



VA Los Angeles Ambulatory Care Center Postdoctoral Residency Program in Health Service Psychology

VA Los Angeles Ambulatory Care Center

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Applications due: December 30, 2020 (EST)

<https://www.losangeles.va.gov/trainee/>

Welcome! VA Los Angeles Ambulatory Care Center (LAACC) is excited to offer a Psychology Postdoctoral Residency position with an emphasis in **Primary Care-Mental Health Integration and Substance Use Disorders (PC-MHI/SUD)** for the 2021-2022 training year. This is a one year, funded, full-time position with a combined emphasis in both Primary Care-Mental Health Integration and Substance Use Disorders.

Accreditation Status

The Postdoctoral Residency program at VA Los Angeles Ambulatory Care Center successfully submitted an initial application for accreditation by the Commission on Accreditation of the American Psychological Association (APA) and had its first site visit in June 2019. The program was granted the maximum of 10 years accreditation, with the next APA site visit in 2029. Inquiries regarding the accreditation of our residency program may be directed to:

Office of Program Consultation and Accreditation

American Psychological Association

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

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

Email: apaaccred@apa.org

The residency program has been a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) since August 2016.

Application Procedures

To apply, please submit the following documents through the APPIC Psychology Postdoctoral Application Centralized Application Service (APPA CAS) portal before *December 30, 2020 at 9pm Eastern Standard Time (EST)*:

1. A site-specific cover letter detailing experience and interest in these specialty areas, training goals, as well as how this postdoctoral residency will fit into your future career goals. Please also include information on your approach to diversity in the assessment and treatment of patients.
2. An updated copy of your Curriculum Vitae
3. Graduate Transcripts (undergraduate transcripts are not needed)
4. Three (3) letters of recommendation from supervisors who are familiar with your clinical work
5. A letter from your Internship Training Director verifying that you are in good standing and on track for successful completion of internship *prior to September 2021*.
 - If your Internship Training Director is writing one of your letters of recommendation, please have him/her clearly state this information in the body of the letter.
 - If you have already completed your internship, you may include a copy of your certificate of completion in lieu of a letter from your Internship Training Director.
6. A letter from your dissertation advisor describing the status of your dissertation and the anticipated (or completed) defense date. This letter should also indicate that your doctoral degree has been, or will be, completed *prior to September 2021*.
 - If your dissertation advisor is writing one of your letters of recommendation, please have him/her clearly state this information in the body of the letter.

For questions about application submission issues please contact:

Kimberly Newsom, Ph.D.
Director of Psychology Training
Email: Kimberly.Newsom@va.gov
Phone: (213) 253-2677 ext. 24837

POSTDOCTORAL RESIDENCY PROGRAM TABLES

Date Program Tables were updated: 7/12/20

Postdoctoral Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

VA LAACC is looking for applicants with strong skills in individual and group interventions, psychological assessment, interdisciplinary team work and consultation, who also have specific interests and training in Primary Care Mental Health and Substance Use Disorders. We greatly value individual and cultural diversity and seek applicants with strong backgrounds and interests in treating diverse patient populations. We are also seeking applicants with the personal and professional characteristics necessary to function well as a doctoral-level trainee in a fast-paced outpatient medical setting. Our selection team specifically focuses on applicants' background training and experience as well as their expressed training and future career goals. We are looking for the best fit between applicants and what our training program has to offer.

LAACC is an Equal Opportunity Employer and all qualified applicants will receive consideration for our programs without regard to race, ethnicity, religion, sexual orientation, gender, gender identity, national origin, disability status, or any other characteristic protected by law. We encourage eligible applicants from all backgrounds to apply.

Applications are reviewed by the Postdoctoral Residency Primary Supervisor (Dr. Christine Holland), in addition to all members of the residency selection committee. This committee is comprised of psychologists who serve as primary or delegated supervisors for each of the program emphasis areas: Primary Care-Mental Health Integration (PC-MHI) and Substance Use Disorders (SUD). Postdoctoral training staff (and members of the selection committee for the upcoming training year) are expected to include: **Primary Care-Mental Health Integration** (Drs. Holland, Karakashian, and Chereji), **Substance Use Disorders** (Dr. Barglow), and Dr. Kimberly Newsom, the Director of Training. Following this review, highly ranked applicants are asked to participate in interviews, which may be either in-person or via telephone or video conferencing. After the interview process is complete, the selection committee ranks the applicants and an offer will be extended to the top applicant. When applicants are no longer under consideration, we strive to notify them of this as soon as possible.

This 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.

For additional information, our separate *Postdoctoral Recruitment and Selection* policy is available upon request.

Eligibility Requirements:

To be considered, applicants must complete all of the requirements for the doctoral degree, including internship and dissertation prior to the residency start date. The Department of Veterans Affairs requires that the applicant’s doctoral degree and internship both be completed at programs accredited by the American Psychological Association (APA) or by the Canadian Psychological Association (CPA).

In addition, the following VA-wide eligibility requirements apply:

1. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All Interns and Residents must complete a Certification of Citizenship in the United States prior to beginning VA training.
2. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
3. Interns and Residents are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens.
4. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and Residents are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

(For more information, please see: <http://www.psychologytraining.va.gov/eligibility.asp>)

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	\$52,535
Annual Stipend/Salary for Half-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 (PTO and/or Vacation) (4 hours accrued every 2 weeks)	104
Hours of Annual Paid Sick Leave (4 hours accrued every 2 weeks)	104
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):

- Residents are also eligible for life insurance, as well supplemental dental and vision insurance
- Residents also receive 80 hours of federal holiday leave

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

Initial Post-Residency Activities

(Provide an Aggregate Tally for the Preceding 3 Cohorts)

	2017-2020	
Total # of residents who were in the last 3 cohorts	5	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	1
University counseling center	0	0
Veterans Affairs medical center	0	2
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	2
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

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, the selected setting represents their primary position.

Impact of COVID-19 on Training

The COVID-19 pandemic has created numerous personal and professional challenges for us all. One of these challenges is uncertainty about what will happen next week, next month, and especially one year from now.

The VA Los Angeles Ambulatory Care Center Psychology Training Program has prided itself on its transparency, providing detailed and accurate information about our program and training opportunities. With COVID-19, transparency means we cannot definitively predict how specific rotations or adjunctive training opportunities may evolve for the 2021-2022 training year.

With confidence, we can say that there will likely continue to be more telehealth and technology-based delivery platforms than was being utilized prior to the pandemic. We do not expect there to be any significant changes to the base clinical services or populations served through rotations and adjunctive experiences described in our materials.

Although a lot happened this spring and summer with all trainees and many staff abruptly shifting to providing clinical services and training remotely, our dedication to high-quality clinical care and psychology training, and our dedication to the trainees themselves has never been stronger. These will always be cornerstone elements of the VA Los Angeles Ambulatory Care Center Psychology Training Program.

We will update our public materials as we know more about what will be for the 2021-2022 training year. Please feel free to reach out to us if you have any questions.

Program Setting



VA Los Angeles Ambulatory Care Center (VA LAACC) is an outpatient care clinic located in downtown Los Angeles. Our clinic is part of the VA Greater Los Angeles Healthcare System (VAGLAHS), serving approximately 1.4 million Veterans in the central and southern California region. VAGLAHS is one of the largest health care systems within the VA and consists of one flagship medical center (West Los Angeles Healthcare Center), two ambulatory care facilities (Los Angeles Ambulatory Care Center and Sepulveda Ambulatory Care Center), and eight community-based outpatient clinics (Bakersfield, East Los Angeles, Gardena, Lancaster, Oxnard, Santa Barbara, Santa Maria, and San Luis Obispo). VAGLAHS is part of the larger VA Desert Pacific Healthcare Network (VISN22), serving Veterans who live in California and Nevada.

VA LAACC provides comprehensive medical and mental health services to its veteran population. The ten full-time and four part-time psychologists on staff coordinate the following mental health programs: General Mental Health, Addictive Behaviors Clinic & Opioid Treatment Program (ABC-OTP), Behavioral Medicine, Homeless Patient Aligned Care Team (HPACT), Psychosocial Rehabilitation and Recovery Center (PRRC), Primary Care-Mental Health Integration (PC-MHI), Posttraumatic Stress Disorder program (a PTSD Clinical Team located at our satellite clinic in East Los Angeles), and Women’s Mental Health.

The program setting is rich in cultural diversity. Located in the heart of downtown Los Angeles, the clinic is situated in one of the most diverse cities in the nation. Veterans who come to LAACC represent a wide variety of cultural backgrounds. Recent statistics show that the Veteran population at LAACC is approximately 46% White, 30% African American, 24% Latino/a, and 8% Asian and Pacific Islander, with 14% unknown or declined to answer. Our clinic serves all socioeconomic levels; however, the majority of Veterans whose data was reported have low incomes. Within this population of Veterans, trainees at LAACC also have the opportunity to work with specific minority populations, including serving the unique needs of women veterans, LGBT veterans, homeless veterans, etc. Staff at LAACC also represent many different cultural groups including ethnicity, disability, gender, and sexual orientation. VA LAACC celebrates the diversity of its staff through regular clinic-wide events, which trainees can elect to help organize (e.g. Black History Month events, Hispanic Heritage events, etc.). Trainees are also encouraged to attend monthly Psychology Diversity Committee meetings.

For the PC-MHI/SUD residency position, our aim is to provide training that prepares Postdoctoral Residents for the duties typical of an entry-level psychologist in independent practice. Ready for work in a variety of settings, graduates of this residency program will be particularly well suited for careers that use their specialized skills in PC-MHI and/or substance use disorders. We provide specialty training in the collaborative integration of mental health into the primary care setting (i.e., PC-MHI), and the necessary skills to treat the sequelae associated with addictive behaviors (i.e., SUD). We offer extensive supervised clinical

experience and area-specific instruction in order to help the Resident master required competency areas.

One of the notable characteristics of the psychology setting at VA Greater Los Angeles is that staff retention is excellent. It is a special source of pride for the psychology department at VA-LAACC that almost 50% of the psychology staff were former VA-LAACC psychology trainees, and many staff members completed their internships and/or postdoctoral residencies in the VA system as well. We anticipate that our Postdoctoral Resident will also be competitive for positions that become available within our local VA system.

Facility and Training Resources

The Resident will be provided with personal office space, a computer, telephone, email access, and all other resources necessary for patient care and administrative responsibilities. He or she will be trained in use of the VA electronic patient charting system and will have full access to VA Intranet and internet resources needed for clinical work and research. He or she will also have full access to VA Medical Library services as well as the LAACC training library with books and videos. Residents will also have access to materials available through the LAACC Psychology Assessment Lab, which includes a wide variety of psychological assessment instruments and scoring programs, including computerized scoring software.

Training Aims, Model, and Program Philosophy

The aim of our Psychology Residency Program is to promote advanced levels of competency in order to prepare Residents for independent practice in psychology in a variety of settings (e.g. VA medical center, private practice, medical setting, etc.). The residency program provides broad training in core competencies combined with in-depth training and education in the specific areas of emphasis. We believe that psychology training is most effective through the provision of quality supervision and didactic training integrated with considerable direct experience in service delivery.

Our developmental training model acknowledges and appreciates that our Postdoctoral Residents will come with varying degrees of experience. We strive to build upon foundational skills and competency benchmarks acquired during their internship year. In practice, this means that the Resident will be granted progressive autonomy and responsibility over the course of their training to reflect their increasing competency. The VA Los Angeles Ambulatory Care Center Psychology training program is based on the practitioner-scholar model, emphasizing the application of scientific understanding in clinical practice. We believe that training is best provided through didactic training, experiential learning, and strong working relationships with supervisors who can serve as models in the profession.

Supervision for the PC-MHI component of the postdoctoral residency will be provided mostly through the two PC-MHI psychologists on staff and with supplemental supervision by other members of our mental health staff. The psychologist who serves as the Director of the ABC

program will be the primary supervisor for the SUD portion of the residency training program, aided by multidisciplinary staff on the SUD team.

Program Goals & Objectives

There are nine profession-wide competencies that we consider central to postdoctoral training at our site and are consistent with APA's Standards of Accreditation are as follows:

- 1) Integration of Science and Practice
- 2) Ethical and Legal Standards
- 3) Individual and Cultural Diversity
- 4) Professional Values, Attitudes, and Behaviors
- 5) Communication and Interpersonal Skills
- 6) Assessment
- 7) Intervention
- 8) Supervision
- 9) Consultation and Interprofessional/Interdisciplinary Skills

The objectives of the program are to promote advanced competency in all of these domains, with the goal of preparing Postdoctoral Residents for the independent practice of psychology.

The incoming Resident will receive concurrent, year-long training in the two identified specialty areas, Primary Care-Mental Health Integration (PC-MHI) and Substance Use Disorders (SUD), both of which are further described below. The Resident trains in the clinic that is associated with each particular emphasis area and will have an assigned primary supervisor who is an expert within that area. While there may be some occasions when consultation may be provided by other mental health specialists (e.g. psychiatrists, social workers), all of the Residents' clinical supervision will be received from licensed staff psychologists.

Competence in each of these areas is promoted through supervised clinical experiences, didactic training, and professional activities. For the research component, Residents are expected to critically evaluate research literature, apply research findings to clinical decision making, integrate research into case conference presentations, attend seminars and workshops on evidence-based practices, and present current research in the Team Training Seminar on two occasions throughout the training year. Advanced training in ethical and legal standards is conducted through clinical experiences, supervision, and the weekly Law & Ethics seminar that all Residents attend. Issues of cultural and individual diversity are explored in supervision, didactics, and through opportunities to participate in special workshops, diversity-focused clinical activities, and a system-wide Multicultural and Diversity Committee. Competence in professional values, attitudes, and behaviors are emphasized in supervision, which focuses not only on clinical care but also helps to socialize Residents to the profession of psychology and assist with professional development issues that arise. Communication and interpersonal skills are also addressed in supervision to support Residents' ability to negotiate difficult and complex interpersonal situations and hone their grasp on advanced professional language.

Competence in assessment and intervention skills are attained through direct service delivery, quality supervision, and specific training in evidence-based models of care. Residents all receive didactic instruction in models and practices of supervision, and will have the opportunity to demonstrate their knowledge through supervision of other psychology trainees. Each emphasis area also offers the opportunity for interdisciplinary consultation and collaboration with the Resident operating as part of an interdisciplinary team of professionals.

Emphasis Areas

Primary Care-Mental Health Integration

Nationally, the VA has implemented Primary Care-Mental Health Integration (PC-MHI) programs (also referred to as integrated care) which serve as an integral link for Veterans to more easily access mental health care. PC-MHI programs embed mental health specialists such as psychologists, psychiatrists, and social workers in primary care settings to assist healthcare providers with the management of common psychological conditions that often co-occur with health conditions (e.g., depression, PTSD, substance abuse). The goal of psychologists in these settings is to provide specialized evidence-based care of mild-moderate mental health conditions to primary care patients, and to decrease barriers to accessing mental health services at the VA. Distinct from the services offered in the mental health specialty clinic, PC-MHI provides short-term therapies to primary care patients, who may present with acute mental health issues as well as longstanding psychological conditions that can interfere with medical compliance. PC-MHI offers a rich training experience in fast-paced primary care and women's health clinic settings in which the Postdoctoral Resident will advance their skills of: assessment, consultation, triage, working within a multi-disciplinary team, care management, facilitating brief-term individual and group treatments, treatment planning, crisis management, and differential diagnosis. Additionally, this experience exposes the Postdoctoral Resident to the growing and unique role of psychologists in medical settings, while increasing the Postdoctoral Resident's familiarity with cutting-edge mental health practices in primary care. The services offered in PC-MHI will be based according to an integrated, co-located care model that focuses on care coordination with other healthcare providers and the short-term management of psychological conditions. Program development, implementation, and evaluation will be a large part of the Resident's postdoctoral year in PC-MHI. Additional postdoctoral experiences in PC-MHI will include training in biofeedback and mindfulness facilitation, as well as opportunities in Women's PC-MHI, and providing care to gender and sexual minority veterans.

PC-MHI Training Experiences:

- Functional Assessments
- Brief Intervention and Assessment
- Interprofessional Consultation and Collaboration
- Open Access

Substance Use Disorders

The substance use disorders/addiction treatment programs at VA LAACC include the Addictive Behaviors Clinic (ABC) and Opioid Treatment Program (OTP). The ABC program is committed to improving our Veterans' quality of life by offering evidence-based outpatient treatments for substance use disorders. Treatment is geared towards enhancing motivation to reduce substance use by exploring ambivalence with the goal of change. ABC includes a 16-week intensive outpatient treatment program that meets American Society of Addiction Medicine (ASAM) Level II criteria, based upon the MATRIX Model. MATRIX is an evidence-based group treatment model utilizing a cognitive-behavioral, psychoeducational approach to group substance abuse treatment. The ABC program also incorporates random drug toxicology screens and alcohol breathalyzer testing. The OTP provides comprehensive treatment services and opioid replacement therapy to Veterans with opiate dependence. While Veterans are engaged in opiate substitution treatment with methadone, their medical, psychosocial, and other mental health issues are addressed. Care management and individual and group counseling are provided to assist Veterans in making lifestyle changes. Regular random urine toxicology testing is conducted with Veterans in this program at least monthly.

The programs provide services by an interdisciplinary staff, which includes a psychologist, psychiatrist, social workers, an addiction therapist, and several nursing staff. The Postdoctoral Resident will have the opportunity to gain experience observing, evaluating and treating diagnostically-complex veteran patients where substance use disorders are the primary diagnoses. The Resident will work closely with allied healthcare professionals, including primary care, psychiatry, psychology, social work, and nursing, to develop comprehensive and integrated treatment plans for all veterans served in the ABC and OTP clinics. Additionally, the Resident will gain experience in crisis intervention, evaluation of high-risk patients, and serve in a consultative role for SUD services. The Resident will develop expertise in assessment and treatment and will be applying evidence-based therapies for the treatment of the entire spectrum of substance use disorders. Examples of evidence-based interventions include: Cognitive Processing Therapy (CPT) for the treatment of Posttraumatic Stress Disorder (PTSD), the Matrix Model to address addiction, Seeking Safety for veterans dually-diagnosed with PTSD/SUD, Motivational Interviewing (MI) for substance use disorders, Mindfulness, and Cognitive Behavioral Therapy (CBT) to address mood/ anxiety disorders, adjustment issues, and pain. The Resident will conduct evaluations and provide individual and group psychotherapy, as well as case management services. Program development and research are encouraged. Examples of groups include but are not limited to, Seeking Safety, Matrix Relapse Prevention, Mindfulness, Cognitive Behavioral Therapy (CBT) for Anxiety, and Emotions Management.

SUD Training Experiences:

- Intake Assessments
- Individual Therapy
- Group Therapy
- Case Management

Additional Training Experiences:

Supervised Supervision of Other Psychology Trainees

LAACC trains four psychology interns and two psychology pre-interns/practicum students each year. Interns have the opportunity to rotate through PC-MHI for intensive sub-specialty training, and often there is a practicum student completing his or her training in PC-MHI as well. The Resident will have an opportunity to supervise the PC-MHI interns and/or practicum students in group therapy, brief evidence-based psychotherapy, assessment, and “open access”. Most of our trainees are involved in the SUD program, and thus the Resident will also have opportunities for supervision in that program as well.

Research/Scholarly Development

The Resident will be required to prepare two scholarly presentations over the course of the year and present them to our mental health staff and trainees. Each presentation will cover one of the sub-specialty areas: PC-MHI and SUD. The Resident will also complete a written final project that incorporates research and/or program development as part of their emphasis areas or elective interests. There may also be opportunities for additional treatment outcome assessment/research.

Program Development

Residents at LAACC have ample opportunities to create new groups, services, and clinic-wide programs to meet the needs of our veterans. A requirement of the Postdoctoral Residency program is to create at least one such group/service/program during their training year. This project may be the central focus of the final written scholarly project described above, or could be a separate endeavor depending on the Resident’s interests.

Elective Training

Elective training opportunities vary year-by-year and may be arranged based on the incoming Resident’s interest areas and available clinic resources. The following electives have been completed by previous Residents in the PC-MHI/SUD residency program:

- Women’s Mental Health
- Tinnitus Management
- Employee Wellness
- Dialectical Behavior Therapy (DBT)

Program Structure

At the outset of the training year, the Resident will work closely with his/her primary supervisor to design a program consistent with the Residents’ needs and interests and the program’s goals and objectives. The primary supervisor and Resident will identify individual strengths and weaknesses in the nine (9) core competency areas. The Resident will gain increased independence and responsibility as their knowledge and skills develop over the course of the training year. In addition to ongoing assessment, there will be a minimum of two formal evaluations of the Resident’s skills: at six months

and at the end of the year. The Resident will also be asked, on an ongoing basis, to evaluate their supervisors and training experiences as well as to complete formal evaluations of supervision and training two times a year: at mid-year and at the end of the year. This approach helps the training program to alter or modify the Residents learning experiences if needed.

TIME COMMITMENT

The Resident will be expected to spend 40-44 hours per week in training activities. All work hours will be on site at LAACC, with the exception of pre-approved off-site training experiences (e.g. seminars, workshops, trainings, etc.). Consistent with APPIC standards, Residents are required to spend a minimum of 25% of their time in direct patient care activities, though Postdoctoral Residents in this position typically spend closer to 40-55% of their time in direct patient care.

SUPERVISION

Training will be provided using a combination of methods including experiential learning, direct observation by supervisor, shadowing supervisors, audio tape review of sessions, weekly clinical supervision, didactics and other educational activities, and focused readings. The Resident will be assigned a primary supervisor as well as adjunct supervisors in all subspecialty areas that will be part of the postdoctoral Residency. The Resident will receive a minimum of four (4) hours of supervision weekly, at least two (2) of which will be direct, face-to-face individual supervision. If social distancing protocols due to the COVID-19 pandemic remain in effect at the time of training, supervision will like be conducted using remote methods, such as HIPAA-compliant web-based video platforms.

Our full Supervision Policy is available upon request.

EVALUATION

The Training Program strongly promotes consistent and ongoing feedback between the postdoctoral Resident, supervisors, and the Postdoctoral Training Committee.

Our program will evaluate our effectiveness for meeting training goals and objectives in the following ways:

- Supervisors' formal evaluations of the Resident's performance in core competency areas at least twice per year: mid-year and end-of-year. Both the Resident and the primary supervisor sign all evaluations .
- Residents' evaluation of clinical supervisors twice per year. Residents provide written and verbal feedback to all of their clinical supervisors.
- Regular communication between the Director of Training and postdoctoral Residency supervisors to discuss the Residents' performance and progress.
- Mid-year progress review with the Primary Supervisor and Director of Training.
- Exit interview with the Primary Supervisor and Director of Training.
- Residents' representation at Training Committee Meetings.

- Mid-year and end-of-year evaluation of residency program including recommendations for program improvement. Feedback from the Resident's survey is discussed with supervisors and the Training Committee and used to 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 Psychology Training Committee.
- Representation by 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.

DIDACTICS/SEMINARS

The following Didactics will be required for the Resident:

Diversity Seminar

The goal of the weekly Psychology Diversity Seminar is to increase trainees' (both residents and psychology interns) understanding and appreciation for diversity and culture. Central to this training will be the willingness to examine various dimensions of our own social identities and see how our own cultural, privilege, and diversity characteristics impact our relationships with others. In the seminar, trainees will learn frameworks to work effectively with all areas of individual and cultural diversity and provide competent care for individuals whose cultural identity/worldview differ from their own (e.g. race, religion, sexual orientation, ability status, gender identity, national origin, etc.). To support trainees in this work, they will attend diversity seminars that include diversity related didactics, regular case presentations/ consultations, and self-reflection on their own reactions and interactions with others. Trainees will also be asked to complete a semi-formal presentation on a topic of their choice related to diversity/culture.

Law & Ethics Seminar

This seminar provides the most up to date information regarding legal and ethical consideration for psychologists. The seminar is facilitated by Dr. Sharon Jablon, the owner and developer of PsychPrep, which specializes in the preparation of psychologists for the EPPP and additional California licensure requirements. Legal and ethical issues are discussed in relation to California Law, the Ethics Code, and situations that arise in the course of clinical care.

Supervision Seminar

A monthly seminar on supervision is provided to students that contains both didactic and experiential components. It will cover APA's competencies for supervision including: supervisor competence, diversity, supervisory relationship, professionalism, assessment/evaluation/ feedback, professional competence problems, and ethical/legal/regulatory considerations. The seminar will foster an awareness of the important parts and potential challenges in each of

these domains. There will be opportunities for group discussion and the roleplaying of complex supervision vignettes.

GLA Psychology Continuing Education Workshops

The GLA Psychology Department sponsors all-day Continuing Education programs two to three times per year, which all Residents attend. Recent topics have included: Law and Ethics, Supervision, Sexual Health, Substance Use Disorders, Working with Gender and Sexual Minority Veterans, Psychopharmacology, and Suicide Risk Management and Prevention.

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

- Access to additional training activities offered to interns and practicum students at LAACC. For instance, past Residents have elected to participate in the weekly Mindfulness and Acceptance-Based Practices seminar.
- Access to weekly GLA Mental Health Grand Rounds featuring a wide range of topics presented by local and national presenters
- Potential opportunities to participate in VA Central Office roll-out trainings in evidence-based psychotherapies such as Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), CBT for Insomnia (CBT-I), Acceptance and Commitment Therapy (ACT), etc.

Requirements for Successful Completion of Residency

In order to maintain good standing and complete the Postdoctoral Residency, the Resident is 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 a rating of “5” or above on all items in any one category on the final evaluation, with no serious ethical violations or transgressions identified. The “5” rating is defined as meeting “Advanced level of competency/ready for autonomous practice.” Items that are marked as “NA” will not be counted.
3. Complete 2080 hours of supervised professional experience (SPE), to be completed in one year of full-time training. (Note: Residents who leave the program prior to completion of one full year of training will not be considered to have completed the program)
4. Meet all administrative requirements.

Postdoctoral Residents who successfully complete the program will have met the licensure requirements for postdoctoral supervised professional experience hours as required by the California Board of Psychology. A supervision agreement form and plan will be signed by the

postdoctoral primary supervisor and Resident prior to the commencement of the experience as required for licensure.

Administrative Policies and Procedures

Due Process: Procedures for due process and grievance are in place for any problems that may arise. Residents receive a Due Process and Grievance Procedures policy during orientation and this policy is also available upon request.

Privacy policy: We 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 Residents' performance and such information is necessary to address any difficulties.

Non-Discrimination Policy and Respect for Diversity: VA LAACC highly values cultural and individual diversity. We are an equal opportunity employer, and prohibit discrimination based on race, religion, gender, gender identity, national origin, age, disability, sexual orientation, or status as a parent. We avoid any actions that would restrict program completion on grounds that are not relevant to success in training. In addition, we aim to foster a training environment that supports trainees in gaining greater competence in issues of diversity as they relate to patient care.

The VA Office of Diversity and Inclusion (<https://www.diversity.va.gov/>) provides additional information on policies and resources related to individual and cultural diversity.

Reasonable Accommodations: It is the policy of VA to provide reasonable accommodations to qualified applicants and employees with disabilities in compliance with the Americans with Disabilities Act (ADA). VA LAACC is committed to providing access for all people with disabilities and will provide accommodations, if needed.

Liability Protection for Trainees: When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

Training Staff

Psychology Postdoctoral Training Supervisors:

Jesse D. Barglow, Ph.D.

Director, LAACC Addictive Behaviors Clinic (ABC)

Doctoral Program: Fordham University, Clinical Psychology

Doctoral Internship: VA West Los Angeles, General Track

Postdoctoral Fellowship: VA West Los Angeles, Interprofessional Integrative Health Track

Clinical Interests: Substance use, trauma, psychosis, group psychotherapy, program development, interdisciplinary collaboration

Christine Holland, Ph.D.

Program Lead, LAACC Primary Care-Mental Health Integration (PC-MHI)

Doctoral Program: University of Illinois at Chicago, 2011

Doctoral Internship: VA Long Beach Health Care System

Postdoctoral Fellowship: VA Loma Linda Healthcare System

Clinical Interests: HIV, Chronic Illness, Health Behavior Change, Health Promotion and Disease Prevention, Interaction of Health and Trauma, PTSD, SMI, MST, LGBTQ issues

Michael Karakashian, Ph.D.

Section Chief, VA GLAHCS Primary Care–Mental Health Integration (PC-MHI)

Doctoral Program: University of Memphis, Ph.D. Counseling Psychology, 2011

Doctoral Internship: VA-Los Angeles Ambulatory Care Center

Postdoctoral Fellowship: Harbor-UCLA Medical Center; Behavioral Medicine/HIV Mental Health

Clinical Interests: Acceptance and Commitment Therapy, Clinical Application of Mindfulness and Compassion, Coherence Therapy, Cognitive-Behavioral Therapy, Emotion-Focused Therapy, HIV Mental Health Care, PTSD, Substance Misuse, Motivational Interviewing, Primary Care-Mental Health Integration, Interpersonal Process Group Therapy

Potential Adjunct Supervisors:

Elizabeth Chereji, Ph.D.

Clinical Psychologist, Primary Care-Mental Health Integration Program

Doctoral Program: University of Southern California, 2014

Doctoral Internship: West Los Angeles VA Medical Center

Postdoctoral Residency: Tibor Rubin VA Medical Center—VA Long Beach Healthcare System

Clinical Interests: Psychosocial adjustment to medical concerns, coping with chronic illness, substance abuse (e.g., motivational interviewing, abstinence- and harm reduction-based approaches)

Susan Steinberg, Ph.D.

Lead Psychologist, Women’s Mental Health

Doctoral Program: Clark University, 1989

Pre-doctoral Internship: Palo Alto VA Medical Center

Postdoctoral Fellowship: Harbor-UCLA Medical Center

Clinical Interests: Rorschach assessment; Brief Psychodynamic Therapy; Supervision; Psychology of Women; Couple’s Therapy; Mindfulness

Recent Trainees

Resident (Name, Year, Graduate Program, Internship):

Gabrielle Lewine, Ph.D. (2019-2020)

Graduate Program: University of Southern California

Internship Program: VA Sepulveda Ambulatory Care Center

Jessica Jackson, Ph.D. (2018-2019)

Graduate Program: New Mexico State University

Internship Program: UCLA Counseling & Psychological Services

Carissa Gustafson, Psy.D. (2017-2018)

Graduate Program: Pepperdine University

Internship Program: Santa Ana College

Nathasha Correa, Ph.D. (2016-2017)

Graduate Program: UCLA

Internship Program: VA West Los Angeles Healthcare Center

Louis Stephenson, Ph.D. (2015-2016)

Graduate Program: Pacific Graduate School of Psychology, Palo Alto University

Internship Program: Harry S. Truman Memorial VA Hospital, Missouri Health Sciences Consortium

Local Information

LAACC is located in downtown Los Angeles, in the middle of the cultural, financial, and political hub of metropolitan Los Angeles, an area that extends west to Santa Monica, south to the Port of Los Angeles, north to the San Gabriel Mountains, and east to Whittier. Our clinic is adjacent to Olvera Street, Little Tokyo, Chinatown, and the Arts District. Our location is in the midst of a physical and socio-cultural renaissance. Businesses, shopping, restaurants, recreation, and cultural centers now dominate the area around the clinic. The Geffen Museum of Contemporary Art (MOCA), the Japanese American Museum, the Music Center (Dorothy Chandler Pavilion, Ahmanson Theatre, and Mark Taper Forum), the Disney Performing Hall (home to the L.A. Philharmonic), the financial and garment districts, and the jewelry center are all within walking distance of the clinic.

Updated September 25, 2020

Our trainees take advantage of all that Los Angeles has to offer. They have resided in many different areas of Los Angeles throughout the years, including Santa Monica, Pasadena, Downtown Los Angeles, West Hollywood, and the San Fernando Valley. Union Station, the main train station servicing the Metropolitan Los Angeles area, is also walking distance from our clinic thereby facilitating staff and interns to use public transportation and “go green.” In some ways, our location couldn’t be better since the VA subsidizes public transportation expenses.

If you are interested in further information regarding downtown Los Angeles, please visit:
www.lacity.org