Hello Prospective Applicants! Congratulations on achieving this level of your clinical training. We are glad that you are considering completing your training at a VA, and more specifically at our site. We hope the following information will help you get to know our site, our staff, and our unique internship program. Best wishes on your internship application process. There is light at the end of the tunnel!

Accreditation Status

The internship in clinical psychology at the VA Los Angeles Ambulatory Care Center (LAACC) is fully accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA). We have been continually accredited by APA since 1977 and our most recent accreditation granted us 7 years to be reviewed again in 2018.

CoA is located at 750 First Street, NE, Washington, DC 20002-4242, and their telephone number is 202-336-5979. The next site visit will occur during the training year 2018-2019.

Application Procedures

Applications for full-time internship positions in clinical psychology will be accepted from students who are enrolled in doctoral programs in clinical or counseling psychology that are accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA). The training program is funded to support 4 full-time internship positions. The 2018-2019 internship year will begin on August 6, 2018.

Applications must be submitted through the AAPI Online portal by midnight PST on November 1, 2017, and must include the following:

1. Completed on-line APPIC Application for Psychology Internship (AAPI), see www.appic.org and click “on-line application.”

2. Site-specific cover letter

3. Three (3) letters of recommendation from faculty members and practicum supervisors with whom you have worked. Letters are to be uploaded through the AAPI Reference Portal.
4. Curriculum Vitae

5. Transcripts from all graduate programs attended

We abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern. We also participate in the APPIC Internship Matching Program. To apply, please register for the Match using the online registration system at www.natmatch.com/psychint. Our program code number is 113911.

Please contact the Director of Training if you have any questions:

Anna Leshner, Psy.D.
Director of Psychology Training
VA Los Angeles Ambulatory Care Center
351 E. Temple St. (116B)
Los Angeles, CA 90012
Telephone: 213-253-2677, ext. 24819
Email: Anna.Leshner@va.gov

Internship Admissions, Support, and Initial Placement Data

Date updated: 8/25/17

Internship Program Admissions

Efforts are made to select interns consistent with the mission and values of LAACC and the population that it serves. We require that applicants’ doctoral-level training includes clinical experiences providing direct, face-to-face, psychological services to adult populations, treating a wide variety of presenting conditions. We look for applicants who have strong academic backgrounds and require that students come from APA-accredited graduate institutions. We appreciate applicants who are well-rounded, with good basic training and experience in clinical interview, individual and group psychotherapy, and psychodiagnostic assessment. We value applicants with considerable clinical experience (at least 500 AAPI Intervention and 100 Assessment hours) because we have found that interns with little experience can be severely challenged by the variety and intensity of clinical experiences encountered at our clinic. In addition, because we train generalists and interns are exposed to a variety of professional activities in any given day or week, it is helpful when interns have confidence in their clinical ability. Often this confidence comes from prior clinical experience. Lastly, because of the diversity of the patients at our clinic, we encourage applications from graduate programs that provide multicultural coursework or “training tracks” and/or experience working with culturally diverse populations.

The Psychology Director of Training must receive completed applications no later than November 1, 2017. Our training staff will review all submitted material and meet to complete our initial application screening. Decisions are made consensually by the training staff. Depending upon the number of
applications, approximately 1/2 to 2/3 of our applicants will be informed that they are no longer being considered for a position by December 15th. The remaining applicants will be offered an interview (by Dec. 15th) in January of 2018. Interviews are mandatory. We generally offer 4 dates in January for interviews. Approximately 10-12 intern candidates attend each interview date which begins with an overview of our program and then transitions to three 30 minute interviews either with staff or a current intern. Some time is left over at the end for intern candidates to meet the current interns. Afterwards, intern candidates can have an opportunity to meet with an additional staff person or intern depending upon the intern candidate’s interest, as well as to attend an internship wrap up question/answer session with the Director of Training (DOT) or Assistant DOT.

VA LAACC greatly values individual and cultural diversity. We encourage applicants from all backgrounds to apply, and we are an Equal Opportunity Employer.

Our full *Intern Recruitment and Selection Policy* is available upon request for additional information.

| Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many: |
|---------------------------------|-----------------|----------------|
| Total Direct Contact Intervention Hours | Y | Amount: 500 |
| Total Direct Contact Assessment Hours | Y | Amount: 100 |

**Describe any other required minimum criteria used to screen applicants:**

N/A

**Eligibility Criteria**

To be eligible for our program you must have completed at least three years of graduate training in an APA- or CPA- approved clinical or counseling psychology program (or in an APA-approved respecialization training program in Clinical or Counseling Psychology), a Master’s Degree if one is required by the graduate institution, and are in good standing with their graduate program. We also require that applicants have successfully completed their dissertation proposal prior to January 2018. Applicants should have a minimum of 500 hours of supervised experience in direct intervention and 100 hours of assessment experience at the time of application.

**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 fellows 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 and are very rarely granted.
3. Interns 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 are not required to be tested prior to beginning work, but once on staff they are subject to random selection as are other employees.

For more information, please visit http://www.psychologytraining.va.gov/eligibility.asp

Financial and Other Benefit Support for Upcoming Training Year

| Annual Stipend/Salary for Full-time Interns | $26,807 |
| Annual Stipend/Salary for Half-time Interns | N/A |
| Program provides access to medical insurance for intern? | 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):
- Interns are also eligible for life insurance, as well supplemental dental and vision insurance.
- Interns also receive 80 hours of federal holiday leave

Post-Internship Activities

Because of the generalist nature of our internship program, interns are prepared for post-doctoral fellowships in a number of different sub-specialty areas. Typically, students are able to create mini-specializations in the following areas: Trauma/PTSD, Behavioral Medicine/Health Psychology, Primary Care-Mental Health Integration, Severe Mental Illness (SMI), and Substance Abuse/Addictive Behaviors. Interns from LAACC have been highly competitive for postdoctoral fellowships. Below is a table listing the initial post-internship positions for the preceding 3 cohorts (2014-15 through 2016-17):
### Initial Post-Internship Positions

<table>
<thead>
<tr>
<th>Position</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University counseling center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Military health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic university/department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent research institution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correctional facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School district/system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent practice setting</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Not currently employed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changed to another field</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** “PD” = Post-doctoral residency position; “EP” = Employed Position

### Postdoctoral Fellowships of Interns from the Classes of 2015-2017

- PTSD Postdoctoral Fellowship at Long Beach VA HCS
- PTSD/SUD Postdoctoral Fellowship at Sepulveda Ambulatory Care Center
- PTSD Postdoctoral Fellowship at UCSD/San Diego VA Healthcare System
- Integrated Care and Behavioral Medicine Fellowship at VA Northern California HCS
- PC-MHI Postdoctoral Fellowship at the Southeast Louisiana VA HCS (New Orleans)
- Dialectical Behavior Therapy Postdoctoral Fellowship at Harbor UCLA Medical Center
- Health Psychology and HIV Postdoctoral Fellowships at Harbor UCLA Medical Center (multiple interns)
- Chronic Pain Postdoctoral Fellowship, Kaiser Permanente-San Francisco
- Semel Institute for Neuroscience and Human Behavior, UCLA
For those alumni who prefer to work once they receive their degree, our students have had considerable success obtaining jobs in a variety of settings such as the prison system, community mental health, and private practice.

Lastly, a very high percentage (50%) of our staff were psychology interns at LAACC. A number of additional intern alumni hold staff psychologist positions through the Greater Los Angeles Healthcare System.

**Program Setting**

VA Los Angeles Ambulatory Care Center (VA LAACC) is an ambulatory 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 the largest health care system 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 nine full-time and three part-time psychologists on staff at LAACC coordinate the following mental health programs: General Mental Health Clinic, Addictive Behaviors Clinic (ABC), Behavioral Medicine, Homeless Patient Aligned Care Team (HPACT), Psychosocial Rehabilitation and Recovery Center (PRRC), Primary Care-Mental Health Integration (PC-MHI), and a Posttraumatic Stress Disorder program (i.e., formal PTSD Clinical Team located at our satelite clinic in East Los Angeles). Although there is no formal PTSD specialty program at LAACC, PTSD treatment (and training for interns) is readily available at the clinic. In fact, PTSD is one of the most common mental health diagnoses treated at VA LAACC.

Our mission is to provide training that prepares interns for the duties typical of a psychologist in a outpatient setting. With this in mind, we provide generalist training in a whole spectrum of outpatient services. We offer practical experience, didactic training, and intensive mentoring in order to help our interns become proficient in our required competency areas.

**Training Model and Program Philosophy**

We offer a generalist model of training that prepares our interns to “wear many different hats” simultaneously. Training at our clinic is structured very differently from most hospital-based internship programs in which interns rotate through ward assignments or “rotations” where they work with one or two psychologists while learning about a particular type of disorder or treatment method for a period of 3-6 months. During any given week in our program, each intern works closely with all of our training staff, sees a variety of patients with different diagnoses, and uses a variety of treatment methods. Interns will typically conduct 1-3 intake interviews, perform psychodiagnostic assessments, treat 5-6 individuals, and co-lead 4-5 groups all within one week.

One intern at a time will rotate through either the East LA Clinic (ELA) PTSD program or Primary Care-Mental Health Integration (PC-MHI) program. All interns will also have the opportunity to participate in
the following programs throughout the year: Addictive Behaviors Clinic (ABC), Behavioral Medicine Program, Psychosocial Rehabilitation and Recovery Center (PRRC) Program, and General Mental Health Clinic. In all, we expect that interns spend about 12 to 14 hours per week engaged in direct patient contact including psychological assessment, intake assessment, individual therapy, and group therapy. This refers to the hours spent in direct patient care while conducting psychotherapy or psychological assessments. This does not include supervision, chart review, writing progress notes or reports, consultation with other disciplines, or scoring/interpreting test data. While being immersed in a variety of activities, interns also receive didactic training and supervision from several staff members. Our internship provides training according to a practitioner-scientist model.

Our program offers a supervision-rich atmosphere, and staff members take supervision very seriously. Students are exposed to a variety of styles supervision orientations including: Cognitive-Behavioral, Psychodynamic, Acceptance-based, Interpersonal, and Experiential. While supervision styles vary as do theoretical orientations, the supervision is regularly regarded by interns as very strong.

As for our philosophy, interns are highly regarded by the psychology training staff as well as by other staff from a variety of other disciplines and departments. The patients view the interns as professionals. We also believe that training is best provided through good working relationships. We work beside our interns every day. In this way, staff members serve as interns’ model and mentor. While they are on internship, we support interns as independent practitioners while embracing them with support though numerous opportunities for supervision as well as a variety of experiences to learn, adapt, and excel as mental health practitioners. Our goal is to help interns attain the competence and confidence they will need to work as psychologists in typical outpatient treatment settings anywhere in the country by providing them with numerous diverse clinical experiences common to outpatient treatment settings. We also know that we are successful in this mission because we have hired a number of our own interns who have adapted very well to their professional roles right from the beginning.

**Program Goals & Objectives**

*Our program goals are based on our training model, program philosophy, and competency-based supervision*

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

1) Research  
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
Our goal is to train interns to be generalist outpatient clinicians who are competent in these nine areas listed above. Psychologists within the VA Los Angeles Ambulatory Care Center are generalists who provide a variety of psychological services throughout the clinic. Interns are trained to provide these same services, and the staff clearly models the roles that interns are expected to develop. The goal is for interns to become fully competent in these areas by the completion of the internship year. Consequently, upon graduation, our interns will be ready to handle the demands of a job as a psychologist in most mental health settings.

Interns are provided with training to increase their competency in each of the required areas throughout the training year. For instance, training in the area of individual and cultural diversity is an ongoing year-long practice that is integrated into all other areas of clinical and professional work. Issues of diversity are explored in supervision, didactics, and the biweekly Diversity Seminar that all interns attend regularly. Respect for, and understanding of, the importance of individual and cultural diversity issues as they relate to psychological and professional practice is a core value of the training program at VA LAACC. Training in ethical and legal standards are also incorporated into the training program year-long, through clinical experiences, supervision, and the weekly Law & Ethics seminar that all interns attend.

Training in assessment includes clinical interviewing, psychodiagnostic assessment, and cognitive screening. Students will learn how to administer the VA-wide Mental Health Initial Assessment interview. The interns will also learn how to hone their skills in the administration, scoring, and interpretation of comprehensive test batteries including numerous psychological and cognitive screening tests. These include the: Beck Depression Inventory-II, Beck Anxiety Inventory, Beck Suicide Inventory, MMPI-2 and/or MMPI-RF, MCMI-IV, PAI, Rorschach, WAIS-IV and other cognitive measures, as well as various objective measures to assess PTSD. Assessment training at VA LAACC also includes teaching interns to improve skills in integrated report-writing, communicating assessment findings, and incorporating test results into case conceptualization and treatment planning.

Interns are also expected to develop competency in individual and group therapy interventions. Interns are trained in numerous evidence-based forms of treatment including: Time-limited Dynamic Psychotherapy (TLDP), Cognitive Behavioral Therapy for Depression, Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT), Emotion-Focused Therapy (EFT), as well as mindfulness-based interventions (e.g. Mindfulness Based Stress Reduction). Interns are exposed to a variety of individual therapeutic modalities according to their own as well as their supervisors’ preferences. These include: psychodynamic, cognitive-behavioral, interpersonal, and existential. Interns are also exposed to a variety of group therapeutic approaches including: educational, process, and skills oriented. Interns are expected to show proficiency in a number of these modalities by the end of internship.

Interns are also trained intensely in a number of sub-specialty areas, many of which provide opportunities for developing interdisciplinary consultation and interprofessional skills. These program areas include: Posttraumatic Stress Disorder (PTSD), Behavioral Medicine, Primary Care-Mental Health Integration (PC-MHI), and Substance Use Disorders (SUD). By the end of the three- to six-month PTSD rotation, interns will know how to diagnose PTSD through clinical interviewing and psycho-diagnostic testing, as well as how to treat PTSD in individual and group psychotherapy. Year-long training in Behavioral Medicine results in competencies in Behavioral Medicine intakes, group and individual psychotherapy, interdisciplinary liaison skills, and program development. In the Addictive Behaviors Clinic, interns develop skills in group and individual treatment of veterans diagnosed with substance use
disorders, many of whom are homeless or at risk for homelessness. In Primary Care-Mental Health Integration (PC-MHI), interns will become proficient in the Mental Health Integrated Care Initial Assessment and in providing brief individual and group interventions for primary care patients.

In addition to these mandatory goals, interns are free to choose from a number of elective programs (with prior approval of their primary supervisor) to obtain exposure, skills, or mastery in a variety of additional sub-specialty areas including: serious mental illness (PRRC), mindfulness-based interventions, clinical research, program development, Women’s Mental Health, and others. If an intern chooses an elective program, he or she is expected to become proficient in that area by the end of the year.

LAACC also provides practicum training to students in graduate programs across Los Angeles county. Two practicum students per year participate in practicum rotations such as the Fillipino Veteran’s Program and General Mental Health. The Fillipino Veteran’s practicum is coordinated by Carole Goguen, Psy.D. Kimberly, Newsom, Ph.D., supervises the practicum in General Mental Health. Interns often have the opportunity to supervise practicum students in order to build competency in the area of supervision.

**Program Structure**

It is sometimes difficult for prospective interns to conceptualize how they will spend a typical week in the LAACC program. Much of this difficulty stems from the fact that we do not assign students to wards or programs where they spend large amounts of time. Instead, we offer a generalist type of training. In any given week, interns probably work with all of our training staff, see a variety of patients with different diagnoses, and use a variety of treatment methods. Interns conduct intake interviews and perform psycho-diagnostic assessment, individual, and group therapy. They rotate through either the ELA/PTSD program or the PC-MHI program at LAACC one full day per week. The other days, they work in a variety of programs including the General Mental Health Clinic, PRRC, Addictive Behaviors Clinic (ABC), and Behavioral Medicine programs. They receive training in brief psychotherapy as well as long-term therapy. While being immersed in a variety of clinical tasks, interns receive didactic training and supervision from multiple staff members. LAACC provides seminars in psycho-diagnostic assessment, mindfulness and acceptance-based practices, diversity, behavioral medicine, brief dynamic psychotherapy, legal and ethical concerns, PTSD treatment, and supervision. We also provide a High-Risk conference and bring in speakers as part of our weekly Team Training meeting. (A sample intern schedule is available upon request.)

Within this fluid stream of activity, there is one constant which is the intern’s year-long primary supervisor. The primary supervisor supervises up to three therapy cases and may co-lead a group with the intern. The primary supervisor often functions as supervisor, advocate, and support for the intern, and monitors their progress over the course of the full training year.

As noted above, interns are exposed to many different theoretical orientations during internship including: CBT, psychodynamic, interpersonal, and existential. Interns also have the opportunity to be trained in evidence-based therapies found to be effective with the veteran population including: CBT, PE, CPT, ACT, TLDP, Social Skills Training (SST) for Schizophrenia, and Cognitive Behavioral Therapy for Insomnia (CBT-I).

**SUPERVISION:**

In the interest of providing a broad-based clinical and multicultural training experience, interns have the opportunity to work with several staff/supervisors who operate from different theoretical orientations
and modalities, such as CBT, experiential, humanistic, interpersonal, psychodynamic, and time-limited psychodynamic. In addition our supervisors reflect the diversity see in our patient population. Through their exposure to a variety of supervisors, interns are introduced to different supervision styles, therapeutic approaches, theoretical orientations, specialty areas, and cultural backgrounds. As required by APA and the CA Board of Psychology, interns spend at least 10% of their time in supervision and receive at least two hours of individual, face-to-face supervision per week. Actually, interns typically receive about two to three hours of individual supervision each week and three to four hours of group supervision. We also offer didactic training in our seminars. The majority of supervision includes the analysis of audio recordings of sessions.

Our full Supervision Policy is available upon request.

**EVALUATION:**

Upon arrival, interns perform a self-assessment of their strengths and weaknesses and then organize their training goals in consultation with their primary supervisors. They develop a statement of goals which outlines the number and types of patients to be seen, hours to be spent in various activities, and guidelines for evaluation. This “Goals and Objectives” statement helps interns to organize their internship training goals while making sure that their daily activities fulfill program requirements. Interns then set up their schedules accordingly. They receive ongoing informal feedback during their regular supervision about how well they are fulfilling their requirements and addressing their training goals. Informal feedback is also provided regarding their competency levels during various training activities.

With the help of their primary supervisors, interns develop plans at the beginning of the year and at the mid-year mark to address areas of weakness and/or limited experience. Staff formally reviews each intern’s competence at three months, mid-year, and 12 months. Staff also informally reviews students’ progress at a monthly training meeting. Written feedback is provided at 3 months, mid-year, and 12 months. The evaluations all include descriptions of the intern’s training activities, numerical ratings based on staff consensus, and a brief narrative summary of the intern’s performance. Interns are evaluated with regard to their performance in all required skills areas and profession-wide competencies as well as any elective areas they are pursuing. At 3 months, the interns receive a copy of this form, but it is not sent to the student’s graduate institution unless there is some concern about the student that would warrant communication with the graduate training program. The 6- and 12-month evaluations, are sent to the interns’ schools. Copies of all evaluations are kept in the interns’ files. Interns are also asked to provide self-assessments upon commencement of the internship and during their 6-month and 12-month evaluations in order to review gains and assess areas for continued growth.

Training records are maintained in a locked cabinet within a locked room and are kept indefinitely. Interns are asked to comment upon the evaluations both orally and in writing. Any disagreements are discussed, and evaluations are modified, as appropriate.

Our numerical evaluation forms directly assess our interns with regard to their required competencies. Each of the areas that our internship program has deemed as an essential skill (competency) is measured on these forms. Thus, the mid-year and final evaluation forms provide us with a measure of the program’s on-going effectiveness in meeting its training goals and objectives.

Interns provide feedback to staff on an ongoing basis as well. Interns fill out program feedback forms at mid-year and the end of the year and these are distributed to all staff. Special “program feedback”
meetings are scheduled twice each year, at mid-year and at 12 months, when interns provide their comments and suggestions to the Director of Training and Assistant Director of Training in a formal context. The Director of Training then communicates the feedback to the full Psychology Training Committee. In addition, periodic meetings with the Director of Training are arranged to provide feedback about requirements, policies, procedures, and potential conflicts. This feedback is appreciated and utilized in program planning. Interns also participate in and provide feedback during our monthly training meetings. Lastly, interns evaluate their supervisors on supervisor competency evaluations forms. Interns are asked to fill out two separate forms. One form is confidential and used for aggregate ratings of supervisors. The other form is used for communication between interns and their primary and additional supervisors for purposes of improving supervision. These forms are completed at mid-year and end of the year.

**MENTORSHIP:**
Mentorship occurs through a variety of methods including the relationship with the primary supervisor, Team Training presentations concerning life after internship and intern support lunches with the Director of Training and Assistant Director of Training. In addition, our program maintains close contact with former interns in order to help facilitate the transition into professional positions.

**Training Experiences**

**TRAINING COMPONENTS**

The experiential, clinical part of the program consists of a variety of direct service training experiences in the nine essential areas: psychological assessment, psychological intervention (e.g. individual and group psychotherapy), ethical and legal standards, individual and cultural diversity, professional values, attitudes, and behaviors, communication and interpersonal skills, consultation and interprofessional/interdisciplinary skills, supervision, and research. These are required skill areas for competency assessment at the end of the year. Training in these essential skill areas is provided through a number of required programs including: Behavioral Medicine, General Mental Health, PTSD, and Time-Limited Dynamic Psychotherapy as well as didactic seminars, presentations, and supervision. We consider the required programs fundamental for the mastery of the essential skill areas. Elective programs supplement the clinical training of essential skill areas. These include: Addictive Behaviors Clinic (ABC), Behavioral Medicine Program Development and Evaluation, Clinical Research, Military Sexual Trauma, Primary Care-Mental Health Integration, Program Development, PTSD Advanced Training, and SMI/PRRC. Interns may choose one or more of these programs over the course of the training year. Time requirements for the elective programs are flexible. Please see our supplemental brochure for a sample of the intern’s weekly schedule.

**REQUIRED PROGRAMS**
The required programs make up the majority of our training program. 85-100% of our training opportunities come from the required programs.

1. **Group Psychotherapy**
LAACC has consistently provided numerous psychotherapy groups, and we are proud to report that there are now over 25 groups available for intern co-facilitation. Many of these groups are year-long and interns may participate for the full year, 6 month, or 3 month periods. Many groups are co-facilitated with a staff member, some with a fellow intern or practicum student, and a few may be conducted alone. Interns work with their primary supervisors to select groups pertaining to their
interests and work out a rotation schedule with fellow interns at the beginning of the training year. Supervision for groups is provided by primary and adjunct internship supervisors. Although groups change slightly each year, a representative listing of the groups is provided below:

**Addictive Behaviors Clinic:**
- CBT for Pain
- Cognitive Processing Therapy (CPT)
- Managing Emotions
- Matrix Relapse Prevention
- Mindfulness in Recovery
- Seeking Safety
- Managing Emotions

**Behavioral Medicine:**
- Chronic Illness Support Group
- Chronic Pain Management Group
- Tinnitus Program
- Women’s Pain Management Group
- Golf Therapy Group

**General Mental Health:**
- Adult Development
- Cognitive Processing Therapy (CPT)
- Depression Management
- Depression Process Group
- Emotion Regulation Group
- Interpersonal Issues
- Lesbian Gay Bisexual Questioning Group
- Music, Rhythm, & Movement
- Stress Management
- Transgender Support Group

**PRRC:**
- Cognitive Behavioral Therapy
- Illness Management & Recovery
- Mindfulness & Acceptance
- Life Skills
- Recovery Process Groups
- Social Skills Training

**ELA:**
- PTSD Psycho-education Group

**Primary Care-Mental Health Integration:**
- Anger Management
- Anxiety Management
- Biofeedback
- CBT for Depression & Anxiety
- Hypertension Management
- Post 9/11 Veterans Group
- Mindfulness Skills
- Mindfulness Based Stress Reduction (MBSR)

**Women’s Health/Women’s Mental Health:**
- Recovery from Sexual Trauma
- Women’s Support Group
- Women’s Wellness Group

**Supervisors:** Staff
**Hours required:** Varies, approx. 200
**Hours per week:** 4 plus supervision time
**Number of weeks:** 50
**Schedule:** Varies

**II. Psychodiagnostic Assessment**
The goal of the training in psychodiagnostic assessment is to facilitate full competence in the area of psychodiagnostic assessment by the end of the year. Assessment training is provided via didactic seminar(s) and through supervision of testing cases. Interns are required to complete a minimum of two
(2) comprehensive batteries during the year. In addition, interns will perform targeted, functional assessments as needed in the course of case conceptualization and treatment. Psychological testing is often conducted as part of initial assessment and diagnostic clarification, treatment planning, and/or to gauge progress in therapy. Referrals for comprehensive assessments come from psychiatrists, psychologists, social workers, and other professionals throughout the clinic, as well as from local Vet Centers. The seminar covers a range of objective and performance-based instruments, which may include the MCMI-III/MCMI-IV, MMPI-2/MMPI-2-RF, Rorschach (Exner’s Comprehensive System), and cognitive screening measures. Training is additionally provided in advanced interpretation of individual tests, integration of assessment results, and report writing. Computerized administration, scoring, and interpretation are available for most tests.

Supervisors: Drs. Klevens, Holland, Steinberg, and other supervisory faculty
Hours required: Varies, approx. 200
Hours per week: 4
Number of weeks: 50
Schedule: Wednesdays, 8:00-9:00am, for seminar; testing schedule varies.

III. Behavioral Medicine
This multidisciplinary program evaluates and treats veterans with problems such as headaches, chronic pain, hypertension, diabetes, tinnitus, anxiety disorders, and insomnia. In a weekly one-hour seminar, interns develop an understanding of the etiology, assessment, and treatment of such disorders. Many presenting issues and corresponding interventions incorporate therapeutic lifestyle changes (e.g., weight management, smoking cessation, exercise). Specific interventions are taught including relaxation training, guided imagery, cognitive strategies, hypnosis, and breathing exercises and mindfulness practice. Interns co-facilitate chronic pain management support groups. The behavioral medicine program interacts with many clinical services, including Primary Care, Audiology, Neurology, Pharmacy, Psychiatry, and other specialty clinics. Interns will have a chance to participate in several new multidisciplinary programs. TARGET DIABETES is improving health outcomes for veterans at risk for diabetic complications. TARGET PAIN is introducing Veterans living with chronic pain to alternative non-pharmacological treatment options. Interns typically carry one individual patient at a time. More specialized or intensive training is available through the elective modules described later in the brochure.

Supervisors: Drs. Sobol and Newsom
Hours required: 250
Hours per week: 5-7
Number of weeks: 50
Schedule: Thursdays, 8-9am for intake, 9-10am for seminar, and 12:15-1:15pm for group supervision. Individual cases are TBD.

IV. Mental Health Clinic Intakes
The Mental Health Clinic is staffed by 3 psychologists, 3.5 psychiatrists, one psychiatric nurse, one social worker, and one medical support assistant. The majority of veterans seen in individual psychotherapy have been admitted to the Mental Health Clinic. A number of therapy groups are conducted here as
well, and numerous referrals for psycho-diagnostic testing come from this clinic. Interns are required to participate in the weekly Mental Health Clinic intake procedure. Each Wednesday, five to ten veterans are scheduled for a Mental Health Clinic orientation group and intake assessment. Interns and staff perform these intakes. This consists of completing the Mental Health Initial Assessment. The Mental Health Clinic team (psychologists, psychiatrists, and interns) meets following the intake assessments to discuss differential diagnosis, treatment planning, and referrals.

Supervisors: Dr. Goguen
Hours required: 100
Hours per week: 2
Number of weeks: 50
Schedule: Wednesdays, 11:00am-1:00pm

V. Mindfulness & Acceptance-Based Practices
This 6-month long, weekly program teaches interns to utilize mindfulness approaches and acceptance based practices (e.g. Acceptance and Commitment Therapy) to address a variety of patient concerns. Didactic and experiential training is provided for the first 10-12 weeks, and as interns gain foundational skills, the seminar then switches to a predominantly group supervision format, though experiential exercises and training is provided throughout. Interns will be encouraged to develop a personal mindfulness practice in conjunction with treating one to two patients according to this model. Sessions are audio recorded and reviewed during supervision.

Supervisor: Drs. Leshner and Karakashian
Hours required: Varies
Hours per week: 2-3
Number of months: 6
Schedule: Mondays 9am-10am for seminar and group supervision; treatment schedule varies.

VI. A) Posttraumatic Stress Disorder (PTSD)
Located at the East Los Angeles Community-Based Outpatient Clinic, the multidisciplinary PTSD program targets veterans who suffer from PTSD. The patient population is ethnically diverse and consists primarily of persons with combat-related disorders. Treatment includes psychological assessment, individual psychotherapy, psychiatric treatment, and group work. Most groups are built on a cognitive-behavioral framework and emphasize the development of coping skills. During the six-month program, interns receive education and training in all aspects of trauma-related disorders, including etiology, diagnosis, and treatment. Students are required to spend the entire day focusing on PTSD treatment. Students will likely complete an intake interview and write-up including assessment measures each week. They will co-facilitate a PTSD Group with Dr. Feigel. Students will also provide individual therapy, utilizing empirically based treatments for trauma, including Cognitive Processing Therapy (CPT) and/or Prolonged Exposure (PE) protocol for PTSD.

Supervisor: Dr. Feigel
Hours required: 128-200
Hours per week: 8
Number of weeks: 12-25
Schedule: Tuesdays
VI. B) Primary Care-Mental Health Integration (PC-MHI)

Nationally, the VA has implemented Primary Care-Mental Health Integration (PC-MHI) programs (also referred to as integrated 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 chronic health conditions among veterans (i.e. depression, PTSD, substance abuse). The goal of psychologists in these settings is to provide specialized evidence-based care of mild to moderate mental health conditions to primary care patients. Distinct from the services offered in the mental health specialty clinic, PC-MHI provides short-term services 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 intern will advance their skills of: assessment, consultation, working with a multidisciplinary team, facilitating brief individual and group treatments, treatment planning, and differential diagnosis. Additionally, this experience exposes the intern to the growing and unique role of psychologists in medical settings, while increasing the interns’ familiarity with cutting-edge mental health practices in primary care, and gender-specific interventions within the women’s health clinic. While some of the experiences may be similar to those offered by Behavioral Medicine and others, the services offered as part of PC-MHI will be based on an integrated care model that focuses on care coordination with other healthcare providers and short-term management of psychological conditions.

Supervisors: Drs. Karakashian, Holland
Hours required: 128-200
Hours per week: 8
Number of weeks: 12-24
Schedule: Tuesdays

VII. Time-Limited Dynamic Psychotherapy (TLDP)

Changes in the way mental health care providers are reimbursed have placed greater emphasis on the use of brief therapies. This two-hour per week program teaches interns to use Strupp and Binder’s/Hanna Levenson’s model of short-term dynamic therapy. Didactic training is provided for the first 4-6 weeks. The seminar then switches to a group supervision format. Interns treat one patient according to this model. Sessions are audiotaped and reviewed during group supervision.

Supervisor: Dr. Steinberg
Hours required: Varies
Hours per week: 2
Number of months: 6 months
Schedule: Wednesdays, 2:00-3:00pm, for seminar and group supervision; treatment schedule varies.

Elective Programs

Interested interns may also take part in the following elective programs. Generally, students participate in only 1-2 elective programs over the course of the training year. Elective programs make up a small (~15%) percentage of our training. Entry is at the discretion of the DOT, primary supervisor, and program supervisor(s).

Addictive Behaviors Clinic (ABC)
During the course of the year, interns can learn about the clinical issues, administration, and treatment practices of a multidisciplinary substance abuse treatment program. Many of the patients served are homeless and unemployed. Referrals come from the clinic’s Community Care Program servicing homeless veterans, Mental Health Clinic, Primary Care, residential treatment programs in the VA system or surrounding community, inpatient programs, the court/probation system, and the veterans themselves. Interns will be exposed to the Matrix Model of substance abuse treatment and recovery.

During the training year, interns may elect to have individual psychotherapy patients from ABC, and co-lead one or two ABC psychotherapy groups on various topics such as relapse prevention, emotions management, and mindfulness. All therapy and assessment cases assigned through ABC go toward fulfilling general training requirements.

**Supervisor:** Dr. Klevens  
**Hours required:** Varies  
**Hours per week:** 3-4  
**Number of weeks:** 50  
**Schedule:** Varies

**Behavioral Medicine Program Development and Evaluation**
In this four-month program interns take the lead to develop mental health interventions to enhance psychological adjustment and improve disease-relevant outcomes in any number of potential behavioral medicine practice areas: diabetes, hypertension, tinnitus, obesity, effective aging, sleep, etc. Multidisciplinary teaming is at the core of the program.

**Supervisor:** Dr. Sobol  
**Hours required:** Varies  
**Hours per week:** 2  
**Number of weeks:** 16  
**Schedule:** Varies

**Clinical Research**
This elective allows interns to devote a portion of their training time to research. Interns may use this time to develop an empirical project, carry out an existing study, work on their dissertation, obtain research-related training, etc. Staff is available to provide expertise, resources, and a variety of research opportunities. A number of our previous interns have worked with staff members on clinical research that resulted in co-authored publications, including a book. Previous students have conducted psychological research in Behavioral Medicine, TLDP, and in the Dental Program. There are opportunities for research in the PTSD Program as well.

**Supervisors:** Psychology Staff  
**Hours required:** Flexible; 100 maximum  
**Hours per week:** Flexible; 4 maximum  
**Number of weeks:** Varies  
**Schedule:** Varies

**Mindfulness Facilitation**
Interns interested in specialized mindfulness training can create an elective to hone their skills in mindfulness facilitation. This may include participating in multiple ongoing mindfulness-based groups (e.g. Mindfulness Skills, Mindfulness in Recovery, Mindfulness-Based Stress Reduction, etc.), other
mindfulness-based interventions (e.g., individual mindfulness training, staff intervention, additional ACT cases, etc.), mindfulness self-study, and/or program development activities. Please note that interns who choose this elective will also be asked to commit to daily personal mindfulness practice.

Supervisor: Dr. Karakashian
Hours required: Flexible
Hours per week: 3-4 (plus personal practice)
Number of weeks: Varies
Schedule: Varies

**Primary Care-Mental Health Integration (PC-MHI)**
The services offered as part of PC-MHI are based on an integrated care model that focuses on care coordination with other healthcare providers and short-term management of psychological conditions. This elective allows interns to deliver brief, evidence-based assessments and treatments in the fast-paced Primary Care setting. Interns will learn specific skills for brief assessment, consultation, working within a multidisciplinary team, facilitating brief-term individual and group treatments, treatment planning, and differential diagnosis.

Supervisor: Drs. Holland and Karakashian
Hours required: 48
Hours per week: 4
Number of weeks: 12
Schedule: Varies

**Program Development**
This elective allows interns to design and implement a clinical treatment program in a need area. Staff provides guidance from the needs assessment stage through resource allocation, program implementation, and cost-benefit analysis.

Supervisor: Staff
Hours required: 24
Hours per week: 2 (minimum)
Number of weeks: 12 (minimum)
Schedule: Varies

**Psychosocial Rehabilitation and Recovery Center (PRRC)/Veterans In Progress (VIP)**
The clinic's Psychosocial Rehabilitation and Recovery Center (PRRC), is an outpatient multidisciplinary treatment program that provides mental health services for veterans diagnosed with serious mental illness (e.g., schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, and PTSD) with significant functional impairment. The PRRC provides ongoing supportive, psycho-educational, and skills-based group and individual therapy to veterans who live independently in the community. Treatment is designed to prevent relapse, foster independence and self-esteem, maximize social and family functioning in the community, and assist in the acquisition of new skills and understanding. PRRC programming implements a recovery model to help veterans develop new meaning and purpose in their lives so they are able to become fully integrated in their communities.

As time and interests dictate, interns may select from a mix of training opportunities, including (a) program development; (b) assessment, recovery-oriented treatment planning, and evaluation; (c) case
management; (d) milieu therapy including patient governance, educational presentations, field trips, and activity therapies; and (e) co-facilitation of groups.

Interns have the opportunity to participate in a rotation that includes 1-2 hours of group therapy co-facilitated with Dr. Leshner and/or Ms. Rosie Dominguez, LCSW (at LAACC); 1-2 hours of individual psychotherapy, assessment, or treatment planning; participation in milieu activities; and 1 hour of supervision with Dr. Leshner. Specific use of training time will be arranged with Dr. Leshner.

Supervisors: Dr. Leshner
Hours required: Varies
Hours per week: 3-4
Number of weeks: 12-24
Schedule: Varies

**Supervision**

Interns who wish to gain experience in supervision may be offered the opportunity to supervise individual therapy work conducted by practicum students. Interns who participate in this elective are supervised by Staff. A 3-hour didactic seminar on clinical supervision is also provided by Dr. Steinberg, which occurs around mid-year.

Supervisor: Primary or Delegated Supervisor
Hours required: Varies
Hours per week: 2
Number of weeks: Varies
Schedule: Varies

**Women’s Mental Health**

By 2020, it is predicted that 11% of veterans receiving services from the VA will be women. As a result of the growing number of women veterans served through the VA, LAACC provides Woman’s program to address their mental health needs. LAACC houses a Woman’s Primary Care clinic (Team C) where our Women’s Mental Health program is co-located. Medical providers in Team C refer women veterans who screen positive for PTSD, depression, military sexual trauma, and/or suicidality for mental health services. Interns are supervised in the provision of empirically-based psychotherapies such as Cognitive Processing Therapy (CPT) and ACT for PTSD for treating trauma as well as CBT-informed treatment for Borderline Personality Disorder and Complex Trauma. In addition, longer-term individual therapy and Couple’s therapy are provided as needed. Interns can participate in the Women’s Wellness group, which is a DBT-informed skills group promoting emotional regulation. We will also be starting a Sexual Trauma support group for women and a CPT group for women in the fall of 2017. Interns are also invited to participate in a bi-weekly Women’s Committee meeting that involves consultation as well as event and program planning for women Veterans.

Supervisor: Dr. Steinberg
Hours required: Varies
Hours per week: 3 hours, at a minimum
Number of weeks: Varies
Schedule: Varies
**Didactics**
Interns participate in several ongoing seminars and conferences throughout the year.

**Behavioral Medicine**
A weekly seminar (September-January/February) covers the specifics of interviewing, assessing, and treating behavioral medicine patients with disorders such as diabetes, headaches, musculoskeletal pain, hypertension, tinnitus, insomnia, anxiety, and fibromyalgia. Trainees learn about the etiology and clinical presentation of such disorders and about appropriate treatment interventions. Treatment approaches include pain management techniques, biofeedback, hypnosis, relaxation training, stress management techniques, mindfulness practice and cognitive-behavioral strategies.

**Cognitive Processing Therapy (CPT)**
The Cognitive Processing Therapy (CPT) Seminar is a one-time, 4-hour introduction to one of the most well-researched, evidence-based therapies developed to address PTSD. The seminar provides an overview of the CPT protocol, including its foundations in cognitive theory.

**Day-Long Special Conferences**
A few times a year, workshops are offered at LAACC and other, local VA facilities. Recent past programs/workshops have covered the following topics: Legal and Ethical Issues, Diversity, Supervision, the Personality Assessment Inventory (PAI), Acceptance and Commitment Therapy (ACT), Violence Risk Assessment, and Motivational Interviewing (MI).

**Diversity**
This biweekly seminar addresses self-knowledge regarding one’s thoughts, feelings, and experience and how these may impact one's work with diverse populations. Information is also provided to facilitate working with particular communities. Didactic presentations (e.g. Applying the DSM-IV TR Cultural Formulation), case presentations, discussions, and experiential practice are utilized during the seminar.

**High Risk Conference**
This conference is devoted to case presentations of patients at risk for suicide or assault. This conference is designed to give clinicians a forum for consulting with each other about challenging clinical issues. Interns develop skills for handling difficult cases and learn about the interplay between legal, ethical, clinical, and risk management concerns. Each intern presents at least two prepared cases during the course of the year.

**Team Training Meeting**
Interns attend a monthly psychology team training meeting, which is attended by psychology staff and other mental health professionals. Invited speakers cover a range of subjects including psychotherapy, assessment, general professional issues, and ethics. Topics and speakers are arranged with the help of interns during the first weeks of the internship. Each intern presents at one of these meetings, usually on a clinical case or current research.

**Legal/Ethical Issues**
Interns attend a weekly brown bag lunch in which legal and ethical issues are discussed in relation to California Law, the Ethics Code, and situations that arise in the course of clinical care.
Mindfulness and Acceptance-Based Practices
This weekly seminar focuses on mindfulness-based and acceptance-based models of psychotherapy as they apply to clinical work. The seminar will include introductions to mindfulness practices and Acceptance and Commitment Therapy (ACT). Modalities of learning will include didactic instruction, scholarly reading, experiential practice, and supervision of individual therapy cases.

Prolonged Exposure (PE)
The Prolonged Exposure (PE) Therapy Seminar is a two, ½-day didactic series designed to introduce postdoctoral fellows, psychology interns, and practicum students to this evidence-based treatment for PTSD. The seminar covers various topics, including diagnosis and assessment of PTSD, an overview of PE Therapy, presenting the rationale for in vivo exposure and imaginal exposure, use of Subjective Units of Distress (SUDs), construction of in vivo hierarchy, procedures for in vivo exposure and imaginal exposure, assigning of homework, as well as dealing with avoidance and resistance.

Psycho-diagnostic Assessment
Trainees attend a weekly seminar designed to help them hone their testing skills. We cover all aspects of the testing process—from reviewing the referral to giving feedback to patients and the referral source when the evaluation is completed. We go over the background and operating characteristics of commonly-used objective and projective assessment instruments, discuss test interpretation, integration of assessment results, and report writing. In this seminar, trainees will be administered pre-tests and post-tests to assess their level of learning.

Scholarly Inquiry
This is a monthly, journal club style seminar to discuss research topics that can inform clinical practice. Interns will each rotate in choosing pertinent research articles and leading seminar discussions. This seminar is designed to increase competence in the area of scholarly inquiry and provide a forum to integrate research into clinical practice.

Supervision
A seminar on supervision is provided to students, which includes the following topics: important traits for supervisors, problematic supervisee-supervisor dynamics, administrative issues for supervisors, the legal and ethical issues that arise in the supervisory relationship, supervisory competencies, and multicultural sensitivity in supervision. These topics are usually covered in a 3-hour seminar usually held in January. Interns who are afforded the opportunity to supervise a practicum student will also receive weekly supervision from a pre-determined staff supervisor.

Time-Limited Dynamic Psychotherapy (TLDP)
In this weekly, hour-long seminar, interns receive training in Strupp and Binder’s/Hanna Levenson’s short-term dynamic therapy model. Didactic training is provided to introduce the approach. Interns also receive weekly group supervision to gain mastery in this model.

Requirements for Completion of Internship
Breakdown of Training Hours
The internship is a full-time, year-long program involving 2080 hours. Approximately 85% of the training hours are spent in required programs and activities, with the remaining 15% coming from elective
activities. During a typical week, interns spent 18-20 hours in direct patient care, 6-7 hours in seminars, and 4-7 hours in individual/group supervision (see below). The typical weekly caseload has been six psychotherapy patients (individual and couples), four groups, and two assessments. This is the total across all programs. In addition, interns perform at least one intake assessment per week. Interns are required to complete a minimum of two comprehensive psycho-diagnostic assessments by the end of the internship. One of these psycho-diagnostic assessment reports must integrate the results of a Rorschach inkblot test. Lastly, interns are required to present a case at the High Risk conference, perform a presentation (usually their dissertation) during our Staff/Intern training meeting, and participate in a Mock Oral exercise at the end of the year.

Approximate Hours of Training:

<table>
<thead>
<tr>
<th>Program/Activity</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Medicine/Health Psychology</td>
<td>248</td>
</tr>
<tr>
<td>Mental Health Clinic</td>
<td>304</td>
</tr>
<tr>
<td>PTSD/PC-MHI</td>
<td>128</td>
</tr>
<tr>
<td>Time-Limited Psychotherapy</td>
<td>80-100</td>
</tr>
<tr>
<td>Psycho-diagnostic assessment</td>
<td>208</td>
</tr>
<tr>
<td>Seminars</td>
<td>304</td>
</tr>
<tr>
<td>Outside training (e.g., CE courses)</td>
<td>50</td>
</tr>
<tr>
<td>Supervision</td>
<td>304</td>
</tr>
<tr>
<td>Other (ABC groups, PRRC groups, etc.)</td>
<td>150</td>
</tr>
<tr>
<td>Electives</td>
<td>304</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>~2080</td>
</tr>
</tbody>
</table>

In order to remain in good standing, the intern needs to perform at the "satisfactory performance/meets expectations" level of performance, number “3” on a scale of 1-5 (see below), on the majority of items in all of our 9 profession-wide competency areas during our 3-month, 6-month, and/or end of the year evaluation process. If this does not occur, the intern will be placed on informal remediation with the intent to improve the intern's skills so that he or she can attain this level. (Please see Due Process/Grievance Policy described later in this brochure.) In order to complete the program the student needs to be functioning at the "satisfactory performance/meets expectations" level of performance on all measures of competency on our final evaluation. Evaluations in which there are scores below the “3” range at the end of the year are considered for an extension of the internship, but do not result in an automatic extension. Such evaluations are examined on a case by case basis. In addition, the intern must complete all program requirements unless given permission to be excused from a particular requirement.

1 = Seriously deficient
2 = Below expected level
3 = Satisfactory performance/meets expectations
4 = Above average/exceeds expectations
5 = Area of particular strength or aptitude
Resources

Facility and Training

Centrally located in the heart of downtown, LAACC has occupied an important place in the LA community for the past sixty years. Housed in a state-of-the-art building constructed in 1993, LAACC provides comprehensive medical and mental services to its veteran population. The clinic is bright and sunny, encourages social interaction, and is easily accessed by our disabled patients and staff. Our department has group rooms with one-way mirrors, videotape equipment, and digital recorders for recording patient sessions. We have excellent psychological testing resources with software to score and interpret most major tests including the MMPI-2 and RF, MCMI-IV, and the Rorschach. Interns have their own private offices with telephones, voicemail, and computers. We provide Microsoft Office software, internet access, and electronic charting through the CPRS program. Interns have full use of all clinic resources including LCD projectors for presentations, and ovid.com (an electronic medical research database). There is free parking in an off-site lot close to the building. Ms. Leona Payton-Franklin, our departmental administrative assistant, is available to the interns for HR related clerical support, and our Medical Support Assistants provide patient-related clerical support.

Administrative Policies and Procedures

AUTHORIZED LEAVE POLICY:

Psychology interns accrue 13 days of Annual Leave (AL) and 13 days of Sick Leave (SL) over the course of the year at a rate of 4 hours per pay period. Interns also receive 10 paid federal holidays.

VA LAACC provides additional days of Authorized Absence (AA) to psychology interns that can be used for educational purposes. The following professional activities qualify: defending one's dissertation, post-doctoral fellowship interviews, conferences and workshops outside of GLA that provide educational content to psychologists, graduation, etc. Requests for AA must be made in advance and approved by the Primary Supervisor and the Training Director. Interns are entitled to attend GLA Continuing Education workshops without using approved AA leave. Research activities conducted at home do not qualify for AA.

NONDISCRIMINATION 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.

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).

STATEMENT OF COLLECTING PERSONAL INFORMATION:
Our privacy policy is clear: we will collect no personal information about you when you visit our website.

Our program sets no requirement for self-disclosure.

DUE PROCESS STATEMENT
Revised June 2015

Department of Veterans Affairs
Greater Los Angeles Healthcare System
Los Angeles Ambulatory Care Center

Psychology Department Policy
June 2015
Due Process in Psychology
Student/Intern Training Programs

I. Purpose

The purpose of this statement is to set forth policy and describe procedures for (1) taking action when a deficiency or problem is apparent in intern performance and (2) allowing interns to present grievances to the VA Los Angeles Ambulatory Care Center (LAACC) Psychology Training Program. The intent is to achieve effective communication between interns and administration when deficiencies or problems arise so that those deficiencies or problems can be corrected.

II. Policy

It is the policy of the VA Greater Los Angeles Healthcare System (GLA) and the Psychology Department to ensure that trainees are provided with procedures for grievance and due process to assure an educational environment for trainees in which they may raise and resolve issues without fear of intimidation or retaliation and be treated in a fair and impartial manner when problems arise.

III. Definitions

Problematic behavior is defined broadly as interference in professional functioning in one or more of the following areas: 1) an inability and/or unwillingness to acquire and maintain professional and ethical standards, which includes violations of the professional and/or ethical standards of the American Psychological Association or Veterans Health Administration; 2) an inability to acquire professional skills at an acceptable level of competency; 3) compromise in professional functioning due to personal stress or psychological dysfunction.
The Training Committee consists of the Director of Training, who serves as Chair of the Committee, and primary and delegated supervisors. All members are licensed Psychologists in the Training Program. The Chief of Psychology serves as an ex officio member of the Training Committee.

**IV. Procedures**

**A. Intern Deficiencies or Problems**

1) Clinical Supervisors have the most direct contact with the intern in everyday work and are responsible for providing informal and formal feedback on performance. It is the supervisor’s responsibility to identify any deficiencies or problems as soon as they arise, and if possible to resolve them informally. Intern progress is monitored monthly during the Psychology Training Committee meeting. When problems arise, supervisors should institute such measures as providing additional supervision, didactics, or clinical experiences focused on specific problem areas of competency. The supervisor should consult the Director of Training for additional recommendations. If the trainee brings his/her performance to the expected level, no further action is necessary.

2) The Director of Training will communicate early and often with the graduate program, when applicable, about any suspected difficulty with the intern, and, when necessary, seek input from the intern’s academic program about how to address the difficulty and keep the Academic Training Director apprised of the intern’s progress. It should be noted that all interns accepted into the program have provided their written consent for exchange of information between the trainee’s academic program and internship training site by completing the Application Certification on the APPIC Application for Psychology Internship (AAPI). When formal measures are implemented to address problematic behavior, the intern may request that a representative of the graduate program be invited to attend and participate as a non-voting member in any meetings of the Training Committee that involve discussion of the intern and his/her status in the program.

3) The following measures may be implemented if the intern’s performance does not improve sufficiently with supervisor guidance alone. The list is not all-inclusive and is presented to illustrate a range of options. The Director of Training may seek advisement from appropriate resources, including for example the GLA VA Education Office, Risk Management, Human Resources, District Counsel, VA Office of Academic Affiliations, the American Psychological Association (APA) Commission on Accreditation, and the Association of Psychology Postdoctoral and Internship Centers (APPIC).

(a) Remediation

(i) Remediation may be initiated if an intern receives a majority of ratings that fall below the level of “Satisfactory Performance/Meets Expectations” in any required competency area. Remediation is an opportunity for an intern to bring his or her performance to a fully satisfactory level with the aid of increased supervision and monitoring. If warranted, the remediation plan may include a recommendation or requirement for personal psychotherapy. The Director of Training, the Training Committee, and the intern’s supervisor(s) will draw up a plan for remediation. This written plan will include:

1. A description of those specific areas of competency associated with less than Satisfactory
Performance ratings

2. A corrective plan with specific recommendations for rectifying the problem
3. The time frame for the remediation period
4. What actions may be taken if problem(s) are not corrected
5. The frequency with which the intern and supervisor(s) must report to the Director of Training/Training Committee during the remediation period

(iii) The recommendation for placing an intern on remediation requires a majority vote of Training Committee members present. If remediation is approved, the remediation plan is to be signed by the intern, the Director of Training, and the supervisor(s) who will be providing supervision during the remediation period. A copy of the remediation plan will be given to the intern, the intern’s clinical supervisor(s), and the Director of Clinical Training at the intern’s academic program.

(iii) At the conclusion of the remediation period, the Director of Training will review the intern’s progress with the supervisor(s) and the intern. In addition, the written evaluation will be reviewed to ascertain if the intern’s ratings have improved to the “Satisfactory Performance” level, or as stipulated in the remediation plan. The Director of Training and the Training Committee may remove the intern from remediation if all conditions have been met, continue remediation for a specified period, or place the intern on probation if it is clear that the intern is not making sufficient progress. The decision of the Training Committee is communicated in writing to the intern and the Director of Clinical Training at the intern’s academic program.

(iv) An intern placed on remediation has the right to present his or her case to the Psychology Training Committee. The trainee may agree to accept the remediation plan or grieve the Training Committee’s decision as described below.

(b) Probation

(i) Probation is considered when attempts at remediation have failed and/or the problem is severe in nature.

(ii) The recommendation to place an intern on probation requires a majority vote of Psychology Training Committee members present. If warranted, the probation plan may include a recommendation or requirement for personal psychotherapy.

(iii) The Psychology Training Committee will develop a written plan for probation. This plan will include:

1. A description of those specific problem areas leading to the recommendation for probation
2. A corrective plan with specific recommendations for rectifying the problem
3. The time frame for the probation period
4. What actions may be taken if the problem(s) are not corrected
5. The frequency with which the intern and the supervisor(s) must report to the Director of Training/Training Committee during the probation period

(iii) The written probation plan will be signed and distributed according to the procedure listed above (Section 4.A.(a)(iii)).
(c) Appeals of remediation or probation

An intern placed on remediation or probation has the right to appeal the action to the Psychology Training Committee. Should the intern wish to appeal, he/she must inform the Director of Training in writing that he/she disagrees with the Committee’s action and provide information as to why the intern believes the Training Committee’s action is unwarranted within 5 working days of receipt of the remediation or probation plan. Following the receipt of such a request, the Chair of the Training Committee will notify the intern of the time and place for the meeting at least two weeks prior to the date. The intern will be given the opportunity to present additional information, take issue with the Training Committee’s decision, and/or call witnesses in support of his/her position. If the Training Committee upholds the intern’s appeal, then remediation or probation will be terminated immediately.

If the intern disagrees with the decision of the Training Committee, he or she may appeal to the Chief of Psychology. The Chief of Psychology, who is an ex officio member of the Training Committee, will be familiar with the facts of the grievance. He/she will render the appeal decision. The outcome will be communicated to the intern, the intern’s academic program, and the Training Committee. Remediation or probation plans will remain in effect until the outcome of the appeal is decided.

(d) Options after Probation

(i) Termination of Probation: At the end of the probation period, the Training Committee may recommend termination of probation if the conditions of probation were resolved satisfactorily and no serious problems remain. A decision will be made by a majority vote of Training Committee members present. A statement detailing the decision of the Training Committee will be given to the intern, the supervisor(s) and the intern’s academic program. This statement will be signed by the intern and the Director of Training. Removal from probation status indicates that the intern’s performance is at the appropriate level to receive credit for internship.

(ii) Continuation of Probation: At the end of probation, the Training Committee may recommend continuation of probation for an additional specified period of time and a redefinition of problems and corrective actions. This decision must be approved by a majority vote of the Training Committee membership present. A statement detailing the decision of the Training Committee will be given to the intern, the supervisor(s) and the intern’s academic program. This statement will be signed by the intern and the Director of Training.

If by the end of the training year the intern has not successfully completed the training requirements, the Training Committee may decide that the trainee not be graduated. The trainee will be notified of the Committee’s decision and the academic Training Director will be informed that the intern has not successfully completed the program. The Training Committee may specify to the graduate program or licensing board those settings in which the trainee can and cannot function adequately.

(iii) Termination from the Program: A recommendation to remove would occur if an intern were unsuccessful in meeting the terms of his or her probation. While termination ordinarily would occur only after probation, termination may be the first and only step taken at any point for the most serious of deficiencies or violations of ethics or standards. Such problems may
include, but are not restricted to, professional incompetence, violation of professional and ethical standards or laws, violation of institutional policies, insubordinate or exploitative behavior, patient endangerment, or infringement on the rights, responsibilities, or privileges of others. The recommendation of termination is made by a 2/3 majority vote of Training Committee members present. All documents will be signed, dated and distributed as described in Section 4.A.(a)(ii).

Should the intern wish to appeal the Training Committee’s decision on termination, he/she may do so in writing to the Chief of Psychology following the procedures above. The Chief of Psychology will convene a review panel composed of at least three staff psychologists. The review panel will exclude Training Committee members, anyone who has supervised the intern, or those whose involvement may otherwise pose a conflict of interest. The review panel may include psychologists from other GLA APA-accredited Psychology training programs. The Director of Training will present the position of the Training Committee to the panel; the trainee, together with any counsel he or she may choose, will present the appeal. The review panel’s decisions will be made by a majority vote. The Chief of Psychology will receive the recommendations of the panel and make a final decision.

(e) Temporary Suspension: An intern can be temporarily suspended at once at any time during the training year if the Training Committee believes that the retention of the intern would jeopardize patient care or welfare, or that the intern should not be permitted to continue with his/her responsibilities for some other reason such as a serious legal or ethical violation. A trainee who is thought to pose a threat to the public, Veterans, or staff will be immediately placed on administrative leave. In emergent situations, this decision may be made by the Training Director and/or Chief of Psychology and will be brought to the Training Committee for review and recommendations as soon as possible; in non-emergent cases, a majority vote of Training Committee members present will be required to place the intern on temporary suspension. The intern may then appeal to the Training Committee according to Section 4(c) above.

B. Intern Grievances Regarding Other Problems

1) An attempt should be made to resolve the source of distress or complaint at the lowest administrative level. The clinical supervisor should be apprised of any distress or complaint by the intern if it concerns the supervisory relationship. The intern is encouraged to confide other matters of concern to the supervisor as they arise if he or she feels comfortable in doing so.

Some interns may be reluctant to confront their supervisors directly if they are dissatisfied with the supervisor’s abilities or behaviors. In this case, interns are encouraged to discuss their concerns with the Director of Training or the Chief of Psychology. If the Director of Training is the subject of the intern’s complaint, the intern can consult the Chief of Psychology.

2) The Director of Training is contacted when the situation cannot be resolved at the supervisory level. The Director will use his/her expertise, resources, and contacts to resolve the problem. The Director of Training may act as a mediator, or assist in selecting a mediator who is agreeable to both the intern and the supervisor. The mediator may recommend changes in supervisory responsibility for the training experience, suggest a change of training experiences, or make other recommendations. Recommendations must be reviewed and approved by the Training Committee. Interns may also request assistance from the Chief of Psychology in instances where a formal action has not been taken but a problem exists that cannot be worked out with the Training Director or Training Committee.
3) If the problem cannot be resolved informally by the Director of Training, the Training Committee, or the Chief of Psychology, a formal grievance is said to exist. The intern will initiate a formal grievance through a written request to the Director of Training. The request will include details of the grievance and reasons why informal procedures were ineffective in resolving the matter. The Director of Training will communicate in writing with the Director of Clinical Training of the intern's graduate program about the nature and status of the grievance.

4) The Director of Training will meet with the Training Committee to review the grievance. All parties will be notified in writing and given a set number of days to prepare. The Chief of Psychology will be notified if findings reveal any unethical, unlawful or inappropriate behavior on the part of the supervisor.

5) The Director of Training and the Training Committee will make a recommendation for the best course of action. This recommendation will be provided in writing to the intern, the supervisor(s), and the intern's academic department.

6) If the intern accepts the Committee's decision, the specific recommendations will be implemented. If the intern is not in agreement with the decision, the intern may appeal the decision in writing. If the Training Committee does not uphold the appeal by a majority vote of members present, the matter will be referred to the Chief of Psychology, who will render the final decision.

7) The intern, supervisor(s) and the intern's academic program will be notified of the Committee’s decision in writing.

8) Documentation of active and resolved grievances will be stored in a secure manner in training program offices.

9) Interns may pursue grievances through other mechanisms available to employees of the Department of Veterans Affairs in addition to relevant professional organizations including the American Psychological Association (APA) Commission on Accreditation and the Association of Psychology Postdoctoral and Internship Centers (APPIC). Interns may also pursue complaints of unethical or unlawful behavior through the California Board of Psychology (BOP) for supervisors licensed in California. Pursuit of any of these alternative means does not affect the workings of this policy and actions thereunder.

V. References: VHA Handbook 1400.04

VI. Considerations

A. Any action on the part of the intern that in the opinion of the Director of Training might lead to detrimental patient care will result in immediate suspension of clinical duties of the intern. This decision will initiate the probationary process that was outlined in section V. 4b) above.

B. The purpose of this Policy and Procedures Memorandum is to perpetuate the high standards that are reliably shown by Psychology Staff and Students in the Psychology Training Program.
**Training Staff**

The Psychology Service consists of nine full-time psychologists, three part-time psychologists, and an administrative assistant. Training staff come from both academic and professional schools and represent a variety of theoretical outlooks, including cognitive-behavioral, interpersonal, family systems, and psychodynamic. Our staff members hold appointments at local academic institutions including: Alliant International University, Fuller Graduate School of Psychology, University of California at Los Angeles, and University of Southern California. All staff psychologists participate in the training program. Most of our staff members have worked at this facility for a minimum of 10 years, and several psychologists have worked at our clinic for over 20 years. Staff retention is excellent as the staff at LAACC enjoy their jobs as well as the opportunities to work with interns and practicum students. The recruitment of staff is fairly simple, and jobs fill quickly and easily with well-qualified clinical psychologists. Many former interns voice a preference to work at this facility and are often hired when appropriate positions become available. In fact, six current staff members were interns at LAACC. Several additional staff members were interns at other VA facilities.

**Psychology Service Training Supervisors potentially include the following full-time psychologists:**

- **Nanci Argueta, Ph.D.**
  H-PACT (Homeless-Patient Aligned Care Team)

- **Carolyn Feigel, Ph.D.,**
  Coordinator, PTSD Clinical Team (PCT) at ELA Clinic

- **Carole Goguen, Psy.D.**
  Mental Health Clinic, Fillipino Veteran’s Program

- **Christine Holland, Ph.D.**
  Primary Care-Mental Health Integration (PC-MHI)
  Coordinator, Psychology Post-doctoral Fellowship Program

- **Michael Karakashian, Ph.D.**
  Program Lead-Primary Care–Mental Health Integration (PC-MHI)

- **Carissa Klevens, Ph.D.**
  Director, Addictive Behaviors Clinic (ABC)

- **Anna Leshner, Psy.D.**
  Psychology Director of Training
  Psychosocial Rehabilitation and Recovery Center (PRRC)

- **Paul Lo, Ph.D.**
  Acting Associate Chief of Psychology, LAACC, ELA and Gardena CBOCs
  Mental Health Clinic

- **Kimberly Newsom, Ph.D.**
  Mental Health Clinic, Behavioral Medicine Program
  Assistant Director of Training, Psychology Internship Program
Part-time psychologists involved in training include the following:

**Sharon Jablon, Ph.D.**  
Mental Health Clinic

**Debra Sobol, Ph.D.**  
Coordinator, Behavioral Medicine/Health Psychology Program

**Susan Steinberg, Ph.D.**  
Women’s Clinic, Mental Health Clinic

**Other Agency personnel may be involved in training psychology interns as well. These include:**

**Vanessa Baumann, Ph.D.**  
Psychologist, ELA Veterans Resource (Vet) Center

**David Baek, RN**  
Staff Nurse, Psychosocial Rehabilitation and Recovery Center (PRRC)

**Rosie Dominguez, LCSW**  
Social Worker, Psychosocial Rehabilitation and Recovery Center (PRRC)

**Susan Dorairaj, RN**  
Psychiatric Nurse, Mental Health Clinic

**Bing Hsu, M.D.**  
Staff Psychiatrist, Mental Health Clinic

**Margarita Krasnova, M.D.**  
Staff Psychiatrist, Mental Health Clinic

**Candace Lyles, MSW**  
Social Worker, PTSD program at ELA Clinic

**Edward Moore, M.D.**  
Psychiatrist, Opioid Treatment Program Medical Director

**Deborah Owens, Ph.D.**  
Los Angeles Ambulatory Care Center (LAACC) Site Manager

**Chandresh Shah, M.D.**  
Staff Psychiatrist, Mental Health Clinic  
Acting Associate Chief of Mental Health

**Tamika Woodard, LCSW**  
Social Worker, Mental Health Clinic
Robert Wymss, LCSW
Social Worker, PTSD program at ELA Clinic

Calvin Yang, M.D.
Staff Psychiatrist
Primary Care-Mental Health Integration (PC-MHI)/Mental Health Clinic

Lastly, our departmental Administrative Assistant,

Mrs. Leona Payton-Franklin oversees many of the administrative employee issues for the psychology interns.
Nanci Argueta, Ph.D.

Education: Ph.D., The University of Texas at Austin, 2013.

Internship: Los Angeles Ambulatory Care Center, Los Angeles, CA, 2012-2013.

Postdoctoral Fellowship: Harbor-UCLA Medical Center, Carson, CA 2013-2014


Academic Affiliation: Lecturer, The University of Texas at Austin, 2012

Affiliation: Lecturer, Center for Christian Ministry and Vocation, Seminary of the Southwest, 2011

Licensure: Psychologist: California, 2015-present.

Professional Organizations: Association for Behavioral and Cognitive Therapies (present), American Psychological Association (past); Society for the Psychological Study of Culture, Ethnicity and Race (past)

Recent Publications/Presentations:


Clinical Position: Homeless Patient Aligned Care Teams (H-PACT)

Treatment Orientation: Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Exposure and Response Prevention, Prolonged Exposure, Cognitive Processing Therapy and Other Evidence-Based Practice
Interest Areas: Anxiety Disorders, Emotion Regulation, Multiculturalism and Diversity, Substance Abuse, Mental Health Treatment in Homeless Populations.

Carolyn A. Feigel, PhD

Education: Postdoctoral Degree, UCLA/Harbor School of Medicine, 2004
Ph.D., University of Southern California, 2003
M.S.W., University of Southern California, 1997

Internship: VA Ambulatory Care Center, Los Angeles, CA, 2002-2003

Postdoctoral Internship: Postdoctoral Degree, UCLA/Harbor School of Medicine, 2003-2004


Academic Affiliation: Clinical Adjunct Professor, Fuller Graduate School of Psychology
2013-2014
Lecturer, Harbor UCLA Medical Center, Departments of Family Medicine, Psychiatry, and Psychology

Licensure: Psychologist: California, 2004- present

Professional Organizations: American Psychological Association; Western Psychological Association


Guest Panelist for "A Panel Discussion Regarding the Use of Prolonged Exposure to Treat Posttraumatic Stress Disorder" at the West Los Angeles Veteran's Affairs Medical Center, March 2013

for PTSD and Depression. Poster presented at the Annual Convention of the Western Psychological Association, San Francisco.

Clinical Position: East Los Angeles Clinic Program Coordinator
Clinical Psychologist, East Los Angeles VA Outpatient Clinic

Treatment Orientation: Cognitive-behavioral, Psychodynamic

Areas of Interest: PTSD assessment and EBTs for trauma (e.g., CPT, PE, EMDR); HIV treatment and medication adherence; health psychology, end of life issues; psychology and spirituality, ethnic minority mental health

Carole Goguen, Psy.D.

Education: Psy.D., Pepperdine University, 1998


Licensure: Psychologist: California, 2001-present.

Professional Organizations
San Gabriel Psychological Association

Recent Publications/Presentations:


Clinical Position: Staff Psychologist: Mental Health Clinic

Treatment Orientation: Cognitive-behavioral

Interest Areas: Psychotherapy and research of PTSD and sexual trauma; forensic psychology; community violence; disaster mental health; existential psychology
Christine Holland, Ph.D., BCB

Education: Ph.D., University of Illinois at Chicago, 2011.


Academic Affiliation: Lecturer, Cal Poly Pomona, 2012

Academic Affiliation: Lecturer, University of Illinois at Chicago, 2008.


Professional Organizations: Biofeedback Certification International Alliance (present), American Psychological Association (past); Association for Women in Psychology (past); American Public Health Association (past).


Clinical Position: Primary Care Mental Health Integration (PCMHI)

Treatment: Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, Motivational Interviewing, Biofeedback, Dialectical Behavioral Therapy, and Evidence-Based Practice

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

Sharon Jablon, Ph.D.

Education: Ph.D., California School of Professional Psychology, Los Angeles, CA, 1989.

Internship: VA Medical Center, Sepulveda, CA, 1987-88; UCI Medical Center, 1986-87.


Academic Affiliation: Clinical Professor, Fuller Graduate School of Psychology

Licensure: Psychologist: California, 1990-present.

Professional Organizations: American Psychological Association

Recent Publications/Presentations:


Jablons, S.L. (2015, May). Becoming a California Licensed Psychologist: An Informational Workshop. 1.5-hour presentation at Long Beach VA.


Clinical Position: Staff Psychologist: Mental Health Clinic

Treatment Orientation: Psychodynamic (Object Relations)

Interest Areas: Depression, interpersonal issues, stress management, legal and ethical issues, psychodynamic psychotherapy, group therapy
Michael Karakashian, Ph.D.

Education: Ph.D., University of Memphis, Ph.D. Counseling Psychology, 2011

Internship: VA-Los Angeles Ambulatory Care Center, 2010-2011

Post-doctoral Fellowship: Harbor-UCLA Medical Center; Behavioral Medicine/HIV Mental Health, 2011-12

Work Experience: VA Greater Los Angeles Healthcare System – Los Angeles Ambulatory Care Center, Program-Lead – Primary Care Mental Health Integration, Staff Psychologist, 2013-present; Center of Police Psychological Services/Center for Applied Psychology and Forensics/Law Enforcement Psychological Services, Chicago, IL, 2012-2013; The Emotion-Focused Therapy Institute, Chicago, IL, 60613 Clinical Psychologist Fellow/Staff, 2012-2013; DePaul University, Dept. of Counseling and Special Education, Chicago, IL Adjunct Professor, 2013; Harbor-UCLA Medical Center, Torrance, CA Post-doctoral Psychology Fellow Behavioral Medicine/HIV Mental Health, 2011-2012

Licensure: Psychologist: California, 2017-present; Illinois, 2012-present

Professional Organizations: American Psychological Association

Recent Publications/Presentations:


Clinical Position: Acting Section Chief, LAACC Primary Care-Mental Health Integration

Treatment: Neo-humanistic, Integrative, Mindfulness and compassion-based
Orientation:

Interest Areas: Acceptance and Commitment Therapy, Clinical Application of Mindfulness and Compassion, Cognitive-Behavioral Therapy, Emotion-Focused Therapy, HIV Mental Health Care, PTSD, Substance Misuse, Motivational Interviewing, Primary Care-Mental Health Integration

Carissa Klevens, Ph.D.

Education: Ph.D., University of Missouri-Kansas City, 2007

Internship: University of Southern California, Student Counseling Services, Los Angeles, CA 2006-2007.

Work Experience: Director of the Addictive Behaviors Clinics (2012-present); Director of Addictive Behaviors Clinic and Opioid Treatment Program-ABC/OTP (2012-2016); Staff Psychologist, LAACC, Los Angeles, CA, 2009-Present; Assistant Director of Training, VA-LAACC, 2011-2013; Post-doctoral Fellow, Gateways Hospital and Mental Health Center, Los Angeles, CA, 2007-2008; Instructor, Moorpark College, Moorpark, CA, 2000-2001; Graduate Instructor, California State University Northridge, Northridge, CA, 1998-2000

Licensure: California, 2009-present

Professional Organizations: American Psychological Association

Recent Publications/Presentations:

Klevens-Thomas, C. L. (2016). VA Police Crisis Negotiation Team Training: Veterans Mental Health and Clinical Considerations. Presentation to VA Police and various law enforcement agencies at the VA Greater Los Angeles Healthcare System. West Los Angeles Medical Center, Los Angeles, CA.


Clinical Position: Staff Psychologist; Director - LAACC Addictive Behaviors Clinics (ABC)

Treatment Orientation: Cognitive-behavioral, Psychodynamic, Motivational Interviewing

Interest Areas: Multicultural Issues in Research & Psychotherapy; Substance Use; Eating Disorders; Recovery-oriented Mental Health Services; Mindfulness; Crisis Negotiation
Anna Leshner, Psy.D.

Education: Psy.D., Pepperdine University, 2011
M.A. Psychology, New York University, 2004

Internship: VA Los Angeles Ambulatory Care Center, 2010-2011

Post-doctoral Fellowship: VA West Los Angeles Healthcare Center, 2011-2012

Work Experience: Psychology Training Director- VA Los Angeles Ambulatory Care Center, 2014-Present; Staff Psychologist- VA Los Angeles Ambulatory Care Center, 2012-Present; Staff Psychologist- VA Sepulveda Ambulatory Care Center, 2012-2014; Postdoctoral Fellowship- VA West Los Angeles Healthcare Center, 2011-2012; Pre-Internship- VA Sepulveda Ambulatory Care Center 2009-2010.

Licensure: Psychologist: California, 2012-present

Professional Organizations: American Psychological Association; California Psychological Association; Association for Behavioral and Cognitive Therapies

Recent Publications/Presentations


Clinical Position: Staff Psychologist in the Psychosocial Rehabilitation and Recovery Center (PRRC), Director of Training

Treatment Orientation: Cognitive-behavioral; Acceptance and Commitment Therapy

Interest Areas: Severe Mental Illness; Acceptance-based behavioral approaches; Mindfulness; Posttraumatic Stress Disorder; Moral Injury; Professional Development
Paul Lo, Ph.D.

Education: Ph.D., Graduate School of Psychology, Fuller Theological Seminary, Pasadena, CA, 2001.


Work Experience: Acting Associate Chief of Psychology at LAACC, ELA, Gardena (2012-present); Staff Psychologist, VA-LAACC (2001-present); Acting Associate Chief of Mental Health at LAACC, ELA, Gardena (2012-2015); Assistant Director of Training, VA-LAACC (2006-2011); Consultant for the National Center for PTSD for Prolonged Exposure (PE) Therapy (2010-2016); Private Practice (2003-present); Behavioral Science Officer/Clinical Psychologist, Army National Guard (2014-present).

Academic Affiliation: Clinical Adjunct Professor, Fuller Graduate School of Psychology


Professional Organizations: National Register of Health Service Providers in Psychology, American Psychological Association

Recent Presentations: Lo, P. C. (2016). VA Police Crisis Negotiation Team Training: Understanding Military & Veteran Culture. Presentation to VA Police and various law enforcement agencies at the V.A.-Greater Los Angeles Healthcare System, West Los Angeles Medical Center, Los Angeles, CA

Lo, P. C. (2012). A Panel Discussion Regarding the Use of Prolonged Exposure to Treat PTSD. Presentation to staff at the V.A.-Greater Los Angeles Healthcare System, West Los Angeles Medical Center, Evidence-Based Practices Lecture Series, Los Angeles, CA

Lo, P. C. (2012). PTSD, Substance Abuse, and Treatments. Presentation to patients and their family members at the V.A.-Greater Los Angeles Healthcare System, Los Angeles Ambulatory Care Center, Los Angeles, CA

Lo, P. C. (2011). PTSD and Substance Abuse. Presentation to patients and their family members at the V.A.-Greater Los Angeles Healthcare System, Los Angeles Ambulatory Care Center, Los Angeles, CA

Lo, P. C. (2011). Treating Symptoms of PTSD. Presentation to patients and their family members at the V.A.-Greater Los Angeles Healthcare System, Los Angeles Ambulatory Care Center, Los Angeles, CA

Clinical Position: Staff Psychologist; Acting Associate Chief of Psychology at LAACC, ELA, Gardena
Treatment Orientation: Cognitive-Behavioral

Interest Areas: Military Psychology; Prolonged Exposure Therapy and Treatment of PTSD; Anxiety Disorders Treatment; Spirituality and Mental Health; Crisis Negotiation; Substance Abuse Treatment.

Kimberly Newsom, Ph.D.


Internship: Wilford Hall Medical Center, Lackland Air Force Base, TX, 2001-02.


Academic Affiliation: Clinical Adjunct Professor, Fuller Graduate School of Psychology


Professional Organization: National Education Association

Clinical Position: Staff Psychologist in Mental Health and Behavioral Medicine/Health Psychology Program; Assistant Director of Training; VISN 22 Regional Cognitive Processing Therapy (CPT) Trainer/Consultant, 2017-present.

Treatment Orientation: Cognitive-behavioral

Interest Areas: Cognitive-Behavioral Therapy; Military Psychology; PTSD/trauma; Women’s Issues; Behavioral Medicine/Health Psychology; Children and Adolescents.
Deborah Owens, Ph.D.

Education: Ph.D., Kent State University


Work Experience: Site Manager, LAACC, 4/2012-present; Acting Associate Chief of Psychology, LAACC, 1/2012 to 7/2012; Acting Associate Chief of Mental Health, LAACC 1/2012 to 7/2012; Leadership and Development Institute (LDI) graduate, 2012; East Los Angeles CBOC Clinic Manager, 2005 to 2012; Staff Psychologist, LAACC & ELA-CBOC, 2000-present; Private practice, Harbor Psychologists, 2003-present; Postdoctoral Fellowship, Harbor-UCLA Medical Center; Torrance, California, 1999-2000.

Academic Affiliation: Clinical assistant professor, Fuller Graduate School of Psychology

Licensure: Psychologist: California, 2001-present

Professional Organizations: American Psychological Association


Clinical Positions: Acting Site Manager, LAACC; Staff Psychologist

Treatment Orientation: Humanistic, Cognitive-Behavioral; ACT

Interest Areas: HIV counseling; treatment of chronic psychiatric disorders
Debra Sobol, Ph.D.

Education: Ph.D., University of Southern California, 2000.
M.S.P.H. University of California at Los Angeles (UCLA), 1979


Academic Affiliation: Clinical assistant professor, Fuller Graduate School of Psychology

Licensure: Psychologist: California, 2003-present

Professional Organizations: American Psychological Association; Los Angeles County Psychological Association; American Pain Society.


Clinical Position: Coordinator, Behavioral Medicine/Health Psychology

Treatment Orientation: Cognitive-behavioral, Psychodynamic
Interest Areas: Behavioral medicine; pain management; primary care/health psychology; hypnosis; conflict resolution; parenting education; multicultural issues
Susan Steinberg, Ph.D.

Education: Ph.D., Clark University, 1989.

Internship: VA Medical Center, Palo Alto, CA, 1987-88.

Work Experience: Staff Psychologist, LAACC, 1990-present; Private practice, Los Angeles, CA, 1991-2002; Postdoctoral fellow, Department of Psychiatry, Harbor-UCLA Medical Center, 1989-90; Registered psychological assistant, Long Beach, CA, 1988-90; Research consultant, University of Massachusetts Medical Center, Worcester, MA, 1985-87; Teaching assistant, Clark University, 1984-85.

Academic Affiliation: Clinical professor, Fuller Graduate School of Psychology;


Professional Organizations: American Psychological Association; Association for Women in Psychology; Association of VA Psychology Leaders, VA Training Council.

Recent Publications/ Presentations:
- Steinberg, S. & Moreland, L. (May 2014) Overview of the Mental Health Needs of Female Veterans. Vet Court Con/National Association of Drug Court Professionals 20th Annual Training Conference, Anaheim, CA

Clinical Position: Lead Psychologist-Women’s Program; Former Director of Training
<table>
<thead>
<tr>
<th>Treatment Orientation:</th>
<th>Psychodynamic, Time-Limited Dynamic Psychotherapy, Mindfulness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest Areas:</td>
<td>Rorschach assessment; brief psychodynamic therapy; supervision; psychology of women; Rorschach, couple’s therapy; mindfulness</td>
</tr>
</tbody>
</table>
Stephen Strack, Ph.D.
Emeritus Faculty

Education: Ph.D., University of Miami, 1983.

Internship: VA Medical Center, West Los Angeles, CA, 1982-83.

Work Experience: Staff Psychologist, VA-LAACC, 1985-2014; Assistant Director of Training, VA-LAACC, 2001-2006; Director of Training, VA-LAACC, 1993-1997; Staff Psychologist, Los Angeles County Skid Row Project, 1984-85; Postdoctoral Intern, Alcoholism Rehabilitation Laboratory, VA Medical Center, Sepulveda, CA, 1983-84.

Academic Affiliation: Adjunct Professor, Alliant International University, CSPP, Los Angeles; Clinical Professor, Fuller Graduate School of Psychology, Pasadena, CA.

Licensure: Psychologist: California, 1985-present

Professional Organizations: Fellow, American Psychological Association; California Psychological Association; International Society for the Study of Personality Disorders; Society for Interpersonal Theory and Research; Fellow, Society for Personality Assessment


Position: Staff psychologist: Mental Health Clinic and East Los Angeles CBOC.

Treatment Orientation: Interpersonal, psychodynamic, self-transcendence

Interest Areas: Normal and abnormal personality; MCMI-III; stress and coping; interpersonal and systems theory; death and dying; spirituality

Gary Wolfe, Ph.D.
Emeritus Faculty

Education: Ph.D., University of Texas at Austin, 1974.

Internship: Los Angeles County/University of Southern California Medical Center, 1971-72.

Work Experience: Psychologist Emeritus GLA 2012-Present; Associate Chief, Mental Health, GLA, 1998-2012; Department Chair, Psychology, GLA, 1999-2012; Professional Discipline Chair, SCSC, 1998-1999; Chief Psychologist, VA LAOPC, 1992-1998; Staff psychologist and Director of Internship Training, LAACC, Los Angeles, CA, 1982-92; Coordinator of Adult Direct Services, Department of Psychosocial Services, Kaiser-Permanente, San Diego, CA, 1980-82.

Academic Affiliation: Clinical Professor, Fuller Graduate School of Psychology; Lecturer, University of California at Los Angeles School of Dentistry.

Licensure: Psychologist: California, 1976-present

Professional Organizations: American Psychological Association; California Psychological Association; American Association for the Advancement of Science, Association for Psychological Science, Association of VA Psychology Leaders.

Recent Publications/Presentations:
**Treatment Orientation:** Cognitive-behavioral

**Interest Areas:** Cognitive and behavioral therapies; health psychology; clinical neuropsychology; management and organizational psychology

---

**Trainees**

Our psychology interns have come from graduate programs across the United States. Many have attended graduate programs in and around the Los Angeles area including: Fuller Graduate School of Psychology, Loma Linda University, Pepperdine University, University of California-Los Angeles (UCLA), University of California-Santa Barbara (UCSB), and the University of Southern California (USC). Others have come from Arizona State University, Boston University, Fairleigh Dickinson University, Michigan State University, University of Alabama, University of Hawaii, University of Minnesota, University of North Carolina, University of Tennessee, Virginia Commonwealth University, Yeshiva University, and other schools. Our students have attended clinical and counseling psychology graduate programs and have been awarded Ph.Ds, Ed.Ds, and Psy.Ds.

Our students are often quite successful in locating professional positions after internship. More than 75% of our interns go on to post-doctoral positions either locally or in other states. Most interns go on to VA postdoctoral fellowships. Usually, one student per year will find a job in a public sector mental health position either at the VA, County, Prison system, or Department of Mental Health. Lastly, at times, a student is often undecided at the end of internship and/or needs some time to complete his or her dissertation. This person usually has located a job by the end of that year.

We receive very positive reviews from our students in our Alumni survey which is sent to all interns one to two years following their internship. Here are some sample quotes we have received from intern graduates: "LAACC offered not only broad generalist training, but adequate time in various clinical activities to gain depth in a number of areas.” “Among the many strengths of the internship program are (a) the flexibility and expertise of the supervising staff psychologists, (b) the comprehensive and rigorous generalist training offered, (c) training in both psychodynamic and cognitive-behavioral models, (d) training in empirically supported treatments, (e) the variety of groups interns can run or co-lead with supervisors, (f) the opportunity to work with and learn from a variety of supervisors, (g) the opportunities for leadership, program development, and professional development.” “Positive work environment, excellent working conditions, and focus on work/life balance.”

**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, and Chinatown, and is very close to 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 Contemporary Art Museum, the Japanese American Museum, the Music Center (Dorothy Chandler Pavilion, Ahmanson Theatre, and Mark Taper Forum), the Disney Performing Hall (home to the LA Philharmonic), the financial and garment districts, and the jewelry center are all within walking distance of the clinic.

Our interns take advantage of all that Los Angeles has to offer. They have resided in many different areas of LA through the years, including Pasadena, Santa Monica, Hollywood, downtown Los Angeles, 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