bureau of Prisons (BOP) and are trying to assimilate back into society. Clients were court mandated to treatment and suffering from co-occurring disorders of severe mental illness and significant substance abuse. Other duties include weekly progress notes and open communication with client's parole officers.

November 2002 - June 2003 (20 Hours/week)
Kappa High School, Richmond, California
Ethnographic Student
Supervisor: Miss Hattie Smith, Principle

Ethnographic placement site during my first year at JFKU where my duties were to observe, mentor, tutor, shadow staff and perform clerical/administration tasks that served a diverse population, primarily African American, of approximately 100 students. Kappa is an alternative high school located in a low income primarily African American community. I engaged in a cultural immersion experience in a setting that JFKU specifically selected to expose me to a population with whom I had little or no prior contact.

AUTHOR OF VA TRAINING MANUAL FOR NATIONAL DISTRIBUTION

Karlin, Bradley E., Teri, L., McGee, J., **Sutherland, E.S.**, Asghar, A., Crocker, S., Smith, T., Curyto, K., Drexler, M. (2011, April). STAR-VA: Manual for VA community living center mental health providers. Washington, DC: US Department of Veterans Affairs.

PROFESSIONAL LECTURES PRESENTED

August 23, 2004- Overview of Psychology

Presented to medical and psychology staff at the San Francisco VA Medical Center, San Francisco, California.

September 16, 2004- Death and Dying: Psychology Issues and Cases

Presented to medical and psychology staff of Palliative Care at the San Francisco VA Medical Center, San Francisco, California.

February 2006 – Cultures & Death/Dying Rituals

Presented to the medical and psychological staff of Palliative Care at the San Francisco VA Medical Center, San Francisco, California.

August 2006 – End-of-Life Training: A Program for Nurses / Cultural Considerations

Presented at the End-of-Life Training for Nurses' specifically covering cultural considerations at the San Francisco VA Medical Center, San Francisco, California.

June 2007 – Neuropsychology: Traumatic Brain Injury Assessment for Inpatient & Outpatient Rehabilitation

Presented to the medical, physical & occupational therapy, and social work staff for both inpatient and outpatient services at Mount Sinai Medical Center, New York.

January 2008 – Transitions in Life & Healthy Aging

Presented to quarterly Prisoner of War Veterans League at the San Francisco VA Medical Center, San Francisco, California.

May 2008 – Aging & Intimacy: Considerations Across Extended Care Environments

Co-Presented to Mental Health Trainees at the San Francisco VA Medical Center, San Francisco, California.

August 2008 – Social Focus Cohort: Increasing Quality of Life for Behaviorally Challenging Veterans

Presented to the Social Workers at the San Francisco VA Medical Center, San Francisco, California.

November 2008 – Cultural Transformation: Transforming Care for Our Veterans

Presented to the geriatric's interdisciplinary teams for the VISN 21 Annual GEC Conference at the Palo Alto VA Medical Center, Palo Alto, California.

April 2009 - Aging & Intimacy: Considerations Across Extended Care Environments

Co-Presented to Mental Health Trainees at the San Francisco VA Medical Center, San Francisco, California.

September 2010 – STAR-CLC for Psychologists Team Building: Cultural Transformation.

Presented with VACO in Phoenix, AZ.

October 2012 – VISN 21 GEC Annual Conference

Co-Facilitated break-out session with Chief Crider, nursing service, regarding challenges in CLC's within VISN 21. Pleasant Hill, CA.

Sutherland, E.S. & Jacobson, K. (October 2012). Staff approach to decreasing violence in nursing homes: An innovative best practice in San Francisco. Presented at the 3rd International Conference on Violence in the Health Sector, British Columbia, Canada.

Jacobson, K., Olson, K., & **Sutherland, E.S.** (October 2012). Not just attitude: Personality changes and other long-term effects of TBI. Presented at the National Academy of Neuropsychology Conference, Memphis Tennessee.

Sutherland, E.S., Jacobson, K., Stripling, A. (November 2012). Raising the GAF with the Social Focus Cohort: An innovative clinical practice to improve the overall quality of life for residents in long-term care who are behaviorally challenging. Symposium at the 65th Annual Gerontological Society of America Scientific Meeting, San Diego, CA.

Sutherland, E.S. (January 2013). Geriatric Neuropsychology. Presented at Mount Sinai Medical Center, Psychology Grand Rounds. New York.

Sutherland, E.S. (April 2013). Violence in the health sector: A look nationally and at home. Presented at the San Francisco VA Medical Center, Nursing Lecture Series, San Francisco.

- Sutherland, E.S.** (April 2013). Coping with caring for challenging residents. Presented at the San Francisco VA Medical Center, Community Living Center, Nursing Lecture Series, San Francisco.
- Sutherland, E.S.** (April 2013). Disruptive Behavior and Coping Strategies. Presented at the San Francisco VA Medical Center, Ethics Committee Lecture, San Francisco.
- Sutherland, E.S.,** Ferster, D., Groff, E., Nazarian, E., Stapenhorst, K. (April 2013). Compulsive hoarding, pathological collecting or packratting: The psychological implications of one's belongings. Presented to the Division of Geriatrics at UCSF, San Francisco.
- Sutherland, E.S.** (May 2013). Veterans receiving home telehealth care: Challenges and Solutions. Presented at San Francisco VA Medical Center, Home Telehealth Nursing Lecture Series, San Francisco.
- Sutherland, E. S.** (October 2014). Violent and aggressive behavior of patients with and without dementia: Two specialized programs keeping everyone safe in nursing homes. Fourth International Conference on Violence in the Health Sector.
- Sutherland, E.S.** (February 2015). Challenging behaviors: Three innovative approaches to decrease violence on inpatient units for dementia and non-dementia. UCSF Interprofessional Aging and Palliative Care Course for medicine, pharmacy, physical therapy, and nursing students.
- Barach, T., Myhre, J., Nazarian, E., Galloway, C., & **Sutherland, E.S.** (March 2015). Implementing an Evidence-Based Addiction Treatment in a Skilled Nursing Facility: Challenges and Opportunities. Presented at the 3rd Annual Meeting Changing Landscapes of Addiction: Use, Assessment and Treatment. Baltimore, MD.
- Sutherland, E.S.** (March 2018). Sex & Seniors: The 70 Year Itch. Presented at the Marin Section on Aging. San Rafael, CA.
- Sutherland, E.S.** (April 2018). Assessing Capacity & Older Adults. Presented at the Elder Consult Geriatric Medicine Conference: Living in the Moment Dementia Conference 2018. Campbell, CA.
- Sutherland, E.S.** (June 2018). Integrated behavioral care on inpatient medical units: An innovative, non-pharmacological approach and systems change to improve patient outcomes with dementia. Presented at the Alzheimer's Association International Conference. Chicago, IL.
- Sutherland, E.S.** (August 2018). Sex and Seniors: Is it Taboo? Presented at Whistlestop's Active Aging Center. San Rafael, CA.
- Sutherland, E.S.** (May 2019). Behavioral education support team (BEST) Data: Patient & staff perspective. Presented at the American Psychiatric Association Conference. San Francisco, CA.
- Sutherland, E.S.,** Youngblood, E., Kaminishi, K.S., Capistrano, J., & Tseng, L. (November 2018). Challenging behaviors on inpatient medical units: Integrated, non-pharmacological approach for patients with dementia. Presented at The Gerontological Society of America's 70th Annual Scientific Meeting. Boston, MA.

Sutherland, E.S. (June 2021). Capacity assessments & neuropsychological testing for National VA Home Based Primary Care (HBPC) program. Presented to National VA HBPC Medical Directors. Virtual – COVID.

PROFESSIONAL PAPERS PRESENTED

Sutherland, E.S., Walker, W., Landsverk, E., Moody-Ayers, S., Barton, C., & Drexler, M.L. (2005, May). Development and implementation of interdisciplinary dementia service rounds for long-term care residents. Presented at the 7th annual updates on dementia: Translating research into practice, Stanford, California.

Sutherland, E.S., Walker, W., Drexler, M.L., Landsverk, E., Moody-Ayers, S. (2005, June). Interdisciplinary dementia service rounds: Efficacy in long-term care residents. Presented at the Alzheimer's Association International Conference on Prevention of Dementia: Early Diagnosis and Intervention, Washington, DC.

Sutherland, E.S. & Drexler, M.L. (2006, February). A preliminary cross-validation of education corrections for the repeatable battery for the assessment of neuropsychological status (RBANS) total score indices in a clinical geriatric sample. Presented at the 34th Annual International Neuropsychological Society (INS) Conference, Boston.

Sutherland, E.S., Drexler, M.L., McCoy, K., & Tobin, K.A. (2006, February) Diagnostic classification of cognitive disorder: A comparative study using standard age-corrected vs. age & education-corrected indices from the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS). Presented at the 17th annual meeting of the American Neuropsychiatric Association, San Diego, California.

Drexler, M.L., Rizzo, T., **Sutherland, E.S.,** Yuger, F., & Cheng, E. (2007, February). A preliminary study of the incremental validity of quantified process-related features from the RBANS to diagnostic classification of cognitive disorder in a geriatric sample. Presented at the 35th Annual International Neuropsychological Society (INS) Conference, Portland, Oregon.

Sutherland, E.S. (2010, May). To our vets, we hear you! Presented at the Cultural Transformation Summit 2010, Kansas City, MO.

Sutherland, E.S. (2010, May). Raising the GAF with the Social Focus Cohort. Presented at the Cultural Transformation Summit 2010, Kansas City, MO.

Ferster, D., Nazarian, E., Stapenhorst, K., Groff, E., Martin, L., & **Sutherland, E.S.** (March 2013). An interdisciplinary approach: Managing hoarding within a skilled nursing facility. Presentation for the 34th Annual Meeting & Scientific Sessions of the Society of Behavioral Medicine, San Francisco, CA.

Sutherland, E.S., Martin, L., Collins, L., & Yukawa, M. (March 2013). Policy for a team approach to decrease behavioral challenges in a skilled nursing facility: Best practice at the San Francisco VA Medical Center. Presentation for the 2013 American Medical Directors Association's (AMDA) Conference in Gaylord National – Washington, DC.

- Martin, L., **Sutherland, E.S.**, Chan, C., French, A., & Collins, L. (April 2013). Caring for older adults with psychiatric & medical co-morbidities: A novel multi-disciplinary, trans-diagnostic program in a skilled nursing facility. Presentation for the 2013 Anxiety & Depression Association of America (ADAA) Conference in La Jolla, CA.
- Groff, E., Stapenhorst, K., Nazarian, E., Ferster, D., Martin, L., & **Sutherland, E. S.** (July 2013). Policy versus Privacy: Finding a Balance For Older Adults and Intimacy In Long-Term Care Settings. American Psychological Association in Honolulu, Hawaii.
- Barach, T., Myhre, J., Nazarian, E., Galloway, C., **Sutherland, E. S.** (March 2015). Implementing an evidence-based addiction treatment in a skilled nursing facility: Challenges and Opportunities. Presented at the 2015 APA Collaborative Perspectives on Addiction Conference in Baltimore, MD.
- Sutherland, E.S.** July (2018). Integrated Behavioral Care on Inpatient Medical Units: An Innovative, Non-Pharmacological Approach and Systems Change to Improve Patient Outcomes with Dementia. Presenting at the Alzheimer's Association International Conference, Chicago, IL.
- Sutherland, E.S.**, Youngblood, E., Kaminishi, K.S., Capistrano, J., Tseng, L., & McQuaid, J. R. (September 2018). Reducing Staff Injuries and Improving Patient Outcomes on inpatient medical units: The Behavioral Education and Support Team (BEST). Presenting at the 2018 Hospital Council Annual Summit, Monterey, CA.

SEMINARS, WORKSHOPS & LECTURES ATTENDED/VOLUNTEERED

- | | |
|---------------------------------|--|
| July 2005 to Present | San Francisco VA Health Care System
Attend various monthly Mental Health Service Grand Rounds offered through UCSF and SFVAMC |
| February 2008 to Present | Mount Sinai Medical Center, New York
Present annually to the psychology intern and fellows for both inpatient and outpatient services focusing on geriatric neuropsychology. |
| August 2020 | American Psychological Association – Virtual (COVID-19)
<ul style="list-style-type: none"> -Clinical Practice with Consensually Nonmonogamous People -Navigating Through Loss and Greif: Meaning-Making Along the Journey -Transference Focused Psychotherapy for Personality Disorders -What Psychologists Should Know About Working with Older Adults -Ethics and Law for the Practicing Psychologist -Power, Sex, Community, and Headspace -Addressing Premature Termination in Psychotherapy: Strategies for Engaging Clients -Home-Based Telehealth Now and in the Future -Your Practice Journey: Strategies to Envision and Promote an Ideal Practice that Grows with You -Forensic Assessment of Psychological Injury: Avoiding Common Ethical and Legal Pitfalls |

June 24, 2020	Social Justice and Equity for Vulnerable Elders – UCSF Geriatric Medicine Grand Rounds – San Francisco (virtual)
June 22, 2020	COVID-19 and Delirium: The Hidden Comorbidity – GRECC Webinar Series, VHA (virtual)
June 19, 2020	Breaking the Cycle: Healing Communities from Collective Trauma – VA Palo Alto Health Care System (8.5 hours training - virtual)
June 18, 2020 June 11, 2020	Risk Management Roundtable #6 – The Trust Lecture Series (virtual) Strategies for Providing Home to Home Video Mental Health Care: Before and During COVID-19 – Department of Veterans Affairs, Office of Mental Health and Suicide Prevention (virtual)
June 2, 2020	Learning from AIDS: Lessons from the Early HIV Epidemic that Have Meaning in Our New World - UCSF School of Medicine Grand Rounds – San Francisco (virtual)
May 12, 2020	Risk Management Roundtable #3 – The Trust Lecture Series (virtual)
May 7, 2020	Risk Management Roundtable #2 – The Trust Lecture Series (virtual)
February 24, 2020	Goals of Care Conversation – San Francisco VA Medical Center – San Francisco, CA. (7 hours training)
May 2019	American Psychiatric Association – San Francisco, CA
April 26, 2019	Neuropsychological Evaluation in Home Based Primary Care (HBPC: A Practical Guide to Interpretation – VHA Nationally (virtual)
January 7, 2019	Psychiatric Manifestations of Neurodegeneration – UCSF School of Medicine Grand Rounds – San Francisco (virtual)
November 2018	The Gerontological Society of America’s 70th Annual Scientific Meeting – Boston, MA.
September 2018	Hospital Council 2018 Summit – Monterey Bay, CA
August 2018	American Psychological Association – San Francisco, CA
May 2018	VA Psychology Leadership Conference – San Antonio, TX
July 2018	Alzheimer’s Association International Conference – Chicago, IL
Fall 2002 to 2015	Northern California Neuropsychology Forum
March 2015	American Association for Geriatric Psychiatry, New Orleans, LA
November 2012	65th Annual Gerontological Society of America Scientific Conference. Presented a symposium held in San Diego, CA.

- October 2012** **3rd Annual Conference on Violence in the Health Sector.** Presented at the conference held in British Columbia, Canada.
- September 2012** **VISN-21 Annual GEC Conference, Pleasant Hill, CA.** Co-lead work group with Chief Nurse.
- August 2012** **Franklin Covey's "The 7 Habits of Highly Effective People," Signature 3-day Program, offered at the SFVAHCS.**
- September 2010** **STAR-CLC: Psychosocial Intervention for Managing Challenging Behaviors in Residents with Dementia. Phoenix, AZ.**
- October 2011** **VISN-21 Annual GEC Conference, Oakland, CA.**
- May 2010** **Community Living Centers (CLC) Cultural Transformation Summit**
Invited by Geriatrics & Extended Care, VACO on behalf of the SFVAHCS CLC. Kansas City, MO.
- April 2010** **Cultural Variables in Supervision 2010: Guidelines for Supervisors**
Palo Alto VA, Palo Alto, CA.
- June 2009** **Community Living Centers (CLC) National Quality Forum – Weaving the Threads of Quality**
Invited by Geriatrics & Extended Care, VACO on behalf of the SFVAHCS CLC. Atlanta, GA.
- November 2008** **VISN-21 Annual GEC Conference “Today’s Challenges for Extended Care Services” Palo Alto VA, Palo Alto, CA.**
- August 2008** **Transforming Care for Veterans with Challenging Behaviors**
Invited by Geriatrics & Extended Care, VACO on behalf of the SFVAHCS CLC. Chicago, IL.
- June 2008** **Community Living Centers: Leading a Cultural Transformation**
Invited by Geriatrics & Extended Care, VACO on behalf of the SFVAHCS CLC. New Orleans, LA.
- September 2006 to 2007** **New York Neuropsychology Group**
This organization is a multidisciplinary nonprofit scientific and educational organization, founded in 1979 to provide a forum for the discussion of brain-behavior relationships.
- September 2006 - August 2007** **Mount Sinai Medical Center**
Attended various monthly Grand Rounds offered through the Orthopedic Department and the Psychiatry Department. Mount Sinai School of Medicine of New York University. New York, NY.
- May 2006** **Research Week-San Francisco VA Medical Center-**
Various research and development lectures covering elderly, parental education level, PTSD, Substance Abuse, Vietnam Veterans, and Veterans returning from Iraq and Afghanistan Wars.

- February 2006** **International Neuropsychological Society (INS)-Boston-**
Attended and was honored to present at this conference.
- October 2005** **National Academy of Neuropsychology Conference-Tampa-**
I was honored again to be a student volunteer for the third year along with attending various workshops. I look forward continuing as a student volunteer next year in San Antonio, Texas.
- June 2005** **Alzheimer's Association International Conference on Prevention of Dementia: Early Diagnosis and Intervention-Washington DC**
Attended and I was honored to present at this first-of-its-kind international multidisciplinary conference on prevention with clinicians and researchers from around the world.
- May 2005** **Annual Updates on Dementia: Translating Research into Practice-Stanford**
Attended and honored to present a poster at the 7th annual conference.
- November 2004** **National Academy of Neuropsychology Conference- Seattle-**
I was honored again to be a student volunteer for the second year along with attending various workshops.
- May 2004** **An Interdisciplinary Approach to Neuro Injuries: Brain Injuries-Tampa-**
I was honored to be a volunteer this year for a conference, which has educational support provided by Santa Clara Valley Medical Center & Craig Hospital
- October 2003** **National Academy of Neuropsychology Conference- Dallas-**
I was honored to be a student volunteer at this year's event along with attending many of the workshops.
- August 2003** **International Psychogeriatric Association Conference- Chicago-**
Attended the 11th International Congress, which the mission was to enhance the human connection in the age of new technology along with the implications and opportunities for the aging.
- April 2003** **An Interdisciplinary Approach to Neuro Injuries: Brain Injuries- San Francisco-**
Educational Support provided by Santa Clara Valley Medical Center & Craig Hospital
- April 2003** **13th Annual Nelson Butlers' West Coast Neuropsychology Conference-**
Sponsored by the University of California, San Diego
School of Medicine, Department of Psychiatry
- October 2003** **National Multicultural Conference and Summit-Los Angeles-**
The Psychology of Race/Ethnicity, Gender, Sexual Orientation, and Disability: Celebrating Our Children, Families and Seniors.
- October 2002** **Community Training- Awareness to Action- 8 Hours**
John F. Kennedy University sponsored a workshop celebrating commonality amongst my peers and to further my knowledge and help to create change within my community.

- Spring 2002** **Ombudsman Program of Sonoma County- Training- 66 Hours-Volunteer**
This program is affiliated with Senior Advocacy Services. The main objective of becoming an ombudsman is to help older adults in long-term residential care facilities to enjoy a better quality of life.
- January 2001-
January 2002** **The Center for Attitudinal Healing- Sausalito, California - 160 hrs**
Completed Volunteer Introductory Training, Bereavement, Death & Dying Training and Home & Hospital Training.

NATIONAL RECOGNITION FROM VA CENTRAL OFFICE IN DC

- Member of workgroup charged by Dr. Bradley Karlin, Associate Chief Consultant for Psychotherapy and Psychogeriatrics, Central Office. Goal for workgroup to develop and provide specific recommendations for training VA CLC mental health providers in empirically supported interventions to address behavioral and psychological symptoms of dementia in the CLC setting.
- National recognition from Central Office for developed and implemented the process for planning the holiday celebrations for over 200 residents and family members. This includes local restaurants, high-end markets, and The Fairmont Hotel in San Francisco. These bay area businesses donate food and services for the veterans along with organizing more than 50 volunteers and 100+ active duty and retired military staff. We just completed our 5th annual party and will continue for next year.
- National recognition from Central Office for developing and initiated the quarterly dances in the evening for our veterans in the CLC to assist with improving the overall quality of life and promote cultural transformation.
- Acknowledged by Central Office for the achievements made with cultural transformation by honoring us with a visit from the Presidential Management Fellow in the Office of Geriatrics & Extended Care in Washington D.C. on October 9, 2009 to review our program.
- Awarded 2nd place for poster presentation by Central Office for the achievements with cultural transformation at annual summit.

VISN 21 RECOGNITION FOR VARIOUS ACHIEVEMENTS (NORTHERN CA)

-Transforming Care for Veterans with Challenging Behaviors – August 2008 - Chicago

At this national conference, I was acknowledged by VISN 21 for providing leadership as the co-leader for overseeing the development and implementation of three essential action plans for VISN 21 that were all successfully completed over the course of a year. The three action plans included (1) effective management of challenging behaviors of veterans across diagnoses (dementia, traumatic brain injury, and serious mental illness) and settings of care (ambulatory care, home-based health care, VA CLC's); (2) leadership of VA CLC culture transformation; and (3) implementation of Veterans Health Administration (VHA) Dementia Steering Committee recommendations for care of veterans with dementia across the spectrum of care.

-Community Living Centers National Quality Forum: Weaving the Threads of Quality – June 2009 - Atlanta

Due to my success at previous conferences and acknowledgement at the VISN 21 level and Central Office I was honored to be one of two representatives from the SFVAHCS for this national conference. The goal

was to identify areas for local, VISN, and national improvement in the quality of care and quality of life of residents in VA CLC's. I was part of a VISN-based team which produced the following performance measure for VISN 21: To provide residents in the CLC a choice in meal selection. I continue to work towards completing this very important performance measure which will increase residents' control over their environment, satisfaction, and quality of life.

-Member of the planning committee for VISN 21 Geriatrics & Extended Care Annual Conferences for 2010-2012

CO-PRINCIPAL INVESTIGATOR & RESEARCHER

Human Research Protection Program, Committee on Human Research at UCSF (2005). The efficacy of interdisciplinary dementia service rounds: Addressing behavioral challenges and quality of life for patients with Dementia. Primary researcher.

Human Research Protection Program, Committee on Human Research at UCSF (2004). A Preliminary cross-validation of education corrections for the repeatable battery for the assessment of neuropsychological status (RBANS) total score indices in a clinical geriatric sample. Primary researcher.

Human Research Protection Program, Committee on Human Research at UCSF (2015). Chronic pain impacts quality of life factors: An analysis of older adult veterans. Principal Investigator is Dr. Yukawa and primary researcher is Kelly Stapenhorst, MA.

CLINICAL RESEARCH EXPERIENCE

July 2004-2018 San Francisco Veterans Affairs Medical Center (SFVAHCS)

Involved with two research projects, which started with program development and outcome assessment. The first research project, which was also my dissertation research, I was the co-investigator of a full-committee review project, which was successfully approved by the Institutional Review Board (IRB) as of May 2005, and continues to be renewed each year. Although the data was collected from September 2005 to March 2006, the study was renewed annually to continue to analyze the data. This study evaluated the efficacy of interdisciplinary dementia service rounds instituted in the Community Living Center (CLC) for patients diagnosed with mild to moderate dementia. The study involved coordinating the team, which consisted of a geriatrician, geropsychologist, nurse practitioners, occupational therapists, and nursing staff along with administering standardized dementia assessment tools to measure aspects of quality of life and behavioral challenges. This research has been presented at such conferences as the Alzheimer's Association International Conference in Washington, D.C. and the 7th Annual Updates on Dementia at Stanford University.

The second study, which was also approved by the IRB February 2005, evaluated the effect of interdisciplinary dementia rounds on the knowledge and comfort level of staff caring for patients with moderate dementia in long term care at the SFVAHCS CLC. Research assistant working with the Principle Investigator, collecting data from nursing staff, along with implementing trainings.

Research experience at the SFVAHCS also included incorporating a data base of over 100 veterans who had been administered such tests as the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS), Trails A & B, and the Mini Mental Status Exam (MMSE) to name a few. We were able to determine the support in using education corrections with the RBANS and presented our findings at the

American Neuropsychiatric Association in San Diego 2006 and the International Neuropsychology Society (INS) both in Boston 2006 and Portland 2007.

August 2000-August 2002 Sonoma State University (SSU), Rohnert Park, California

I completed two years of research as requested by Arthur Warmoth, Ph.D., Chair and Professor of Psychology Department. Under the tutelage of Professor Warmoth, I developed two web sites. The first explored different aspects of graduate schools and research

<http://www.sonoma.edu/psychology/490/spring2001/sutherland.html>. The second web site project provided social, cultural, economical and environmental data relevant to understanding the village of Glen Ellen, California. I provided information about senior citizen services in Sonoma County <http://www.sonoma.edu/psychology/423/glenellen.html>.

January 2002- June 2002 Sonoma State University (SSU), Friends House- Santa Rosa, California

This program offered the opportunity to participate in intergenerational dialogue and build skills to facilitate effective groups with approximately 10 older adults ranging in age from 70 to 95 years old. A wide range of topics, and intervention when necessary, were discussed such as education, community, cultural norms, the value of money, sexuality and choices, death, assisted suicide, the importance of voting, the Great Depression and healthcare issues to name a few.

January 2001- January 2002 The Center for Attitudinal Healing, Sausalito, California

At the Center, I trained to become a Home & Hospital Visitor to provide weekly support to children and adults whose lives were affected by catastrophic illness and other life crises. I also collected information for an extensive data base to analyze demographics internationally.

PAST MANAGERIAL POSITION

2015 – December 2017 (40 Hours+/week)

San Francisco VA Health Care System, San Francisco (SFVAHCS), CA

Supervisory Health Specialist (GS – 13)

Analyst / Business Manager for Medical Practice, EYE/ENT, Hematology/Oncology, Infectious Disease, Women's Clinic and Mental Health Liaison

Supervising administrative staff for over 50+ employees across multiple service areas at the SFVAHCS: Medical Practice and Specialty Care Clinics providing service to ~400 veterans/day. Currently responsible for review, evaluations and work plans for different levels of employees consisting of GS-11, three GS-8, four GS-7, and ~25 GS-6 along with contractors. Collaborate with SFVAHCS Executive Leadership, numerous service chiefs, over 100+ providers and nursing management with coordinating administrative support to multiple areas of the hospital. Spearheads management analysis and process review in efforts to develop accountability processes and work distribution policies to support personnel at SFVAHCS and at one of our clinics off campus.

Key contributor to the new Group Practice Management Model in support of Veterans Affairs Health Care Delivery Transformation. San Francisco took the lead implementing this model and assisting 150+ other sites with their transformation by the best practices we have been able to achieve here in less than a year.

Initiates and conducts management studies such as the overall utilization and access for our veterans to various clinics. Analysis of over 150 providers for both Medical Practice and Specialty Clinics. Reports contain budget items of loss/gain, provider cancellation rate, no-show rates, EARRS, Return to Clinic mandate, Time Sensitive Appointment (#No Later Than)

Scheduling mandate, and overall access and utilization. Pilot study within Medical Practice to optimize flow which was advantageous and moved the clinic towards a more Patient-Centered modality. Continuously optimizing major systems to increase productivity such as CISCO phone system, Vet Link, VISTA Enhancement to name a few.

Member of administrative team and completed two major stand-downs from Washington DC with the theme “Access to Care.” Implementation of national directives and mandates such as the new Veteran Appointment Request (VAR) application, which SFVAHCS was the first to launch months before the rest of the nation. The VAR is another avenue to access for our veterans. Maintain relationships with two major union members from the National Federation of Federal Employees and American Federation of Government Employees. Mediation with management due to employee disputes range from minimal concerns to high complex issues. As a supervisor goal to maintain constructive and cooperative working relationships between labor and management to achieve the VA mission and to ensure a quality work environment for all employees. Strive to work together using partnership principles, Labor-Management Forums, and resolution skills to identify problems, craft solutions, enhance productivity, and deliver the best quality of service to our veterans.

SPECIALIZED EXPERIENCE - MANAGEMENT/IMPLEMENTATION/EVALUATION

2008 – 2015 **Veterans Administration Central Office (VACO)**
Washington DC

Analysis, Research, Formulation, and Implementation of Nationwide Project

Cultural Transformation at the SFVAHCS CLC

Co-led VACO mandate for cultural transformation impacting over 100 employees and 100+ veterans for the past seven years. Involved working with the unions (National Federation of Federal Employees and American Federation of Government Employees), our legal team, clinical operations, flow of unit, evaluation of clinical work, and environmental factors focusing on innovative care practices. This new model of treatment not only involves educating and changing the mind-set of staff, it also involves changing terminology to promote the new model, actively engaging other departments and individuals in the process and changing the physical environment. Cultural Transformation is a program that encompasses the SFVAHCS nursing home along with all aspects of the medical facility, from Audiology to Volunteer Services. The veterans’ overall well-being is affected not only by the direct care he/she receives, but also by the indirect services provided behind the scenes through administrative and other departments. Extensive meetings with union representatives, legal and employees regarding concern of possible change duties. Many meetings with employees to build moral, relationship development, and labor management. Recognition for major accomplishments from SFVAHCS Executive Leadership Team, VISN 21, and VACO.

Design, Analysis, Formulation, Implementation Nationally, Training

STAR-VA: Manual for VA Community Living Center Mental Health Providers

Co-author for VACO manual which currently has been disseminated around the country along with multiple publications. Selected by Dr. Bradley Karlin, Associate Chief Consultant for Psychotherapy and Psychogeriatrics, Central Office to work with a national committee. Goal for committee to develop and provide specific recommendations for training VA CLC mental health providers in empirically supported interventions to address behavioral and psychological symptoms of dementia in the CLC setting. Assisted with training and dissemination of manual during initial roll-out along with implementing program to SFVAHCS nursing home.

2004 – 2018 **Veterans Integrated Service Network (VISN 21)
VA Sierra Pacific Network**

Quality Improvement, Communications, Marketing & Planning

Transforming Care for Veterans with Challenging Behaviors

Acknowledged by VISN 21 for providing leadership as the leader for overseeing the development and implementation of three essential action plans that were all successfully completed. The action plans included (1) effective management of challenging behaviors of veterans (dementia, traumatic brain injury, and serious mental illness) and settings of care (ambulatory care, home-based health care, CLC's); (2) leadership of VA CLC culture transformation; and (3) implementation of Veterans Health Administration (VHA) Dementia Steering Committee recommendations for care of veterans.

2004 – 2015 **San Francisco VA Medical Center (SFVAHCS)**

*** Relationship Development, Grievance Mediation & Alternative Dispute Resolution***

Chair of the Disruptive Behavior Committee (DBC) 2009 - 2015

I was a senior mental health clinician selected to chair this committee for many years. The purpose of the committee is to establish policies and procedures for identifying and warning staff about patients at high risk for violent, abusive, threatening or disruptive behavior. It was my responsibility, along with the committee, to collect and analyze incidents of patient threatening, disruptive, or violent behavior; overseeing training relating to the prevention and management of violent behavior; conducting debriefing sessions after defined violent patient incidents; identifying system problems; and making recommendations to the Medical Center Director, Chief of Staff and Associate Director for Patient Care Services/Nursing specific actions related to the problem of patient violence. Increasing the awareness and education regarding the committee was an enormous endeavor with over 3500 employees which included the main campus and surrounding clinics up to the border of Oregon. Weekly meetings with committee to review cases and make determination of access. Set up trainings with different areas of hospital and clinics that are considered "high risk" as calculated from large data base collected annually.

Relationship Development Training, Alternative Dispute Resolution, Labor Management

Lateral Workplace Violence – Local, National and International Presentations

Multiple presentations to either departments experiencing high volume of complex concerns to Leadership, Management and/or Union grievances. Purpose was for employees to learn about lateral violence, contributing factors, effects, and interventions. Presented latest research regarding definitions, forms of lateral violence, contributing factors, costs to industry, model of oppressed group behavior, solutions and resources. My presentations would be the beginning phase to then begin the specialized training of Civility, Respect & Engagement in the Workplace (CREW). Presented throughout the nation along with the 4th International Conference in the Health Sector.

Risk Management, Research, Analysis, Quality Improvement, Development of Service

SFVAHCS Task Force and Implementation of Social Focus Cohort in Nursing Home

Analyzed years of data related to medical complex and severely mentally disabled veterans in relation to staff being injured. Data included five years' worth of extensive review of patient charts, Code Green data, and total of therapeutic interventions (i.e., team meetings and individual, group and couples therapy). Data was analyzed and presented to SFVAHCS Leadership which

resulted in three additional full-time positions (i.e., Clinical Nurse Specialist, Recreational Therapist and Social Worker) to best serve veterans and employees. Nine years later this program has decreased injury for employees which has increased morale and labor-management relationships. Due to the success of this service Leadership approved in 2014 to implement a new specialized team to assist complex behavior in the main hospital which again has shown to improve employee relations.

Research/Analysis- Development Care Service and Maximizing Employee Productivity

The Efficacy of Interdisciplinary Dementia Service Rounds: Addressing Behavioral Challenges and Quality of Life for Patients with Dementia

Administered standardized assessment tools and analyzed data resulting in program development and outcome measures. Primary Researcher of a full-committee review project successfully approved by the Institutional Review Board (IRB) at UCSF and Committee of Human Research (CHR) at SFVAHCS. Data collected at the SFVAHCS nursing home. Relationship development in coordination with a specific interdisciplinary team (i.e., geriatricians, geropsychologist, nurse practitioners, occupational therapists, and various nursing staff), and evaluation of many residents over a year span.

Analysis of Extensive Data

A Preliminary Cross-Validation of Education Corrections for the Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) Total Score Indices in a Clinical Geriatric Sample

Primary Researcher, managing and analyzing a data base of over 100 veterans who were administered various neuropsychological assessments to determine the support of using education corrections approved through the IRB and CHR.

Analysis, Strategic Planning & Implementing Action Plans

Committee member with Leadership to provide guidance on policy changes and managing outcomes after various survey teams (i.e., The Joint Commission and Long-Term Care Institute). For many years, mental health findings have included best practices with minimal issues that needed action plans. Worked closely with Leadership with overall findings to assist with analyzing data, developing action plans, and implementation of plans. Special attention to any changes in regulations and/or standards of various regulatory and credentialing groups.

Information Management, Analysis and Communication

Chronic Pain Impacts Quality of Life Factors: An Analysis of Older Adult Veterans

Co-Principle Investigator and primary supervisor for Dr. Stapenhorst's study which has successfully been completed post approval through UCSF IRB and CHR. Worked closely with other departments throughout the SFVAHCS to complete data collection.

Quality Improvement, Resource Management & Planning

Responsible for analyzing geropsychological needs for various inpatient and outpatient services within the Department of Geropsychiatry to determine future positions. Analysis resulted in submitting request for another full-time geropsychologist position for Hospice, Inpatient Palliative Care Unit, and Outpatient Palliative Care Consult Service.

Communications, Marketing & Development

2 Grants for the CLC

First grant received was for ~\$60,000 worth of equipment and training for the SFVAHCS nursing home's Snoezelen. This therapeutic intervention allows residents to explore a multi-sensory environment that promotes motivation, encouragement, pain relief, anger

management, stress relief, and overall recreational enjoyment. Compiled and disseminated training to various disciplines along with detailed inventory book of approximately 50 items. Inventory book also includes precise cleaning instructions to comply with Infectious Disease requirements for the safety of our veterans and staff. The second grant was from an organization called Dementia Care Specialist who provided a week-long training for our staff focusing on best practices for residents with dementia. This method of practice was focusing on decreasing staff injuries, grievances, and increase moral.

1999 California Culinary Academy, San Francisco, California

Human Resource Development, Communications, Marketing, Training

Chef & Project Manager

Managed over 20 chefs and 100+ students for specialized programs. Analyzed data for forecasting student enrollment and budgets for chefs, students, and inventory. Completed major audit since funds were not being captured accurately and increased revenue by over \$200,000 in four months of my employment. Managed difficult employee disputes during this period due to change in company ownership.

1997 – 1999 Fairmont Hotel, San Francisco, California

Bargaining, Mediation, Arbitration, Human Resource Development and Training

Chef

Managed and assisted with labor relations for 100+ employees under Local 2 Union which represents ~12,000 workers in the hospitality industries for San Francisco and San Mateo Counties. Worked with the hotel's human resources, union stewards, and President of Local 2 to mediate labor management disputes from minute to highly complex grievances. During this time negotiations were successful due to our employees not going on strike.

1998 – 1991 Marina International Hotel, Marina Del Rey, California

Human Resource Development, Training, and Budget Management

Front Office Supervisor

Supervised 20+ staff for a 200+ room hotel. Handled all labor-management disputes for all employees related to the front desk area. Prepared payroll, weekly schedule and was supervisor of the front office bank for all money transactions. Managed, supervised, forecasted budgets, payroll management, labor relations, program and policy implementation, development of innovative solutions for improving programs, and personnel recruitment.

HONORS AND AWARDS:

El Camino College Dean's List

College of Marin Dean's List

Psi Chi, The National Honor Society in Psychology, Member since 2002

Sonoma State University Dean's List Fall 2000 to Spring 2002

Sonoma State University Bachelor of Arts Degree with Distinction-June 2002

JFKU Scholarships Awarded-2002-2004

- East Bay Community Recovery Project-June 2004
Working as a Team Member Certificate
- East Bay Community Recovery Project-June 2004
Dedication, Commitment and Contribution to Clients and Staff
- San Francisco VA Medical Center-December 2004
Overview of Good Clinical Practice and Human Subjects Protection Certificate
- San Francisco VA Medical Center-August 2008
Special Contribution Award from the Directors Office for my unique contribution and leadership in the mission of cultural transformation
- VA Central Office 2010 Cultural Transformation Summit-May 2010
2nd Place for Poster – “To Our Vet’s, We Hear You!”
- American Medical Directors Association 2013
National Day of Recognition for Long-Term Care Providers
Designated by the United States Congress
- San Francisco Bay Area Federal Executive Board-February 2014
Certificate of Recognition for the Federal Employees of the Year Awards Nominee for the Social Focus Cohort Team.
- San Francisco VA Health Care System-March 2014
Special Veteran Centered Care Champion Award from the residents of the Community Living Center for my unique contribution to our veterans.
- San Francisco VA Health Care System-April 2022
Quarterly Superstar Award

PROFESSIONAL ORGANIZATIONS

- 2000 Psi Chi, the American Psychological Association’s National Honor Society for Psychology
- 2000 Northern California Neuropsychology Forum (NCNF)
- 2002 American Psychological Association (APA)
Division 20, Adult Development and Aging
Division 40, Clinical Neuropsychology
- 2002 National Academy of Neuropsychology (NAN)
- 2003 Northern California Neuropsychology Foundation
- 2004 Psychologist in Long-Term Care (PLTC)
- 2004 International Neuropsychological Society (INS)
- 2006 New York Neuropsychology Group
- 2007 American Association of University Professors
- 2012 Council of Professional Geropsychology Training Programs, Board Member, Secretary