Psychology Postdoctoral Residency Program in Clinical Psychology

VA Los Angeles Ambulatory Care Center
Anna Leshner, Psy.D.
Director of Psychology Training
Psychology Department (116B)
351 E. Temple Street
Los Angeles, CA 90012
(213) 253-2677, ext. 24819

Applications due: December 31, 2017
Residency begins: September 2018

Welcome! The VA Los Angeles Ambulatory Care Center (LAACC) is excited to offer one Psychology Postdoctoral Residency in Clinical psychology with an emphasis in Primary Care-Mental Health Integration/Substance Use Disorders (PC-MHI/SUD) for 2018-19. This is a one year, full-time position with a combined emphasis on Primary Care-Mental Health Integration and Substance Use Disorders.

In 2017, we were also awarded a temporary one year, full-time postdoctoral residency position in Trauma Psychology and Women’s Mental Health but it is not clear at this time if we will be granted the funding for this position for the 2018-2019 training year. We will announce any available positions in this emphasis area as soon as possible, and welcome any interested applicants to contact the training director to inquire about availability.

Accreditation Status
The Postdoctoral Residency program at the VA Los Angeles Ambulatory Care Center is not yet accredited by the Commission on Accreditation of the American Psychological Association. Inquiries regarding the accreditation of our residency program may be directed to:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
Telephone: 202-336-5979
Fax: 202-336-5978
http://www.apa.org/ed/accreditation
Email: apaaccred@apa.org

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

Application & Selection Procedures
To apply, please submit the following documents through the APPIC Psychology Postdoctoral Application Centralized Application Service (APPA CAS) portal before December 31, 2017 at 9pm PST:

1. A site-specific cover letter detailing experience and interest in these specialty areas, goals, as well as how this postdoctoral residency will fit into your future career goals.
2. An updated copy of your Curriculum Vitae
3. Graduate Transcripts (undergraduate transcripts are not needed)
4. Three (3) letters of recommendation from supervisors/mentors who are familiar with your clinical work
5. A letter from your Internship Training Director verifying that you are in good standing and on track for successful completion of internship prior to September 2018.
   o If your Internship Training Director is writing one of your letters of recommendation, please have him/her clearly state this information in the body of the letter.
   o If you have already completed your internship, you may include a copy of your certificate of completion instead of a letter from your Internship Training Director.
6. A letter from your dissertation advisor describing the status of your dissertation and the anticipated (or completed) defense date. This letter should also indicate that your doctoral degree has been, or will be, completed prior to September 2018.
   o If your dissertation advisor is writing one of your letters of recommendation, please have him/her clearly state this information in the body of the letter.

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

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

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

(For more information, please see: http://www.psychologytraining.va.gov/eligibility.asp)
**For questions about application submission issues:**

Anna Leshner, Psy.D., Director of Psychology Training  
*Email: Anna.Leshner@va.gov*  
*Phone: (213) 253-2677 ext.24819*

Christine Holland, Ph.D., Postdoctoral Residency Primary Supervisor  
*Email: Christine.Holland@va.gov*  
*Phone: (213) 253-2677 ext.24376*

**Selection Process**

Best qualified applicants will have strong skills in individual and group interventions, psychological assessment, interdisciplinary team work and consultation, with specific interests and training in Primary Care Mental Health and Substance Use Disorders. We are also seeking applicants with the personal and professional characteristics necessary to function well as a doctoral-level trainee in a fast-paced outpatient medical setting. Our selection team specifically focuses on applicants’ background training and experience as well as their expressed training and future career goals. We are looking for the best fit between applicants and what our training program has to offer.

Applications are reviewed by the Postdoctoral Residency Supervisor (Dr. Christine Holland), in addition all members of the residency selection committee. This committee is comprised of psychologists who serve as primary or delegated supervisors for each of the program emphasis areas: Primary Care-Mental Health Integration (PC-MHI) and Substance Use Disorders (SUD). Postdoctoral training staff (and members of the selection committee for the 2017-18 training year) are expected to include: **Primary Care-Mental Health Integration** (Drs. Holland and Karakashian), **Substance Use Disorders** (Dr. Klevens-Thomas), and Dr. Anna Leshner, the Director of Psychology Training. Following this review, highly ranked applicants are asked to participate in interviews, which may be either in-person or via telephone or video conferencing. After the interview process is complete, the selection committee ranks the applicants and an offer will be extended to the top applicant. When applicants are no longer under consideration, we strive to notify them of this as soon as possible.

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

**Financial and Other Benefit Support for Upcoming Training Year**

<table>
<thead>
<tr>
<th>Benefit Support</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Residents</td>
<td>$47,231</td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Residents</td>
<td>N/A</td>
</tr>
<tr>
<td>Program provides access to medical insurance for resident?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**If access to medical insurance is provided:**

<table>
<thead>
<tr>
<th>Benefit Support</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Coverage of domestic partner available? | No
---|---
Hours of Annual Paid Personal Time Off (PTO and/or Vacation) (4 hours accrued every 2 weeks) | 104
Hours of Annual Paid Sick Leave (4 hours accrued every 2 weeks) | 104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? | Yes
Other Benefits (please describe):
- Residents are also eligible for life insurance, as well supplemental dental and vision insurance
- Residents also receive 80 hours of federal holiday leave

**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 coordinate the following mental health programs: General Mental Health, Addictive Behaviors Clinic & Opioid Treatment Program (ABC-OTP), Behavioral Medicine, Homeless Patient Aligned Care Team (HPACT), Psychosocial Rehabilitation and Recovery Center (PRRC), Primary Care-Mental Health Integration (PC-MHI), and a Posttraumatic Stress Disorder program (i.e., formal PTSD Clinical Team located at our satellite clinic in East Los Angeles), and Women’s Mental Health.

For the PC-MHI/SUD residency position, our mission is to provide training that prepares Fellows for the duties typical of a psychologist in an outpatient setting, particularly with regard to PC-MHI and SUD. We provide specialty training in the collaborative integration of mental health into the primary care setting (i.e., PC-MHI), and the necessary skills to treat the sequelae associated with addictive behaviors (i.e., SUD). We offer extensive clinical, practical experience and area-specific instruction in order to help the Fellow master required competency areas.

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

1) 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

One of the notable characteristics of the psychology setting at VA Greater Los Angeles is that staff retention is excellent. It is a special source of pride for the psychology department at VA-LAACC that about 50% of the psychology staff (i.e., 6 of 12 staff psychologists) were former VA-LAACC psychology interns, and many staff members completed their internships and/or postdoctoral residencies in the VA system as well. We anticipate that our Postdoctoral Resident will also be competitive for positions that become available within our local VA system.

Facility and Training Resources

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

Training Model and Program Philosophy

The mission of our Psychology Residency Program is to ensure advanced competence in the practice of professional psychology combined with in-depth training and education in a specific area of emphasis. We believe that clinical training is most effective through the provision of quality didactics integrated with considerable clinical experience in an emphasis area.

Our developmental training model acknowledges and appreciates that our Postdoctoral Residents will come with varying degrees of experience. We strive to build upon foundational skills and competency benchmarks acquired during the predoctoral internship. In practice, this means that the Resident will be granted progressive autonomy and responsibility over the course of their training in an organized manner.

The VA Los Angeles Ambulatory Care Center Psychology training program is based on the practitioner-scientist model. We believe that training is best provided through didactic training, experiential learning, and strong working relationships with supervisors who can serve as models and mentors.

Supervision for the PC-MHI component of the postdoctoral residency will be provided mostly through the two PC-MHI psychologists on staff and with supplemental supervision by other members of our mental health staff. The psychologist who serves as the Director of the ABC program will be the primary supervisor for the SUD portion of the residency training program, aided by multidisciplinary staff on the SUD team.

Program Goals & Objectives
1. Attainment of dual specializations in Primary Care Mental Health Integration (PC-MHI) and in the treatment of Substance Use Disorders (SUD).
   A. Competency in the PC-MHI model according to the National VA Guidelines, which will include the following:
      i. open access/curbside consultation
      ii. functional assessment
      iii. brief individual and group psychotherapy
      iv. collaborative care
      v. interdisciplinary consultation
      vi. care management
   B. Proficiency in the utilization of brief evidence-based individual and group psychotherapy within Primary Care and SUD clinics for the treatment of:
      i. anxiety
      ii. depression
      iii. insomnia
      iv. post-traumatic stress disorder (PTSD)
      v. substance use disorders
   C. Competency in the administration and utilization of brief psychological assessment measures.
   D. Effective triage and referral to resources within and outside of LAACC.
   E. Successful program development & implementation as well as effective program evaluation.
   F. Competency in the delivery of biofeedback treatment.

2. Competency in the provision of supervision to interns and/or practicum students.
3. Proficiency in interdisciplinary consultation & liaison skills as part of an interprofessional team.
4. Proper integration of scientific literature to inform case conceptualization, assessment, treatment planning, intervention, and program development/evaluation.
5. Consistent application of multicultural sensitivity and awareness of individual differences with regard to assessment, intervention, consultation, supervision, and teaching.
6. High level of professionalism in handling clinic responsibilities and a solid working knowledge and application of the APA ethical guidelines and legal issues pertaining to psychological practice.
7. Advanced knowledge and experience in of administrative and organizational practices in psychology service delivery.

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

Primary Care-Mental Health Integration

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

PC-MHI Training Experiences:

- Biofeedback
- Brief Assessment and Intervention
- Interprofessional Consultation and Collaboration
- Mindfulness Facilitation

Substance Use Disorders

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

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

SUD Training Experiences:

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

Additional Training Experiences:

Supervised Supervision of Other Trainees

LAACC trains 4 psychology interns and 2-3 psychology practicum students each year. One to two interns rotate through PC-MHI for intensive sub-specialty training. The Resident will have an opportunity to supervise the PC-MHI interns and/or practicum students in group therapy, brief evidence-based psychotherapy, assessment, and “open access”. Most of our trainees are involved in the SUD program, and thus the Resident will also have opportunities for supervision in that program as well.

Program Development

Because our residency program is fairly new, the postdoc will have tremendous leverage to create new groups, services, and clinic-wide programs to meet the needs of our veterans. Of particular interest, will be programs that integrate PC-MHI with SUD treatment. A requirement of the Postdoctoral Residency program is to create at least one such group/service/program during their training year.
Research/Scholarly Development

The Resident will be required to prepare two scholarly presentations over the course of the year and present them to our mental health staff and trainees. Each presentation will cover one of the sub-specialty areas: PC-MHI and SUD. There may also be opportunities for treatment outcome assessment/research.

Elective Training

Women’s Mental Health: The Women's Health Program is an interdisciplinary program that treats female veterans for medical and psychiatric conditions. The Resident will provide individual psychotherapy to women with depression, PTSD, interpersonal difficulties, military sexual trauma and other conditions. Residents will have the opportunity to learn Cognitive Processing Therapy (CPT) for Military Sexual Trauma. The Resident can also facilitate or co-facilitate group therapies designed for women. Additionally, the Resident may provide assessment, triage, and brief therapy with female veterans within the Primary Care-Mental Health Integration program. Services are offered to meet the unique needs of returning OEF/OIF/OND veterans as well as veterans from the Gulf War and Vietnam. The Resident may participate in the following groups designed for female veterans (based on availability):

- Women’s DBT-informed skills and support group
- Women’s Pain Management
- Women’s Sexual Trauma group
- Women’s Self-Compassion Training group

The Resident may participate in the bi-monthly multidisciplinary Women’s Committee which organizes and implements 4-5 clinic wide women’s health events per year. The following is a list of recent events: Mind/Body/Soul/Whole: A Women’s Yoga Event; Caring for Oneself while Caring for Other: A Women’s Mother Day Event; Loving your Heart (on Valentine’s Day).

The Resident is anticipated to spend roughly 4 hours per week, for 12 months, in the Women’s Mental Health Program supervised by Susan Steinberg, Ph.D.

Tele-Mental Health Service Delivery (TBD): Expansion of psychological services through Tele-Mental Health is a developing area at LAACC. Interested Residents can receive training in Tele-Mental Health technology and service delivery, and help to establish and grow this program.

Additional elective training opportunities may be arranged based on the incoming Resident’s interest areas and available clinic resources.

Program Structure

At the outset of the training year, the Resident will work closely with his/her primary supervisor to design a program consistent with the Residents’ needs and interests and the program’s goals and objectives. The primary supervisor and Resident will identify individual strengths and weaknesses in the nine (9) core competency areas. The Resident will gain increased independence and responsibility as their knowledge and skills develop over the course of the training year. In addition to ongoing
assessment, there will be a minimum of two formal evaluations of the Resident’s skills: at six months and at the end of the year. The Resident will also be asked, on an ongoing basis, to evaluate their supervisors and training experiences as well as to complete formal evaluations of supervision and training two times a year: at mid-year and at the end of the year. This approach helps the training program to alter or modify the Residents learning experiences if needed.

TIME COMMITMENT
The Resident will be expected to spend 40 hours per week in training activities. All work hours will be on site at LAACC, with the exception of pre-approved off-site training experiences (e.g. seminars, workshops, trainings, etc.). The Postdoctoral Resident at VA LAACC will be involved in the provision of professional psychological services for approximately 75% of his/her tour of duty.

SUPERVISION
Training will be provided using a combination of methods including experiential learning, direct observation by supervisor, shadowing supervisors, audio tape review of sessions, weekly clinical supervision, didactics and other educational activities, and focused readings. The Resident will be assigned a primary supervisor as well as adjunct supervisors in all subspecialty areas that will be part of the postdoctoral Residency. The Resident will receive a minimum of 4 hours of supervision weekly, at least 2 of which will be direct, face-to-face clinical supervision.

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

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

- Supervisors' formal evaluations of the Resident's performance in core competency areas at least twice per year: mid-year and end-of-year. Both the Resident and the primary supervisor sign all evaluations.
- Residents' evaluation of clinical supervisors twice per year. Residents provide written and verbal feedback to all of their clinical supervisors.
- Regular communication between the Director of Training and postdoctoral Residency supervisors to discuss the Residents' performance and progress.
- Mid-year progress review with the Primary Supervisor and Director of Training.
- Exit interview with the Primary Supervisor and Director of Training.
- Residents' representation at Training Committee Meetings.
- Mid-year and end-of-year evaluation of residency program including recommendations for program improvement. Feedback from the Resident's survey is discussed with supervisors and the Training Committee and used to for program improvement.
- One year post-residency program survey to assess program satisfaction, achievements, scholarly activities, licensure status and employment.
- Regular programmatic review by the Psychology Training Committee.
- Representation by the Director of Training at the Graduate Medical Education Committee (GMEC). The GMEC provides oversight, monitoring and advisement on all aspects of graduate medical education and associated health programs sponsored by GLA and governs grievance procedures.
DIDACTICS/SEMINARS

The following Didactic Training will be available to the Resident through the course of the training year:

Diversity Seminar
The purpose of this seminar is to increase the Residents' cultural competence and expand his or her multi-cultural awareness and sensitivity by examining the dimensions of the cultural self and others. Case discussions, didactic presentations and experiential exercises are used to achieve these objectives. The seminar invites guest lecturers to speak on a variety of topics including: the gay and lesbian community, the transgender community, physical disability, aging, the immigrant experience, ethno-pharmacology, cultural issues in psychological assessment, and other areas of interest as identified by the internship and resident class.

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.

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

Postdoc Seminar
For the 2017-18 training year, we were allocated a second residency position which allowed us to offer a biweekly Postdoc Seminar focused on professional development issues. If we are funded for two positions, this seminar will be offered for any incoming postdoctoral residents. If we have only one position, other opportunities for training and support in professional development issues will be arranged. In the past, this has included either attending the biweekly postdoctoral seminar offered at the VA West Los Angeles Healthcare Center, or individual mentorship in professional issues with residency supervisors.

Team Training Meeting
This weekly meeting rotates its topic each week. A Mental Health Staff Meeting is scheduled the first week of the month in which multi-disciplinary staff from all mental health-related programs participate and discuss new policies and procedures and bring up current challenges. A High-Risk Case Conference is provided the second week; cases involving high risk issues are presented for consultation. Speakers are scheduled for the remaining week and present on topics are relevant to the mental health treatment of veterans.

In addition to the required and optional seminars listed above, the following training activities are available to all Residents:
• Access to additional training activities offered to interns and practicum students through LAACC, the VA Greater Los Angeles (GLA) Healthcare System, or the local community.
• All-day, Psychology Department-sponsored continuing education workshops (approximately 3 offered each year) on special topics of interest such as law and ethics, supervision, diversity, PTSD, psychopharmacology, assessment, psychopathology and contemporary treatments.
• Access to weekly GLA Mental Health Grand Rounds featuring a wide range of topics presented by local and national presenters
• VA-sponsored workshops and courses in such topics as Rehabilitation, Bioethics, LGBT Mental Health, and Palliative Care.
• Potential opportunities to participate in VA Central Office roll-out trainings in evidence-based psychotherapies such as Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), CBT for Insomnia (CBT-I), Acceptance and Commitment Therapy (ACT), etc.

Requirements for Successful Completion

In order to maintain good standing and complete the Postdoctoral Residency, the Resident is expected to:

1. Fully abide by the APA Ethical Principles and Code of Conduct as well as all VA policies, rules and regulations.
2. Obtain a rating of "C" (i.e. “developed competency”) on every relevant item in each of the core competency areas, with no serious ethical violations or transgressions identified. The “C” rating is defined as “performing at level of entry-level psychologist, knows when to consult.”
3. Complete 2080 hours of supervised professional experience (SPE), to be completed in one year of full-time training. (Note: Residents who leave the program prior to completion of one full year of training will not be considered to have completed the program)
4. Meet all administrative requirements.

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

Additionally, we expect the Resident to be “progressing well” at mid-year, and then to be rated fully “competent” by the end of the year in all of required competency areas, as detailed below.

1. Demonstrate advanced knowledge and skills in psychological assessment and diagnosis, including intakes and triage that are specific to PC-MHI and SUD.

2. Demonstrate an advanced ability to provide clinically appropriate interventions that are specific to the areas of PC-MHI and SUD.
   • Provide individual psychotherapy (including both PC-MHI and SUD patients)
   • Lead, supervise, or co-lead a variety of psychotherapy or psychoeducation groups.
   • Provide short-term, brief therapies and case management services, as appropriate.

3. Provide consultation and is an active participant in an interdisciplinary team setting.
• Demonstrate the ability to function as a member of an interdisciplinary team.
• Develop and coordinate treatment planning within an interdisciplinary treatment team.

4. Demonstrate an advanced proficiency in scholarly inquiry and the ability to integrate scientific literature into clinical practice.
   • Apply research findings in treatment decisions, case discussions, and research presentations.
   • Participate in a program evaluation project during the training year(s).
   • Present ongoing research at the seminars or local/national conferences.
   • Attend seminars and workshops on clinical research topics.

5. Understand and apply knowledge of individual and cultural diversity to assessment and treatment.
   • Attend presentations on individual and cultural diversity.
   • Demonstrate knowledge of individual and cultural diversity as they apply to assessment and treatment of a diverse population.

6. Develop entry-level skills in clinical supervision.
   • Participate in presentations on clinical supervision.
   • Provide supervision to at least 2 practicum-level or internship trainees during the residency.

7. Demonstrate an advanced knowledge and application of legal and ethical principles and professional conduct to clinical practice and research.
   • Participate in formal training in professional and ethical standards.
   • Gain experience and proficiency through supervised clinical experiences.
   • Continued professional development through research, advocacy or education.
   • Make progress toward licensure.

8. Gain knowledge of administrative and organizational practices
   • Participate in the administration, organization or management of psychology service delivery.

Administrative Policies and Procedures
   Due Process: Procedures for due process and grievance are in place for any instances of problematic performance (see Appendix A).

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

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

Resident Pay and Benefits
   Stipend: Postdoctoral Residents receive a competitive stipend that is paid in 26 biweekly installments. VA Residency stipends are locality adjusted to reflect different relative costs in different geographical areas. Currently, our stipend is as follows: $47,231.
**Benefits:** The residency appointments are for 2080 hours, which is full time for a one-year period. All VA Residents are eligible for health insurance and for life insurance, just as are regular employees. However, as temporary employees, Residents may not participate in the VA retirement programs.

**Holidays and Leave:** Residents receive the 10 annual federal holidays. In addition, Residents accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period, for a total of between 96 and 104 hours of each during the year.

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

**Training Staff**

**Psychology Postdoctoral Training Faculty**

**Core Supervisors:**

**Christine Holland, Ph.D.**
Primary Care-Mental Health Integration (PC-MHI)
Coordinator, Psychology Postdoctoral Residency Program
**Doctoral Program:** University of Illinois at Chicago, 2011
**Pre-doctoral Internship:** VA Long Beach Health Care System
**Postdoctoral Fellowship:** VA Loma Linda Healthcare System
**Clinical Interests:** HIV, Chronic Illness, Health Behavior Change, Health Promotion and Disease Prevention, Interaction of Health and Trauma, PTSD, SMI, MST, LGBTQ issues

**Michael Karakashian, Ph.D.**
Program Lead-Primary Care–Mental Health Integration (PC-MHI)
**Doctoral Program:** University of Memphis, Ph.D. Counseling Psychology, 2011
**Pre-doctoral Internship:** VA-Los Angeles Ambulatory Care Center
**Postdoctoral Fellowship:** Harbor-UCLA Medical Center; Behavioral Medicine/HIV Mental Health
**Clinical Interests:** Acceptance and Commitment Therapy, Clinical Application of Mindfulness and Compassion, Coherence Therapy, Cognitive-Behavioral Therapy, Emotion-Focused Therapy, HIV Mental Health Care, PTSD, Substance Misuse, Motivational Interviewing, Primary Care-Mental Health Integration, Interpersonal Process Group Therapy

**Carissa Klevens, Ph.D.**
Director, Addictive Behaviors Clinic (ABC)
**Doctoral Program:** University of Missouri-Kansas City, 2007
**Pre-doctoral Internship:** University of Southern California, Student Counseling Services
**Clinical Interests:** Multicultural issues, Substance Use, Eating Disorders, Domestic Violence, Recovery-oriented Mental Health Services, Mindfulness

**Potential Adjunct Supervisors:**

**Anna Leshner, Psy.D.**
Director of Training, Psychology Pre-doctoral Internship Program  
Psychosocial Rehabilitation and Recovery Center (PRRC)  
**Doctoral Program:** Pepperdine University, 2011  
**Pre-doctoral Internship:** VA Los Angeles Ambulatory Care Center  
**Postdoctoral Fellowship:** West Los Angeles VA Medical Center  
**Clinical Interests:** Severe Mental Illness; Acceptance-based Behavioral Approaches; Cognitive Behavioral Therapy, Mindfulness; Posttraumatic Stress Disorder; Moral Injury  

**Kimberly Newsom, Ph.D.**  
Mental Health Clinic, Behavioral Medicine/ Health Psychology Program  
Assistant Director of Training, Psychology Pre-doctoral Internship Program  
**Doctoral Program:** University of Kentucky, 2004  
**Pre-doctoral Internship:** Wilford Hall Medical Center, Lackland Air Force Base  
**Clinical Interests:** Cognitive-Behavioral Therapy; Women’s Issues; PTSD/Trauma; Behavioral Medicine/Health Psychology; Children and Adolescents  

**Susan Steinberg, Ph.D.**  
Lead Psychologist, Women’s Mental Health  
**Doctoral Program:** Clark University, 1989  
**Pre-doctoral Internship:** Palo Alto VA Medical Center  
**Postdoctoral Fellowship:** Harbor-UCLA Medical Center  
**Clinical Interests:** Rorschach assessment; Brief Psychodynamic Therapy; Supervision; Psychology of Women; Couple’s Therapy; Mindfulness  

**Recent Trainees**  
**Resident (Name, Year, Graduate Program, Internship):**  
  
  Graduate Program: Pepperdine University  
  Internship Program: Santa Ana College  
  
  Graduate Program: UCLA  
  Internship Program: VA West Los Angeles Healthcare Center  
  
  Louis Stephenson, Ph.D. (2015-2016)  
  Graduate Program: Pacific Graduate School of Psychology, Palo Alto University  
  Internship Program: Harry S. Truman Memorial VA Hospital, Missouri Health Sciences Consortium  

**Local Information**  
LAACC is located in downtown Los Angeles, in the middle of the cultural, financial, and political hub of metropolitan Los Angeles, an area that extends west to Santa Monica, south to the Port of Los Angeles, north to the San Gabriel Mountains, and east to Whittier. Our clinic is adjacent to Olvera Street, Little Tokyo, and Chinatown. 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 L.A. Philharmonic), the financial and garment districts, and the jewelry center are all within walking distance of the clinic.

Our trainees take advantage of all that Los Angeles has to offer. They have resided in many different areas of Los Angeles throughout the years, including Santa Monica, Redondo Beach, Pasadena, 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
1. PURPOSE: The purpose of this document is to set forth policy and describe procedures for (1) taking action when a deficiency or problem is apparent in the performance of a postdoctoral fellow and (2) allowing postdoctoral fellows to present grievances to the VA Los Angeles Ambulatory Care Center (LAACC) Psychology Training Program. The intent is to achieve effective communication between postdoctoral fellows and administration when deficiencies or problems arise so that those deficiencies or problems can be corrected.

2. 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.

3. 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.
4. PROCEDURES

A. Postdoctoral fellow Deficiencies or Problems

1) Clinical Supervisors have the most direct contact with the postdoctoral fellow 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. The fellow’s 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 following measures may be implemented if the postdoctoral fellow’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 postdoctoral fellow receives a majority of ratings that fall in the “P” rating in any required competency area. The “P” rating indicates that the fellow is having a problem in that skill area. Remediation is an opportunity for a postdoctoral fellow 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 postdoctoral fellow’s supervisor(s) will draw up a plan for remediation. This written plan will include:

1. A description of those specific areas of competency where problems are noted
2. A corrective plan with specific recommendations for rectifying the problem(s)
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 postdoctoral fellow and supervisor(s) must report to the Director of Training/Training Committee during the remediation period

(ii) The recommendation for placing a postdoctoral fellow on remediation requires a majority vote of Training Committee members present. If remediation is approved, the remediation plan is to be signed by the postdoctoral fellow, 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 postdoctoral fellow and the postdoctoral fellow’s clinical supervisor(s).

(iii) At the conclusion of the remediation period, the Director of Training will review the postdoctoral fellow’s progress with the supervisor(s) and the postdoctoral fellow. In addition, the written evaluation will be reviewed to ascertain if the postdoctoral fellow’s ratings have improved to either the “W” (progressing well) or “C” (developed competency) levels, or as stipulated in the remediation plan. The Director of Training and the Training Committee may remove the postdoctoral fellow from remediation if all conditions have been met, continue remediation for a specified period, or place the fellow on probation if it is clear that the postdoctoral fellow is not making sufficient progress.

(iv) A postdoctoral fellow 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 a postdoctoral fellow 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(s)
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 postdoctoral fellow 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)(ii)).

(c) Appeals of remediation or probation
A postdoctoral fellow placed on remediation or probation has the right to appeal the action to the Psychology Training Committee. Should the postdoctoral fellow 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 postdoctoral fellow 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 postdoctoral fellow of the time and place for the meeting at least two weeks prior to the date. The postdoctoral fellow 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 postdoctoral fellow’s appeal, then remediation or probation will be terminated immediately.

If the postdoctoral fellow 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 postdoctoral fellow, 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 postdoctoral fellow and the supervisor(s). This statement will be signed by the postdoctoral fellow and the Director of Training. Removal from probation status indicates that the fellow’s performance is at the appropriate level to receive credit for the postdoctoral fellowship.

(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 postdoctoral fellow and the supervisor(s). This statement will be signed by the postdoctoral fellow and the Director of Training.

(iii) Termination from the Program: A recommendation to remove would occur if a postdoctoral fellow 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 postdoctoral fellow 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 postdoctoral fellow, 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: A postdoctoral fellow can be temporarily suspended at once at any time during the training year if the Training Committee believes that the retention of the postdoctoral fellow would jeopardize patient care or welfare, or that the postdoctoral fellow 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 postdoctoral fellow on temporary suspension. The postdoctoral fellow may then appeal to the Training Committee according to Section 4(c) above. Hours accrued during any period of suspension will not count towards licensure.

(f) Successful Completion of the Fellowship Program: The postdoctoral fellow must receive “C’s” on all items of the final evaluation in order to successfully complete the postdoctoral fellowship. If by the end of the training year the postdoctoral fellow 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.

In addition, the postdoctoral fellow must complete 2,080 hours of supervised professional experience (SPE) in no less than one year of full-time training in order to successfully complete the fellowship program. If a fellow leaves before the training year is over, the fellow has not met the requirements and could not be considered to have completed the postdoctoral fellowship.
(g) Accruing hours for licensure: Given that the CA Board of Psychology requires verified hours of supervised professional experience to meet performance at or above the expected level of minimal competency, any hours that the postdoctoral fellow does not meet minimal levels of competency may not count towards licensure. Any determination about hours not counting will first be proposed by the primary supervisor and decided upon by a majority vote of the Psychology Training Committee. The committee will take into account all areas where the Fellow is meeting (or not meeting) minimal levels of competency to determine how many hours of supervised professional experience can be awarded.

B. Postdoctoral Fellow 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 postdoctoral fellow if it concerns the supervisory relationship. The postdoctoral fellow is encouraged to confide other matters of concern to the supervisor as they arise if he or she feels comfortable in doing so.

Some fellows may be reluctant to confront their supervisors directly if they are dissatisfied with the supervisor's abilities or behaviors. In this case, postdoctoral fellows are encouraged to discuss their concerns with the Director of Training, the Associate Chief of Psychology, or the Chief of Psychology. If the Director of Training is the subject of the postdoctoral fellow's complaint, the postdoctoral fellow can consult the Associate Chief of Psychology or 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 postdoctoral fellow 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. Postdoctoral fellows may also request assistance from the Associate Chief of Psychology or 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, the Associate Chief of Psychology, or the Chief of Psychology, a formal grievance is said to exist. The postdoctoral fellow 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.

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 postdoctoral fellow and the supervisor(s).

6) If the postdoctoral fellow accepts the Committee's decision, the specific recommendations will be implemented. If the postdoctoral fellow is not in agreement with the decision, the postdoctoral fellow 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 postdoctoral fellow and supervisor(s) 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) Postdoctoral fellows may pursue grievances through other mechanisms available to employees of the Department of Veterans Affairs in addition to relevant professional organizations. Postdoctoral fellows 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.

5. REFERENCES: VHA Handbook 1400.04

6. REVIEW DATE: Review as needed.