



VA West Los Angeles Healthcare System

Clinical Psychology Postdoctoral Residency Brochure 2020 - 2021



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Psychology Postdoctoral Residency in Clinical Psychology



West Los Angeles VA Healthcare Center

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Director of Postdoctoral Residency Training

Psychology Department (116B)

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Los Angeles, CA 90073

Brochure hosted at: <http://www.losangeles.va.gov/trainee/>

Applications due: December 27, 2019
Residency year begins: September 3, 2020

Accreditation Status

The postdoctoral residency at the **West Los Angeles VA Healthcare Center** is not yet accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). We submitted a multi-practice program self-study (October of 2017) to APA CoA and underwent a site-visit in October of 2018. We are seeking accreditation in *Clinical Psychology* and have received specialty accreditation in *Clinical Neuropsychology* through 2029.

APPIC Membership Status

Our program has been a member of Association of Psychology Postdoctoral and Internship Centers (APPIC) since 2009 with our membership renewed in July of 2016.

Application & Selection Procedures

Application Process

The West Los Angeles VA Healthcare Center offers 1-year postdoctoral residency training in *Clinical Psychology* with 4 different areas of focus/emphasis:

1. *Health Psychology* – 1 position open for 2020
2. *Trauma Psychology* – 1 position open for 2020
3. *Interprofessional Integrative Health* – 2 positions open for 2020
4. *Integrated Care for Homeless Veterans and SUD Treatment* – 1 position open for 2020

We also have three 2-year neuropsychology residency positions that are **OPEN** for application in 2020. These APA Accredited Clinical Neuropsychology Residency positions are described in a separate brochure located here: <https://www.losangeles.va.gov/trainee/>

To be considered for any of our postdoctoral residency positions an applicant must:

1. Have completed all requirements for the doctoral degree, in Clinical or Counseling Psychology, including internship and dissertation.
 - a. Department of Veterans Affairs requires that the applicant's doctoral degree and internship be completed at programs accredited by the American Psychological Association.

2. Be a US citizen. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection and all of our incoming postdoctoral residents must complete a Certification of Citizenship in the United States prior to starting training.
3. Be aware that VA employment requires males born after December 31, 1959 must have registered for the draft by age 26. Male applicants sign a pre-appointment Certification Statement of Selective Service Registration before they can be processed into a training program.
4. Be aware that residents are subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.

To apply, please submit the following documents:

NOTE: We require submitted applications to come through the APPA CAS portal (APPIC Psychology Postdoctoral Application Centralized Application Service – see web address below). For each of the 1-year Clinical Psychology Residency positions, the following documents will be requested and must be submitted through the APPA CAS portal.

- Letter of Interest (LOI), specifying the position you are applying for along with a summary of educational, clinical and research experiences relevant to that emphasis area. In the LOI please include a statement about your current career goals in addition to your goals for fellowship training.
 - We are aware that some applicants may have overlapping interests and wish to apply for consideration in more than one track. In this case, the LOIs should be distinct and clearly targeted to the specific track.
- A recent copy of your Curriculum Vitae
- Three Letters of Recommendation (LOR)
 - These letters should be from supervisors/mentors that are familiar with the work you've done in the emphasis track for which you are applying.
- Letter from your Internship Training Director verifying that you are expected to complete, or will have already completed, your internship successfully.
 - If your Internship Training Director is also writing a LOR for you, please **have them make clear that they are/were also your Internship TD** and that you are expected to (or already did) successfully complete your internship.
- A letter from the chair of your dissertation committee detailing the status of your dissertation (including anticipated completion date). This letter should indicate that your doctoral degree has been, or will be, completed **before August 30, 2020**.
 - If your Dissertation Chair is also writing a letter of recommendation for you, please **have them make sure it is clear within the body of their letter** that you are expected to successfully complete your dissertation by August of 2020.
- Graduate transcripts.
 - You do **not** need to send undergraduate transcripts.

Submit these materials through the APPA CAS: <https://appicpostdoc.liasoncas.com/applicant-ux/#/login> Complete the basic demographic, education, clinical training information and transcripts required of all applicants for all APPA CAS programs. Then select the appropriate program(s) (emphasis area) within the West Los Angeles VA Health Care System. APPA CAS allows you to request letters of

recommendation electronically which are then uploaded by the letter writer. (Note: APPA CAS refers to letters of recommendation as "Evaluations").

For questions about application submission issues:

Steven Castellon, Ph.D., Director Psychology Postdoctoral Training

Email: Steve.Castellon@va.gov or scastell@ucla.edu

Phone: Steven Castellon (310) 268-3597 or Anna Okonek (310) 478-3711 ext 40301

Selection Process (see also, page 10, "Resident Preparation and Onboarding with VA")

We are seeking applicants who have strong skills in intervention, assessment, and possess prior clinical experience and specific interest in their chosen emphasis area. Applicants should have adequate academic preparation and have acquired Profession-Wide Competencies in context of service provision to adult patients/clients. They should have received individual supervision with direct observation of the clinical work within their graduate program and pre-doctoral internship and they should meet eligibility requirements for VA employment. Applicants should also have the personal characteristics necessary to function well as a doctoral-level professional within a medical center environment and interdisciplinary treatment settings. Our selection criteria specifically focus on educational background, clinical training and experience, letters of recommendation and the ability of the applicant to articulate their training goals and professional aspirations that we feel are consistent with the Residency Program and with VA mission. We seek the best fit between applicants and our training program.

Applications are reviewed by the Director of Postdoctoral Training (Dr. Castellon), in addition to the relevant members of the Postdoctoral Residency selection committee. This committee is comprised of clinical psychologists who serve as primary or delegated supervisors for each of the emphasis areas in which residencies are being offered. [For the 2020-21 training year, staff on the selection committees include: **Health Psychology** (Drs. Bailey, Chen, Kay, Taylor-Ford, and Zeller), **Trauma Psychology** (Drs. Benedicto, Boxer, Himmelfarb, and Robinson), **Interprofessional Integrative Health** (Drs. Serpa and Kay), **Homeless Mental Health/SUD** (Drs. Alimchandani and Bailey).] Following this review, highly ranked applicants are asked to participate in interviews, which may be either in-person or via telephone or video conferencing. After the interview process is complete, the selection committee again ranks the applicants and offers can then be extended to the top applicants for each of the open positions. When applicants are no longer under consideration, we strive to notify them of this as soon as possible.

Our site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking-related information from any postdoctoral residency applicant.

As noted above, our postdoctoral program in *Clinical Psychology* is not yet accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). Our program self-studies were submitted and favorably reviewed (Fall of 2017), leading to site visit in October of 2018 (which also went well). We are now in the process of responding to APA CoA so that they may finalize an accreditation decision. Any inquiries regarding accreditation of our program should/can be directed to:

**Office of Program Consultation and Accreditation
American Psychological Association**

750 First Street, NE
Washington, DC 20002-4242
Telephone: 202-336-5979
Fax: 202-336-5978

<http://www.apa.org/ed/accreditation>

Email: apaaccred@apa.org

The Department of Veterans Affairs is an Equal Opportunity Employer. Our postdoctoral program highly values cultural and individual diversity and welcomes applicants from all backgrounds.

Training Setting

The VA Greater Los Angeles (VAGLA) Healthcare System is one of the largest and most complex integrated healthcare facilities within the Department of Veterans Affairs. The VAGLAHS consists of a comprehensive tertiary care facility (West Los Angeles VA Healthcare Center), three ambulatory care centers, and 10 community-based outpatient clinics. In fiscal year 2015, VAGLAHS provided medical and mental health services to over 86,000 Veterans residing in the primary service area, including Los



Angeles County, which has the largest concentration of Veterans of any county in the United States. GLA provides comprehensive ambulatory and tertiary care to Veterans in five counties in Southern California, with 964 beds, over 5,000 employees and an annual operating budget of over \$900 million.

The Psychology Postdoctoral Training Program is located at the West Los Angeles VA Healthcare Center. This tertiary care center is spread across an expansive 400-acre campus that includes approximately 150 buildings and is divided into a South and North Campus. The Psychology Department consists of 48 licensed clinical psychologists, many of whom are involved with training endeavors at the internship and postdoctoral level. Psychologists at the West Los Angeles VA occupy a variety of roles throughout the medical center, working in both inpatient and outpatient mental health and medical settings and with several involved in program leadership positions. The majority of WLAVAHC psychologists work in multi-disciplinary settings with allied mental health care professionals.

The West Los Angeles VA Healthcare Center is in one of the most culturally diverse cities in the nation. The Veterans we serve represent a mixture of cultural, ethnic, socioeconomic, and individual diversity. Our overall Veteran population self-identified as 65% White, 25% African American, 4% Hispanic, 5% as Asian and 1% as Native American (* these statistics derived from the 83% who identified their ethnicity when registering for care in Fiscal Year 2015). While this group is approximately 90% male, there are several settings in which trainees can get experience working with female Veterans. There is diversity in terms of age, so although approximately 41% of our Veterans receiving care are over the age of 65, we also have nearly 21,000 OEF/OIF Veterans enrolled in GLA (* statistics as of April 2016), with many of these Veterans under the age of 35.

The West Los Angeles VA Healthcare Center, which is the site for this postdoctoral residency program, is the hospital, research, and administrative center for GLA. It is situated on a 400-acre campus with 150 buildings. The south campus is primarily devoted to medical/surgical and inpatient psychiatric services located in the main medical center building as well as outpatient mental health services housed within two neighboring buildings (Bldgs. 401 and 402). The north campus facilities include two long-term care buildings (Community Living Center) with 352 beds, a 296-bed Domiciliary, recovery-oriented outpatient

programs (Psychosocial Rehabilitation and Recovery Center, PTSD program), as well as research and administrative offices. The 496-bed California State Veterans Home, which was completed in 2010, is also located on the north campus.

The Psychology Department at the West Los Angeles VA Healthcare Center has a strong commitment to, and long history of, providing training. Our Psychology Training Director, Dr. Anna Okonek, oversees our highly competitive (>180 applications annually) doctoral internship program. This internship program has been accredited by the American Psychological Association since 1979 and, at the most recent site visit in 2017, received a full 10-year re-accreditation. Of Psychology Department staff (numbering 52 as of 2019), 29 serve as supervisors in our internship training program and 21 provide supervision in the residency program. In addition to training doctoral interns, the training program selects 4-6 practicum students each year, all of whom receive 9 months of supervised training on two different clinical rotations. Postdoctoral Residents will have a chance to provided layered supervision to both our doctoral interns and practicum students. All clinical supervisors in the postdoctoral residency, doctoral internship, and doctoral practicum program are licensed clinical psychologists and complete biannual training and education in clinical supervision as mandated by the California Board of Psychology.

The Psychology Department at West Los Angeles VA enjoys close ties with both the UCLA Department of Psychology and the Department of Psychiatry & Biobehavioral Sciences at the David Geffen School of Medicine at UCLA. Many staff members, including the majority of those in training/supervising roles, hold clinical and/or academic appointments at local institutions, including UCLA, Pepperdine University, the University of Southern California, and the Fuller Graduate School of Psychology.

Overview of the Postdoctoral Training Programs

There are two postdoctoral residency programs at the West Los Angeles VA Healthcare System that are part of a multiple-practice program. These programs offer advanced training in either *Clinical Psychology* or *Clinical Neuropsychology*. Our brochure for the Clinical Neuropsychology residency program can be found at: <https://www.losangeles.va.gov/trainee/>

Within our Clinical Psychology program there are four separate ***Emphasis Areas*** where residents acquire specialized training within one of the following tracks: *Health, Trauma, Interprofessional Integrative Health*, and, *Homeless Mental Health/SUD*. The resident trains in the clinic or settings associated with their emphasis area and will have a primary supervisor/mentor assigned who is an expert within that area. While there may be rare occasions where supervision or consultation may be provided by other mental health specialists (e.g. psychiatrists, social workers), the majority of residents' clinical supervision is received from licensed staff psychologists that work within each of the clinics. Our Clinical Psychology program aim supports VA's broader mission of training clinical psychologists competent and committed to practice in public service settings.

Our training assumes that a health service psychologist should be broadly trained in accordance with the Profession-Wide Competencies defined by APA during their graduate school and pre-doctoral internship training. Our program views residency training as the time for advanced competency development and specialization training. Towards that end we seek to provide individualized, collaborative, and advanced training in Clinical Psychology or Clinical Neuropsychology.

Residents are exposed to a wide array of patients and clinical and didactic experiences over the course of their residency that allow them to further develop and build upon already-acquired Level 1 (Core)

Competencies, Level 2 (Program Specific) Competencies, and – in our Clinical Neuropsychology program, Level 3 (Specialty Specific) Competencies. Competencies for the Clinical Psychology residency program are listed below -- Clinical Neuropsychology competencies are listed in that specific brochure.

Training Model and Program Philosophy

PROGRAM MISSION: Consistent with Veterans Administration mission to “Honor America’s Veterans” by providing exceptional patient care, education, and research our training program strives to ensure that our Veterans and others across the nation have continuing access to highly qualified psychological staff who possess advanced competencies in Clinical Psychology (and/or Clinical Neuropsychology). Training is based on a scientist-practitioner orientation and is grounded in exposure to a diverse array of clinical experiences and didactics with sensitivity to and knowledge about the influence of ethnic, cultural, and individual differences on psychological services.

PROGRAM AIM: The aim of the West Los Angeles (WLA) VA Clinical Psychology Postdoctoral Residency Program (CPPRP) is to promote advanced level competencies in residents such that program graduates are eligible for employment within public sector medical center settings, including the VA, specializing in the treatment and assessment of patient populations with behavioral and mental health problems that affect emotional, cognitive, and/or behavioral functioning. Graduates of the WLA VA CPPRP will have developed advanced competence in the practice of professional psychology integrated with in-depth training and education in a specific *area of emphasis*. Each of our emphasis areas – health, trauma, interprofessional integrative health, and homeless mental health – are consistent with VA areas of clinical need within psychology. Our training provides population-specific focus but also the further and more advanced development of generalist skills and profession-wide competencies.

We believe that clinical training is complemented by attending didactics and gaining research and/or program evaluation/quality improvement experience in an emphasis area and our program has strong connections with local academic institutions, including the University of California, Los Angeles, that allow for research and educational collaboration.

Our developmental training model acknowledges and appreciates that our postdoctoral residents will enter our program with varying degrees of experience. We strive to build upon previously developed skills and competency benchmarks acquired during graduate school and during predoctoral internship. In practice, this equates to the postdoctoral resident being granted more autonomy and responsibility over the course of their training in an organized sequence.

Our postdoctoral program is based on the scientist-practitioner model of training. The core concept of the residency is the understanding and application of scientific research/scholarly inquiry to the practice of clinical psychology. Our program emphasizes the application of current scientific knowledge to the professional delivery of services and this emphasis is reflected in the content of training experiences. These include training in evidence-based practices, participation in clinical research, and programmatic didactics offered through the VA and outside resources. At the completion of training, our residents are expected to be prepared to obtain licensure as well as board certification in their area of emphasis.

Clinical Psychology Program Competencies

The APA Commission on Accreditation requires trainees in APA-accredited programs develop specific competencies as part of their preparation for independent practice in health service psychology. Our residents acquire advanced Level 1 and Level 2 competencies as related/applied to specific areas of

emphasis (e.g. Trauma, Health, etc). The *Standards of Accreditation for Health Service Psychology* published and approved by the APA in 2015 can be found here:

<http://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf>

LEVEL 1: Scholarly Inquiry. Residents will develop an advanced level of knowledge of evidenced-based practices, the ability to review and to apply research literature to their clinical practice, and the continued development of critical thinking skills, and implementation of a research (or Quality Improvement or Program Evaluation) project during the residency year. Residents will be able to determine when problems are not fully addressed by empirically supported treatments

LEVEL 1: Ethical and legal issues; Professional Values. Residents will attain advanced knowledge of, and professional conduct in line with, APA ethical guidelines and California laws. Residents will be able to recognize ethical dilemmas when they arise and take appropriate measures to resolve them. Residents will demonstrate knowledge and awareness of legal issues pertaining to the practice of professional psychology. Residents will show good professional judgement and will demonstrate professional conduct consistent with the identity of a professional psychologist.

LEVEL 1: Cultural and Individual Diversity. Residents will develop an advanced level of knowledge, awareness, and sensitivity to individual and cultural differences as they apply to assessment, intervention, research, supervision, and the health care system. Residents will demonstrate awareness of and act in accordance with APA Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists.

LEVEL 2: Assessment/Diagnosis. Residents develop advanced, independent skills in assessment, including differential diagnosis, case conceptualization, interviewing skills, test administration, scoring, interpretation, and the integration of assessment findings in to a report. Residents develop an advanced ability to communicate testing results to patients and to the team members with whom they work. The resident will be aware of issues related to theories of assessment, ethical issues in assessment, and the impact of ethnicity/culture.

LEVEL 2: Intervention. Residents will develop advanced skills in psychological interventions, including conceptualization within at least two specific theoretical orientations, knowledge and application of evidence-based treatments, development of skills in individual and group modalities, and appropriate therapeutic interpersonal qualities (e.g. appropriate empathy, ability to attend to process and content of interpersonal interactions).

LEVEL 2: Interdisciplinary Consultation. Residents will be able to function effectively and cooperatively with interprofessional team members, provide consultation, and contribute to team planning. Residents will form collaborative professional relationships with other disciplines within a team and provide constructive consultation to both psychologists and non-psychologist colleagues. Residents will learn to provide constructive consultation to other psychology colleagues.

LEVEL 2: Supervision and Teaching. Residents are expected to develop entry-level skills in providing supervision to other psychology trainees, in a “layered” supervision context. Residents will be able to identify the needs of students/interns they supervise and provide developmentally appropriate feedback to supervisees. Residents will demonstrate the ability to effectively teach colleagues and trainees in areas of expertise.

LEVEL 2: Administrative and Organizational Practices, Program Evaluation. Residents will gain experience in some aspect of administration, organization or management of psychology service delivery. Residents will observe mentors/supervisor in activities pertaining to organization/management and administration and be able to apply these experiences to their own professional activities or identity.

Resident Preparation and Onboarding with VA: Incoming residents are required to have completed a doctoral program in either clinical or counseling psychology accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA), a doctoral program in Clinical Science accredited by the Psychological Clinical Science Accreditation System (PCSAS), or an APA or CPA-accredited re-specialization training program in Clinical or Counseling Psychology. This includes a completed predoctoral internship and dissertation. Postdoctoral applicants for our program should have adequate academic preparation and have acquired Profession-Wide Competencies in context of service provision to adult patients/clients. They should have received individual supervision with direct observation of their graduate program and internship clinical work and will meet all eligibility requirements for VA employment.

Applicants must meet the eligibility qualifications for psychology training within Department of Veterans Affairs: <https://www.psychologytraining.va.gov/eligibility.asp> . These include:

1. Have completed all requirements for the doctoral degree, in Clinical or Counseling Psychology, including internship and dissertation.
2. Be a US citizen. The VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection and our incoming postdoctoral residents must complete a Certification of Citizenship in the United States prior to starting training.
3. Be aware that VA employment requires males born after December 31, 1959 must have registered for the draft by age 26. Male applicants sign a pre-appointment Certification Statement of Selective Service Registration before they can be processed into a training program.
4. Be aware that residents are subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.

Note: acceptance of residents is contingent upon results of a background check, Training Qualifications Certification & Verification Letter (TQCVL) verifications (see <https://www.va.gov/OAA/TQCVL.asp>), and possible drug screening.

The TQCVL confirms that the resident is:

- Enrolled in or accepted into the training program and have had primary source verification of appropriate qualifications and credentials as required by the admission criteria of the training program
- Qualified and has the required credentials to participate in the training program, as agreed to by the sponsoring institution, affiliated participating institutions, and the VA
- Eligible for appointment to a Federal government position
- Physically and mentally fit to perform the essential functions of the training program;
- Immunized following current Center for Disease Control (CDC) guidelines and VHA policy for healthcare workers to protect themselves, other employees and patients while working in a healthcare facility.

Diversity Statement: The Psychology Residency Training Program at West Los Angeles VA Healthcare System, is committed to fostering an appreciation for multiculturalism and preparation for practice in a multicultural society among our trainees and staff. We believe it is crucial that psychologists be trained to meet the needs of an increasingly diverse population. Awareness and understanding of diversity and individual differences are crucial to professional development, practice, and research, and we strive to integrate these into every aspect of our training program, including recruitment, didactics, supervised clinical experiences, and clinical research. Our model of practicing diversity includes awareness of one's own beliefs, assumptions, values, and socio-cultural identity, awareness of and sensitivity to others', and an understanding of how these intersect in the therapeutic relationship and institutional environment. We encourage trainees and staff to explore their own cultural identity to help build both personal and professional awareness of their own unique experiences. We prioritize these opportunities as we believe that rich educational experiences are gained when we learn and work with people from a multitude of backgrounds.

POSTDOCTORAL RESIDENCY TRACKS

Postdoctoral Residents will complete full-time (40-hrs/week), one-year postdoctoral positions in Clinical Psychology with an emphasis in one of four training tracks, as described below. Track overview, goals of training, specific training experiences, teaching methods, and training faculty are listed for each training track.

Health Psychology Track (one position open)

(Please note that this is a **1-year residency** and is OPEN for applications in 2020)

Overview of Track: This position provides advanced training in Clinical Psychology with an emphasis in Health Psychology. The goal of this training track is to prepare residents to function as independent psychologists in integrated behavioral and mental health settings and within clinics fostering behavioral change. It includes required and elective experiences that develop advanced skills in consultation, treatment, and assessment in various inpatient and outpatient integrated health care settings. These settings include: *Primary Care-Mental Health Integration; Pain Clinic; Cardiopulmonary Rehabilitation; MOVE Clinic; Smoking Cessation Program; Inpatient Acute Physical Rehabilitation Unit; Polytrauma Program -Traumatic Brain Injury (TBI) Clinic; and Women's Health Program.*

The Health Psychology Program is staffed by five licensed clinical psychologists who provide training at the practicum, internship and residency levels. The resident receives training and direct supervision in providing consultation to interdisciplinary treatment teams, typically informing how a given Veteran's psychological and cognitive strengths and weaknesses may impact treatment. Residents will have a wide variety of assessment opportunities across their training rotations, including opportunities for cognitive screening and neuropsychological testing, objective psychological assessment, and the use of a variety of symptom-based rating scales and interviewing techniques. Intervention opportunities are plentiful and include delivery of evidence-based treatments in both individual and group modalities.

Residents complete required 12-month rotations in Primary Care-Mental Health Integration (PCMHI) and Pain Clinic and a required 6-month rotation in one or more of the behavioral health programs (e.g. Quit Smoking Program, Cardiopulmonary Rehabilitation, or MOVE Clinics). Elective opportunities can be filled in from those rotations described below to best mesh with the resident's career and training goals.

Training Goals and Expectations: At the end of residency we expect residents to demonstrate advanced competence in the following areas:

- Development of advanced skill in the **Level 1 competencies** of Scholarly Inquiry; Ethical/Legal Issues; Professional Values and Cultural and Individual Diversity.
- Development of advanced skill in the **Level 2 competencies** of Assessment/Diagnosis; Intervention; Interdisciplinary Consultation; Supervision & Teaching; Organization and Program Evaluation.

We **expect** our Health resident to:

- develop advanced skills in the practice of brief psychological and behavioral interventions within a collaborative, team-based, patient-centered care environment
- develop advanced skills in the assessment of psychological, neurocognitive, and behavioral health conditions commonly seen in adults in medical center settings, including primary care, pain, and disease prevention clinics
- develop an advanced understanding of biopsychosocial model of etiology, experience of illness, and treatment of disease, including chronic pain
- provide layered supervision to other health service psychology trainees (e.g. pre-doctoral interns)
- develop a professional identity as a health service psychologist with an emphasis in providing integrated, collaborative care in a primary care setting
- prepare for state or provincial licensure or certification for independent practice of psychology;
- prepare for requirements for board certification in Clinical Psychology and/or Counseling Psychology by the American Board of Professional Psychology.

Clinical Experiences

This track includes required and elective experiences that develop advanced skills in consultation, treatment, assessment, and program evaluation opportunities in inpatient and outpatient integrated health care settings. Residents will complete a **required** 12-month rotation in Primary Care-Mental Health Integration and Pain Clinic and a **required** 6-month rotation(s) in one or more of the behavioral health programs (e.g. Quit Smoking Program, Cardiopulmonary Rehabilitation, or MOVE Clinics). Elective opportunities can be filled in from those rotations described below to best mesh with the resident's career and training goals.

Required Experiences:

1. **Primary Care-Mental Health Integration** (Dr. Chen and Dr. Kay): The PCMHI program is based in the Primary & Ambulatory Care Clinic (PACC) where veterans are seen by primary care providers (physicians, nurse practitioners, and physician's assistants) for general and preventive medical care. A team of mental health providers is located within the PACC to meet the needs of those patients with mild to moderate mental health issues including depression and anxiety, PTSD, chronic illness/multiple medical problems, pain disorders, and substance abuse. The PCMHI team consists of psychologists, psychiatrists, social workers, and nurses. Residents working in PCMHI will have the opportunity to participate in a variety of clinical and educational activities including CBT-based group therapy for depression and anxiety, initial intake evaluations, short-term individual interventions, clinical collaboration with PCMHI and PACC teams, and weekly didactic seminars. There are opportunities for layered supervision of psychology interns treating short-term individual patients.

2. **Pain Clinic (Drs. Bailey and Kay):** The resident will work closely with psychologists who are part of an interdisciplinary pain treatment team that includes providers from Rehabilitation Medicine, Anesthesiology, Nursing, Neurology, and Psychiatry. The primary role of the psychologist in this setting is that of consultant to the treatment team based on an assessment of the veteran's current psychological/personality functioning and biopsychosocial history. There are ample opportunities to assess veterans with chronic and complicated pain problems. Pain patients who are candidates for interventional procedures (e.g. spinal cord stimulator or baclofen pump placement) undergo a comprehensive psychological assessment, including clinical interview, self-report measures, and administration of the MMPI-2-RF. Thus, psychology trainees gain experience in the use and interpretation of screening, interview, and personality measures in the assessment of chronic pain. In addition to assessment, the pain psychology program also contributes to a CARF-accredited interdisciplinary comprehensive pain rehabilitation program. Residents may conduct evaluations of candidates for the program, provide group-based psychological treatment, and participate in interdisciplinary treatment plans. There may also be opportunities to provide group behavioral pain management to Veterans who struggle with addiction. Finally, individual therapy opportunities (i.e. CBT or biofeedback) are available as well with the goal of residents gaining experience with the CBT for Chronic Pain protocol used throughout VHA. There are opportunities for layered supervision of psychology interns in group treatment and assessment.

3. **Health Promotion/Disease prevention: a combination of selections from the following:**
 - **Cardiopulmonary Rehabilitation (Dr. Taylor-Ford):** Residents serve as co-leader of the weekly "Coping with Illness" and Stress Management groups. After training in supervision, they provide training for the psychology interns in running these groups. In the "Coping with Illness" group, patients share concerns about how to make lifestyle changes in response to the demands of dealing with coronary artery and pulmonary diseases. Patients are given the opportunity to discuss successful behavior changes as well as difficulties in coping with their health problems and are encouraged to become comfortable asking for and giving support. In the Cardiopulmonary Rehabilitation Stress Management group patients are taught skills in stress and anger management. The six-session program covers the relationship between stress and health, personality and illness (hostility), calming skills, goal setting, anger management and forgiveness training. Residents also attend a weekly interdisciplinary staff meeting and they consult with interns in learning how to be effective team members.
 - **Quit Smoking Program (Dr. Taylor-Ford):** The Quit Smoking program is a behaviorally-focused treatment that consists of self-assessment and education. Classroom topics include barriers to quitting, aids for cessation (nicotine patch, Zyban), and formulating a plan for quitting. Topics reviewed each session include handling cravings and urges, preventing relapse, and avoiding weight gain.
 - **MOVE Clinic (Dr. Taylor-Ford):** This is a nationwide, interdisciplinary VA program designed to treat obesity. Residents participate in structured classes, teach behavior change skills for weight loss and provide group and individual counseling for weight management. In addition, Residents complete evaluations for patients being considered for bariatric surgery.

Elective Experiences can be chosen from clinical rotations/placements that will provide the resident with skills and experience in consultation, assessment, education, and intervention with persons who have acute and chronic medical illnesses. Elective settings include:

- **Inpatient Acute Physical Rehabilitation Unit (Dr. Zeller):** Residents complete consultations on patients admitted for intensive physical rehabilitation of stroke, amputation, traumatic brain injury, and/or neurological or orthopedic disorders. Consultation can include diagnostic

evaluation, psychological and neuropsychological assessment, short-term psychotherapy, and staff support and education. Residents attend weekly interdisciplinary treatment rounds and family conferences.

- **Support Groups (Dr. Zeller):** Residents will have the opportunity to co-facilitate support groups for veterans recovering from amputation and/or stroke. Residents will gain knowledge and experience in group process, psychoeducation, support and transition to the community.
- **Polytrauma/TBI Clinics (Drs. Castellon and Okonek).** The Polytrauma Program serves veterans and active duty military returning from OEF/OIF/OND who have multi-system injuries, including traumatic brain injury. The resident participates in neurocognitive and psychological assessment, cognitive rehabilitation, individual, group, and family psychotherapy and education, inter-disciplinary treatment team planning, consultation to the treatment team and in-service and community education.
- **Oncology Clinics (Dr. Zeller):** The resident will have an opportunity to work in the Hematology-Oncology Clinics, where mental health has become integrated into the veterans' routine evaluation and follow up. These brief assessments evaluate suicide risk, level of depression, gross cognition, and coping strategies. Veterans will be provided with psychoeducation, as well as treatment recommendations.
- **Biofeedback (Dr. Taylor-Ford):** Residents may have the opportunity to participate in a biofeedback therapy group. In biofeedback therapy, a patient learns how to change physiological activity to improve one's health and performance. With Biofeedback treatment, the person learns to observe and control "involuntary" workings of the body while using calming skills to voluntarily reverse unhealthy states. Biofeedback devices are used to promote awareness by measuring physiological states that reflect the activities of the sympathetic and parasympathetic nervous systems.
- **Palliative Care (Dr. Taylor-Ford):** The resident will have an opportunity to attend rounds with the interdisciplinary palliative care inpatient team, conduct psychological assessments with Veterans on the palliative care service (both inpatient and outpatients), and provide psychological interventions for veterans with chronic, life-limiting medical conditions. Palliative care educational offerings are also available to clinical psychology residents.
- **Additional elective opportunities:** Participate in a 9-week staff Mindfulness Based Stress Reduction training for 2 hours per week, offered in the fall.

Teaching/Training Methods

- **Didactics** – the resident in this track is required to participate in the *Postdoctoral Seminar and Journal Club* (bi-monthly), *Evidence Based Psychotherapy Seminar* (monthly), the *Diversity Seminar* (bi-monthly), and the *Health Psychology Journal Club* (monthly). Optional didactics include Pain Clinic Grand Rounds, Assessment Seminar and various offerings throughout our VA Medical Center and neighboring UCLA. See page 26 for a description of program didactics.
- **Mentorship** – the resident in this track will be assigned a Mentor from among the group of primary and delegated supervisors (often, the Primary Supervisor). Mentor aids the resident in evaluating their training needs and interests and developing an individualized training plan (ITP) based on those needs and the training program's competency areas. The mentor also provides professional mentoring to the resident **at least monthly**, a process that is separate from clinical supervision and is designed with an eye toward the resident's progress through the residency program and development of their professional identity. Career guidance, role modeling, and psychosocial support are a focus of the mentoring relationship. If there is a specific career goal that other psychologists on staff might be particularly expert at addressing, mentors will also

facilitate connection between the resident and other expert(s) – in addition to their ongoing role as Mentor.

- Supervision – clinical supervision in one of the primary vehicles of training for the resident in this track. They will receive individual and group supervision where intervention, assessment, and interdisciplinary consultation techniques are discussed and evaluated. Modeling, review of tapes (audio and/or video), case discussions, and review of written work are among the methods that allow for evaluation of the resident. The resident receives a minimum of two hours of face-to-face individual supervision each week. The health track resident will have the opportunity to work with other psychology trainees (typically predoctoral intern or extern/practicum students) under the supervision/guidance of licensed professionals.

Health Track Faculty: (please see *Clinical Psychology and Clinical Neuropsychology Faculty*, starting on page 29 of this brochure, for more detailed biosketch of these individuals).

1. *Katherine Bailey, Ph.D.* – clinical psychologist in the Pain Clinic and SUD clinics.
2. *Suzie Chen, Ph.D.* – clinical psychologist in the Primary Care/Mental Health Integration (PCMHI) clinic.
3. *Morgan Kay, Ph.D.* – clinical psychologist in PCMHI and Pain Clinic.
4. *Megan Taylor-Ford, Ph.D.* – clinical psychologist in Quit Smoking clinic, MOVE program, Cardiac Rehab clinic and various medical clinic settings.
5. *Michelle Zeller, Psy.D., ABPP* – clinical psychologist on the Inpatient Acute Rehabilitation Unit.

Trauma Psychology Track (one position open)

(Please note that this is a **1-year residency** and IS OPEN for applications in 2020)

Overview of Track: This one-year, full-time, residency track provides residents with advanced training in Clinical Psychology and the opportunity to develop expertise and thorough understanding of trauma and its treatment. The supervisors for the Trauma residents all have specific expertise and interest in the evaluation and treatment of trauma in the VA setting. The resident will work with both male and female Veterans from all service eras, including Veterans from Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND). The primary training settings for the Trauma Fellow include: *The Trauma Recovery Services (TRS) Clinic* and *Women's Health Program*.

The trauma track is comprised of required clinical rotations that provide complimentary trauma-treatment training opportunities. Elective experiences can then be chosen from other rotations that tailor to the resident's training goals, including those described below from other tracks described in the *Training Experiences* section.

Training Goals: At the end of residency we expect our residents to demonstrate advanced competence in the following areas:

- Development of advanced skill in the **Level 1 competencies** of Scholarly Inquiry; Ethical/Legal Issues; Professional Values and Cultural and Individual Diversity.
- Development of advanced skill in the **Level 2 competencies** of Assessment/Diagnosis; Intervention; Interdisciplinary Consultation; Supervision & Teaching; Organization and Program Evaluation.

We expect our resident in this focus area to:

- develop advanced skills in the practice of psychological and behavioral interventions for PTSD and trauma-related conditions
- develop a professional identity as a health service psychologist with specialized expertise in the assessment and treatment of trauma
- prepare for state or provincial licensure or certification for independent practice of psychology;
- prepare for requirements for board certification in Clinical Psychology and/or Counseling Psychology by the American Board of Professional Psychology

Clinical Experiences

This track includes experiences that develop advanced skills in conducting intervention, assessment, and consultation with trauma and related conditions.

The Trauma Recovery Service (Drs. Benedicto, Boxer, and Robinson): The Trauma Recovery Service (TRS) clinic is an interdisciplinary clinic offering assessment and treatment of military-related posttraumatic stress disorder. PTSD is one of the most common mental health diagnoses for veterans at the WLA VA Medical Center. The TRS clinic is serving an increasing number of veterans from Iraq and Afghanistan but also includes veterans from other theaters, including Vietnam. All veterans seen in the clinic will receive a comprehensive psychodiagnostic intake to confirm a diagnosis of PTSD. Veterans are offered a variety of individual and group therapy services along with psychiatric management. There are opportunities to receive training in evidenced based psychotherapy for PTSD including individual and group Cognitive Processing Therapy and Prolonged Exposure Therapy. There is opportunity for receiving training in the Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE) to address PTSD/SUD. Additional group experiences include:

- Acceptance and Commitment Therapy
- Seeking Safety
- Dialectical Behavior Therapy Skills Group
- Anger Management
- STAIR
- CBT for insomnia
- CBT for anxiety
- Process/support groups
- Trauma Recovery Group

Women's Health Program (Dr. Himmelfarb) Women's Health Program is an interdisciplinary program that treats female veterans for medical and psychiatric conditions. The trauma track resident provides individual and group psychotherapy and psychological assessment to women with depression, military sexual trauma and a variety of other conditions. Residents will have the opportunity to gain experience in Cognitive Processing Therapy (CPT) in individual and group settings. Services are also offered to meet the unique needs of returning female Iraq War veterans, who are being seen in increasing numbers in this program. The resident will have a chance to participate in several of the following women's clinic groups:

- PTSD101
- CPT group for sexual trauma
- CPT group for combat trauma
- ACT Group for Trauma
- Mindfulness Skills

- CPT Booster group

Teaching/Training Methods

- Didactics – the trauma track resident is required to participate in the *Postdoctoral Seminar and Journal Club* (bi-monthly), *Evidence Based Psychotherapy Seminar* (monthly), and the *Diversity Seminar* (bi-monthly). Optional didactics include TRS and Women’s Health didactics – often with psychiatry residents, Assessment Seminar and various offerings throughout our VA Medical Center and neighboring UCLA. See page 26 for description of program didactics.
- Mentorship – the trauma resident will be assigned a Mentor from among the group of primary and delegated supervisors (often, the Primary Supervisor). This mentor aids the resident in evaluating their training needs and interests and developing an individualized training plan (ITP) based on those needs and the training program’s competency areas. The mentor also provides professional mentoring to the resident **at least monthly**, a process that is separate from clinical supervision and is designed with an eye toward the resident’s progress through the residency program and development of their professional identity. Career guidance, role modeling, and psychosocial support are a focus of the mentoring relationship. If there is a specific career goal that other psychologists on staff might be particularly expert at addressing, mentors will also facilitate connection between the resident and other expert(s).
- Supervision – clinical supervision in one of the primary vehicles of training for the resident in this track. They will receive individual and group supervision where intervention, assessment, and interdisciplinary consultation techniques are discussed and evaluated. Modeling, review of tapes (audio and/or video), case discussions, and review of written work are among the methods that allow for evaluation of the resident. The resident receives a minimum of two hours of face-to-face individual supervision each week. The trauma track resident will have the opportunity to work with other psychology trainees (typically predoctoral intern or extern/practicum students) under the supervision/guidance of licensed professionals.

Trauma Track Faculty: (please see *Clinical Psychology and Clinical Neuropsychology Faculty*, starting on page 29 of this brochure, for more detailed biosketch of these individuals).

1. *Rosy Benedicto, Ph.D.* – clinical psychologist in Trauma Recovery Services Clinic
2. *Laurie Boxer, Ph.D.* – clinical psychologist in Trauma Recovery Services Clinic
3. *Naomi Himmelfarb Ph.D.* – clinical psychologist in Women’s Health Clinic.
4. *Christina Robinson, Ph.D.* – clinical psychologist in Trauma Recovery Services Clinic

Interprofessional Integrative Health – (two positions open)

(Please note this is a **1-year residency** and IS OPEN for applications in 2020)

Overview of Track: Two **one-year** full-time positions are available in the Interprofessional Integrative Health track. This training track aims to enhance the interprofessional collaboration, communication, and teamwork that is so critical to successful professional engagement as a psychologist in the VA or other large clinical setting by increasing awareness and understanding of the roles, ethics, and values of multidisciplinary treatment teams. Residents work collaboratively within interprofessional medical and mental health teams that typically include physicians, psychiatrists, social workers, advanced practice nurses, pharmacists, audiologists, and medical and psychiatry residents. This program, which includes Social Work students as well as Psychology Residents, is based in the VA’s first Integrative Health and

Healing Center (IHHC) on the WLA campus. A joint seminar is offered to gain exposure to leaders from various disciplines and to gain experience with various professional roles, identities, and functions.

Specialized training in evidence-based integrative health and wellness practices, as part of generalist training in clinical psychology, is the heart of this program. Supervision and training in integrative mind-body practices will be provided with a focus on Mindfulness Based Stress Reduction (MBSR) and Mindful Self Compassion (MSC). No prior experience with MBSR is required, although demonstrated interest and proficiency in mindfulness-based interventions is preferred. Residents are responsible for the integration of evidence-based integrative behavioral health interventions such as a program for relief of tinnitus distress. The resident will also select 1-3 additional training placements to develop clinical skills; past residents have selected from trauma clinics, Primary Care Mental Health Integration, Homeless Primary Care, Insomnia Clinic, Pain Clinic, Mental Health Clinic, and others to provide a range of evidence-based clinical services for mental health conditions.

Training Goals: At the end of residency we expect our residents to demonstrate advanced competence in the following areas:

- Development of advanced skill in the **Level 1 competencies** of Scholarly Inquiry; Ethical/Legal Issues; Professional Values; and Cultural and Individual Diversity.
- Development of advanced skill in the **Level 2 competencies** of Assessment/Diagnosis; Intervention; Interdisciplinary Consultation; Supervision & Teaching; Organization and Program Evaluation.

We expect our resident in this focus area to:

- develop advanced skills in the practice of mindfulness-based psychological interventions
- develop advanced skills in assessment within multi-disciplinary team settings and providing consultation to allied disciplines regarding the implication of these assessments
- develop a professional identity as a health service psychologist with specialized expertise in interprofessional teamwork
- prepare for state or provincial licensure or certification for independent practice of psychology;
- prepare for requirements for board certification in Clinical Psychology and/or Counseling Psychology by the American Board of Professional Psychology

Clinical Experiences:

Individualized Training Plans within this track are set up at program outset with the Primary Supervisor and Mentor and are highly flexible. It will be a **one-year training experience** in which residents acquire skills in assessment, intervention, interdisciplinary treatment planning, teaching and/or supervision, and clinical research as available (which may include program evaluation as well). The core training experience is development of knowledge of MBSR and MSC and skill in providing these group therapies to Veterans, which requires about 50% of the residents' time. The remainder of the time may be divided among didactics, seminars, and training sites of interest to the resident with several graduates specializing in health psychology or treatment of trauma.

The training setting will extend to the two major ambulatory care centers within the VA Greater Los Angeles (GLA) service area: the Sepulveda Ambulatory Care Center (SACC) and the Los Angeles Ambulatory Care Center (LAACC). Residents will provide most services at the WLA campus and work at one of the ambulatory care centers for one day during the training work week. Opportunities to provide wellness-based integrative practices via telehealth technologies will also be available.

Core Component:

Integrated Health and Healing (Dr. Serpa): GLA is a Center for Innovation site to explore the training of staff, dissemination, empirical basis and implementation of mind-body, integrative medicine modalities of care so frequently requested by our Veteran consumers. The integrative, Interprofessional residents will be central to these efforts. In the past several years, GLA has invested in the local staff training and certification for a variety of integrative modalities of care. Residents will be trained in mindfulness interventions and will co-facilitate groups with a licensed clinical psychologist certified in MBSR. No prior experience with MBSR is required although a demonstrated interest in and experience with mindfulness-based interventions is strongly preferred. Residents are invited to co-facilitate Mindful Self-Compassion (MSC) and Integrative Tinnitus Management (ITM). The Interprofessional Integrative Health Trainees, which may include psychology residents, advance practice mental health nurses, social work interns and psychiatry residents, will also have the option for training and direct clinical experience with programs in the Integrative Health and Healing Center (IHHC) including Yoga, Breathing-Stretching-Relaxation, Tai Chi, and other interventions with a promising evidence basis. The training goal is not simply to learn the intervention, but to utilize the specific skills of psychology to evaluate the evidence basis of an integrative intervention, work collaboratively across disciplines to establish appropriate training, dissemination in an integrated primary care setting, and quality improvement evaluation with related reporting. It is likely residents will be involved in design, dissemination, implementation, and evaluation of employee wellness interventions.

Interprofessional residents will be providing layered supervision weekly to a social work trainee for one individual case. Additionally, residents may have layered supervision opportunities with psychology interns and pre-interns, social workers, and others.

Secondary placements:

Secondary placements would likely last a minimum of 3 months, but may span the full year, depending on supervisor expectations and resident interest.

Primary Care Mental Health Integration (Drs. Chen, Kay, Jetton, Schutz): The Primary Care-Mental Health Integration program is based in the Primary & Ambulatory Care Clinic (PACC) and the Homeless Patient Aligned Care Team (H-PACT) where veterans are seen by primary care providers for both general and preventive health care. A mental health team of providers is co-located to meet the needs of those patients with mild to moderate mental health issues including depression and anxiety, PTSD, chronic illness/multiple medical problems, pain disorders, and substance abuse. The PCMHI team consists of psychologists, psychiatrists, social workers, and nurses. Residents working in Primary Care will be responsible for evaluation and assessment, individual and group therapies, team participation and consultation, and attendance at didactics. There are opportunities for layered supervision of psychology interns treating short-term individual patients. Some of the clinic opportunities include:

- Evidence-based treatments (e.g., CBT, IPT, MI and behavioral activation).
- Health Promotion/Wellness (e.g., smoking cessation, MOVE clinic, chronic pain, and acceptance-based approaches).
- Curbside consultations and same day access services.
- Teaching and supervision providing in-service training and supervising pre-interns in Health Psychology.

Pain Clinic (Drs. Bailey and Kay): The resident will work closely with psychologists who are part of an interdisciplinary pain treatment team (Rehabilitation Medicine, Anesthesiology, Nursing, Neurology, and Psychiatry). The primary role of the psychologist in this setting is that of consultant to the treatment team based on an assessment of the patient's current psychological/personality functioning and biopsychosocial history. There are opportunities to assess patients with chronic and complicated pain problems. Pain patients who are candidates for interventional procedures (e.g. spinal cord stimulator or baclofen pump placement) undergo a comprehensive psychological assessment, including clinical interview, self-report measures, and administration of the MMPI-2-RF. Thus, psychology trainees gain experience in the use and interpretation of screening, interview, and personality measures in the assessment of chronic pain. In addition to assessment, the pain psychology program also contributes to a CARF accredited interdisciplinary comprehensive pain rehabilitation program. Fellows may conduct evaluations of candidates for the program, provide group-based psychological treatment, and participate in interdisciplinary treatment plans. There may also be opportunities to provide group behavioral pain management to Veterans who struggle with addiction. Finally, individual therapy opportunities (i.e. CBT or biofeedback) may be available as well. There are opportunities for layered supervision of psychology interns in group treatment and assessment.

Inpatient Acute Physical Rehabilitation Unit (Dr. Zeller): Residents complete consultations on patients admitted for intensive physical rehabilitation of stroke, amputation, traumatic brain injury, and/or neurological or orthopedic disorders. Consultation can include diagnostic evaluation, psychological and neuropsychological assessment, short-term psychotherapy, and staff support and education. Residents attend weekly interdisciplinary treatment rounds and family conferences.

Biofeedback: Residents may have the opportunity to participate in a biofeedback therapy group. In biofeedback therapy, a patient learns how to change physiological activity to improve one's health and performance. With Biofeedback treatment, the person learns to observe and control "involuntary" workings of the body while using calming skills to voluntarily reverse unhealthy states. Biofeedback devices are used to promote awareness by measuring physiological states that reflect the activities of the sympathetic and parasympathetic nervous systems.

Trauma treatment: Interprofessional residents may elect to develop experience in EBPs for PTSD including PE and/or CPT as supervised by highly experienced psychologists who work in trauma and general mental health clinics. Specifics would be determined upon placement.

Teaching/Training Methods

- **Didactics** – the "Interprofessional" track resident is required to participate in the *Postdoctoral Seminar and Journal Club* (bi-monthly), *Evidence Based Psychotherapy Seminar* (monthly), and the *Diversity Seminar* (bi-monthly). Rotation specific didactics include participation in a joint seminar with other discipline trainees that is offered to gain exposure to leaders from various disciplines and to gain experience with various professional roles, and functions. Optional didactics include PCMHI didactics, Pain Clinic didactics and Grand Rounds. See page 26 for a description of program didactics.
- **Mentorship** – the Interprofessional resident will be assigned a Mentor from among the group of primary and delegated supervisors (often, the Primary Supervisor). This mentor aids the resident in evaluating their training needs and interests and developing an individualized

training plan (ITP) based on those needs and the training program's competency areas. The mentor also provides professional mentoring to the resident **at least monthly**, a process that is separate from clinical supervision and is designed with an eye toward the resident's progress through the residency program and development of their professional identity. Career guidance, role modeling, and psychosocial support are a focus of the mentoring relationship. If there is a specific career goal that other psychologists on staff might be particularly expert at addressing, mentors will also facilitate connection between the resident and other expert(s) – in addition to their ongoing role as Mentor.

- **Supervision** – clinical supervision in one of the primary vehicles of training for the resident in this track. They will receive individual and group supervision where intervention, assessment, and interdisciplinary consultation techniques are discussed and evaluated. Modeling, review of tapes (audio and/or video), case discussions, and review of written work are among the methods that allow for evaluation of the resident. The resident receives a minimum of two hours of face-to-face individual supervision each week. The interprofessional track resident will work with other psychology trainees (e.g. predoctoral intern or extern/practicum students) getting experience in layered/tiered supervision under the guidance of licensed professionals.

Interprofessional Integrative Health Track Faculty: (please see *Clinical Psychology and Clinical Neuropsychology Faculty* pages 29-34 for more detailed biosketch of these individuals).

1. *Greg Serpa, Ph.D.* – Co-Director, Interprofessional Integrative Health Program; Clinical Psychologist – MBSR and Health and Wellness Programs
2. *Morgan Kay, Ph.D.* – Co-Director, Interprofessional Integrative Health Program; Clinical Psychologist Pain Clinic
3. *Suzie Chen, Ph.D.* – clinical psychologist in PCMHI Clinics.

Homeless Mental Health/Substance Use Disorder – (one positions open)

(Please note this is a **1-year residency** and IS OPEN for applications in 2020)

Overview of Track: A one-year, full-time, position are available for combined training in the **Homeless Patient Aligned Care Team (H-PACT)** and the **Substance Use Disorders (SUD)** program. In the integrated H-PACT clinic, health professional trainees from separate disciplines to work together over the course of the year to form trainee-led interprofessional treatment teams, leading to immersive and transformative training in interprofessional healthcare. The HPACT treatment model provides wraparound medical, mental health, and social work services to homeless veterans from the time they come in off the street until they are stably housed. The Greater Los Angeles HPACT clinic is the largest and most complex Homeless PACT clinic in the entire VA system. The **Substance Use Disorder (SUD) Outpatient Programs** rotation offers a core training component in an intensive outpatient program using evidence-based treatments. As the Veterans served vary in terms of treatment needs and readiness for change, trainees will have the opportunity to acquire assessment, intervention, and consultation skills to address the broad range of needs using a variety of models and different time frames ranging from brief, single session interventions to a full 16-week program with aftercare.

Training Goals: At the end of residency we expect our residents to demonstrate advanced competence in the following areas:

- Development of advanced skill in the **Level 1 competencies** of Scholarly Inquiry; Ethical/Legal Issues; Professional Values and Cultural and Individual Diversity.

- Development of advanced skill in the **Level 2 competencies** of Assessment/Diagnosis; Intervention; Interdisciplinary Consultation; Supervision & Teaching; Organization and Program Evaluation.

We expect our resident in this focus area to:

- develop advanced skills in the practice of psychological and behavioral interventions for adults with severe mental illness and substance use disorders
- develop advanced skill in the rapid assessment and triage of urgent walk-in appointments and the assessment of crisis/risk
- develop advanced understanding of the impact of homelessness on mental and physical health.
- develop a professional identity as a health service psychologist with specialized expertise in the assessment and treatment substance use disorders
- prepare for state or provincial licensure or certification for independent practice of psychology;
- prepare for requirements for board certification in Clinical Psychology and/or Counseling Psychology by the American Board of Professional Psychology

Teaching/Training Methods

- Didactics – the resident in this track is required to participate in the *Postdoctoral Seminar and Journal Club* (bi-monthly), *Evidence Based Psychotherapy Seminar* (monthly), and the *Diversity Seminar* (bi-monthly). Rotation specific didactics include participation in the H-PACT didactics (which includes VA and UCLA trainees in various mental health disciplines) and weekly didactics in the SUD clinics when available. See page 26 for description of program didactics.
- Mentorship – the HPACT/SUD resident will be assigned a Mentor (Dr. Katherine Bailey for the upcoming year, currently Dr. Kerri Schutz). This mentor aids the resident in evaluating their training needs and interests and developing an individualized training plan (ITP) based on those needs and the training program’s competency areas. The mentor also provides professional mentoring to the resident **at least monthly**, a process that is separate from clinical supervision and is designed with an eye toward the resident’s progress through the residency program and development of their professional identity. Career guidance, role modeling, and psychosocial support are a focus of the mentoring relationship. If there is a specific career goal that other psychologists on staff might be particularly expert at addressing, the mentor will facilitate the connection between the resident and other expert(s).
- Supervision – clinical supervision in one of the primary vehicles of training for the resident in this track. They will receive individual and group supervision where intervention, assessment, and interdisciplinary consultation techniques are discussed and evaluated. Modeling, review of tapes (audio and/or video), case discussions, and review of written work are among the methods that allow for evaluation of the resident. The resident receives a minimum of two hours of face-to-face individual supervision each week. The interprofessional track resident will work with other psychology trainees (e.g. predoctoral intern or extern/practicum students) getting experience in layered/tiered supervision under the guidance of licensed professionals

Homeless Mental Health/SUD Track Faculty: (please see *Clinical Psychology Faculty*, starting on page 29 for more detailed biosketch of these individuals).

1. *Anjali Alimchandani, Ph.D.* – clinical psychologist H-PACT Program
2. *Katherine Bailey, Ph.D.* – clinical psychologist in the Pain Clinic and SUD clinics

PROGRAM STRUCTURE

At the outset of each training year, residents will work closely with their primary supervisors/mentor and with the Director of Postdoctoral Training (Dr. Castellon) to design an Individualized Training Plan (ITP) that incorporates the resident's training goals and interests with their incoming experience and background and with the program's Aims and Mission. Primary supervisors/mentors are licensed clinical psychologists (all are California licensed) and are experts in the content area on the training track where they supervise. Individualized programs are developed in collaboration with the resident to increase experience in and mastery of the core competencies in generalist skills and within the various area of emphasis. At entry to the residency, supervisors and residents together determine the level of the resident's competency in areas including assessment, intervention, and consultation; self-rating forms are employed and discussed. Our program employs a developmental approach to training and to supervision, where residents gain increasing independence and responsibility as their knowledge and skills develop. This is based on the initial baseline assessment and ongoing formal and informal assessment of skills and abilities. Residents are evaluated formally, on their work towards development of competencies and also asked to formally evaluate their supervisors and their training experiences. With this approach, there is flexibility to address areas that require more intensive training and also to identify and modify the resident's learning objectives if needed. At the beginning of the year, supervisors work jointly with residents to model and closely observe assessment and intervention skills. Residents function at an increasingly higher level of independence as their skills and their experience progress during the year. Supervision of predoctoral interns as well as of practicum students is an important part of the developmental process and a core competency skill during the training year(s).

RESEARCH/PROGRAM EVALUATION

Our clinical psychology residency program is based on the scientist-practitioner model and stresses the contribution of research to clinical practice. Most clinical rotations include experience with provision of evidence-based treatments and/or assessment best-practices. Residents are encouraged to participate in a clinical research (or Quality Improvement) or Program Evaluation project during the year consistent with their research interests. Between 10 and 20% of a resident's time can be approved/protected for such a project, which may include program evaluation studies. Residents are asked to submit a written summary of any research project they engaged in at the end of the year.

TIME COMMITMENT

Residents will be expected to spend 40-45 hours per week in training activities, including a minimum of 75% time on site.

SUPERVISION and MENTORSHIP

Training in specific content areas is accomplished using a combination of methods including experiential learning, direct observation by supervisor, audio and/or videotaping of sessions, clinical supervision, didactics and other educational activities, and focused readings. All residents will be assigned a primary supervisor who will also serve as a mentor for them during their training tenure. All residents *receive a minimum of 4 hours of supervision weekly, at least 2 of which will be individual, face-to-face clinical supervision.*

Mentorship is formally provided in addition to and separate from clinical supervision. Mentoring to the resident takes place during protected times **at least monthly** and is a process that is separate from clinical supervision and is designed with an eye toward the resident's progress through the program and development of their professional identity. Career guidance, role modeling, and psychosocial support are a focus of the mentoring relationship. If there is a specific career goal that

other psychologists on staff might be particularly expert at addressing, mentors will also facilitate connection between the resident and other expert(s) – in addition to their ongoing role as Mentor.

FACILITY AND TRAINING RESOURCES

Residents will be provided office space and computers necessary for patient care and administrative responsibilities. They will have full access to VA Medical Library services, the UCLA Biomedical Library, as well as VA Intranet and internet resources for clinical and research work. We have a comprehensive Psychology Assessment Lab, which includes a wide variety of psychological assessment instruments and scoring programs. There are 2 staff available for administrative support.

ADMINISTRATIVE POLICIES AND PROCEDURES

Due Process – Procedures for due process and grievance are in place for any instances of problematic performance and are available upon request.

Privacy policy: we will collect no personal information about you when you visit our website.

Self-Disclosure: We do not require residents to disclose personal information to the program administrators or clinical supervisors, except in cases where personal issues may be adversely affecting the resident's performance and such information is necessary to address any difficulties.

EVALUATION

The Training Program strongly promotes consistent and ongoing feedback between resident, supervisor, and the Training Committee.

The Postdoctoral Training Program will evaluate its effectiveness for meeting training goals and objectives through the following means:

- Supervisors' formal evaluations of the resident's performance in core competency areas. Both the resident and the supervisor sign evaluations. Evaluations take place every six months, at a minimum.
- Residents' formal evaluations of their clinical supervisors. Residents provide written and verbal feedback to all of their clinical supervisors.
- Regular communication between the Director of Training and supervisors to discuss the residents' performance and progress
- Mid-term Interview with the Residency Director of Training
- Exit interview with the Residency Director of Training
- Residents' representation at Training Committee Meetings
- Seminar time set aside monthly for Director of Training and residents to discuss program issues
- End of year survey of experiences and quality of training, along with recommendations for program improvement. Feedback from the resident's survey is discussed with supervisors and the Training Committee and used for program improvement.
- One year post-residency program survey to assess program satisfaction, achievements, scholarly activities, licensure status and employment
- Regular programmatic review by the Training Committee
- Representation by the Department Chair and the Director of Training at the Graduate Medical Education Committee (GMEC). The GMEC provides oversight, monitoring and advisement on all

aspects of graduate medical education and associated health programs sponsored by GLA and governs grievance procedures.

TRAINING OUTLINES FOR RECENT/CURRENT CLINICAL PSYCHOLOGY RESIDENTS

TRAINING OUTLINE for Health Resident: 2018-19

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8-noon	ARU	Pain Clinic	HPDP	PCMHI	Pain Clinic
12:30-4:30	ARU Seminars	PCMHI Seminars	HPDP	PCMHI	Pain Clinic

TRAINING OUTLINE for Trauma Resident: 2017-2018

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8-noon	Women's Clinic	MHC/TRS	Women's Clinic	MHC/TRS	MHC/TRS
12:30-4:30	Women's Clinic Seminars	MHC/TRS Seminars	MHC/TRS	MHC/TRS	MHC/TRS

TRAINING OUTLINE for Interprofessional Resident: 2018-2019

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8-noon	IMHC and	IMHC	IMHC or PCMHI or HPACT or MHC	PCMHI or WC or PC or MHC	IMHC or MHC
12:30-4:30	IMHC Seminars	IMHC or ID Seminars	IMHC or PCMHI or HPACT or MHC	PCMHI or WC or PC or MHC	IC or MHC

TRAINING OUTLINE for H-PACT Resident: 2018-2019

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8-noon	HPACT	HPACT	HPACT	HPACT	SUD Clinic
12:30 -4:30	HPACT SEMINARS	SUD Clinic SEMINARS	HPACT	HPACT	SUD Clinic

DIDACTICS/SEMINARS

Didactics include a seminar held weekly on Wednesday afternoon (Assessment Seminar) and three monthly seminars or lecture series (Diversity Seminar, Evidence-based Psychotherapy Lecture Series, and the Postdoc Residency Seminar and Journal Club). In addition to these core didactic experiences, residents often will avail themselves of many other optional educational opportunities. A sampling of these include, weekly Mental Health Grand Rounds, weekly Neurobehavior Seminars, occasional UCLA Department of Psychology workshops, VA-sponsored trainings, other departmental rounds and conferences, UCLA Grand Rounds, UCLA Neuroscience seminars, and licensure seminars. Attendance at optional educational activities is at the discretion of the training staff and the resident's mentor.

Assessment Seminar meets every Wednesday afternoon. Led by Drs. Hinkin and Castellon, the seminar is designed to enhance foundational skills in both neuropsychological and psychodiagnostic assessment. Lectures/presentations will cover test background, selection, administration, reliability and validity, and interpretation, as well as the assessment interview, multicultural factors, ethics, and test limitations. Topics in neuropsychological assessment will include neuroanatomy for the clinical/counseling psychologist, neurological diseases and disorders, neuropsychological manifestations of psychiatric disorders, and classic neurobehavioral conditions. Special topic of interests such as aging, rehabilitation, research, professional issues, and career development will also be covered. Clinical case material is used throughout the seminar to highlight and supplement coursework, and will include case presentations.

Diversity Seminar, led by Drs. Yong Song and Anjuli Amin, meets twice a month and is designed with a purpose of increasing the residents' cultural competence by examining the dimensions of the cultural self and others. This understanding is used to inform clinical interpretations, treatment goals, and relationships with patients. Case discussions, didactic presentations and experiential practice are used to achieve these objectives. Guest lecturers are invited to speak on such topics as the gay and lesbian community, the transgender community, physical disability, aging, the immigrant experience, ethno-pharmacology, cultural issues in psychological assessment, and other areas of interest as identified by the internship and residency class.

Postdoc Seminar and Journal Club, led by Dr. Steven Castellon, meets twice a month and features guest speakers on topics related to professional development and a resident-led Journal Club – with presentations led by residents and Dr. Castellon centered on clinical and professional issues of importance to all residents.

The Evidence-Based Psychotherapy Seminar, facilitated by Dr. Okonek, meets monthly and features a variety of guest speakers discussing state-of-the-art evidence-based interventions relevant to the VA setting. The seminar includes presentations on interventions such as Acceptance and Commitment Therapy, CBT for Psychosis, CBT for Pain, Cognitive Processing Therapy, Prolonged Exposure, biofeedback, and Motivational Interviewing. The seminar format includes formal didactics and group discussion.

In addition to the required and optional seminars listed above, the following training activities are available to all residents:

- Access to training activities offered to interns and practicum students

- Weekly neurosciences lectures at the Semel Institute for Neuroscience & Human Behavior at UCLA that emphasize theoretical and conceptual issues
- Weekly VA Neurobehavior seminars presenting research and clinical data on neurobehavioral syndromes and cases highlighting unusual disorders
- VA Memory Disorder and Neurobehavioral Clinics in which case presentations are discussed by neurologists, neuropsychologists, and psychiatrists
- Clinical pathology (i.e., brain cutting) conferences
- Weekly UCLA Grand Rounds
- Weekly Pain Clinic lecture series
- GRECC lectures, seminars and workshops
- MIRECC lectures, seminars and workshops
- Psychology Department-sponsored continuing education workshops (3 offered each year) on special topics of interest including law and ethics, supervision, diversity, PTSD, psychopharmacology, assessment, psychopathology and contemporary treatments
- VA-sponsored workshops and courses in such topics as rehabilitation, bioethics and Palliative Care

Requirements for Completion

To maintain good standing and complete the postdoctoral residency program, residents are expected to:

1. Fully abide by the APA Ethical Principles and Code of Conduct as well as all VA policies, rules and regulations.
2. Obtain an average rating of "Progressing Well" in each of the six core competency areas, with no serious ethical violations or transgressions identified.
3. Meet all administrative requirements.
4. Complete 2080 hours of supervised professional experience (SPE), to be completed in one year of full-time training.
5. Achieve satisfactory performance in all clinical competency areas and at the completion of the fellowship term (final rotation rating), the Fellow has received ratings of "Competent" (which is anchored as "performing at level of entry-level psychologist, no supervision needed, knows when to consult"), in all competency areas.

Additionally, we expect all residents to be "progressing well" (mid-term) and then to be rated fully "competent" (final rating) on the following general competencies listed below.

1. Demonstrate an advanced knowledge and application of ethical principles and professional conduct to clinical practice and research.
 - Participate in formal training in professional and ethical standards.
 - Gain experience and proficiency through supervised clinical experiences.
2. Demonstrate advanced knowledge and skills in psychological assessment.
 - Participate in at least two comprehensive assessments (for Health, Interprofessional, and Trauma Residents) during the training year, in addition to the assessment requirements in clinics.
3. Demonstrate an advanced ability to conduct individual and group psychotherapy.

- Follow at least 5 psychotherapy cases
 - Gain experience in at least two significantly different theoretical orientations.
 - Lead, supervise, or co-lead at least two psychotherapy or psychoeducation groups.
4. Demonstrate the ability to function as a member of an interdisciplinary team.
 - Complete at least one rotation as an active participant in an interdisciplinary team setting.
 - Develop and coordinate treatment planning within an interdisciplinary treatment team.
 5. Demonstrate an advanced proficiency in clinical research and the ability to integrate scientific literature into clinical practice.
 - Apply research findings in treatment decisions, case discussions, and research presentations.
 - Participate in a clinical research project during the fellowship year(s).
 - Present ongoing research at the seminars or local/national conferences.
 - Attend seminars and workshops on clinical research topics.
 6. Understand and apply knowledge of individual and cultural diversity to assessment and treatment.
 - Attend presentations on individual and cultural diversity.
 - Demonstrate knowledge of individual and cultural diversity as they apply to assessment and treatment of a diverse population.
 7. Develop entry-level skills in clinical supervision.
 - Participate in presentations on clinical supervision.
 - Provide supervision to at least 2 practicum-level or internship trainees during the fellowship.
 8. Continued development of one's professional development through:
 - Acquire advanced skills in area of emphasis.
 - Contribute to the professional and scholarly community through research, advocacy or education.
 - Make progress toward licensure and/or board certification.
 9. Gain knowledge of administrative and organizational practices
 - Participate in the administration, organization or management of psychology service delivery
 - Present the project to Psychology staff and trainees.

Clinical Psychology Postdoctoral Training Faculty

Core Supervisors:

Alimchandani, Anjali Ph.D., MPP - (Psychologist, Homeless Patient Aligned Care Team, and Transgender Care Team)

Doctoral Program: New York University (Counseling), 2016

Predoctoral Internship: GLA VA Healthcare System, Sepulveda Ambulatory Care Center

Postdoctoral Fellowship: none

Clinical Interests: Trauma (PTSD, complex trauma); Culturally responsive, social justice informed interventions; Transgender care; ACT; CPT; Mindfulness

Research Interests: Social determinants of health; intersections of psychology and social justice/activism, culturally responsive psychological theory and practice, psychology of marginalized groups

Bailey, Katherine Ph.D.

Doctoral Program: University of Illinois at Chicago, 2010

Predoctoral Internship: West Los Angeles VA Medical Center

Postdoctoral Fellowship: San Francisco VA Medical Center

Emphasis Track: Health/Integrative Health (Pain Clinic, Infectious Disease Clinic); Substance Use Disorder Clinic
Clinical Interests: Health psychology, substance abuse, anxiety disorders, evidence-based behavioral practice

Research Interests: Health behavior change, health disparities, dissemination and training

Benedicto, Rosy, Ph.D.

Doctoral Program: University of Nebraska-Lincoln (Clinical), 2015

Predoctoral Internship: West Los Angeles VA Healthcare Center, 2014-2015

Postdoctoral Fellowship: West Los Angeles VA Healthcare Center (Trauma Psychology), 2015-2016
Track: Trauma

Clinical Interests: Co-occurring trauma and substance use disorders, military sexual trauma, intimate partner violence, sleep disorders, moral injury, evidence-based practices to assess and treat PTSD and other trauma-related problems, family-focused approach to treatment

Research Interests: Understanding, preventing, and treating interpersonal trauma and violence and co-occurring substance use

Boxer, Laurie, Ph.D.

Doctoral Program: Syracuse University (Clinical), 1991

Predoctoral Internship: West Los Angeles VA Medical Center, 1990-1991

Emphasis Track: Trauma (POST program)

Clinical Interests: Assessment and Treatment of PTSD, Dialectical Behavior Therapy, Psychotherapeutic Interventions for Bipolar Disorder

Research Interests: Impact of the therapeutic alliance in potentiating efficacy of evidence-based psychotherapy; Effectiveness of DBT skills training on PTSD symptoms and tension reduction behaviors

Castellon, Steven A., Ph.D. – (Director, Postdoctoral Residency Program)

Doctoral Program: University of California, Los Angeles (Clinical), 1997

Predoctoral Internship: West Los Angeles VA Medical Center

Postdoctoral Fellowship: Neuropsychology, UCLA Neuropsychiatric Institute

Academic Affiliation: Associate Clinical Professor and Research Psychologist, Department of Psychiatry & Biobehavioral Sciences; David Geffen School of Medicine at UCLA

Track: Polytrauma Psychology, Health/Integrated Care (Psychology Assessment Lab)

Clinical Interests: Neuropsychological assessment, psychological assessment

Research Interests: Cognitive effects of cancer and cancer treatments, neuropsychiatric aspects of HIV/AIDS, cognitive and psychiatric consequences of Hepatitis C and its treatment

Cernin, Paul, Ph.D.

Doctoral Program: Wayne State University, 2008

Predoctoral Internship: St. Louis VAMC

Academic Affiliation: Assistant Clinical Professor, Department of Psychiatry and Biobehavioral Sciences David Geffen School of Medicine at UCLA

Postdoctoral Fellowship: Neuropsychology, UCLA Semel Institute, Geriatric Neuropsychology, 2008-2010

Track: Clinical Neuropsychology (Geriatric Neuropsychology)

Clinical Interests: older adults, LGBT aging

Research Interests: health disparities and urban elders, successful aging, breast cancer and cognition.

Chen, Suzie S., Ph.D.

Doctoral Program: Drexel University (Clinical), 2005

Predoctoral Internship: VA Sepulveda Ambulatory Care Center

Postdoctoral Fellowship: VA Long Beach Healthcare System (Rehab and Neuropsychology)

Track: Health Psychology/Interprofessional Integrative Health

Clinical Interests: Health Psychology, Behavioral Medicine, Rehabilitation Psychology, Sexuality & Intimacy, general psychological or cognitive assessment and treatment

Research Interests: Sexuality and Disability, Pain, Spinal Cord Injury, Caregiver Burden

Harrell, Katherine, Ph.D.

Doctoral Program: Drexel University (Clinical), 2005

Predoctoral Internship: West Los Angeles VA Medical Center

Track: Clinical Neuropsychology (V-CAMP program)

Clinical Interests: Neuropsychology; Tele-psychology; Geriatrics

Himmelfarb, Naomi, Ph.D.

Doctoral Program: University of Connecticut (Clinical), 1988

Predoctoral Internship: Los Angeles County-USC Medical Center

Academic Affiliation: Assistant Professor, Department of Psychiatry and Biobehavioral Sciences David Geffen School of Medicine at UCLA

Track: Trauma, Health (Women's Health Program)

Clinical Interests: Trauma, PTSD, and sexual assault

Research Interests: PTSD, sexual assault in women

Hinkin, Charles H., Ph.D., ABPP-CN

Doctoral Program: University of Arizona (Clinical), 1991

Predoctoral Internship: Miami VA Medical Center

Postdoctoral Fellowship: Neuropsychology, UCLA School of Medicine

Academic Affiliation: Professor-in-Residence, Department of Psychiatry and Biobehavioral Sciences David Geffen School of Medicine at UCLA

Track: Geropsychology/Neuropsychology (Director Neuropsychology Service)

Clinical Interests: Neuropsychological assessment, detection of malingering, dementia

Research Interests: Neurocognitive and neuropsychiatric sequelae of HIV infection, HCV infection, medication adherence in chronic disease

Kay, Morgan A., Ph.D.

Doctoral Program: California School of Professional Psychology (Clinical), 2013

Predoctoral Internship: VA Western NY Healthcare System (Buffalo)

Postdoctoral Fellowship: West Los Angeles VA Medical Center (2014)

Track: Interprofessional Integrative Health and Health Psychology

Clinical Interests: Health psychology, chronic pain management, insomnia treatment, interprofessional collaboration

Kornfeind, Fred, Psy.D.

Doctoral Program: Illinois School of Professional Psychology – Chicago Campus (Clinical), 1996

Predoctoral Internship: West Los Angeles VA Medical Center

Postdoctoral Fellowship: Geropsychology, UCLA Neuropsychiatric Institute

Track: Geropsychology/Neuropsychology

Clinical Interests: Geropsychology, Health Psychology, Home-based Primary Care

Melrose, Rebecca, Ph.D.

Doctoral Program: Boston University, Boston (Clinical), 2007

Predoctoral Internship: West Los Angeles VA Medical Center, 2006-2007

Postdoctoral Fellowship: Special Fellowship in Advanced Geriatrics, West Los Angeles VA Medical Center, 2007-2010

Academic Affiliation: Assistant Research Psychologist, Department of Psychiatry and Biobehavioral Sciences David Geffen School of Medicine at UCLA

Track/Rotation: Clinical Neuropsychology (Geriatric Medicine)

Clinical Interests: Neuropsychology

Research interests: Neuroimaging & neuropsychology of cognitive decline in aging

Active Research: Neuroimaging (task fMRI, resting state fMRI, DTI) of Mild Cognitive Impairment & Alzheimer's Disease

Okonek, Anna, Ph.D. – (Director of Psychology Training)

Doctoral Program: University of California, Los Angeles (Clinical), 1992

Doctoral Internship: West Los Angeles VA Medical Center, 1989-1990

Postdoctoral Fellowship: Geropsychology/Neuropsychology, UCLA Neuropsychiatric Institute, 1991-1993

Academic Affiliation: Clinical Professor, UCLA Department of Psychology

Track: Polytrauma

Clinical Interests: Polytrauma/traumatic brain injury, neuropsychology, adjustment to disability, coping with acute and chronic medical illness

Research interests: Traumatic brain injury, blast injury

Osato, Sheryl, Ph.D.

Doctoral Program: University of Hawaii (Clinical), 1986

Predoctoral Internship: West Los Angeles VA Medical Center

Postdoctoral Fellowship: Geropsychology, UCLA Neuropsychiatric Institute

Academic Affiliations: Clinical Professor, UCLA Department of Psychology; Adjunct Professor, Fuller Graduate School of Psychology

Track: Geropsychology-Neuropsychology

Clinical Interests: Neuropsychiatric aspects of aging, dementia, psychopathology and aging

Research Interests: Aging and neuropsychology, dementia

Kerri Schutz, Psy.D., BCB

Doctoral Program: Pepperdine University, 2011

Predoctoral Internship: Atascadero State Hospital

Postdoctoral Fellowship: Loma Linda VA Medical Center

Clinical Interests: Severe Mental Illness, PTSD, Crisis Interventions, ACT, CPT, Biofeedback.

Research Interests: Interprofessional care and teamwork, health outcomes of Veterans with PTSD, Moral Injury.

Serpa, J. Greg, Ph.D. - (Co-Director, Interprofessional Integrative Health Program)

Doctoral Program: California School of Professional Psychology, 2004

Predoctoral Internship: VA Greater Los Angeles Healthcare System, Sepulveda Ambulatory Care Center

Postdoctoral Fellowship: Harbor UCLA Medical Center

Clinical Interests: Mindfulness and Mindfulness Based Stress Reduction, Interprofessional training, Integrative Health modalities, Substance use disorders, HIV Mental Health, Yoga

Research Interests: Mindfulness and integrative Modalities of health, cortical neuroplasticity in veterans with TBI using mindfulness, cortical neuroplasticity in IBS using mindfulness

Song, Yong S., Ph.D.

Doctoral Program: Virginia Commonwealth University (Clinical), 1998

Predoctoral Internship: San Francisco VA Medical Center, 1997-1998

Postdoctoral Fellowship: UCSF School of Medicine, Langley Porter Psychiatric Institute, 1998-2000

Track: Health Psychology/Integrated Care; Trauma

Clinical Interests: Co-occurring PTSD and substance use disorders (SUD), motivational enhancement for SUD, OEF/OIF post-deployment care, health promotion among substance users, substance relapse prevention

Research Interests: Drug abuse treatment research, HIV risk reduction interventions for substance users

Taylor-Ford, Megan, Ph.D.

Doctoral Program: University of Southern California (Clinical Science), 2015

Predoctoral Internship: West Los Angeles VA Healthcare System

Postdoctoral Fellowship: VA Greater Los Angeles Healthcare System, West Los Angeles

Track: Health Psychology/Integrated Care

Clinical Interests: Health psychology; psycho-oncology; end of life care; coping w/ chronic illness

Research Interests: mindfulness; psycho-oncology; coping with chronic illness

Wettstein, Barbara, Ph.D.

Doctoral Program: University of Notre Dame (Clinical), 1992

Predoctoral Internship: Loma Linda VA Medical Center, 1990-91

Clinical Interests: Affective disorders, civilian trauma, couples/family, groups

Track: Trauma (Mental Health Clinic)

Zeller, Michelle, Psy.D, ABPP-CN – (Director, Psychology Practicum Training Program)

Doctoral Program: Pepperdine University (Clinical), 2004

Predoctoral Internship: VA Greater Los Angeles Healthcare System

Postdoctoral Fellowship: Geropsychology, UCLA Neuropsychiatric Institute, 2004-06

Track: Health/Integrated Care (Inpatient Acute Rehabilitation Unit)

Clinical Interests: Neuropsychological assessment, individual psychotherapy, group psychotherapy, geropsychology

Research Interests: Cognitive performance on neuropsychological measures and PTSD

Psychologists Available for Training or Serving as Consultants:

Amin, Anjuli R., Ph.D. (Staff Psychologist, Telemental Health)

Doctoral Program: Southern Illinois University, Carbondale (Counseling), 2011

Predoctoral Internship: Zablocki VA Medical Center, Milwaukee, WI, 2010-2011

Postdoctoral Fellowship: Special Fellowship in Primary Care and Health Psychology, Edward Hines Jr., VA Medical Center, Hines, IL, 2011-2012

Track(s): Diversity Seminar Instructor/Co-Leader

Clinical Interests: Multiculturalism; Aging; End-of-Life; Health Psychology/Behavioral Medicine

Research Interests: Health Disparities for Women of Color; Sexual Health; Multiculturalism

Jarvis, Sara J., Ph.D.

Doctoral Program: Southern Illinois University, 1987

Predoctoral Internship: Camarillo State Hospital

Clinical Interests: Personality and cognitive assessment, individual psychotherapy, projective testing

Lam, Mona, Ph.D.

Doctoral Program: University of Nebraska, 1998

Predoctoral Internship: West Los Angeles VA Medical Center

Postdoctoral Fellowship: Neuropsychology, UCLA Neuropsychiatric Institute

Academic Affiliation: Assistant Clinical Professor, UCLA Department of Psychology

Clinical Interests: Neuropsychology

Research Interests: Neuropsychology of HIV, chronic mental illness

Rosales, Grace, Ph.D.

Doctoral Program: University of Massachusetts, 2004

Predoctoral Internship: VA Greater Los Angeles Healthcare System

Postdoctoral Fellowship: Didi Hirsch Community Mental Health Center

Clinical Interests: Substance abuse treatment, cross-cultural mental health, addiction/high risk behaviors, psychological assessment and treatment

Research Interests: Acculturation, culturally-informed mental health treatment, multi-family treatment

Rowles, Joanna, Ph.D., Chief, Department of Psychology

Doctoral Program: University of Missouri – Kansas City (Clinical), 2007

Predoctoral Internship: California Psychology Internship Consortium, State Center Community College District, 2006-2007

Rotation: Substance Use Disorder Outpatient Programs

Clinical Interests: Substance abuse treatment, cross-cultural mental health, depression

Certifications: Interpersonal Psychotherapy for Depression

Orientation: Interpersonal, Acceptance & Commitment Therapy

Past/Current Trainees- Training Background

2008-09 postdoctoral fellows (Degree Type, Graduate Program, Internship):

Ph.D., Clinical Psychology, *Alliant International University*
Internship: *UCLA Semel Institute for Neuroscience and Human Behavior*

Ph.D., Clinical Psychology, *University of Nevada Las Vegas*
Internship: *VA Palo Alto Healthcare System*

Ph.D., Clinical Psychology, *University of California, Los Angeles*
Internship: *UCLA Student Psychological Services.*

2009-10 fellows:

Ph.D., Clinical Psychology, *Alliant International University (Year 2)*
Internship: *UCLA Semel Institute for Neuroscience and Human Behavior*

Ph.D., Clinical Psychology, *University of Nevada Las Vegas (Year 2)*
Internship: *VA Palo Alto Health Care System*

Ph.D., Clinical Psychology, *University of California, Los Angeles*
Internship: *West Los Angeles VA Healthcare Center*

2010-11 fellows:

Ph.D., Clinical Psychology, *Washington University*
Internship: *West Los Angeles VA Healthcare Center*

Ph.D., Clinical Psychology, *University of Nevada Reno*
Internship: *West Los Angeles VA Healthcare Center*

Ph.D., Clinical Psychology, *Wayne State University*
Internship: *West Los Angeles VA Healthcare Center*

Ph.D., Clinical Psychology, *University of Southern California*
Internship: *Sepulveda Ambulatory Care Center*

2011-12 fellows:

Ph.D., Clinical Psychology, *Washington University (Year 2)*
Internship: *West Los Angeles VA Healthcare Center*

Psy.D., Clinical Psychology, *Pepperdine University*
Internship: *VA Los Angeles Ambulatory Care Center*

Ph.D., Clinical Psychology, *University of Houston*
Internship: *West Los Angeles VA Healthcare Center*

Ph.D., Clinical Psychology, *Wayne State University (Year 2)*
Internship: *West Los Angeles VA Healthcare Center*

2012-13 fellows:

Ph.D., Clinical Psychology, *Pennsylvania State University*
Internship: *VA Palo Alto Healthcare System*

Ph.D., Counseling Psychology, *University of Texas, Austin*
Internship: *Cincinnati VA Medical Center*

Ph.D., Clinical Psychology, *University of Colorado, Colorado Springs*
Internship: *West Los Angeles VA Healthcare Center*

Psy.D., Clinical Psychology, *Massachusetts School of Professional Psychology*
Internship: *VA Los Angeles Ambulatory Care Center*

2013-14 fellows:

Ph.D., Clinical Psychology, *Pennsylvania State University*
Internship: *VA Palo Alto Healthcare System (Year 2)*

Ph.D., Clinical Psychology, *University of California, Los Angeles*
Internship: *Sepulveda VA Ambulatory Care Center*

Ph.D., Clinical Psychology, *University of Southern California*
Internship: *West Los Angeles VA Healthcare Center*

Ph.D., Clinical Psychology, *University of Colorado, Colorado Springs*
Internship: *West Los Angeles VA Healthcare Center (Year 2)*

Ph.D., Clinical Psychology, *Alliant International University*
Internship: *Buffalo VA Medical Center, Western NY Healthcare System*

Ph.D., Clinical Psychology, *Fordham University*
Internship: *West Los Angeles VA Healthcare Center*

2014-15 fellows:

Ph.D., Clinical Psychology, *University of Southern California*
Internship: *West Los Angeles VA Healthcare Center*

Psy.D., Clinical Psychology, *Loma Linda University*
Internship: *VA Los Angeles Ambulatory Care Center*

Psy.D., Clinical Psychology, *Alliant International University*
Internship: *Southern Arizona (Tucson) VA Healthcare Center*

Ph.D., Clinical Psychology, *University of California, Los Angeles*
Internship: *West Los Angeles VA Healthcare Center*

Ph.D., Clinical Psychology, *Fordham University*
Internship: *West Los Angeles VA Healthcare Center*

Psy.D., Clinical Psychology, *Pepperdine University*
Internship: *West Los Angeles VA Healthcare Center*

2015-16 fellows:

Ph.D., Clinical Psychology, *Fordham University*
Internship: *West Los Angeles VA Healthcare Center (Year 2)*

Ph.D., Clinical Psychology, *University of Nebraska, Lincoln*
Internship: *West Los Angeles VA Healthcare Center*

Ph.D., Clinical Psychology, *Illinois Institute of Technology*
Internship: *San Diego VA Medical Center/UCSD*

Ph.D., Clinical Psychology, *Fordham University*
Internship: *West Los Angeles VA Healthcare Center*

Ph.D., Clinical Psychology, *University of Southern California*
Internship: *West Los Angeles VA Healthcare Center*

Psy.D., Clinical Psychology, *Pepperdine University*
Internship: *West Los Angeles VA Healthcare Center (Year 2)*

2016-17 residents:

Psy.D., Clinical Psychology, *Pepperdine University*
Internship: *VA Sepulveda Ambulatory Care Clinic*

Ph.D., Clinical Psychology, *Case Western Reserve University*
Internship: *VA Puget Sound Healthcare System*

Ph.D., Clinical Psychology, *Georgia State University*
Internship: *UCLA Semel Institute for Neuroscience and Human Behavior*

Ph.D., Clinical Psychology, *University of Southern California*
Internship: *Long Beach VA Medical Center*

Psy.D., Clinical Psychology, *Pepperdine University*
Internship: *VA Central Western Massachusetts Healthcare System*

Psy.D., Clinical Psychology, *Pepperdine University*
Internship: *Dayton VA Medical Center*

Ph.D., Clinical Psychology, *Georgia State University*
Internship: *West Los Angeles VA Healthcare Center*

Ph.D., Clinical Psychology, *Duquesne University*
Internship: *Sharp Mesa Vista Hospital*

2017-18 residents:

Ph.D., Clinical Psychology, *Case Western Reserve University*
 Internship: *VA Puget Sound Healthcare System (Year 2)*

Ph.D., Clinical Psychology, *Georgia State University*
 Internship: *UCLA Semel Institute for Neuroscience and Human Behavior (Year 2)*

Ph.D., Clinical Psychology, *Alliant International University (San Diego)*
 Internship: *Louis Stokes Cleveland VA Medical Center*

Ph.D., Clinical Psychology, *University of California, Los Angeles*
 Internship: *VA Sepulveda Ambulatory Care Center*

Psy.D., Clinical Psychology, *Pepperdine University*
 Internship: *Los Angeles County Psychology Internship in Corrections*

Psy.D., Clinical Psychology, *Pepperdine University*
 Internship: *Dayton VA Medical Center (Year 2)*

Psy.D., Clinical Psychology, *Pepperdine University*
 Internship: *VA Sepulveda Ambulatory Care Center*

Ph.D., Clinical Psychology, *Rosalind Franklin University*
 Internship: *Edward Hines Jr. VA Medical Center*

Summary Statistics of Postdoctoral Trainees:

Gender: Female = 32, Male = 8 (Completing through 2018)
Degree: Ph.D. = 30, PsyD = 10
Internship Site: West Los Angeles VA = 15, Other = 25

Post-Residency Activities of Postdoctoral Trainees:

Post-Residency/Fellowship Activity

	2008-2009 N=1	2009-2010 N=1	2010-2011 N=2	2011-2012 N=2	2012-2013 N=2	2013-2014 N=4	2014-2015 N=4	2015-2016 N=4	2016-2017 N=5
Postdoctoral Residency							1		
Employment	1	1	2	2	2	4	3	4	5
Other									

- Of the 25 individuals completing the WLA VA postdoctoral residency program (through year 2017) who are more than one year out from residency, all were employed in some capacity one year following graduation. One was completing a research postdoctoral fellowship.

Setting

	2008-2009 N=1	2009-2010 N=1	2010-2011 N=2	2011-2012 N=2	2012-2013 N=2	2013-2014 N=4	2014-2015 N=4	2015-2016 N=4	2016-2017 N=5
Non-VA Medical Center						1			
VA Medical Center		1	1	2	2	2	2	4	5
State or County Hospital			1						
University Counseling Center	1								
Academic Teaching Position									
Academic Non-Teaching Position							1		
Independent Practice							1		
Other						1			

- Our program has been particularly successful in having graduates procure employment within a VA Medical Center/VA Healthcare System setting (with 19 of 25 having secured VA employment).