VA West Los Angeles Healthcare System

Clinical Psychology Postdoctoral Residency Brochure
2021 - 2022
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation Status and APPIC Membership</td>
<td>3</td>
</tr>
<tr>
<td>Application Process/How to Apply</td>
<td>3</td>
</tr>
<tr>
<td>Selection Process</td>
<td>5</td>
</tr>
<tr>
<td>Training Setting</td>
<td>6</td>
</tr>
<tr>
<td>Training Model/Program Philosophy/Program Aims</td>
<td>8</td>
</tr>
<tr>
<td>Clinical Psychology Program Competencies</td>
<td>9</td>
</tr>
<tr>
<td>Resident Preparation and Onboarding at VA</td>
<td>10</td>
</tr>
<tr>
<td>Program Diversity Statement</td>
<td>11</td>
</tr>
<tr>
<td>Clinical Psychology Residency Training Tracks</td>
<td>11</td>
</tr>
<tr>
<td>Health Psychology</td>
<td>11</td>
</tr>
<tr>
<td>Trauma Psychology</td>
<td>15</td>
</tr>
<tr>
<td>Interprofessional Integrative Health</td>
<td>18</td>
</tr>
<tr>
<td>Homeless Mental Health/SUD</td>
<td>22</td>
</tr>
<tr>
<td>Geropsychology</td>
<td>23</td>
</tr>
<tr>
<td>Program Structure</td>
<td>28</td>
</tr>
<tr>
<td>Research/Program Evaluation</td>
<td>29</td>
</tr>
<tr>
<td>Supervision &amp; Mentorship</td>
<td>29</td>
</tr>
<tr>
<td>Trainee Resources</td>
<td>29</td>
</tr>
<tr>
<td>Administrative Policies and Procedures</td>
<td>29</td>
</tr>
<tr>
<td>Evaluation</td>
<td>30</td>
</tr>
<tr>
<td>Didactics/Seminars</td>
<td>31</td>
</tr>
<tr>
<td>Requirements for Completion</td>
<td>32</td>
</tr>
<tr>
<td>Program Training Faculty</td>
<td>35</td>
</tr>
<tr>
<td>Past Program Residents</td>
<td>40</td>
</tr>
<tr>
<td>APA Postdoctoral Residency Program Tables</td>
<td>44</td>
</tr>
</tbody>
</table>
Psychology Postdoctoral Residency in Clinical Psychology

**West Los Angeles VA Healthcare Center**
Steven A Castellon, Ph.D.
Director of Postdoctoral Residency Training
Psychology Department (116B)
Building 401, Room A215
11301 Wilshire Blvd.
Los Angeles, CA 90073

Applications are due December 18, 2020
Residency year begins August 30, 2021

**Accreditation Status**
The Clinical Psychology residency program at the **West Los Angeles VA Healthcare Center** is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). In 2018 we received the maximum, 10-year accreditation and will undergo re-accreditation in 2028. We also have an APA-accredited program providing specialty training in Clinical Neuropsychology.

Questions related to the program's accreditation status can be directed to Commission on Accreditation:

Office of Program Consultation and Accreditation American Psychological Association, 750 First Street, NE Washington, DC 20002; Telephone: (202)-336-5979; Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)

**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 2019.

**Application & Selection Procedures**

**Application Process**
The West Los Angeles VA Healthcare Center offers 1-year postdoctoral residency training in *Clinical Psychology* (Health Service Psychology) with 5 different areas of emphasis:

1. *Health Psychology* – 1 position open for 2021
2. *Trauma Psychology* – 1 position open for 2021 *
3. *Interprofessional Integrative Health* – 2 positions open for 2021
4. *Substance Use Disorders and Integrated Homeless Care*– 1 position open for 2021
5. *Geropsychology* – 1 position open for 2021

*NOTE: There is a possible second Trauma-focused position available for the 2021-2022 training year. We are again asking for temporary funding for an additional position with an emphasis on Trauma. We received such a position for the 2020-21 training year and hope to renew it. This position will include work in our Mental Health Clinic and in our Trauma Recovery Service program. Once we determine if...*
that temporary funding is available for the 2021-2022 year, we will immediately update our listings in the UPPD. Information about this proposed position is included in this brochure.

We also have three 2-year neuropsychology residency positions that are **NOT OPEN** for application in 2021. 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). **APPLICATIONS MUST BE RECEIVED BY 11:59 PM, EST (8:59 PST) on December 18th, 2020.** For each of the 1-year Clinical Psychology Residency positions, the following documents will be requested and must be submitted through 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.
  o 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)
  o 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.
  o 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 20, 2021**.
  - 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 2021.
• Graduate transcripts.
  - You do **not** need to send undergraduate transcripts.

Submit these materials through the APPA CAS: [https://appicpostdoc liaisoncas.com/applicant-ux/#/login](https://appicpostdoc liaisoncas.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

**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 2021-22 training year, staff on the selection committees include: Health Psychology (Drs. Bailey, Chen, Kay, McGowan, Taylor-Ford, and Zeller), Interprofessional Integrative Health (Drs. Serpa and Pieczynski), Trauma Psychology (Drs. Boxer, Himmelfarb, Robinson, and Song), SUD-Homeless MH (Drs. Bailey, Khoddam, Johnson and Perales), Geropsychology (Drs. Cernin, Kornfeind, Melrose, Osato, and Wilkins.)] Following this review, highly ranked applicants are asked to participate in interviews, which, due to Covid-19, will occur via audio 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.

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.

**The Program’s Response To COVID-19**

Our Psychology interns and residents transitioned to telehealth/telework just after the Stay-at-Home order was announced by the governor of California in mid-March of 2020. This occurred with the full support of our Medical Center, Education Office, and Mental Health leadership. Our overall goal has been to provide the highest quality training while ensuring safe and effective patient care. We have worked diligently to maintain as many training activities as possible without significant disruption while ensuring that all program requirements were being met. At present, all of our interns see Veterans exclusively via telehealth modalities (video and telephonic) for individual therapy and assessment and attend didactics and clinical supervision via videoconferencing technologies. All of our trainees have been granted permission to telework and also have the option to report in person should they wish to do so. These changes may continue to impact training during the 2021-22 training year. In accordance with guiding principles provided by VHA, the VA Greater Los Angeles Medical Center, APPIC and APA, our program will continue to prioritize the health and safety of trainees, Veterans and staff, and provide training that meets accreditation standards and enables interns to receive training in all profession-wide competencies. We will update our public materials when we have more information about what we can expect for the 2021-2022 training year.

**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/](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, SUD/Homeless Mental Health, and Geropsychology*. 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 aims to support 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, supervisions, 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: [www.psychologytraining.va.gov/eligibility.asp](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.

<table>
<thead>
<tr>
<th>Health Psychology Track (one position open)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Please note that this is a 1-year residency and is OPEN for applications in 2021)</td>
</tr>
</tbody>
</table>

**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;
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.
4. Sarah Kate McGowan, Ph.D. – clinical psychologist in PCMHI and Sleep Clinic.
5. Megan Taylor-Ford, Ph.D. – clinical psychologist in Quit Smoking clinic, MOVE program, Cardiac Rehab clinic and various medical clinic settings.

**Trauma Psychology Track (two positions open)**

*Please note that this is a 1-year residency and IS OPEN for applications in 2021*

**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 Residents will include: The Trauma Recovery Services (TRS) Clinic, Women’s Health Program, and Mental Health Clinic.

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
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

Mental Health Clinic (MHC; Dr. Song) is a large outpatient program averaging 25,000 patients visits per year. The MHC staff includes psychiatrists, nurses, social workers and psychologists, providing residents with the opportunity to work within an interdisciplinary outpatient setting. Veterans enrolled in MHC are treated for a wide variety of disorders. Many patients in MHC will have trauma/PTSD as a primary or secondary problem/diagnosis and a large percentage of the MHC population presents with co-morbid substance use disorders, providing an opportunity to gain experience treating dually diagnosed patients. At MHC the resident will have the opportunity to train in a variety of psychological models, including EBTs such as PE and CPT. Both longer-term and brief psychotherapy are utilized in the treatment of individuals, groups, and couples.

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 bio sketch of these individuals).
1. **Laurie Boxer, Ph.D** – clinical psychologist in Trauma Recovery Services Clinic
2. **Naomi Himmelfarb Ph.D.** – clinical psychologist in Women’s Health Clinic.
3. **Christina Robinson, Ph.D**. – clinical psychologist in Trauma Recovery Services Clinic
4. **Yong Song, Ph.D.** – clinical psychologist in the Mental Health Clinic.

**NOTE:** Both Trauma Residents will train in the TRS. One resident will train in TRS and Women’s Health Clinic and the other in TRS and Mental Health Clinic.

**Interprofessional Integrative Health – (two positions open)**
*(Please note this is a 1-year residency and is open for applications in 2021)*

**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 **Scholary 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 PCMH 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 PCMH 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

Substance Use Disorders/Homeless Mental Health – (one position open)
(Please note this is a 1-year residency and IS OPEN for applications in 2021)

Overview of Track: A one-year, full-time, position is available for combined training in the Substance Use Disorders (SUD) program, the Homeless Patient Aligned Care Team (H-PACT) and Domiciliary. 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 Level 1 competencies of Scholarly Inquiry; Ethical/Legal Issues; Professional Values and Cultural and Individual Diversity.
- Development of advanced skill in 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. 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.

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

1. Katherine Bailey, Ph.D. – clinical psychologist in the Pain Clinic and SUD clinics
2. Megan Johnson, Ph.D. – clinical psychologist in the H-PACT Clinics
3. Rubin Khoddam, Ph.D. – clinical psychologist in the Domiciliary
4. Paul Perales, Psy.D. – clinical psychologist in the SUD Program

**Geropsychology Track (one position open)**

(Please note that this is a 1-year residency and IS OPEN for applications in 2021)

**Overview of Track:** This one-year, full-time, residency track provides residents with advanced training in Clinical Psychology with an emphasis in Geropsychology. Training in this track is comprised of required and elective experiences that develop advanced skills in consultation, treatment, and assessment in various inpatient and outpatient integrated health settings that primarily serve older adults. Residents who complete the program will satisfy requirements for board certification in Geropsychology that are consistent with the Pike’s Peak model. In addition to didactics, there are 3 requirements: 1-completion of a 1 year MAJOR rotation at the Community Living Center (CLC, 2 days/week); 2- completion of three, 4-month MINOR rotations in other geriatric mental health settings (1-2 days/week); and 3- completion of an independent project. The goal of the one-year MAJOR rotation at the CLC is to foster the independence of the trainee. Over the course of the year the trainee will manage a panel of patients and serve as the mental health consultant for the medical team regarding these patients. More details about the patients and clinical activities available at the CLC are found below. The trainee will also complete a series of minor rotations (for 1-2 days/week). Trainees may select from any of the following placements for their minor rotations: The Acute Geriatrics Team (AGT- inpatient medical team), Home Based Primary Care (HBPC), the Geriatric Psychiatry Outpatient Program, the Memory & Neurobehavior Clinic, and the Palliative Care team. Finally, each trainee will seek out an independent project in the
field of geropsychology. For example, a past trainee developed a group to bolster brain health in cognitively healthy older adults. Other opportunities include assisting in administrative duties (such as clinic management) or research projects. Trainees will develop an independent project with a member of the Geropsychology staff serving as a mentor/supervisor.

Didactics: In addition to the didactic opportunities required for all Psychology Residents, there are 2 required didactics for the Geropsychology Resident. First, the Geropsychology staff holds monthly Journal Club meetings with all geropsychology trainees and postdocs. Second, Residents participate in a national virtual Geropsychology Fellowship series.

Major Rotation

Community Living Center (CLC) (Supervisors: Drs. Kevin Booker, Paul Cernin):
The Long-Term Care and Rehabilitation setting emphasizes clinical training in aging and mental health in an extended care setting (which is essentially a combination of semi-independent living, skilled nursing care, and assisted living). This setting provides a full range of training experiences in psychotherapy, cognitive screening, consultation, behavioral management, and interdisciplinary teamwork. There are also opportunities to conduct “inpatient-sized” cognitive evaluations. While the focus is primarily on the treatment of older Veterans, there are also opportunities to work with younger patients who reside in the CLC for a variety of reasons, ranging from rehabilitation to palliative care. Common treatment themes in this setting include helping patients cope with increasing losses, pain management, family conflicts, and difficulties with caregivers. The CLC interprofessional setting trains students from a variety of mental health and medical disciplines, including Geropsychology, Geriatric Psychiatry, Geriatric Medicine, Pharmacy, Social Work, and Nursing. Residents will be given the responsibility of being in charge of a portion of the very facility (out of 150 beds and 2 buildings, there are 3 floors each divided into 2 units) and being the “go to” mental health professional for that area. There are also many opportunities to provide supervision to pre-interns and interns in this setting, as we offer multiple training programs simultaneously. The range of psychiatric presentations is wide and varied: including affective disorders, post-traumatic stress disorder, schizophrenia, personality disorders, dementia, and delirium, among many others. Training opportunities emphasize individual psychotherapy, with availability of family and couples psychotherapy experience, psychiatric interviewing, mental status exams, group psychotherapy, and staff consultation. Individual psychotherapy is primarily from a short-term model, and utilizes psychodynamic, behavioral, and problem-solving modalities. There is also a strong focus on trauma treatment. Residents are frequently asked to provide consultation directly to nursing staff, which may include psychoeducation. Because many older Veterans have co-morbid medical and social disabilities, a broad biopsychosocial approach to care is used in this setting. Embedded within your experience will be understanding how Medicare/CMS interfaces directly with managed care for older adults, and you will learn how to function independently and to have the knowledge of working directly in VA- and non-VA settings to bill Medicare for the work you provide; this includes understanding CPT codes, diagnostic/procedure codes, and CMS-1500 forms and how those link directly to clinical service provision.

Minor Rotation (select 2–3)
Acute Geriatric Team (AGT) (Supervisor: Stacy S Wilkins PhD ABPP/CN): AGT is linked with the UCLA Geriatric Medicine Fellowship, one of the top rated geriatric training sites in the country. Please see their website for additional information at http://www.geronet.med.ucla.edu/education. The AGT Acute Medicine Team allows the resident to work with acutely ill Veteran’s and their families, addressing cognitive and mood concerns related to aging and medical illness. AGT oversees 16 inpatient beds for medically ill older adult (over 70 years of age) Veterans, located in the main hospital (Building 500).
Residents are part of the interdisciplinary treatment team, which includes physicians, social workers, occupational therapists, physical therapists, dieticians, optometrists, pharmacists and nurses. Residents work with and co-supervise the psychology intern on the rotation and are responsible for reviewing the medical charts of AGT patients to detect risk factors for cognitive, psychological and functional decline. As needed, assessment of patients is conducted for medical decisional capacity, ability to live independently, delirium, dementia and other cognitive concerns. The resident also assesses for mood disorders, provides short-term supportive therapy or psychoeducation and participates in family consultation and discharge planning. Because the AGT strives to discharge patients safely and efficiently, the pace is fast and there is a strong emphasis on team communication and collaboration. The resident may also supervise an intern and co-facilitate one of two groups aimed at promoting cognition: one for healthy older adults (Brain Training), or one for Veterans with Mild Cognitive Impairment/mild dementia (Memory Group). The Brain Training group is a psychoeducational program for older adults aimed at enhancing healthy brain functioning as they age. Group sessions focus on teaching participants about factors that can impact cognition, including the normal aging processes, nutrition, exercise, stress and depression. Veterans are taught mnemonic strategies and compensatory techniques to enhance their memory in daily life. The Memory Group follows a similar format, but is geared towards older adults who have been diagnosed with a Neurocognitive disorder.

**Home-Based Primary Care (HBPC) (Supervisor: Dr. Fred Kornfeind):** The HBPC Psychologist works with a large interdisciplinary primary care team that includes a physician, nurse practitioner, registered nurse, pharmacist, occupational therapist, dietician, social worker and trainees from multiple disciplines. HBPC staff provide comprehensive primary care services to Veterans in their homes. The Veterans served by HBPC are older adults who have complex, chronic medical problems, many of whom have cognitive disorders and/or significant psychiatric disability. Psychologist responsibilities include psychiatric and cognitive assessments, including assessments of capacity for medical decision-making; psychotherapeutic interventions with patients, family members, and assisted living facility staff; staff/team consultation; and team development. Presenting problems are varied and include depression and anxiety, coping with chronic illness, motivation/adherence issues, caregiver stress, and behavioral problems associated with cognitive disorders. The Resident will accompany the supervisor in a government car to the Veteran’s home to conduct assessments and interventions, or provide care via telehealth modalities. Supervision is done within a developmental model, such that trainees are given increasing responsibility as their competency develops. The Resident will receive orientation and training on how to manage emergency situations and related HBPC policies and procedures.

**Geriatric Psychiatry Outpatient Program (Supervisor: Dr. Sheryl Osato):** The Geropsychology rotation emphasizes clinical training in aging and mental health. This rotation provides a full range of training experiences in psychiatric outpatient care for older adults. One of the primary training sites in this rotation is the Geropsychiatry Outpatient Clinic. This clinic provides longitudinal care for approximately 350 older Veterans. This interdisciplinary setting trains students from a variety of mental health and medical disciplines, including Geropsychology, Geriatric Psychiatry, Geriatric Medicine, and Social Work. Training occurs in a highly cohesive and collaborative atmosphere from subspecialty trained attending faculty. The primary supervisors on this rotation have received postdoctoral training in geriatrics and neuropsychology. Residents have the opportunity to evaluate Veterans who have a variety of mental health disorders, including depression, anxiety, bipolar disorder, schizophrenia and neurocognitive disorders. Interns will learn about recently developed treatments for psychiatric illness and cognitive decline, including pharmacotherapies, psychotherapies and caregiver support. Evaluations are comprised of comprehensive psychiatric interviews, psychological assessment and neuropsychological assessment. Because many older Veterans have co-morbid medical and social disabilities, a broad
biopsychosocial approach to care is used in these settings. The majority of the attending (supervisory)-level geriatric psychiatry staff participate in clinical research and have academic appointments at UCLA.

**Memory & Neurobehavior Clinic (Supervisors: Drs. Ahoo Karimian, Rebecca Melrose):** This is a full-day, outpatient, multidisciplinary clinic held weekly on Fridays consisting of neurobehavior, gero/neuropsychology, geriatric psychiatry, social work, and nursing disciplines. Clinical training opportunities available in this rotation include capacity assessments (financial capacity, independent living, assignment of DPOA for healthcare), flexible cognitive assessments, and joint patient encounters with rotating medicine Fellows and Residents. Opportunities to provide cognitive rehabilitation on an individual or group level may also be available depending on interest/clinic need. Likewise, there may be opportunities to provide psychoeducation or psychotherapy to patients and/or caregivers. Case conference is held each Friday from 3-4:30pm during which individual cases are presented and discussed with the various disciplines contributing to the clinical conceptualization.

**Palliative Care (Supervisor: Dr. Taylor-Ford):** The resident will have an opportunity to participate in various activities with the interdisciplinary palliative care team. The team includes attending physicians, chaplains, medicine fellows, medical residents, nurse case managers, and social workers working together to care for veterans with chronic, life-limiting medical conditions. The resident will have the opportunity to work with veterans at the end of their lives on both the inpatient outpatient services. Opportunities for training include attending daily rounds, conducting initial psychological assessments with patients, providing individual psychological interventions for patients and families at bedside, in an outpatient clinic, and/or via telehealth, and attending team and family meetings for goals of care and treatment decision meetings. Palliative care educational offerings including didactics are also available to clinical psychology residents.

**Independent Project:** There is considerable flexibility in the independent project. Below are just a few examples of ongoing activities the trainee may select to participate in.

*Ongoing research:* Dr. Melrose is currently involved in research projects investigating neuroimaging correlates of dementia and Mild Cognitive Impairment. Drs. Wilkins and Melrose are exploring the mental health benefits of Gerofit, an exercise program for older adults. Dr. Yarns, a geriatric psychiatrist in the department, is investigating psychotherapeutic approaches to chronic pain on older adults, via in person and video-telehealth technologies. He is also participating in clinical trials addressing treatment resistant depression in older adults, and agitation in patients with Alzheimer’s Disease. Trainees may also formulate a research question that can be answered via chart review of clinic patients.

*Program development:* The trainee is welcome to work with a mentor in any of the settings described above to develop new programming that addresses a gap in the mental health needs of older adults. For example, one Fellow developed a new group aimed at promoting healthy brain aging in older adults. Another created a psychoeducation handout on dementia for caregivers in collaboration with the Dementia Committee.

*Administrative work:* Trainees may participate in administrative experiences, such as managing a clinic, developing trainings for current staff, or assisting in identification of systems level needs. Dr. Osato directs the Geropsychiatry Outpatient Program, the largest outpatient program in Geriatric MH at WLA. Dr. Melrose is the Section Chief of Geriatric Mental Health for all of GLA. All supervisors in Geropsychology oversee their own clinic management and collaborate in interdisciplinary settings with vast administrative duties. In addition, supervisors are heavily involved (and in many cases leaders of) mental health/aging committees (e.g. Dementia Committee, Diversity Committee, Disruptive Behavior Committee, Professional Standards Board, Psychology Staff Education).
Geropsychology Rotation Goals (minimum requirements): Note, Pike’s Peak Geropsychology competencies are incorporated into our Training Program competency requirements

1. Assessment/Diagnosis: Acquire advanced knowledge and skills in the assessment and diagnosis of mental health in older adults. The knowledge base must include geropsychology assessment methods, their limitations, and contextual factors. Demonstrate skill in clinical assessment and differential diagnosis, cognitive assessments, capacity, and risk assessment. Demonstrate appropriate use of screening instruments and when to refer to other disciplines. Show skill in written and verbal communication to all stakeholders.
   a. Complete a minimum of 40 psychological or neurocognitive assessments across multiple care settings. Include risk assessments appropriate to the clinical needs of the patient.
   b. Complete a minimum of 5 capacity assessments
   c. Attendance at didactics

2. Intervention: Acquire advanced skills in psychotherapeutic interventions. Gain knowledge in adapting psychotherapeutic interventions for older adults; health, illness, and pharmacology; adaption of interventions for different care settings, and knowledge of aging services. Show skill in applying individual, group, and/or family interventions to older adults, using evidence-based treatments, adapting interventions for late life, and using health-enhancing interventions.
   a. Lead at least one group for older adults
   b. Follow a minimum of 5 patients for individual psychotherapy
   c. Provide both inpatient and outpatient psychotherapy
   d. Develop and lead a psychoeducational group of your choosing at the CLC
   e. Incorporate appropriate aging services into treatment planning
   f. Attend didactics focused on aging, medical illness, and pharmacotherapy

3. Interdisciplinary Consultation: Acquire independence in interdisciplinary consultation in geriatric medical and mental health settings. Gain knowledge in prevention and health promotion, contexts/settings of consultation, and roles of interdisciplinary teams. Gain skills in providing consultation, working in teams, communicating effectively, and negotiating multiple roles.
   a. Serve as the primary mental health consult for a panel of patients at the CLC
   b. Participate in interdisciplinary team meetings and case conferences in settings across the medical center
   c. Discussion of teamwork in supervision
   d. Completion of independent project

4. Supervision and Teaching: Gain skills in providing supervision, including assessing trainee needs and defining clear learning goals and objectives
   a. Provide layered supervision to psychology pre-intern or interns regarding assessment, intervention, and interdisciplinary consultation
   b. Participate in Supervision didactic series

5. Scholarly Inquiry: Consistent with Pike’s Peak Competencies areas, acquire general knowledge in adult development, aging, & the older adult population
   a. Attend didactics, including geropsychology specific didactics. Present at Geropsychology Journal club
   b. Completion of independent project in geropsychology
   c. Incorporation of scientific knowledge into all clinical activities

6. Administrative and Organizational Practices: Gain skills in administrative and organizational needs, including policies and procedures for service delivery models.
   a. Inclusion of legal/ethical considerations in geriatric mental health case conceptualization and treatment plans
   b. Attention to medical record documentation and outside reporting requirements
   c. Advocate for patient’s needs
   d. Self-reflection in supervision
   e. Evaluate and address knowledge and skill gaps over the course of the training year
8. Cultural and Individual Diversity: Address cultural and individual diversity with older adults and families. Demonstrate awareness of aspects of diversity that impact the self as provider and systems of care.
   a. Inclusion of cultural, demographic, and psychosocial factors in case conceptualization, intervention, and treatment plans
   b. Attention to health disparities and patient values in assessment, interventions, and treatment plans
   c. Readings in supervision
   d. Self-reflection in supervision
9. Knowledge and application of the foundations of professional geropsychology practice. Specifically, knowledge of the neuroscience of aging, functional changes in aging, person-environment interaction and adaption, psychopathology, medical illness, and end of life issues
   a. Attendance at didactics
   b. Discussion in supervision
   c. Incorporation of foundational skills in geropsychology into all competency areas

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. Resident’s 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
- Mid-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**

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-noon</td>
<td>ARU</td>
<td>Pain Clinic</td>
<td>HPDP</td>
<td>PCMHI</td>
<td>Pain Clinic</td>
</tr>
<tr>
<td>12:30 - 4:30</td>
<td>ARU</td>
<td>PCMHI</td>
<td>HPDP</td>
<td>PCMHI</td>
<td>Pain Clinic</td>
</tr>
<tr>
<td></td>
<td>Seminars</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TRAINING OUTLINE for Trauma Resident: 2017-2018**

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-noon</td>
<td>Women’s Clinic</td>
<td>MHC/TRS</td>
<td>Women’s Clinic</td>
<td>MHC/TRS</td>
<td>MHC/TRS</td>
</tr>
</tbody>
</table>
### TRAINING OUTLINE for Interprofessional Resident: 2018-2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-noon</td>
<td>IMHC and IMHC</td>
<td>IMHC or IMHC</td>
<td>IMHC or IMHC or IMHC or IMHC or IMHC or IMHC</td>
<td>PCMH or PCMH or PCMH or PCMH or PCMH or PCMH</td>
<td>IMHC or IMHC</td>
</tr>
<tr>
<td>12:30-4:30</td>
<td>IMHC Seminars</td>
<td>IMHC or ID</td>
<td>IMHC or IMHC or IMHC or IMHC or IMHC or IMHC</td>
<td>PCMH or PCMH or PCMH or PCMH or PCMH or PCMH</td>
<td>IC or MHC</td>
</tr>
</tbody>
</table>

### TRAINING OUTLINE for H-PACT Resident: 2018-2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-noon</td>
<td>HPACT</td>
<td>HPACT</td>
<td>HPACT</td>
<td>HPACT</td>
<td>SUD Clinic</td>
</tr>
<tr>
<td>12:30-4:30</td>
<td>HPACT SEMINARS</td>
<td>SUD Clinic SEMINARS</td>
<td>HPACT</td>
<td>HPACT</td>
<td>SUD Clinic</td>
</tr>
</tbody>
</table>

### 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 Dr. Karimian, the seminar is designed to enhance foundational skills in both neuropsychological and psychodiagnostic assessment. Lectures and 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, ethnopharmacology, 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:

**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

**Booker, Kevin, Ph.D.**
- **Doctoral Program:** University of California, Santa Barbara (Clinical), 1999
- **Predoctoral Internship:** Howard University, School of Medicine 1998-99
- **Postdoctoral Fellowship:** UCLA School of Medicine, Department of Adult Psychiatry, 1999-2001
- **Emphasis Track:** Geropsychology; Community Living Center (CLC)
- **Clinical Interests:** PTSD over the lifespan; Exposure to violence and mood/anxiety disorders; Trauma-focused cognitive behavioral and experiential/humanistic treatments; The role of meaning in mitigating against co-morbid mood disturbance in patients with PTSD

**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

**Culver, Najwa C., Ph.D.**  
**Doctoral Program**: UCLA (Clinical), 2013  
**Predoctoral Internship**: VAGLAHS, Sepulveda Ambulatory Care Center  
**Postdoctoral Fellowship**: VAGLAHS, West Los Angeles Medical Center  
**Track**: CBT-SMI Clinic and Insomnia Clinic  
**Clinical Interests**: CBT for Psychosis, ACT for Psychosis, PTSD, Anxiety Disorders, Mindfulness-Based Approaches, Couples Therapy, Behavioral Sleep Medicine  
**Research Interests**: Improving effectiveness of evidence-based treatment for anxiety disorders; behavioral insomnia treatment in veterans with psychosis

**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

**Johnson, Megan, Ph.D.**
*Doctoral Program:* Fuller Theological Seminary (Clinical), 2017  
*Predoctoral Internship:* Los Angeles County Dept of Mental Health – Twin Towers Correctional Facility  
*Postdoctoral Fellowship:* GRECC Special Fellowship in Advanced Geriatrics, 2017-2019 (West LA VA)  
*Track:* SUD/Homeless Mental Health; H-PACT Program  
*Clinical Interests:* Trauma, posttraumatic growth, moral injury, serious mental illness, psychological assessment, geriatrics, homeless mental health

**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

**Khoddam, Rubin, Ph.D.**
*Doctoral Program:* University of Southern California (Clinical), 2018  
*Predoctoral Internship:* West Los Angeles VA Medical Center  
*Postdoctoral Fellowship:* West Los Angeles VA Medical Center  
*Track:* SUD/Homeless Mental Health; WLA Domiciliary  
*Clinical Interests:* Substance use disorders and co-occurring psychopathology; PTSD, Motivational Enhancement for SUD, Alcohol and Drug Relapse Prevention

**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

**McGowan, Sarah Kate, Ph.D.**
*Doctoral Program:* University of Illinois at Chicago (Clinical), 2014  
*Predoctoral Internship:* Boston Consortium in Clinical Psychology  
*Postdoctoral Fellowship:* UC San Diego/VA San Diego Postdoctoral Residency Program  
*Academic Affiliation:* Associate Clinical Professor, Department of Psychiatry & Biobehavioral Sciences; David Geffen School of Medicine at UCLA  
*Track:* Insomnia Clinic and PCMHI  
*Clinical Interests:* Behavioral sleep medicine, acceptance-based approaches  
*Research Interests:* Relationship between insomnia and anxiety; development and implementation of behavioral treatment for insomnia

**Melrose, Rebecca, Ph.D.**
*Doctoral Program:* Boston University, Boston (Clinical), 2007  
*Predoctoral Internship:* West Los Angeles VA Medical Center, 2006-2007  
*Postdoctoral Fellowship:* GRECC Special Fellowship in Advanced Geriatrics, 2007-2009 (West LA VA)
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: Neuromaging & 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

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 (Tuscon) 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, University of Southern California
Internship: Long Beach VA Medical Center

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

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

Ps.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

2018-19 residents:

Ph.D., Clinical Psychology, Alliant International University (San Diego)  
Internship: VA Sepulveda Ambulatory Care Center

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

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

Ps.D., Clinical Psychology, PGSP-Stanford Consortium  
Internship: Long Beach VA Medical Center

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

Ph.D., Clinical Psychology, Fairleigh Dickinson University  
Internship: VA Los Angeles Ambulatory Care Center
POSTDOCTORAL RESIDENCY PROGRAM TABLES

Date Program Tables are Updated: 9/14/2020

Eligibility:

All applicants to the Postdoctoral Residency Program must have obtained a doctoral degree in Clinical or Counseling Psychology from a graduate program approved by the American Psychological Association (APA), the Psychological Clinical Science Accreditation System (PCSAS), or the Canadian Psychological Association (CPA) at the time the program was completed. The applicant is expected to have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship.

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

5. 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.

6. 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.

7. 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.

8. Be aware that residents are subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.

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 2021-22 training year, staff on the selection committees include: Health Psychology (Drs. Bailey, Chen, Kay, McGowan, Taylor-Ford, and Zeller), Interprofessional Integrative Health (Drs. Serpa and Pieczynski), Trauma Psychology (Drs. Boxer, Himmelfarb, Robinson, and Song), SUD-Homeless MH (Drs. Bailey, Khoddam, Johnson and Perales), Geropsychology (Drs. Cernin, Kornfeind, Melrose, Osato, and Wilkins.) Following this review, highly ranked applicants are asked to participate in interviews, which, due to Covid-19, will occur via audio 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.

Financial and Other Benefit Support for Upcoming Training Year*

- Annual Stipend/Salary for Full-Time Residents: $52,535
- Annual Stipend/Salary for Part-Time Residents: N/A
- Program provides access to medical insurance for resident? YES
- If access to medical insurance is provided:
  - Trainee contribution to cost required? YES
  - Coverage of family member(s) available? YES
  - Coverage of legally married partner available? YES
  - Coverage of domestic partner available? NO
- Hours of Annual Paid Personal Time Off 104
  - 4 hours accrued every two weeks
- Hours of Annual Paid Sick Leave 104
  - 4 hours accrued every two weeks
- In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to Interns/residents in excess of personal time off and sick leave? YES

Other Benefits (please describe): Hours of Federal Holiday Leave - 80; Hours of Education Leave - 40

* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

<table>
<thead>
<tr>
<th>Initial Postdoctoral Residency Positions (provide an aggregate total for the previous three cohorts)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2016-2019</strong></td>
</tr>
<tr>
<td>Total # of Residents in the 3 cohorts</td>
</tr>
<tr>
<td>Total # of Residents who remain in residency program</td>
</tr>
<tr>
<td>Community Mental health center</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>Federally qualified health center</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>University counseling center</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>Setting</td>
</tr>
<tr>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
</tr>
<tr>
<td>Military health center</td>
</tr>
<tr>
<td>Academic health center</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
</tr>
<tr>
<td>Academic university/department</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
</tr>
<tr>
<td>Independent research institution</td>
</tr>
<tr>
<td>Correctional facility</td>
</tr>
<tr>
<td>School district/system</td>
</tr>
<tr>
<td>Independent practice setting</td>
</tr>
<tr>
<td>Not currently employed</td>
</tr>
<tr>
<td>Changed to another field</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

**Note:** “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.