



VA Sepulveda Ambulatory Care Center Postdoctoral Residency Programs in Health Service Psychology

VA Sepulveda Ambulatory Care Center

Alexis D. Kulick, Ph.D., ABPP/CN

Director of Psychology Training

Psychology Department (116B)

16111 Plummer Street

North Hills, CA. 91343

818-891-7711, extension 32734

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

Applications Due: December 27, 2019

Postdoctoral Residency Positions:

The Sepulveda VA has two permanently funded, one-year, full-time Postdoctoral Residency positions in Health Service Psychology:

- 1. Trauma Track**
- 2. Primary Care Mental Health Integration/Behavioral Medicine (PCMHI/B-Med)**
- 3. Possible position in Mental Health Clinic/Women's Health Clinic***

*Possible Third Position: For the 2020-2021 training year, we will be asking for temporary funding for an additional position in Mental Health Clinic/Women's Health Clinic (MHC/WHC). Once we determine if that temporary funding is available for the 2020-2021 year, we will update the UPPD appropriately. Information about this proposed position is included in this brochure.

Accreditation Status:

The postdoctoral residency program at the **VA Sepulveda Ambulatory Care Center (SACC)** underwent a site visit in 2018 and received the maximum 10-year Accreditation. Thus, the postdoctoral residency is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA), and the next site visit will be during the academic year 2028.

Questions related to the program's accreditation status should be directed to the 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

Web: www.apa.org/ed/accreditation

Application Process:

Please submit the following documents via the APPA CAS website:

1. Cover letter summarizing educational, clinical, and research experiences relevant to the focus area, along with a description about residency goals and career goals, more generally
2. An autobiographical statement
3. An updated copy of your Curriculum Vitae
4. Three letters of recommendation from supervisors familiar with your clinical work
5. Letter from your internship training director verifying on-track completion of internship
 - If Internship TD is writing one of your reference letters, please ask him/her to verify on-time completion of internship.
6. A letter from your dissertation advisor verifying you are expected to complete or have already completed your dissertation by the end of your internship. This letter should also indicate that your doctoral degree has been, or will be, completed before the start of the residency
7. Graduate Transcript

Questions regarding the residency can be directed to:

Alexis Kulick, Ph.D., ABPP,
Director of Psychology Training
Email: Alexis.Kulick@va.gov
Phone: 818-891-7711 x32734

POSTDOCTORAL RESIDENCY PROGRAM TABLES

Date Program Tables are Updated: 7/8/2019

Residency 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

Eligibility:

All applicants to the Psychology Postdoctoral Residency Program at the Sepulveda VA must have obtained a doctorate 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 may have a doctoral degree in any area of psychology and have successfully completed a re-specialization program in Clinical or Counseling Psychology that is APA or CPA accredited. The applicant is expected to have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship.

Other VA-wide eligibility requirements include:

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.
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>

We are seeking applicants who have strong skills in intervention, assessment, consultation, program development, and program evaluation activities. Applicants should also possess the personal characteristics necessary to function well as a doctoral-level professional in a medical center and as an integral member of several interprofessional teams. Our selection criteria specifically focus on background training and experience as well as future career aspirations. We seek the best fit between applicants and our training program.

Our training programs are committed to creating a supportive learning environment for individuals of diverse backgrounds, and as a federal agency, we abide by the U.S. Government Equal Employment Opportunity (EEO) and Reasonable Accommodation policies. The Psychology Postdoctoral Residency Program follows a policy of selecting the most qualified candidates and is an Equal Opportunity Employer. Our commitment to diversity includes attempting to ensure an appropriate representation of individuals along many dimensions, including (but not limited to) gender, sexual orientation, age, ethnic/racial minorities, and persons with disabilities. We have a commitment to the enhancement of diversity within our training programs.

Applications are reviewed by the Director of Psychology Training in addition to one of the supervisors in the different emphasis areas. Following this review, highly ranked applicants are asked to participate in interviews, which may be either in-person or via telephone. After the interview process is complete, the selection committee ranks the applicants and offers are extended, abiding by the APPIC Uniform Notification Date guidelines. When applicants are no longer under consideration, we strive to notify them as soon as possible.

As noted, the postdoctoral residency program received the maximum 10-year accreditation by the Commission on Accreditation (CoA) of the American Psychological Association (APA). The next site visit will be during the academic year 2028.

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

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-Time Residents:	\$52,176
--	----------

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 -4 hours accrued every two weeks	104
--	-----

Hours of Annual Paid Sick Leave -4 hours accrued every two 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)

Hours of Federal Holiday Leave	80
--------------------------------	----

Hours of Education Leave/Authorized Absence	40
---	----

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

Initial Post Residency Positions

Residency Cohort from 2015-2016 to 2017-2018

Total # of residents who were in the 3 cohorts 6

Total # of residents who remain in training in the residency program 0

	PD	EP
Community mental health center	0	1
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
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	1
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, select the setting that represents their primary position.

Extending on the table above, all 10 of our postdoctoral residency graduates have been successful in obtaining competitive employment in positions that are consistent with our program’s aim. Facilities include: Atlanta VA, CBT California (private practice), Didi Hirsch, Kaiser Permanente, Oxnard VA, Loma Linda VA, Sepulveda VA, WJB Dorn VA (SC), and the West LA VA.



PROGRAM SETTING:

VA Greater Los Angeles Healthcare System:

The VA Greater Los Angeles Healthcare System (VAGLAHS) is one of the largest healthcare systems within the Department of Veterans Affairs. It is one component of the VA Desert Pacific Healthcare Network (VISN 22) offering services to Veterans residing in Southern California and Southern Nevada. Greater Los Angeles (GLA) consists of two ambulatory care centers (Sepulveda VA and the Los Angeles Ambulatory Care Center); a tertiary care facility (West Los Angeles VA); and 8 community based outpatient clinics throughout five counties in southern California (Los Angeles, Ventura, Kern, Santa Barbara, and San Luis Obispo). GLA provides comprehensive ambulatory and tertiary care to over 1.4 million Veterans living in this region.

GLA directs the Department of Veterans Affairs' largest educational enterprise. It serves as a major training site for medical residencies sponsored by the UCLA David Geffen School of Medicine and USC School of Medicine, as well as more than 45 colleges, universities and vocational schools in 17 different medical, nursing, paramedical, and administrative programs. Over 500 university residents, interns, and students are trained at the VA Greater Los Angeles Healthcare System each year.

GLA is a designated Center of Innovation for the national Office of Patient Centered Care and Healthcare Transformation. This office works with VA leadership and health care providers to transform VA's health system from the traditional medical model, which focuses on treating specific issues, to a personalized, proactive, patient-driven model that promotes whole health for Veterans and their families. Psychologists at GLA offer many integrated health and healing modalities of care, some of which include introductory courses for relaxation, mindfulness-based interventions, Tai Chi, yoga, and biofeedback. GLA has a Mindfulness Based Stress Reduction program (MBSR) for staff and Veterans.



Sepulveda Ambulatory Care Center:

The Sepulveda Ambulatory Care Center (SACC), located in the San Fernando Valley of Los Angeles, is part of the VA Greater Los Angeles Healthcare System. SACC is a fully independent, though integrated component of the educational mission of GLA. SACC is the major outpatient facility that provides care to the Veterans living in Northern Los Angeles. Following the earthquake in 1994, Sepulveda redefined its mission to become a comprehensive ambulatory care, education, and research facility. From an old-style traditional VA Medical Center, SACC has emerged as a facility in tune with contemporary and innovative health care delivery approaches and interdisciplinary collaboration. SACC offers a comprehensive array of services that supports the primary care program. These services include a wide spectrum of on-site ambulatory care activities for internal medicine, neurology, and specialty ambulatory surgery services, comprehensive psychiatry and psychology services, including alcohol and substance use treatment, dentistry, social services, rehabilitation medicine, audiology, speech pathology, prosthetics services, and comprehensive homeless services. There is also a 40-bed academic nursing home care unit on the campus.

SACC is recognized for special programs, including Geriatric Research, Education and Clinical Care Program (GRECC) and the Women's Health Program. SACC is unique for its expertise in primary, managed care education, and is a site for national VA PRIME medical residents and associate health trainees. Sepulveda's strong academic affiliation with UCLA Schools of Medicine, Dentistry and Nursing assures a progressive, high-quality healthcare environment. As a teaching facility, education and training are prominent at SACC. Most members of the medical staff hold clinical and/or academic appointments at local academic institutions. Psychology is an independent discipline, but a fully integrated and respected component of the overall mental health and medical services.

The Psychology Department at the VA Sepulveda Ambulatory Care Center has a strong commitment to and a long history of providing training. We have a highly competitive (~130 applications annually) doctoral internship program, which has been accredited by the American Psychological Association since 1979. Our psychology internship program provides one-year, full-time, clinical training to six

doctoral interns. In addition, the training program selects 4-6 practicum students each year, all of whom receive at least nine months of supervised training in different clinical rotations. Postdoctoral residents will have a chance to provide layered supervision to our junior trainees.

Almost all of our 13 full-time Psychology Department staff are involved in training. All clinical supervisors in the residency, internship, and practicum program are licensed in California, are from APA-accredited doctoral programs in clinical or counseling psychology, have completed an APA-accredited doctoral internship, and most supervisors have completed postdoctoral residency programs. Many hold clinical and academic appointments at local institutions, including the University of California, Los Angeles and Pepperdine University. Psychologists at the Sepulveda VA engage in a variety of roles in interprofessional outpatient medical and mental health settings, with many staff members involved in program leadership positions. Nearly all of our 13 training supervisors are VA certified in one or more evidence-based practice modalities.

Training Aims, Model, and Program Philosophy

The aim of the Postdoctoral Residency Training Program is to promote advanced competencies necessary for the independent practice of psychology in healthcare settings specializing in the assessment and treatment of patients with behavioral and mental health problems. One program provides in-depth training in the assessment and treatment of PTSD and other trauma-related disorders while the other program focuses on Mental Health Integration in medical settings. The VA Sepulveda Psychology training program offers breadth of training through supervised patient care and didactics. Our developmental training model takes into consideration that postdoctoral residents arrive with varying degrees of experience. We strive to build upon baseline skills and competency benchmarks acquired during the doctoral internship year. Thus, over the course of the postdoctoral year, the resident will be granted more autonomy and responsibility in an organized and developmentally-sensitive sequence.

The residency is learning oriented, and training considerations take precedence over service delivery. Because residents enter the program with varying levels of experience and knowledge, training experiences are tailored so that a resident starts at an appropriate level of independence and clinical responsibility. Supervisors engage in direct observation of residents' clinical activities throughout the training year to determine level of clinical skill and supervision required (e.g., room, area, available). Residents receive a minimum of four hours of supervision each week, two hours of which are individual, face-to-face supervision and two hours of which are group supervision. Complementing basic supervision, through the process of working closely with a number of different Psychology Service supervisors, residents are also exposed to role modeling and mentoring on an ongoing basis. Residents provide layered supervision to practicum students in the residents' focus area, and they receive supervision on their supervision of the trainees, both in a weekly seminar format and in individual supervision with their primary supervisor(s). Residents also provide consultation to psychology interns and trainees in other services (e.g., social work and psychiatry residents).

Our residency program is based on the practitioner-scholar model of training. Our program emphasizes the application of current scientific knowledge to the professional delivery of services. This emphasis is reflected in the content of training experiences, which include training in evidence-based practices, such as Acceptance and Commitment Therapy (ACT); Biofeedback; Brief Behavioral Treatment for Insomnia (BBTi); Cognitive Behavioral Conjoint Therapy for PTSD (CBCT); Cognitive Behavioral

Therapy (CBT) for anxiety, chronic pain, depression, insomnia, and substance use disorders; Cognitive Processing Therapy (CPT); Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE) Dialectical Behavior Therapy (DBT) skills; Exposure and Response Prevention (ERP); Imagery Rehearsal Therapy (IRT); Integrative Behavioral Couples Therapy (IBCT); Integrative Health and Healing modalities (IHH); Interpersonal Therapy (IPT); Mindfulness Based Relapse Prevention (MBRP); Mindfulness Based Stress Reduction (MBSR) and other Mindfulness approaches; Motivational Interviewing (MI); Problem Solving Therapy for Primary Care; Prolonged Exposure (PE); Reminiscence Therapy; and Skills Training in Affective and Interpersonal Regulation (STAIR), among others. Residents also participate in program development activities, quality improvement projects, and numerous didactics and seminars offered through the VA.

The training program includes seminars that focus on theoretical as well as applied aspects of clinical work. All residents participate in a monthly journal club and have required readings relevant to the populations served and interventions utilized. In addition, the postdoctoral residents participate in a Supervision of Supervision Seminar (three times per month) to discuss the process of providing layered supervision to practicum students. Postdoctoral residents attend additional seminars with interns, including a weekly Psychology Training Seminar, a bi-weekly Diversity Seminar, a monthly Clinical Research seminar, and a monthly Supervision Seminar (separate from the Supervision of Supervision Seminar). Residents are also responsible for presenting/teaching, and in some cases, organizing various seminars.

In terms of actual hours, the general expectation is that trainees spend, on average, 28 hours per week in patient care activities, which includes a minimum of 14 hours per week (or 35% of worked hours) in direct, face-to-face services, such as intake assessments, individual psychotherapy, and group psychotherapy. Other patient-care activities include: consultation, patient care conferences, interdisciplinary team meetings, and clinical support activities, including progress notes, assessment reports, and coordination of care. The remainder of their time is spent in receiving supervision (>4 hours/week), providing supervision (>1 hour/week), didactic trainings (>5 hours/week), and research-related activities (>2 hours/week). Thus, it is clear from the structure of our program that resident training requirements take precedence over service delivery and revenue generation. All clinics operate with staff psychologists and are not dependent upon the presence of trainees to function, although the presence of trainees allows for greater patient capacity.

Program Goals and Objectives

Postdoctoral residency training focuses on the nine Profession-Wide Competencies, and residents are expected to obtain increasing proficiency in these areas as the year progresses. The broad range of clinical and demographic diversity in our training setting provides an exceptional environment for developing these competencies.

1. Integration of science and practice – residents will demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
2. Ethical and legal standards – residents will demonstrate knowledge of and act in accordance with each of the following: (i) the current version of the APA Ethical Principles of Psychologists and

Code of Conduct; (ii) Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and (iii) relevant professional standards and guidelines. Residents will recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas. Residents will conduct themselves in an ethical manner in all professional activities.

3. Individual and cultural diversity – residents will demonstrate understanding of how their own personal/cultural history, attitudes, and biases may affect their understanding and interaction with different people. Residents will demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. Residents will integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). Residents will apply a framework for working effectively with areas of individual and cultural diversity not previously encountered. Residents will learn to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. They will demonstrate the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program’s aim(s).
4. Professional values and attitudes – residents will behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. They will engage in self-reflection regarding their personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. Residents will be encouraged to actively seek and demonstrate openness and responsiveness to feedback and supervision. They will be expected to respond professionally in increasingly complex situations with a greater degree of independence as trainee progresses across levels of training.
5. Communication and interpersonal skills – residents will develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. They will produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts. Residents will demonstrate effective interpersonal skills and the ability to manage difficult communication well
6. Assessment – residents will select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. They will interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. Residents will communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
7. Intervention – residents will establish and maintain effective relationships with the recipients of psychological services. They will develop evidence-based intervention plans specific to the service delivery goals. They will implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. Residents will demonstrate the ability to apply the relevant research literature to clinical decision making. They will be

expected to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. Residents will evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

8. Supervision – residents will apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
9. Consultation and interprofessional/interdisciplinary skills – residents will demonstrate knowledge and respect for the roles and perspectives of other professions. They will apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

The Psychology resident will be formally evaluated on these nine areas of competence at the mid-year and end-of-year points of the residency with formal, written, competency-based evaluations by primary and delegated supervisors. These evaluations are designed to encourage communication, identify strengths and weaknesses, and set goals for training. There will also be ongoing, informal evaluation and feedback to ensure open communication and to facilitate a collaborative learning environment for the resident. Finally, the resident will be asked to evaluate his/her supervisors at each evaluation period to solicit feedback and suggestions for program improvement purposes. The resident will be asked to complete a program evaluation at the conclusion of the residency.

Satisfactory completion of the postdoctoral residency meets postdoctoral supervised practice requirements for licensure in California. At the completion of training, our residents are prepared and expected to successfully obtain licensure and to function as competent, entry-level psychologists.

SUPERVISION:

Residents will have a different supervisor in each of the clinics in which they are working, but a primary supervisor will be assigned for the entire year. Residents will receive a minimum of four hours of supervision per week, at least two hours of which includes individual face-to-face supervision, one with the primary supervisor and the other with delegated supervisors. At least two hours per week will include group supervision with primary/delegated supervisors. The program employs a developmental model of training; there is more intensive supervision at the outset of the residency and at the beginning of each new clinical activity, with the goal of increasing the resident's independence and ability to manage increasingly complex situations as their knowledge and skills develop. Supervision takes place through a number of different modalities, including co-therapy, direct observation, audiotape review, case presentations, role plays/response to vignettes, review of written work, review of test data, observations in interdisciplinary team meetings, and feedback from other staff members. Residents have the opportunity to observe supervisors providing services in many settings, especially at the outset of the rotation, and frequently serve as co-facilitators for group interventions.

Residents will also serve as supervisors to one of the practicum students who will be working in the same clinical area. Residents will be encouraged to observe practicum students' clinical activities, review notes, listen to audiotapes, meet for weekly, hour-long supervision sessions, provide constructive feedback to junior trainees, provide mentorship in areas of professional development, contribute to the bi-annual evaluations, and even write letters of recommendation. Residents will receive supervision on their supervision through a weekly seminar (Supervision of Supervision) in which they discuss the

process of developing as a competent supervisor. Additionally, residents will discuss their practicum student's patients in weekly supervision with the resident's primary supervisor.

EVALUATION:

Residents are asked to complete a self assessment at the beginning of the training year and again at the midpoint. This is done to promote self reflection, to identify gaps in training, and to develop goals and a plan for the residency year. The Residency Program encourages ongoing feedback among residents, supervisors, and the Training Committee. Staff members review residents' progress at monthly staff meeting. Supervisors and residents complete formal, written, competency-based evaluations at the mid-point and end-point of the year-long with the expectation that feedback is an ongoing process throughout the year. These evaluations encourage communication, identify strengths and weaknesses, and set goals for training. Residents are required to complete evaluations of their supervisors, the clinical activities, the didactics, and their elective placements. The Training Program also solicits feedback from residents on programmatic issues informally throughout the year. Residents are scheduled to meet with the Director of Training on a monthly basis to discuss any problems, concerns, or suggestions for program improvement. Residents complete a formal program evaluation and an exit interview with the Director of Training at the completion of the year.

Sepulveda's goal is to provide a successful and rewarding training experience for all of our residents. The staff is highly committed to training, and we work to tailor the training program to meet each resident's individual interests, needs, and goals.

REQUIREMENTS FOR COMPLETION

In order to maintain good standing in the program, residents must:

1. Abide by the APA Ethical Principles and Code of Conduct and all VA policies, rules, and regulations
2. Obtain ratings of 5 ("Approaching Autonomous Practice") or higher on 80% of items in each of the nine core competency areas, with no serious ethical violations at the mid-point of the year.
3. Meet all administrative requirements

Criteria for Successful Completion of Residency:

1. Completion of 2080 hours of supervised professional experience, to be completed in one year of full-time training
2. It is required that a minimum of 35% of the resident's worked hours be in direct patient care (14 hours of face-to-face care in a 40 hour/week)
3. Satisfactory performance in all nine clinical competency areas. It is expected that as residents gain in knowledge and skill during the training year, they will be able to carry out more advanced tasks with greater independence. Successful completion of residency is determined by ratings of '6' ("Ready for Autonomous Practice") or higher on 100% of items in all nine clinical competency areas, with no areas requiring remediation and no serious ethical violations.
4. Didactic Training. Residents are required to attend required Psychology Seminars and Psychology Department workshops. In addition, residents must attend educational activities required on their rotations.

POSTDOCTORAL RESIDENCY IN TRAUMA

Program Structure

Training for the psychology resident will be focused primarily in Trauma Recovery Services (TRS). The mission of TRS is to provide assessment and evidence-based treatment to Veterans who are suspected of having PTSD.

Residents will assess Veterans using thorough diagnostic testing (e.g., CAPS, trauma interview) to establish an accurate diagnosis. Through this process, the Veteran will either be found to be appropriate for TRS, and a treatment plan will be collaboratively developed with the Veteran, or the Veteran will be referred to more appropriate care (e.g., back to referring provider, higher level of care, etc.). Veterans with military and non-military trauma, including sexual trauma, will be eligible to participate in TRS.

Once a diagnosis of PTSD has been established by the TRS team, the Veteran will be enrolled in the treatment phase. The core aspect of TRS will be trauma-focused work. The resident will be trained to deliver Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). Depending on resident interest and availability of cases, there may also be opportunities to provide Concurrent Treatment of PTSD and Substance Use Disorders (COPE) and/or Cognitive Behavioral Conjoint Therapy (CBCT) for PTSD. Treatment may also include stabilization, with a focus on helping the Veteran obtain greater coping skills and symptom-specific management (e.g., anger management, stress management, CBT-I, CBT, or relaxation).

Thus, residents in TRS are expected to:

1. Learn to accurately diagnose PTSD using the CAPS-5
2. Develop individualized treatment plans with Veterans based upon the diagnostic assessment and the Veteran's goals
3. Learn and deliver evidence-based psychotherapy for PTSD
4. Provide symptom-specific management interventions for comorbid conditions, such as chronic pain, insomnia, or anxiety
5. Facilitate connection to community resources and alternative care modalities, as appropriate
6. Function as part of an interprofessional team to support the delivery of services.

As a part of TRS, the resident will function as a junior colleague. He/she will conduct assessments, lead groups, provide individual psychotherapy, and participate as part of an interprofessional team. While the focus is on individual psychotherapy, there may be opportunity to run groups (e.g., WWII/Korean War process group, STAIR).

Given the high rates of substance use disorders (SUD) in Veterans with PTSD, it is important that trauma providers have experience with the evaluation and treatment of SUDs. Therefore, the resident will participate in the Addictive Behaviors Clinic (ABC) for 4 hours a week throughout the year. ABC offers an Intensive Outpatient Program (IOP) to male and female Veterans, ages 20-80, who misuse alcohol, heroin, cocaine, amphetamines, and/or other substances. Most patients have comorbid psychological problems. Patients in the IOP are required to commit to a minimum of 14 weeks of 3 days/week treatment, and many continue in aftercare treatment for a year or longer. Therapeutic interventions are recovery-oriented and include evidence-based treatment of early recovery and relapse prevention skills through Matrix model of treatment, as well as DBT skills-based emotions management

groups and CBT skills-based groups. The resident will have the opportunity to conduct assessments, lead a group, and provide psychotherapy (often for Veterans with co-occurring substance use and PTSD).

Supervisors for Postdoctoral Residency in Trauma:

Alex Barrad, Psy.D.

Melissa Lewis (ABC program supervisor)

Shana Spangler, Psy.D.

Elective Training in the Trauma Residency:

In addition to the core training activities in TRS, there will be opportunities for one 12-month or two 6-month electives. These training opportunities are all four hours per week and include .5 to 1 hour of supervision.

Addictive Behaviors Clinic

- The resident can engage in additional time providing individual and group psychotherapy with Veterans in substance use treatment.

Biofeedback

- Training is available in the following modalities: breath pace (respiration), muscle activity (Electromyography), heart rate and heart rate variability (HR and HRV), peripheral finger temperature (thermistor), and galvanic skin response (GSR).

Health Psychology: Behavioral Medicine

- Residents can offer individual psychotherapy to Veterans with primary medical concerns and concomitant psychological issues. Opportunities exist to develop expertise in the implementation of empirically-supported brief interventions.

Insomnia Clinic

- Residents can offer individual psychotherapy in a Pulmonary Sleep Clinic working closely with sleep medicine physicians and other healthcare providers to manage patients with multiple sleep-related difficulties. The primary treatment modality will be CBT-I, although there may be opportunities for IRT and other sleep disorder treatments.

Mental Health Clinic

- Residents can provide individual psychotherapy to Veterans in the general MHC. Veterans present with a range of diagnoses, and treatment is individualized to assist Veterans in achieving their personal goals. There may also be an opportunity to co-lead an ACT Drop-in Group.

Women's Health Clinic

- Residents can provide DBT-Informed Individual Psychotherapy, evidence-based (PE or CPT) PTSD individual psychotherapy, CBT for depression and anxiety, and can work with female Veterans presenting with pre- or peri-natal mental health issues.

POSTDOCTORAL RESIDENCY IN PRIMARY CARE MENTAL HEALTH INTEGRATION/BEHAVIORAL MEDICINE (PCMHI/B-MED):

Training for the psychology resident will be focused primarily in the Primary Care Mental Health Integration (PCMHI) Clinic, the Adult Day Health Care (ADHC) Program and Community Living Center (CLC), and the Behavioral Sleep Medicine (BSM) Program

PRIMARY CARE MENTAL HEALTH INTEGRATION (PCMHI)

SACC was an early adopter of Primary Care Mental Health Integration (PCMHI) and has consistently performed above national goals for mental health visits within primary care. The postdoctoral resident will be engaging in co-located collaborative care on an interprofessional primary care team, providing initial assessments to patients presenting with a wide variety of issues who may be experiencing their first contact with mental health services. Residents will have the opportunity to conduct brief (30 min.) functional assessments, to provide short-term interventions, and to consult with other providers in the primary care setting. Residents will also be involved in conducting groups and will be responsible for providing patients with psychoeducation, coping skills, and/or facilitating patients' involvement in the next step of their mental health treatment.

The resident will work closely with supervising psychologists to deliver brief interventions and to provide consultation services within an interprofessional team. Treatments delivered in PCMHI may target anxiety, depression, insomnia, history of trauma, adjustment disorders, chronic pain, and psychological factors related to chronic medical conditions. Additionally, residents may engage in diagnostic clarification and treatment planning to aid in making appropriate referrals to specialty mental health.

Patients seen in the PCMHI clinic are treated on a brief basis (4-6, 30-minute sessions) using a variety of evidence-based treatment approaches which can include skills-based interventions, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Problem-Solving Therapy for Primary Care, Biofeedback, Mindfulness-based psychotherapy, Cognitive Behavioral Therapy for Insomnia (CBT-I), and Motivational Interviewing (MI).

Specific behavioral medicine elements include:

Biofeedback

- Training opportunities in biofeedback exist in the following modalities: breath pace (respiration), muscle activity (Electromyography), heart rate and heart rate variability (HR and HRV), peripheral finger temperature (thermistor), and galvanic skin response (GSR). Residents will learn how to use and interpret the measurements and how to teach Veterans skills for modulating the processes being measured.

Coping with Chronic Pain Group

- The resident will co-facilitate this 6-week group with interns rotating on Health Psychology: Behavioral Medicine. Residents will provide psychoeducation about the biopsychosocial model and factors that affect chronic pain. Residents will train patients to use pain management strategies using techniques from both CBT and ACT approaches.

Healthy Habits

- This group is based on the Group Treatment for Substance Abuse: A Stages-of-Change Therapy Manual (Velasquez, et al., 2001) protocol and CBT for Substance Use Disorders Among Veterans (DeMarce, et al., 2014), modified to be an open drop-in group. This group offers strategies based on the transtheoretical model of behavior change for Veterans who are thinking about reducing or modifying their current use of substances.

Time-Limited Individual Psychotherapy

- Residents will provide time-limited psychotherapy to Veterans with comorbid physical and mental health problems and to implement various evidence-based approaches and interventions. Patients present with a range of medical diagnoses and both preexisting and newly diagnosed mental health issues.

Supervisors:

Sarah Duman Serrano, Ph.D., BCB
Aleksey Zvinyatskovskiy, Ph.D.

ADULT DAY HEALTHCARE PROGRAM (ADHC), COMMUNITY LIVING CENTER (CLC), AND THE HOSPICE UNIT

The resident will work in this setting for up to 8 hours per week. Training in an integrated medical setting with older Veterans provides residents rich opportunities to learn about treating medical and mental health conditions throughout the lifespan. The ADHC Unit offers comprehensive interdisciplinary treatment to older Veterans who present with health conditions causing cognitive and physical impairments. Some of the more common diagnoses include: strokes, traumatic brain injury, Parkinson's disease, and Major Neurocognitive Disorders. The Community Living Center (CLC) and Hospice units are inpatient programs at the Nursing Home and offer opportunities to work with families and patients facing terminal diseases and end of life concerns.

Within these settings, the resident will provide individual psychotherapy to patients in the ADHC, the Nursing Home, and Hospice Unit as well as participate in treatment planning, caregiver support, and co-facilitation of groups.

Supervisor:

Falguni Chauhan, Ph.D.

BEHAVIORAL SLEEP MEDICINE (BSM) CLINIC

The BSM program is located within the AASM Accredited Sleep Medicine Center as part of comprehensive patient-centered care for sleep disorders. The resident will work closely with the supervising psychologists to deliver evidence-based treatments including CBT-I, chronotherapy, supervised hypnotic taper, treatment of nightmare disorder, and behavioral/MI-based programs for sleep apnea patients. The clinic was developed by a Board-Certified BSM Specialist who is VA Credentialed in CBT-I and has advanced training in geriatrics, MI, and Acceptance and Commitment Therapy (ACT). She functions as a consultant for complex insomnia patients.

Supervisors:

Alex Barrad, Psy.D.

Jennifer Martin, Ph.D., FAASM, DBSM

Shana Spangler, Psy.D., BCB

Elective Training in the PCMHI/B-Med Residency:

In addition to the core training activities in PCMHI/B-Med, there will be opportunities for one 12-month or two 6-month electives. These training opportunities are all four hours per week and include .5 to 1 hour of supervision.

Addictive Behaviors Clinic

- The resident can engage in individual and group psychotherapy with Veterans in substance use treatment.

Mental Health Clinic

- Residents can provide individual psychotherapy to Veterans in the general MHC. Veterans present with a range of diagnoses and treatment is individualized to assist Veterans in achieving their personal goals. There may also be an opportunity to co-lead an ACT Drop-in Group.

Trauma Recovery Services

- Residents can deliver individual psychotherapy to Veterans in TRS using PE or CPT. TRS provides services to Veterans with a range of traumas, including interpersonal, childhood, MST, and combat.

Women's Health Clinic

- Residents can provide DBT-Informed Individual Psychotherapy, evidence-based (PE or CPT) PTSD individual psychotherapy, CBT for depression and anxiety, and can work with female Veterans presenting with pre- or peri-natal mental health issues.

POSSIBLE POSITION IN THE MENTAL HEALTH CLINIC AND WOMEN'S HEALTH CLINIC (MHC/WHC):

As noted, the Psychology Training Program will be requesting temporary funding for an additional postdoctoral residency position for the 2020-2021 training year. This proposed position will include the following activities:

The **Mental Health Clinic (MHC)** is an interprofessional clinic designed to serve the mental health needs of Veterans. Disciplines include primarily psychiatry, psychology, social work, and nursing. In the MHC, postdoctoral residents will work with Veterans presenting with a variety of different diagnoses. Referrals come from psychiatry and social work within the MHC, Primary Care Mental Health Integration (PCMHI) providers, treatment providers outside of mental health, and from other VA systems. Resident activities include functioning within the context of an interprofessional team to conduct weekly initial assessments and provide individual and group psychotherapy to a wide range of patients. Treatment is individualized to assist Veterans in achieving their personal goals in the community.

Residents will provide time-limited psychotherapy using various evidence-based approaches and interventions, including Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), and Exposure and Response Prevention (ERP) modalities, among others. Patients present with a range of preexisting and newly diagnosed mental health issues, including depression, anxiety disorders, psychotic disorders, and personality issues, among others.

Residents may be involved in facilitating the following groups:

ACT Drop-In Group

- This group uses a flexible application of Acceptance and Commitment Therapy. This is a 10-week group, in which Veterans are seen for a range of clinical presentations that include depression, anxiety, trauma/PTSD, and/or personality features. Residents will learn how to conduct in-the-moment functional analysis and apply relevant core processes of Acceptance and Commitment Therapy.

Anger Management

- This is a 16-week, evidence-based, present-focused approach to psychotherapy that helps patients learn to communicate their anger in a clear and direct way that is not destructive or aggressive. The focus is on issues participants are dealing with in the present, and they will learn anger management techniques with the goal of developing self-control over their actions.

CBT for Anxiety

- This is a 12-week, evidence-based, present-focused approach to psychotherapy that helps patients to identify and modify dysfunctional thinking patterns/cognitions, maladaptive emotions, and behaviors in order to assist them in resolving current problems related to anxiety. The group introduces Veterans to interoceptive exposures to physical symptoms, Exposure and Response Prevention (ERP) approaches, and personalized exposure hierarchies. Veterans are seen on a weekly basis.

Managing Behavior and Affect

- This group is based on Dialectical Behavior Skills Training (Linehan, 2014). Group content will focus on core mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance skill building.

Clinical Supervisors:

Charles DeLeeuw, Ph.D.

Carissa Klevens-Thomas, Ph.D.

Sarah Duman Serrano, Ph.D., BCB

The **Women's Health Clinic (WHC)** at the Sepulveda VA is a comprehensive women's health care center that provides primary and specialty (e.g., OB/GYN) care, as well as psychiatry, psychology, and social work services. The Women Veteran population seen in the WHC is diverse in terms of age, race, ethnicity, and sexual orientation. Women Veterans present for mental health treatment with a range of psychiatric diagnoses such as mood disorders, anxiety disorders, substance use disorders, and personality disorders. A subset of women Veterans presents with combat-related trauma, military sexual trauma (MST), and other non-military-related trauma (e.g., childhood abuse). Many of the women Veterans seen in the WHC have served in recent combat zones. Common medical diagnoses include musculoskeletal disorders, including chronic pain, heart disease, and diabetes. Many women also present either during or post-pregnancy for mental health services. Residents have the opportunity to provide services in the context of an interprofessional team and work closely with providers from multiple disciplines.

Residents on the WHC rotation will conduct weekly comprehensive mental health initial assessments which are designed to increase their diagnostic and interviewing skills as well as build strong treatment-planning abilities. Residents will also provide individual psychotherapy to female veterans using evidence-based interventions such as Cognitive-Behavioral Therapy, Cognitive Processing Therapy, Prolonged Exposure Therapy, and Dialectical Behavior Therapy.

The resident may co-facilitate the following female-only groups:

Cognitive Processing Therapy Group for PTSD

- Residents may co-facilitate this 12-week evidence-based group treatment for PTSD with a Women's Health Clinic psychologist. The group is for female veterans who present with a diverse range of trauma exposure (e.g. MST, childhood abuse, combat exposure).

DBT Skills Group

- This group is based on Dialectical Behavior Skills (DBT) Training (Linehan, 2014). Group content focuses on core mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance skill building. The resident will participate in weekly DBT Consultation Team with all members of WHC Psychology.

PTSD 101- Psychoeducational Group

- PTSD 101 is a 6-week psychoeducational and skills building group designed for those who are entering trauma treatment. Veterans will learn to better understand their diagnosis and learn skills to help manage symptoms of PTSD. Residents may co-facilitate this group with a Women's Health Clinic psychologist or a Women's Health Clinic Postdoctoral Fellow.

STAIR (Skills Training for Affective and Interpersonal Regulation)

- STAIR is a group therapy program for people who are struggling with the after effects of trauma. STAIR helps by teaching skills that improve coping with one's emotions and navigating interpersonal relationships. Residents will co-facilitate this group with a Women's Health Clinic psychologist or Women's Health Clinic Postdoctoral Fellow.

The following groups are also run within the Women's Health Clinic and may be available pending resident interest:

Lesbian, Bisexual, Queer Women's Group

- This group is an ongoing process group for women who identify as LBQ. The group is designed to run as a process group informed by Yalom group psychotherapy techniques. The group provides a space for women to discuss their unique experiences as queer veterans of intersecting identities within a social political context. The resident may have an opportunity to co-facilitate this group with a WHC psychologist which will provide exposure to running a non-manualized group.

Psychotherapy Process Group

- This is an ongoing psychotherapy process group for women diagnosed with depression and/or anxiety. This group is encouraged for female veterans who have completed an evidence-based protocol treatment (either group or individual) for depression, anxiety or PTSD and continue to struggle with symptoms. The group is focused on here-and-now issues and is based on Yalom's group psychotherapy practice theory.

There is the possibility of participating in other groups within the WHC depending on the resident's areas of interest. In addition, residents may have the opportunity to start other psychotherapy groups that are appropriate for the treatment needs of women Veterans and that are of interest to them. Residents will attend the monthly Women's Health Interprofessional Staff Meeting. In addition, residents will receive individual supervision as well as participate in a weekly DBT Consultation group with psychology staff and trainees.

Clinical Supervisors:

Marissa Burgoyne, Psy.D.

Grace Rosales, Ph.D.

Residency Didactics for all Postdoctoral Positions:

CLINICAL RESEARCH SEMINAR

This is a monthly, 60-minute seminar attended by interns and residents. Content focuses on developing a knowledge base for the use of research in clinical practice. Specific topics include: quality improvement, understanding and using clinical trials to inform practice, and understanding how clinical practice guidelines are developed from research findings.

Coordinator:

Jennifer Martin, Ph.D., FAASM, DBSM

DIVERSITY SEMINAR

This is a twice-monthly, 60-minute seminar attended by interns and residents. The purpose of this seminar is to increase trainees' cultural awareness and competence using a number of methods, such as formal presentations, experiential exercises, role plays, and assigned readings. Trainees will learn how their own personal/cultural history, attitudes, and biases may affect their understanding and interaction with different people. Trainees will learn to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. Guest lecturers are invited to speak on topics, such as ethnic minority groups, immigrants, LGBT considerations, returning students, and women Veterans, among others.

Coordinators:

Grace Rosales, Ph.D.

Carissa Klevens-Thomas, Ph.D.

JOURNAL CLUB

This is a monthly, 60-minute journal club at the Sepulveda VA, attended by all Sepulveda Psychology Postdoctoral Residents (Trauma, PCMHI/B-Med, Women's Health and GRECC, as appropriate). Residents are expected to circulate an article of interest and direct a discussion of the article, including a brief summary, discussion of why it is important or clinically relevant, discussion of the findings/results, and methodological considerations that should be noted. The Journal Club is facilitated by all postdoctoral residency supervisors on a rotating basis.

Coordinator:

Sarah Duman Serrano, Ph.D.

PSYCHOLOGY TRAINING SEMINAR

This is a weekly, 60-minute seminar on a broad range of issues related to professional development, attended by interns and residents. Speakers are different each week and topics include: Laws and Ethics, Licensure Preparation, Military Culture, Wellness/Self Care, How to Start a Private Practice, and Hiring Opportunities in the VA, among others. Additionally, the interns and residents will be responsible for providing one presentation on research and one formal case presentation in the context of this seminar toward the end of the training year.

Coordinator:

Melissa Lewis, Ph.D.

SUPERVISION SEMINAR

This is a monthly, 60-minute seminar attended by interns and residents designed to provide training in competency-based clinical supervision. The seminar content is comprised of a combination of formal

presentations, group discussions, vignettes, role plays, and assigned readings. Guest lecturers are invited to present on a number of different topics including the supervisory relationship; assessment, evaluation, and feedback; diversity considerations; ethical, legal, and regulatory considerations, among others.

Coordinator:

Melissa Lewis, Ph.D.

SUPERVISION OF SUPERVISION SEMINAR

This seminar meets three times per month for 60 minutes and is attended by the postdoctoral residents who are supervising practicum students. While the Supervision Seminar provides training and didactics in supervision practice, this seminar allows residents to engage in group discussions regarding the process of engaging in supervision and the experience of adopting this new professional role.

Coordinators:

Falguni Chauhan, Ph.D.

Sarah Duman Serrano, Ph.D., BCB

Bi-Annual Psychology Workshops - the GLA Psychology Department sponsors all-day Continuing Education Programs. Topics typically include Law and Ethics; Supervision; and other topics of interest, such as ACT, DBT, Mindfulness Meditation, etc.

Facility and Training Resources

The resident will be provided with office space and computers necessary for patient care and administrative responsibilities. He/She 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.

Administrative Policies and Procedures

Due Process – All trainees are afforded the right to due process in matters of problematic behavior and grievances. A copy of our due process policy is 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 residents' performance and such information is necessary to address any difficulties.

Family and Medical Leave: The residency program allows for parental leave as well as for leave in the event of serious illness. Family and Medical Leave are granted for the birth of a child and care of a newborn, or placement of a child with oneself for adoption or foster care; a serious health condition of a spouse, son or daughter, or parent; or one's own serious health condition. Residents are required to complete the full 2080-hour requirement; any leave time will result in an extension of the training contract. Residents are encouraged to address any requests for leave with the Director of Training as early as possible.

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).

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

Barrad, Alex, Psy.D.

Training Roles: Supervisor, Co-Facilitator of Trauma Seminar

Training Activities: Trauma Residency Supervisor; Insomnia Clinic

Undergraduate Program: University of California, San Diego, 2007

Doctoral Program: PGSP-Stanford Psy.D. Consortium (Clinical), 2013

Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2012-2013

Postdoctoral Residency: VA Loma Linda Healthcare System (Trauma), 2013-2014

Areas of Interest: Posttraumatic Stress Disorder, Treatment of Sleep Disorders, Evidence-Based Treatments, Substance Use Disorders

Certifications: Certified VA Acceptance and Commitment Therapy (ACT) and Prolonged Exposure (PE) Provider

Orientation: Cognitive-Behavioral, Integrative

Burgoyne, Marissa, Psy.D.

Training Roles: Supervisor, Section Chief for Women's Mental Health, GLA

Training Activities: Women's Health Clinic

Undergraduate Program: Brown University, 1994

Doctoral Program: Pepperdine University (Clinical), 2011

Doctoral Internship: VA Loma Linda, 2010-2011

Academic Affiliations: Adjunct Professor, Pepperdine University

Areas of Interest: Women's Health, Posttraumatic Stress Disorder, Anxiety Disorders, Readjustment Issues Among Student Veterans, Development and Implementation of Group Interventions, Evidence-Based Practice, Individual and Group Therapy.

Certification: Certified VA Cognitive Processing Therapy (CPT) Provider; Certified VA Prolonged Exposure Therapy (PE) Provider

Orientation: Cognitive-Behavioral

Chauhan, Falguni, Ph.D.

Training Roles: Supervisor; Couples Therapy Seminar Facilitator; Director of Psychology Practicum Program

Training Activities: Health Psychology: Geriatrics, Couples Therapy Seminar

Undergraduate Program: University of California Irvine, 1992

Graduate Program: Boston University, M.A., 1995

Doctoral Program: University of Houston (Counseling), 2007

Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2006-2007

Areas of Interest: Geropsychology, Home Based Primary Care, Neuropsychology, Dementia, Alzheimer's Disease, Multiple Sclerosis, Posttraumatic Stress Disorder, TBI, Family Therapy, Caregiver Stress, Individual and Group Therapy.

Certifications: Certified VA Integrative Behavioral Couples Therapy (IBCT) and Cognitive-Behavioral Therapy for Insomnia (CBT-I) Provider

Orientation: Eclectic/ Integrative

DeLeeuw, Charles E., Ph.D.

Training Roles: Supervisor, Facilitator of ACT Seminar, Section Chief of Mental Health Clinic, SACC

Training Activities: ACT Seminar, Mental Health Clinic

Undergraduate Program: Hope College, 2005

Doctoral Program: Fuller Graduate School of Psychology (Clinical), 2011

Doctoral Internship: Pacific Clinics, Arroyo FSP, 2010-2011

Postdoctoral Residency: VA Pacific Islands Health Care System, PTSD & SMI, 2011-2012

Areas of Interest: Acceptance and Commitment Therapy

Certifications: VA Acceptance and Commitment Therapy (for Depression) Consultant & Regional Trainer

Orientation: Third Wave CBT

Duman Serrano, Sarah, Ph.D.

Training Roles: Supervisor; Local Evidence-Based Practice Coordinator

Training Activities: Health Psychology: Behavioral Medicine; Primary Care Mental Health Integration; Mental Health Clinic

Undergraduate Program: Yale University, 2000

Doctoral Program: USC Clinical Science (Clinical), 2010

Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2009-2010

Postdoctoral Residency: Women's Health, UCLA/VA Greater Los Angeles, 2011-2012

Academic Affiliations: Clinical Instructor, David Geffen School of Medicine at UCLA

Areas of Interest: Health Psychology, Integrative Medicine, Mindfulness, Biofeedback, Psychology in Medical Setting, Evidence-Based Treatments, Women Veterans, Individual and Group Therapy.

Certifications: Board Certified in Biofeedback, iRest Yoga Nidra Level I Teacher, VA CALM Mindfulness Facilitator, VA CALM Self-Compassion Facilitator; Certified VA Acceptance and Commitment Therapy (for Depression) Provider

Orientation: Cognitive Behavioral, Third Wave, Integrative

Klevens-Thomas, Carissa Ph.D.

Training Roles: Supervisor, Diversity Seminar Co-facilitator

Training Activities: Mental Health Clinic

Undergraduate Program: California State University Northridge, 1996

Doctoral Program: University of Missouri, Kansas City, Ph.D. 2007

Doctoral Internship: University of Southern California, Student Counseling Services, 2006-2007

Postdoctoral Residency: Gateways Hospital, 2007-2008

Areas of Interest: Mindfulness, Recovery-Oriented Care, LGBTQI, Diversity and Multicultural Issues in Research and Psychotherapy, Evidence-Based Interventions, Crisis Negotiation, Substance Use, Eating Disorders

Certification: VA Cognitive Processing Therapy (CPT) Provider, VA Cognitive Behavior Therapy for Depression (CBT-D) Provider, VA Cognitive Behavior Therapy for Chronic Pain (CBT-CP) Provider, VA CALM Mindfulness Facilitator, VA CALM Self-Compassion Facilitator

Orientation: Cognitive Behavioral, Integrative

Kulick, Alexis D., Ph.D., ABPP/CN

Training Roles: Director of Psychology Training, Supervisor, Facilitator of Neuropsychology Seminar

Training Activities: Health Psychology: Behavioral Medicine (Polytrauma/TBI Clinic), Neuropsychology Seminar

Undergraduate Program: Brandeis University, 1996

Doctoral Program: Bowling Green State University (Clinical), 2001

Doctoral Internship: Southern Louisiana Internship Consortium, 2000-2001

Postdoctoral Residency: Kaiser Permanente, Oakland; Department of Behavioral Medicine, 2001-2002

Areas of Interest: Clinical Neuropsychology; Psychodiagnostic Assessment; Behavioral Medicine/Health Psychology; Pain Management

Certifications: Diplomate in Clinical Neuropsychology

Orientation: Cognitive-Behavioral, Integrative

Lewis, Melissa M., Ph.D.

Training Roles: Supervisor, Co-Facilitator of Trauma Seminar, Facilitator of Psychology Training Seminar and Supervision Seminar

Training Activities: Addictive Behaviors Clinic, Trauma Seminar

Undergraduate Program: University of San Francisco, 2001

Doctoral Program: Saint Louis University (Clinical), 2009

Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2008-2009

Postdoctoral Residency: University of California, San Diego/VA San Diego Healthcare System, 2009-2010

Areas of Interest: Substance Use Disorders, Posttraumatic Stress Disorder; Severe Mental Illness; Psychodiagnostic Assessment; Evidence-Based Interventions

Certifications: Certified VA Cognitive Processing Therapy (CPT) Provider, Certified VA Social Skills Training (SST) Provider

Orientation: Cognitive Behavioral, Integrative

Martin, Jennifer, Ph.D., FAASM, DBSM

Training Roles: Supervisor, Clinical Research Seminar Facilitator

Training Activities: Insomnia Clinic

Undergraduate Program: University of California, San Diego, 1995

Doctoral Program: San Diego State University/University of California, San Diego Joint Doctoral Program (Clinical), 2002

Doctoral Internship: Brown University, 2001-2002

Postdoctoral Fellowship: Geriatrics, University of California, Los Angeles 2002-2003

Academic Affiliations: Associate Professor, David Geffen School of Medicine, University of California, Los Angeles; Faculty, UCLA Multicampus Program in Geriatrics and Gerontology; Faculty; VAGLAHS/UCLA Sleep Medicine Fellowship Program; Research Scientist, VAGLAHS Geriatric Research, Education and Clinical Center; VA National Expert Trainer, Cognitive Behavioral Therapy for Insomnia

Areas of Interest: Psychological Treatment of Insomnia, Chronic Nightmares and Circadian Rhythm Sleep Disorders; Sleep Apnea, Geriatrics; Health Psychology; Motivational Interviewing; Women's Health

Certifications: Certified in Behavioral Sleep Medicine by the American Board of Sleep Medicine, Fellow of the American Academy of Sleep Medicine; Diplomate of the Board of Behavioral Sleep Medicine

Orientation: Cognitive-behavioral (with motivational enhancement, ACT)

Rosales, Grace Ph.D.

Training Roles: Supervisor, Diversity Seminar Co-Facilitator

Training Activities: Women's Health Clinic

Undergraduate Program: California State Los Angeles, 1994

Doctoral Program: University of Massachusetts Boston, Ph.D. 2004

Doctoral Internship: VA West Los Angeles, 2003-2004

Postdoctoral Residency: Didi Hirsch Community Mental Health

Academic Affiliations: Clinical Assistant Professor, UCLA

Areas of Interest: Women's Health, Posttraumatic Stress Disorder, LGBTQ, Immigrant Mental Health, Cross Cultural Psychology, Substance Use Disorders.

Certification: VA Cognitive Processing Therapy (CPT) Provider

Orientation: Interpersonal

Spangler, Shana, Psy.D.

Training Roles: Supervisor; Co-Facilitator of Trauma Seminar; Section Chief PTSD, GLA

Rotation Activities: Trauma Residency Supervisor; Insomnia Clinic

Undergraduate Program: University of California, Los Angeles, 1998

Doctoral Program: Pepperdine University (Clinical), 2009

Doctoral Internship: W.G. "Bill" Hefner VA Medical Center, Salisbury, NC, 2008-2009

Postdoctoral Residency: University of California, San Francisco/VA San Francisco, PTSD/Substance Use, 2009-2010

Academic Affiliations: Clinical Instructor, David Geffen School of Medicine at UCLA

Areas of Interest: Posttraumatic Stress Disorder, Sleep Disorders, Substance Use, Evidence-Based Interventions.

Certifications: Certified VA Cognitive Processing Therapy (CPT) Provider, Interpersonal Psychotherapy (IPT) Provider, and Prolonged Exposure (PE) Provider; Board Certified in Biofeedback (BCB)

Orientation: Cognitive-behavioral, eclectic/integrative

Zvinyatskovskiy, Aleksey, Ph.D.

Training Roles: Supervisor, Co-Facilitator of ACT Seminar

Training Activities: Primary Care Mental Health Integration (PCMHI)

Undergraduate Program: University of California, Berkeley, 2007

Doctoral Program: University of California, Los Angeles (Clinical), 2015

Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2014-2015

Areas of Interest: Primary Care Psychology, Evidence-Based Practice, Mindfulness, Sleep Disorders, Acceptance and Commitment Therapy, Biofeedback, Posttraumatic Stress Disorder, Substance Abuse, Individual and Group Psychotherapy

Certifications: Certified VA Acceptance and Commitment Therapy (for Depression) Provider, Certified VA Co-located Collaborative Care (CCC) Provider

Orientation: ACT, integrative, psychodynamic

Recent Postdoctoral Residents

<u>2019-2020</u> PCMHI/B-Med SUD/PTSD WHC/TRS*	<u>Graduate Program</u> Roosevelt University St. Louis University Pepperdine University	<u>Internship Program</u> Southern Arizona VA HCS Sepulveda VA West LA VA
<u>2018-2019</u> PCMHI/B-Med SUD/PTSD SUD/PTSD*	<u>Graduate Program</u> University of Arizona Fuller Theological Seminary John F. Kennedy University	<u>Internship Program</u> West LA VA WJB Dorn VA MO Health Sciences Psychology Consortium
<u>2017-2018</u> PCMHI/B-Med SUD/PTSD	<u>Graduate Program</u> Pepperdine University PGSP-Stanford PsyD Consortium	<u>Internship Program</u> Southern Arizona VA HCS Sepulveda VA
<u>2016-2017</u> PCMHI/B-Med SUD/PTSD	<u>Graduate Program</u> PGSP-Stanford PsyD Consortium PGSP-Stanford PsyD Consortium	<u>Internship Program</u> Sepulveda VA LAACC
<u>2015-2016</u> PCMHI/B-Med SUD/PTSD	<u>Graduate Program</u> AIU/CSPP San Francisco Pepperdine University	<u>Internship Program</u> Loma Linda VA Sepulveda VA
<u>2014-2015</u> SUD/PTSD	<u>Graduate Program</u> AIU/CSPP Los Angeles	<u>Internship Program</u> Tuscaloosa VA

*Represents additional postdoctoral positions obtained with Temporary Funding through OAA

GETTING TO SEPULVEDA

16111 Plummer Street

North Hills, CA 91343

Driving Directions

From West LA

405 North to Nordhoff.

Left onto Nordhoff

Right onto Haskell

Left onto Plummer

Entrance to the Medical Center is on the right

From Ventura

101 South to the 405 North

Exit at Nordhoff

Left on Nordhoff

Right on Haskell

Left onto Plummer

Entrance to the Medical Center is on the right

From Bakersfield

Take the 99 or I-5 south to the I-5 to the 405 South

Exit at Devonshire

Right on Devonshire

Left on Haskell

Right on Plummer

Entrance to the Medical Center is on your right

From Palmdale/Lancaster

Take the 14 Freeway south to the I-5 to the 405 South

Exit at Devonshire

Left on Haskell

Right on Plummer

Entrance to the Medical Center is on the right

