Welcome to the VA Sepulveda Ambulatory Care Center! We are pleased you will be considering our doctoral internship site. We hope you find the following information helpful as you make your decision. If you have any questions, please feel free to contact us.

Accreditation Status:
The doctoral internship at the VA Sepulveda Ambulatory Care Center (SACC) is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the academic year 2023.

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

To apply for internship at the Sepulveda Ambulatory Care Center, please include the following information in your cover letter:

- List at least three of your rotations of interest in descending order of priority.

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

Alexis Kulick, Ph.D., ABPP/CN
Director of Psychology Training
Psychology Department (116B)
16111 Plummer Street
North Hills, CA 91343-2036
Telephone: 818-891-7711, extension 32734
Email: alexis.kulick@va.gov
INTERNSHIP ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

Internship Program Tables

Date Program Tables are Updated: 7/5/2017

Internship Program Admissions:

Eligibility:
Minimum qualifications include U.S. citizenship, enrollment in an APA- or CPA-accredited doctoral program in Clinical or Counseling Psychology or in an APA- or CPA-approved respecialization training program in Clinical or Counseling Psychology, good standing in your program, and approval for internship status by your graduate program training director. 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; exceptions are very rarely granted.
3. Interns and Fellows 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 Fellows 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.

The Sepulveda VA Doctoral Internship training program is funded to support SIX full-time internship positions. Interns are selected based on multiple factors; these include the quality of their graduate and undergraduate education, the quality and diversity of practicum experiences, research and teaching experience, multicultural competence, letters of recommendation, and perhaps most importantly, the perceived fit between the student and our training program. We prefer applicants who have had diverse clinical experiences with a variety of patient populations. We require that applicants have passed their comprehensive exams and have had their dissertation proposal approved by the start of internship. Because of the demands of the program, we prefer that applicants have completed or have made significant progress on their dissertations before starting the internship.

Our internship program values cultural and individual diversity. We strongly encourage qualified candidates from all backgrounds to apply. It is the policy of the VA Greater Los Angeles Healthcare System to provide equal opportunity in employment for all qualified applicants, and prohibit discrimination based on race, color, religion, sex, national origin, age, sexual orientation, or status as a parent.

Applications are reviewed by members of the training committee to determine whether an interview should be granted. Applicants selected for interviews are invited to attend any one of four Open House/Interview sessions held in early and mid January. These four-to-five-hour sessions include: a group introduction to the staff and program, a campus tour, a meeting with the current interns, and two individual interviews with staff psychologists who are selected based on applicants’ rotation preferences. It is our goal to make the interviews as comfortable as possible and to provide an accurate depiction of what the internship year at SACC will entail. In-person interviews are preferred; although, in special circumstances, we will conduct phone interviews. All applicants will be notified of their interview status by December 15, 2017.
Our procedures for intern recruitment and selection are governed by the Department of Veterans Affairs, the American Psychological Association (APA), and the Association of Psychology Postdoctoral and Internship Centers (APPIC). This internship 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 intern applicant.

Our internship is accredited by the Commission on Accreditation of the American Psychological Association. Questions related to the program’s accreditation status should be directed to the Commission on Accreditation:

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

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:

<table>
<thead>
<tr>
<th>Hours of Direct Contact</th>
<th>YES/NO</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Intervention Hours:</td>
<td>YES</td>
<td>400</td>
</tr>
<tr>
<td>Assessment Hours:</td>
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Financial and Other Benefit Support for Upcoming Training Year*

- Annual Stipend/Salary for Full-Time Interns: $26,807
- Program provides access to medical insurance for intern? YES
- Trainee contribution to cost required? YES
- Coverage of family member(s) available? YES
- Coverage of legally married partner available? YES
- Hours of Annual Paid Personal Time Off: 104
  - 4 hours accrued every two weeks
- Hours of Annual Paid Sick Leave: 104
  - 4 hours accrued every two weeks
- In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to Interns/residents in excess of personal time off and sick leave? YES
- Hours of Federal Holiday Leave: 80
- Hours of Education Leave/Authorized Absence: 40
## Initial Post Internship Positions

**Intern Cohort from 2014-2015 through 2016-2017**

Total # of interns who were in the 3 cohorts: 18

Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree: 1

<table>
<thead>
<tr>
<th>Setting</th>
<th>PD</th>
<th>EP</th>
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<tbody>
<tr>
<td>Community mental health center</td>
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<tr>
<td>Federally qualified health center</td>
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<tr>
<td>Independent primary care facility/clinic</td>
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<tr>
<td>University counseling center</td>
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<td>Veterans Affairs medical center</td>
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<td>Military health center</td>
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<td>Academic health center</td>
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<td>Other medical center or hospital</td>
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<td>Psychiatric hospital</td>
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<td>Academic university/department</td>
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<td>Community college or other teaching setting</td>
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<td>School district/system</td>
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<td>Independent practice setting</td>
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1 (completed dissertation the year following internship)

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.
PROGRAM SETTING:
The VA Greater Los Angeles Healthcare System (GLA) is the largest integrated healthcare system within the Department of Veterans Affairs. It is one component of the VA Desert Pacific Healthcare Network (VISN 22) offering services to Veterans residing in Southern California and Southern Nevada. GLA consists of three ambulatory care centers, a tertiary care facility, and 10 community-based outpatient clinics. It provides comprehensive care to Veterans in five counties in Southern California, covering a geographic area 240 miles north to south and 80 miles east to west. GLA provides comprehensive ambulatory and tertiary care to Veterans in five counties in Southern California, with 964 beds, over 5,000 employees and an annual operating budget of over $900 million.

GLA provides medical and mental health services to over 1.4 million Veterans who reside in the primary service area, including Los Angeles County, which has the largest concentration of Veterans of any county in the United States. It provides a full spectrum of primary and tertiary inpatient and ambulatory care services, including acute, sub-acute, rehabilitation, extended care, mental health services, and home healthcare. GLA is one of 23 national Polytrauma Network Sites (PNS) that serve Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND) Veterans with complex medical and psychological injuries, including traumatic brain injury. GLA's Homeless Program has been designated as a Homeless Program Center of Excellence. Mental health diagnoses account for four of the top 10 diagnostic groups treated at GLA. The Mental Health programs at GLA served more than 30,000 patients, with over 453,000 patient visits in fiscal year (FY) 2014.

At GLA there are more than 270 investigators conducting over 690 research projects in all areas of medical and mental health, with total expenditures of $49 million in 2012. GLA has numerous VA and NIH funded Clinical Research Centers including: The VA Geriatric Research, Education and Clinical Center (GRECC); the VISN 22 Mental Illness Research, Education and Clinical Center (MIRECC); the Parkinson's Disease Research, Education and Clinical Center (PADRECC); the VA Health Services Research Center of Excellence for the Study of Provider Behavior; the Center for Ulcer Research and Education (CURE), a VA/UCLA Consortium for gastrointestinal research; and the VA/UCLA Center for the Neurobiology of Stress.

GLA is a designated Center of Innovation for the national Office of Patient Centered Care and Healthcare Transformation. Our Integrative Health and Healing Center offers a wide variety of clinical programs for Veterans and staff. Psychologists have a leading role in designing evidence-based integrative modalities of care, training interprofessional staff to provide these interventions, and in conducting both quality improvement and funded research into integrative care outcomes. Some of the modalities include mindfulness-based interventions, Tai Chi, yoga, and introductory courses for integrative self-management practices. GLA has a fully developed Mindfulness Based Stress Reduction program (MBSR) for staff and Veterans with ongoing retreat practice for our Veteran graduates. To find out more about GLA, please go to [http://www.losangeles.va.gov/index.asp](http://www.losangeles.va.gov/index.asp).

GLA directs the Department of Veterans Affairs’ largest educational enterprise and serves as a major training site for medical residencies sponsored by the UCLA David Geffen School of Medicine and USC School of Medicine as well as Advanced Practice Nursing Programs sponsored by local universities. GLA is affiliated with over 45 colleges, universities, and vocational schools in 17 different medical, nursing, paramedical, and administrative programs. Over 500 University residents, interns, and students are trained at GLA each year, and the institution sponsors 16 medical residencies and numerous associated health residencies in dentistry, podiatry, optometry, pharmacy, clinical psychology and dietetics. GLA’s educational budget is in excess of $30 million dollars.

The Sepulveda Ambulatory Care Center (SACC), located in the San Fernando Valley of Los Angeles, is part of the VA Greater Los Angeles Healthcare System. SACC is the major outpatient facility charged with caring for the Veterans living in Northern Los Angeles. Following the earthquake in 1994, Sepulveda
redefined its mission and has become a comprehensive ambulatory care, education, and research facility. There is also a 40-bed academic nursing home care unit on the campus. SACC offers a comprehensive array of services that supports the primary care program. These services include a wide spectrum of on-site ambulatory care activities for internal medicine, neurology, and specialty ambulatory surgery services, comprehensive psychiatry and psychology services, including alcohol and substance abuse treatment, dentistry, social services, rehabilitation medicine, audiology, speech pathology, prosthetics services, and comprehensive homeless services. In addition, the Center is recognized for special programs, including Geriatric Research, Education and Clinical Care Program (GRECC) and the Women’s Health Program. SACC is unique for its expertise in primary, managed care education and is a site for national VA PRIME medical residents and associate health trainees. Sepulveda’s strong academic affiliation with UCLA Schools of Medicine, Dentistry and Nursing assures a progressive, high-quality healthcare environment.

The Sepulveda Ambulatory Care Center serves a diverse patient population. Patients coming to Sepulveda represent a wide range of socioeconomic, cultural, and racial population. While the population is predominately male, we make every effort to ensure that the interns see a varied sample of patients. Efforts to reach out to women Veterans have resulted in an increased number of female patients and specialized women's clinics to address their unique needs. In fiscal year 2015, nearly 700 female Veterans were seen for mental health treatment in the Women’s Health Clinic at Sepulveda. Creating a rotation in this service has allowed our interns to work with this traditionally under-represented population in VA Medical Centers. Interns are members of interprofessional care teams and are exposed to the clinical skills of a variety of providers. In assigning cases to interns, staff members consider issues of patient diversity and the interns’ training needs to ensure that the interns work with a broad range of patients.

SACC has a rich tradition of innovation in healthcare delivery and interdisciplinary collaboration. From an old-style traditional VA Medical Center, we have emerged as a facility in tune with the health care delivery context of today, featuring a focus on outpatient treatment. Psychology is an independent discipline, but a fully integrated and respected component of the overall mental health and medical services. Interns work closely with team members from a variety of disciplines in their clinical placements. Interns take an increasingly autonomous role in clinical teams throughout the year and are encouraged to reflect on their professional roles as a significant part of their personal and professional development.

As a teaching facility, education and training are prominent at SACC. Most members of the medical staff hold clinical and/or academic appointments at UCLA or other academic institutions. While our program’s mission is to train psychology interns to become competent clinicians, research is a significant part of the facility’s overall mission. Research projects, including program evaluation and Quality Improvement (QI) activities can be, and often are, adjuncts to an intern’s clinical experience.

Interns from Sepulveda have gone on to a wide range of subsequent professional activities, including positions within VA hospitals, tenured-track academic appointments, university-based research positions, university-affiliated clinics, and private practice. The most common post-internship choice is a postdoctoral fellowship. Since 2009, 100% of Sepulveda Interns who were eligible for and wanted a postdoctoral fellowship secured a postdoctoral fellowship. These fellowships have included The National Center for PTSD, Loma Linda VA, Martinez VA, San Diego VA, San Francisco VA, Long Beach VA, Sepulveda VA, West Los Angeles VA, UCLA’s Neuropsychiatric Institute (NPI), Harbor UCLA, USC, Kaiser Permanente, Notre Dame, Mount Sinai, Presbyterian/St. Luke’s Medical Center, California Pacific Medical Center, El Camino Hospital, Stanford University Department of Medicine, and others.

**TRAINING MODEL AND PROGRAM PHILOSOPHY:**
The VA Sepulveda Doctoral Internship in Psychology is a generalist program based on the practitioner-scientist model. We aim to provide breadth of training through supervised patient care and didactics. Our goal is to provide each intern with a broad range of training experiences in assessment, intervention, and consultation with a diverse selection of patients in medical and mental health settings. Interns at Sepulveda participate in four year-long training experiences (Couples/Family Therapy Seminar, Evidence-Based Practice Seminar [PTSD], Neuropsychology Seminar, and Psychology Training Seminar)
and three, 4-month rotations throughout the year. We also offer three elective placements from which interns can choose – 1. ACT Seminar (full year); 2. Anxiety Disorders Clinic (6 month); and 3. Insomnia Clinic (6 month).

Staff at the Sepulveda VA believe in and respect the individuality of interns, honoring their diversity of personal and professional skills and interests, and recognizing the individual nature of their aspirations. Supervision is developmentally sensitive; training experiences are designed to provide more intensive supervision at the beginning of the internship and at the start of each new rotation, with the goal of increasing the interns’ independence as their knowledge and skills develop. Supervision takes place through a variety of modalities including: co-therapy in which the intern and supervisor work together, direct observation, audio- and videotaping, review of written notes, and case report. By the completion of internship, our expectation is that interns will be well prepared to function at a sufficiently autonomous level required for an entry-level position or a postdoctoral fellowship. The internship itself is structured to allow maximum flexibility and to facilitate individualized training experiences.

The internship training focuses on the nine Profession-Wide Competencies, and interns are expected to obtain proficiency in these areas:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values and attitudes
5. Communication and interpersonal skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and interprofessional/interdisciplinary skills

Interns are formally evaluated on these nine areas of competence at the mid-year and end-of-year points for the year-long experiences and at the end of each 6-month elective and each rotation on a trimester basis. In addition to these general competencies, each rotation has specific goals and requirements, which will be communicated at the outset of the training experience.

The Sepulveda Doctoral Internship is sensitive to issues of diversity and attempts to integrate that awareness and sensitivity into all aspects of our program. Patients who come to Sepulveda represent a diverse sample of the population in terms of ethnicity, race, sexual orientation, religious preference, gender identification, class, and age. All of our patients have some experience of having been in the military and many of them have experienced combat. Understanding this unique culture is an essential part of the internship experience. These issues are addressed in supervision, didactics, and issues-based discussions that are held on a weekly basis. Interns are also invited to participate in the institutional approach to diversity awareness by participating in the system-wide diversity committee.
Program Structure

The doctoral internship year is one of role transition, from student to professional. The internship is structured to allow maximum flexibility and to facilitate individualized internship experiences.

YEAR-LONG SEMINARS AND PRACTICA REQUIREMENTS:
Interns will be involved in several year-long experiences, which form the core of the internship experiences. Required year-long experiences are as follows:

1. Couples/Family Seminar
2. Evidence-Based Practice Seminar (PTSD)
3. Neuropsychology Seminar
4. Psychology Training Seminar

ELECTIVES:
1. Full-Year Elective in ACT Seminar
2. Half-Year Elective in Anxiety Disorders Clinic
3. Half-Year Elective in Insomnia Clinic

CLINICAL ROTATIONS:
The internship program also consists of three clinical rotations, which require a time commitment of 12 hours/week for about four months each. For each rotation, interns are assigned a primary supervisor who will be working in that same setting. Currently, six clinical rotations are offered:

1. Addictive Behaviors Clinic (ABC)
2. Health Psychology: Behavioral Medicine
3. Health Psychology: Geriatrics and Home-Based Primary Care
4. Primary Care Mental Health Integration (PCMH)
5. Trauma Recovery Services/Mental Health Clinic (TRS/MHC)
6. Women’s Health Clinic (WHC)

Rotation schedules are designed by the training committee prior to the commencement of the internship year. Preferences of incoming interns are the primary factors in determining the rotation schedule.

In addition to the seminars and practica, there are numerous educational opportunities at Sepulveda. There are weekly colloquia in Geropsychology and Geriatrics, Grand Rounds in both Medicine and Psychiatry, and all-day workshops offered for GLA psychologists.

During the year, each intern will have the opportunity to present his/her work in a colloquium format for the psychology department. The presentations will include one case presentation and one presentation on the intern’s research.

SUPERVISION:
Interns will have a number of different supervisors at any one time, but they will have three primary supervisors throughout the year, which is dictated by which rotation they are on. They receive a minimum of four hours of supervision per week, at least one hour of which includes individual face-to-face supervision with the primary supervisor. The remaining hours will be comprised of individual and group supervision with delegated supervisors. Interns have the opportunity to observe supervisors providing services in many settings, especially at the outset of the rotation, and frequently serve as co-facilitators for group interventions.
EVALUATION:
Interns are asked to complete a self assessment at the beginning of the training year and again at the midpoint. This is done to promote self reflection, to identify gaps in training, and to develop goals and a plan for the internship year. The Internship Program encourages ongoing feedback among interns, supervisors, and the Training Committee. Staff members informally review interns' progress at monthly staff meeting. Supervisors and interns complete formal, written, competency-based evaluations at the mid-point and end-point of the year-long experiences and at the end of each rotation and six-month elective with the expectation that feedback is an ongoing process throughout the year. These evaluations encourage communication, identify strengths and weaknesses, and set goals for training. Interns are required to complete evaluations of their supervisors, the rotations, and their elective placements. The Training Program also solicits feedback from interns on programmatic issues informally throughout the year. Interns are scheduled to meet with the Director of Training on a monthly basis to discuss any problems, concerns, or suggestions for program improvement. Interns complete a formal program evaluation and an exit interview with the Director of Training at the completion of the year.

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

REQUIREMENTS FOR COMPLETION

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

1. Abide by the APA Ethical Principles and Code of Conduct and all VA policies, rules, and regulations
2. Obtain ratings of 3 (“requires close supervision on advanced tasks”) or higher on 80% of items in each of the nine core competency areas, with no serious ethical violations
3. Meet all administrative requirements

Criteria for Successful completion of internship:

1. Completion of 2080 hours of supervised professional experience, to be completed in one year of full-time training
2. Satisfactory performance in all nine clinical competency areas. It is expected that as interns gain in knowledge and skill during the internship year, they will be able to carry out more advanced tasks with greater independence. Successful completion of internship is determined by ratings of ‘4’ (“requires occasional supervision”) or higher on 80% of items in all nine clinical competency areas, with no areas requiring remediation and no serious ethical violations.
3. Didactic Training. Interns are required to attend weekly and monthly Psychology Seminars and Psychology Department workshops. In addition, interns must attend educational activities required on their rotations.
YEAR-LONG PRACTICAS AND SEMINARS

COUPLES AND FAMILY THERAPY SEMINAR:
The Couples and Family Therapy Seminar provides education and training to psychology trainees interested in applying a systems or relationship perspective to understanding human behavior. Trainees learn to view couples and families as organizationally complex emotional systems in which members engage in repetitive transactions. Symptomatic behavior in an individual member represents a manifestation of flawed processes currently taking place within the couple/family system. Therapeutic interventions are directed at collaborating with couples and families as they, together, seek new solutions to previously unresolved conflicts.

The seminar series is offered on a weekly basis and covers both theoretical and clinical issues. Participants learn the evolving viewpoints, perspectives, values, assessment and intervention techniques, and goals of couple and family intervention, as well as their application to such problems as child abuse, addictive behaviors, domestic violence, intergenerational conflict, divorce, and other manifestations of dysfunctional family behavior.

The training program includes a clinical as well as a didactic component. A consultation room with a one-way mirror allows observers to view ongoing treatment as conducted by trainees or as demonstrated by the supervisors. Live supervision of trainees conducting therapy, co-therapy with supervisor and trainees, videotapes of master therapists, and continuous case conferences provide exposure to a variety of clinical situations and lead to enhanced clinical skills. Individual supervision is available to supplement group supervision.

The Couples and Family Clinic is scheduled one afternoon per week and most cases are seen that day to provide trainees with access to supervision. The clinic functions from September through July.

Clinical Supervisors:
Falguni Chauhan, Ph.D.

EVIDENCE-BASED PRACTICE SEMINAR: PTSD
Interns will attend a year-long seminar in Evidence Based Practice, which provides lecture, training, application, and supervision in the treatment of PTSD using VA-researched and approved treatments. Seminar will involve discussion about the complex presentation of many of the Veterans seen in this seminar. This will include exploration and consideration of the interplay between symptoms of PTSD and pain, substance use, sleep problems, and depression. Interns will be given the opportunity to work with Veterans exposed to a range of traumas, including combat, sexual, and childhood. This weekly seminar specifically includes training in Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) for the treatment of PTSD. The seminar may also include an opportunity to train in the use of Virtual Reality to augment PE treatment.

Clinical Supervisors:
Alex Barrad, Psy.D.
Melissa Lewis, Ph.D.
Shana Spangler, Psy.D.

NEUROPSYCHOLOGY SEMINAR:
This seminar provides a rich learning environment in all kinds of assessment with particular focus on the neuropsychological assessment of adults with known or suspected central nervous system injury or disease. The approach emphasizes the hypothesis-testing method, which takes from both standard test batteries as well as a variety of specialized techniques that evaluate attention, processing and
psychomotor speed, language functioning, visuospatial functioning, memory, and executive functioning, etc. Training will include basic and correlative neuroanatomy, brain-behavior relationships, and neurologic syndromes. The patients assessed include male and female adult outpatients suffering from a broad array of neurocognitive and neurobehavioral disorders. Interns will learn a range of techniques, from brief screenings to abbreviated problem-focused assessments, to comprehensive batteries. An average weekly commitment of 5-8 hours is anticipated.

The didactic portion of the course includes presentations by the course instructor and case discussions. Interns will give case presentations on an ongoing basis throughout the year in the context of group supervision. The practicum portion of the course consists of a minimum of three full assessments each six months depending upon clinical demand and the interest of the student. Thus, the minimum requirement is six comprehensive evaluations per year; however, interns are encouraged to complete more than that if desirous of additional assessment experience. Additionally, interns will co-facilitate feedback sessions with the supervisor to help the patients and their family members understand the results of the clinical assessment. The intern will also assist in treatment planning and make recommendations.

Psychodiagnostic assessment is also a focus in this seminar, and participants will develop proficiency in the interpretation of MMPI-2, MCMI-III, among others. In addition to cognitive evaluations described above, the Neuropsychology service receives consults for diagnostic clarification, evaluations of Autism Spectrum Disorders, pre-transplant evaluations, and ADHD/Learning Disability Evaluations, among others. Interns will meet for two hours each week for instruction, group supervision, and case conferences. Interns are also supervised individually on each case; supervision times are arranged at mutual convenience.

Clinical Supervisor:
Alexis Kulick, Ph.D., ABPP/CN

ELECTIVES

HALF-YEAR ELECTIVE IN ANXIETY DISORDERS CLINIC
The Anxiety Disorders Clinic (ADC) is a six-month elective training experience for three hours per week. The goal of the ADC is to gain increased experience dealing with common and more challenging anxiety disorder cases, which may include: Generalized Anxiety Disorder, Panic Disorder, Social Anxiety Disorder, Specific Phobias, Agoraphobia, and Obsessive-Compulsive Disorder. There will be a focus on diagnosis and collaboration with psychiatry for medication management. Therapy training will include Cognitive Behavioral Therapy (CBT), Exposure and Response Prevention (ERP), Biofeedback, and Relaxation training. There will be one hour of didactics each week, and one hour of interdisciplinary group supervision, co-led by psychology and psychiatry staff and attended by psychology interns and psychiatry residents. Trainees are expected to give at least one case presentation.

Clinical Supervisors:
Sarah Duman, Ph.D., BCB
Calvin Yang, M.D., Ph.D.

HALF-YEAR ELECTIVE IN INSOMNIA CLINIC:
The insomnia clinic is a six-month elective training experience for four hours per week. Trainees will deliver Cognitive Behavioral Therapy for Insomnia (CBT-I) and other behavioral treatments for sleep disorders and nightmares. The psychologist works closely with sleep medicine physicians and other healthcare providers to manage patients with multiple sleep-related difficulties.

Clinical Supervisor:
Jennifer Martin, Ph.D., FAASM, CBSM
FULL-YEAR ELECTIVE IN ACT SEMINAR
Interns may choose to attend a year-long seminar in Acceptance and Commitment Therapy (ACT) for four hours per week. ACT is a transdiagnostic third-wave cognitive-behavioral treatment that addresses human pain and suffering. Through mindfulness, metaphor, and various experiential exercises Veterans are encouraged to accept feelings and thoughts, choose valued directions, and take action. The ACT Seminar at SACC is designed to:

1. Teach ACT theory and clinical practices for treating Veterans with a range of diagnoses.
2. Provide ongoing supervision for psychology interns in the implementation of ACT.
3. Promote competency of ACT.

Clinical Supervisors:
Charles De Leeuw, Ph.D.
Aleksey Zvinyatskovskiy, Ph.D.

ROTATIONS

Each intern completes three rotations over the internship year. There are six rotations, and it is expected that all six are filled each trimester (rotations cannot accommodate more than one intern at a time)

ADDICTIVE BEHAVIORS CLINIC

The Addictive Behaviors Clinic (ABC) offers an Intensive Outpatient Program (IOP) to male and female Veterans, ages 20 to 80, who misuse alcohol, heroin, cocaine, amphetamines, and/or other substances. Most patients have comorbid psychological problems. Patients in the IOP are required to commit to a minimum of 16 weeks of 3 days/week treatment and many continue in aftercare treatment for a year or longer. Therapeutic interventions are recovery oriented and include evidence-based treatment of early recovery and relapse prevention skills through the Matrix model of treatment, as well as DBT skills-based emotions management groups and CBT skills-based groups. Veterans develop a network of community and support.

Trainees on this rotation participate as junior colleagues. Within IOP, they lead psychoeducation groups, small and large therapy groups, administer and interpret self-report measures, and conduct individual psychotherapy while working within an interdisciplinary team to make both administrative and treatment decisions. Trainees are encouraged to teach and to model adaptive behaviors, including self-awareness, boundary management, and accurate empathy. In addition to the IOP, trainees will also participate in harm reduction-based groups, which allow for contrast from the abstinence-based component of training, giving the trainee a chance to learn how to match treatment approaches with patient needs. Trainees may also participate in the Smoking Cessation Clinic, which provides evidence-based tobacco cessation treatment (behavioral counseling in a group plus options for medication) for individuals who would like to quit or are thinking about quitting.

The treatment team is drawn from various disciplines, including nursing, recreation therapy, psychiatry, social work, peer support, and psychology. Learning to coordinate interdisciplinary care is an important focus of training on the rotation. Trainees are encouraged to develop and to model effective staff interactions, which patients can utilize to improve their own peer relationships.
Trainees on the ABC rotation will facilitate the following groups:

**Matrix Model Groups**
- The Matrix Model is an evidence-based group treatment that focuses on early recovery and relapse prevention skills with the use of cognitive behavioral, motivational enhancement, psychoeducation, and twelve-step facilitation techniques. Veterans attend three days per week, and this is the foundation of the IOP.

**Aftercare Group**
- This is an ongoing group for Veterans who have completed the IOP, to provide extended support for Veterans in longer-term sobriety. While this group is more supportive in nature, topics are typically informed by Matrix topics.

**Emotions Management**
- This group is based on Dialectical Behavior Skills Training (Linehan, 2014). Group content will focus on core mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance skill building. The group has been modified to be ongoing and open.

**Mindfulness-Based Relapse Prevention**
- This group is based on the Mindfulness-Based Relapse Prevention for Addictive Behaviors (Bowen, et al., 2011) protocol, modified to be an ongoing and open group in IOP. This group integrates mindfulness meditation practices with traditional relapse prevention skills.

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

**Seeking Safety**
- This group is a harm-reduction treatment group based on Lisa Najavits' Seeking Safety workbook (2002). This group has been adapted to a 12-week, open group format, meant for Veterans with both PTSD and substance use disorders.

The goals of psychology training on the rotation are to:
1. Understand and implement the techniques of abstinence-based relapse-prevention and harm-reduction approaches to treat substance use disorders.
2. Competently obtain drug histories while assessing co-morbidities.
3. Comprehend issues and treatment strategies for dual-diagnosis patients with special emphasis on PTSD.
4. Improve group therapy skills.
5. Understand the role of consistency and modeling in team cohesion and with patients.

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<tr>
<th>GOALS</th>
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<tr>
<td>1. Learn Evidence-based treatments of Substance Use Disorders.</td>
<td>Co-lead and/or lead:</td>
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<tr>
<td></td>
<td>• Matrix Early Recovery/Relapse Prevention groups</td>
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<td></td>
<td>• Seeking Safety groups</td>
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<td></td>
<td>• Stages of Change harm-reduction group</td>
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<td></td>
<td>• DBT Skills-based Emotions Management group</td>
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</table>
2. Learn the value of interdisciplinary collaboration for Substance Use Clinics.
   Participate in weekly Team Meetings.

3. Develop individual psychotherapy skills with Veterans diagnosed with concomitant Substance Use Disorder and Affective Disorders.
   Under supervision, provide Individual Therapy for two Dual Diagnosis Veterans.

4. Develop appreciation of and skills with the diversity of cultures and subpopulations within the Substance Use Disorders community, with emphasis on appropriate individualized interventions.
   Through supervision of cases and emphasis on learning within supervision, students will master recognition of differences between Veterans with similar diagnoses.

5. Learn the history of addiction treatment, politics, and research that has changed policy.
   Completion of assigned readings and discussion in supervision.

6. Learn evidence-based assessment for Substance Use Disorders and clinical interviewing with an SUD focus; utilize this to inform individual and group treatment.
   Complete Brief Addiction Monitors (BAMs) on patients enrolling in ABC, as well as complete intake assessments of new patients into the program.

Clinical Supervisors:
Alex Barrad, Psy.D.
Melissa Lewis, Ph.D. (Primary Supervisor)

HEALTH PSYCHOLOGY: BEHAVIORAL MEDICINE

The Health Psychology: Behavioral Medicine rotation aims to introduce trainees to the foundational competencies expected in the doctoral-level health psychologist. This includes developing skills in the assessment of psychological concerns related to the interplay between physical and mental health, developing expertise in the implementation of empirically-supported brief interventions, and developing the professional acumen necessary for working within interprofessional teams.

Leaders in the field have noted that psychology is experiencing a figure-ground reversal in regards to mental health. This is an acknowledgement that mental disorders are only one set of health problems addressed by the skill set of health psychology. The goal of this rotation is to provide the intern with the skill and experience in consultation, assessment, intervention, and education via direct experience with Veterans suffering from acute and chronic medical illnesses. Interns serve as collaborative members of interprofessional teams in which psychological skills and mind-body medicine are valued.

The clinical settings of the health psychologist are diverse; however, the competencies are similar across settings. These competencies include assessment strategies for individuals and systems, education, brief empirically-based interventions, evaluation of behavioral risk factors, consideration of the biopsychosocial factors that impact adherence to treatment, and consultation with patients, their family members and/or other providers on interprofessional teams. The health psychologist provides a variety of psychological interventions, such as group and brief individual psychotherapy, stress management, education and health-promotion activities, and support groups with a strong focus on evidence-based treatments. The health psychology rotation supervision team works closely with interns to provide the
observation, modeling, and supervision required to develop competency in health psychology assessment and intervention skills.

Specific elements of the health psychology rotation include:

**Polytrauma Program/Traumatic Brain Injury**
- This program serves Veteran and active duty military returning from Iraq and Afghanistan who have multi-system injuries, including traumatic brain injury. Interns participate in neuropsychological and psychodiagnostic assessment, cognitive rehabilitation, individual and family psychotherapy and education, interdisciplinary treatment team planning, and consultation to the treatment team.

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

**Biofeedback**
- Individual psychotherapy caseloads can include Biofeedback, which is a method that uses the mind to control what we perceive as automatic body responses. With biofeedback sensors, we can measure and monitor the following physical aspects which may impact health: breath pace (respiration), muscle activity (Electromyography), heart rate and heart rate variability (HR and HRV), peripheral finger temperature (thermistor), and galvanic skin response (GSR). This information, in conjunction with building skills to influence these internal processes, can assist us in improving overall health. Over time, these changes can endure without continued use of instrumentation. Interns will learn how to use and interpret the measurements, and how to teach Veterans skills for modulating the processes being measured. Interns may have the option to start their own biofeedback group, based on interest and patient need.

**Coping with Medical Illness Group**
- Interns will provide time-limited group therapy to promote self-care and manage stress in Veterans with chronic medical conditions and comorbid mood and anxiety spectrum disorders. Interventions are primarily cognitive behavioral and skills based. Each session will focus on a particular topic related to coping with medical illness, such as communication skills with providers, medication management, the relationship between stress and health, sleep hygiene, pain management, and valued living. Interns are encouraged to introduce the group to other relevant topics of interest to them.

**THE RELAXATION AND MEDITATION PROGRAM**
This program introduces evidence-based cognitive behavioral, mind-body skills to patients who have a variety of mental health and medical concerns. Patients begin with an introductory group, and are then offered their choice of weekly yoga or meditation groups for skills enhancement. Interns will participate on an interdisciplinary team, learn about the role of psychologists in medical settings, and will co-facilitate their own introductory groups, including:

**Introduction to Relaxation**
- This transdiagnostic group educates patients on the physiological effects of unmanaged stress and helps them to build skills in a variety of evidence-based mind-body approaches that can be effective in reducing subjective stress, depression, anxiety, physical pain, hypertension, troubled sleep, etc. Patients begin with the introductory group, and are then offered their choice of weekly continuing practice yoga or meditation groups for skill enhancement.
- New cycle every 4 weeks in order to provide prompt access to services
At this time, trainees do not co-facilitate the following continuing practice groups, but this is possible pending trainee interest, availability, and patient need:

1. **Mindful Living**
   This group is for graduates of the MBSR, Mindful Parenting, or Intro to Relaxation and Meditation groups, providing a forum for 35-40 minute formal mindfulness practices and discussion of and support for how patients are incorporating mindfulness in their daily lives.

2. **iREST**
   iRest is a type of yoga that is a research-based practice of deep relaxation and meditative inquiry. It is a Tier One Integrative Medicine Modality for patients with PTSD and chronic pain. Research has shown that it helps patients to navigate phobias, suicidal feelings, mood disorders, insomnia, fatigue, panic disorder, and obsessive-compulsive disorder.

**MINDFULNESS BASED STRESS REDUCTION PROGRAM (elective within this rotation)**

- The Greater Los Angeles Healthcare System is a national Center for an Innovation program, which has funded the creation of a Center for Integrative Medicine and Healing in the GLA network. This pioneering program is introducing Mindfulness Based Stress Reduction (MBSR) along with other modalities of care. Interns may choose to participate in a variety of mindfulness based trainings and also join one of the MBSR classes. Interns with a personal mindfulness practice may co-facilitate MBSR with a certified instructor.

Other health psychology opportunities may also be explored based upon interest and available time, such as HIV mental health, smoking cessation, and health promotion presentations.

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| 1. Evaluate psychological issues in medical patients, including selection and administrative of assessment tools appropriate to the patient’s illness and disease, for the purpose of developing treatment plans. | 1. Perform a minimum of five neuropsychological screening evaluations.  
2. Provide feedback to the patient and to the referral source and treatment team, if applicable. |
| 2. Provide effective individual and group evidence-based treatments for patients with acute and chronic medical illnesses, taking into consideration psychological, cultural, and social-environmental factors associated with health behaviors, illness, and disease. | 1. Co-lead a psychotherapy, educational, or support group for medical patients  
2. Select an appropriate treatment modality and provide short-term intervention for at least two patients. |
| 3. Function effectively as a psychological consultant on an interprofessional medical team. | 1. Serve as the primary mental health consultant for a medical team. |
| 4. Apply the Health Psychology clinical research literature to assessment and intervention. | 1. Increase knowledge through focused readings in health psychology and health promotion.  
2. Attend Health Psychology presentations at the Intern Seminar. |
| 5. Address issues of individual and cultural diversity and physical disability in assessment, treatment, and consultation. | 1. Increase knowledge through readings, supervision, and case discussion.  
2. Attend didactic presentations. |
HEALTH PSYCHOLOGY: GERIATRICS AND HOME-BASED PRIMARY CARE

The Health Psychology: Geriatrics rotation incorporates training in the Adult Day Health Care (ADHC) program, Community Living Center (CLC), Hospice unit, and Home Based Primary Care (HBPC) program.

ADHC PROGRAM, COMMUNITY LIVING CENTER (CLC), AND LONG-TERM CARE

Training in geriatric psychology and rehabilitation occurs primarily in the ADHC Unit, which has recently been reorganized into an outpatient adult-day health-care program housed within Building 99, the Nursing Home. The ADHC Unit offers comprehensive interdisciplinary treatment involving such disciplines as Rehabilitation Medicine, Nursing, Pharmacy, Dietetics, Psychology, Speech and Audiology, Geropsychiatry, Social Work, and Occupational and Recreational Therapies. The patient population is predominantly male and middle-aged to very elderly. Some of the more common diagnoses include: stroke, traumatic brain injury, and Parkinson's disease. Less common diagnoses are also seen, such as Huntington’s disease and Multiple Sclerosis. Most have no prior psychiatric histories, but many present with depression and social isolation, secondary to their altered functional status. All have disabilities in areas such as ambulation, speech, cognition, and activities of daily living. The Community Living Center (CLC) and Hospice units are inpatient programs at the Nursing Home and offer opportunities to work with families and patients facing terminal diseases and end of life concerns.

Within this program, the intern will provide individual psychotherapy to patients in the ADHC, the Nursing Home, and Hospice Unit as well as participate in interprofessional team meetings, treatment planning, and will co-facilitate the following groups:

Reminiscence Group:
- Reminiscence Therapy is an Evidence Based Treatment used with the geriatric population. Reminiscing serves several functions for the older person including promoting self-understanding and preserving personal and collective history. It increases the ability to communicate and practice self-expression, social interaction through the sharing of experiences, feelings of belonging and togetherness, individual identity, and unique experiences of each person. Reminiscence therapy has been clinically proven to increase self-worth, reduce apathy and confusion, alleviate depression, increase life satisfaction, and improve self-care. Group members are given the opportunity to be involved in a meaningful and pleasurable activity that leads to positive interactions.

Weight Management Group:
- The Weight Management Group is geared to helping older veterans with multiple health problems and difficulty with mobility identify ways to lose weight and to stay healthy and productive. The group is focused on achieving a healthy lifestyle, setting specific, measurable, and achievable goals versus imposing rigid dietary restrictions. Veterans learn to identify feelings that may lead to over eating, and they discuss strategies, such as reading labels, portion control, and incorporating exercise into their lives.

HOME BASED PRIMARY CARE PROGRAM (HBPC)

The VA HBPC program provides comprehensive, interdisciplinary primary care services in the homes of Veterans with complex and chronic, disabling diseases.

HBPC began as a pilot project at six facilities in 1970 and became an established program in 1972. The HBPC model targets persons with complex, chronic, and progressive diseases and provides
interdisciplinary care that is longitudinal and comprehensive, rather than episodic and focused. HBPC provides cost-effective home-based primary care services, palliative care, mental health care, rehabilitation, disease management, and coordination of care. HBPC teams typically include representatives from such disciplines as medicine, mental health, nursing, pharmacy, social work, psychology, rehabilitation, and dietetics. Psychology trainees, accompanied by the supervisor, conduct weekly evaluations in patients’ homes and provide short-term psychotherapy services for patients and caregivers.

HBPC targets primarily the following types of patients in need of home care:

1. Longitudinal care patients with chronic, progressive, and complex medical, social, and behavioral conditions, particularly those at high risk of hospital, nursing home, or recurrent emergency care.
2. Longitudinal care patients who require palliative care for an advanced disease that is life limiting and refractory to disease-modifying treatment.
3. Patients whose home-care needs are expected to be of short durations or for a focused problem.

Special skills required:
1. Diagnostic interviewing
2. Screening assessments of cognitive and affective functioning
3. Comprehensive neuropsychological assessments and feedback sessions
4. Group and individual psychotherapy
5. Participation in team treatment planning

Role of the Intern:
The intern on the rotation will function in the same way as the staff psychologist. This individual will provide a full range of psychological services to patients and their families, including screening, psychological, cognitive, and capacity assessments, psychotherapy, and prevention-oriented services. Mental health treatment and prevention-oriented services will emphasize evidence-based and best practice approaches. The individual will also provide evidence-based interventions to help patients manage behavioral factors associated with health problems and to promote medical compliance.

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<th>GOALS</th>
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<td>1. Obtain a fundamental knowledge of aging and mental health, including how psychopathology presents in the elderly.</td>
<td>1. Attend interdisciplinary team meetings.</td>
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<td>2. Obtain a fundamental knowledge of developmental processes in normal aging.</td>
<td>2. Focused readings.</td>
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<tr>
<td>3. Obtain a fundamental knowledge of how cultural and individual diversity impact the aging process.</td>
<td>3. Discussion in supervision.</td>
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<td>4. Obtain skills in the assessment of older adults, including neuropsychological and psychodiagnostic evaluation.</td>
<td>1. Administer and interpret at least two neuropsychological screening batteries.</td>
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<td>2. Perform a comprehensive psychiatric interview and mental status exam with two outpatients.</td>
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<td>3. Participate in an interdisciplinary team setting.</td>
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<td>5. Obtain skills in treating older adults, using a variety of modalities and treatment options.</td>
<td>1. Provide brief psychotherapy to two older adults.</td>
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<td>2. Participate in two groups for older adults.</td>
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6. Learn about working with older adults and their families in a home based community setting.

7. Obtain a fundamental knowledge of providing psychological services within the home setting with a primary care team.

8. Obtain knowledge about safety, limitations, and barriers associated with conducting home visits.

9. Obtain fundamental knowledge about how to conduct suicidal risk assessments in the community and what procedures to take to ensure safety.

10. Describe the values of interdisciplinary team process to provide optimal care in the home.

1. Conduct 8 or more home visits to veterans through the Home Based Community Program.

2. Interaction with interdisciplinary team.

3. Weekly supervision.

4. Focused readings.

Clinical Supervisors:
Falguni Chauhan, Ph.D (Primary Supervisor)

PRIMARY CARE MENTAL HEALTH INTEGRATION

Interns will be engaging in co-located collaborative care on an interdisciplinary primary care team. They will be providing initial assessments to patients presenting with a wide variety of concerns who may be experiencing their first contact with mental health services. Interns will have the chance to conduct intake interviews, generate joint treatment plans with psychiatrists, primary care providers, and other healthcare professionals, and perform “curb side consults. Interns will be actively engaged in patient triage, determining whether patients should be seen in primary care or referred for more extensive treatment through specialty mental health services. If additional treatment is warranted, the intern will make the appropriate referral(s). Within primary care, the intern will deliver short-term mental health services to patients with mild to moderate psychopathology. Veterans with a wide variety of presenting problems are seen through PCMHI, these may include, but are not limited to, anxiety, depression, insomnia, PTSD, chronic pain, and psychological factors related to chronic medical conditions. Additionally, interns will engage in diagnostic clarification to aid in referring the patient for appropriate care.

Patients seen in the PCMHI clinic are treated on a short-term basis (4-6 sessions) using a variety of evidence-based treatment approaches which can include skills-based interventions, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Biofeedback, Mindfulness-based psychotherapy, Cognitive Behavioral Therapy for Insomnia (CBT-I), and Motivational Interviewing (MI). Interns will also be involved in the MOVE! Program, which is a weight management program for Veterans. Additional individual interventions with Veterans struggling with weight loss in the MOVE! group may be possible, depending on patient need and availability.

Activities for the intern participating in this rotation will involve multiple weekly intakes, walk-in assessments, as well as individual and group psychotherapy.
The intern will have the opportunity to co-facilitate the following groups:

**MOVE – Weight Management for Veterans**
- This national, evidence-based program fully integrates health psychology into a multidisciplinary team of medical providers, dieticians, and health educators treating obesity. Interns provide individual and group interventions incorporating motivational enhancement strategies and relevant psychoeducation.

**CBT for Chronic Pain Group**
- Interns will co-facilitate this group with the PCMHI Postdoctoral Fellow. This group has been adapted from the national roll-out, in order to be shorter for this setting. Highlights include: discussion of pacing activity, relaxation, and education regarding the biopsychosocial model of factors that impact pain.

**ACT Group**
- The goal of this group is to provide quick access to mental health care to patients presenting with a wide range of issues. This four-week group will provide Veterans with a basic understanding of ACT principles and how they can be used in relation to their presenting problem(s). The group will make use of metaphor and experiential exercises to aid in patient learning. This is a closed group that runs on a four week cycle to ensure quick access to care for all Veterans.

Additional training opportunity available through PCMHI:

The intern may have an opportunity to learn biofeedback in an individual setting. However, this experience depends heavily on patient need and availability. Biofeedback is a method that uses the mind to control what we perceive as automatic body responses. Biofeedback is an evidence-based treatment that has been shown to help manage chronic pain, headaches, anxiety, hypertension, and temporomandibular disorders. The goal of biofeedback therapy is to improve overall health, to assist in the prevention of chronic disease, and to correct negative states which may lead to poor health outcomes. With biofeedback sensors, we can measure and monitor the following physical aspects which may impact health: breath pace (respiration), muscle activity (Electromyography), heart rate and heart rate variability (HR and HRV), peripheral finger temperature (thermistor). This information, in conjunction with skills, can assist us in improving overall health. Over time, these changes can endure without continued use of instrumentation.

Interns may have the option to start their own group, based on interest and patient need.

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<tr>
<td>1. Function effectively as a psychology consultant on an interdisciplinary medical team.</td>
<td>1. Serve as the primary mental health consultant for a medical team.</td>
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<td>2. Assist medical providers with health behavior change for issues, such as insomnia, pain, lifestyle issues, adjusting to illness, or adherence concerns.</td>
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<td>3. Participate in interdisciplinary, often impromptu, treatment team meetings.</td>
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<td>2. Address issues of individual and cultural diversity and physical disability in assessment, treatment, and consultation.</td>
<td>1. Increase knowledge through readings, supervision, and case discussion.</td>
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<td>2. Attend didactic presentations.</td>
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3. Enhance psychotherapy skills.

| 1. Facilitate at least two psychotherapy groups. |
| 2. Provide evidence-based, short-term therapy to at least 4 clients with a range of diagnoses. |

4. Develop skills for quick and thorough assessment of a range of diagnostic issues, including Veterans with subclinical presentations.

| 1. Complete weekly mental health assessments and quickly ascertain appropriate treatment interventions, from brief psychotherapy to referral for medication evaluation to engagement in therapeutic groups. |
| 2. Assist with rapid assessment of danger to self and others. |
| 3. Facilitate referrals to more intense levels of mental health care. |

Clinical Supervisors:
Sarah Duman, Ph.D. (Primary Supervisor)
Aleksey Zvinyatskovskiy, Ph.D.

TRAUMA RECOVERY SERVICES/MENTAL HEALTH CLINIC (TRS/MHC)

The mission of Trauma Recovery Services (TRS) is to provide assessment and evidence-based treatment to Veterans who have been diagnosed with PTSD.

The vision and goals of the MHC program is to provide effective, recovery-based treatments for affective disorders and serious mental illnesses in a patient-centered environment.

This rotation allows flexibility in that trainees can tailor their experiences to emphasize trauma work or more general mental health clinic work.

Trauma Recovery Services:
The primary goal is to coordinate comprehensive clinical services for Veterans who have been diagnosed with PTSD. This includes the following objectives:

1. To ensure an accurate diagnosis of PTSD in order to ensure connection to the most appropriate treatment (outlined by VA/DoD Clinical Practice Guidelines [CPG]).
2. To develop individualized treatment plans based upon a diagnostic assessment and with Veteran feedback.
3. To provide evidence-based psychotherapy or psychopharmacology.
4. To provide treatment when there is co-occurrence with substance-use disorders.
5. To provide symptom-specific management interventions (i.e., chronic pain, insomnia, or anxiety.
6. To facilitate connection to community resources and alternative care modalities, as appropriate.
7. To train practitioners and trainees in the diagnosis and treatment of Veterans with PTSD.
8. To establish an interprofessional team of qualified staff, both clinical and administrative, to support the delivery of services.

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

Once a diagnosis of PTSD has been established by the TRS team, the Veteran will be enrolled in the treatment phase. Treatment may include stabilization, with a focus on helping the Veteran obtain greater coping skills and symptom-specific management (e.g., anger management, stress management, CBT-I, CBT, or relaxation). Programming may also include psychoeducational groups and substance use programming (e.g., Seeking Safety).

The core aspect of TRS will be trauma-focused work. Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) will be offered, in accordance with UMHS.

**Mental Health Clinic (MHC)**
In this training setting, interns will provide individual and group psychotherapy to Veterans presenting with a variety of psychological diagnoses. Referrals come from psychiatry and social work within the MHC, Primary Care Mental Health Integration providers, treatment providers outside of mental health, and from other VA systems. Based on intern interest, he/she may choose to focus on providing individual psychotherapy sessions from an Acceptance and Commitment Therapy orientation. Interns will have the opportunity to engage in live supervision, tape review, and training in Acceptance and Commitment Therapy with a VA Consultant in Acceptance and Commitment Therapy. Treatment options are trans-diagnostic (ACT-based) and are informed by the empirical evidence. Treatment is individualized to assist Veterans in achieving their personal goals in the community.

**Rotation Activities**
Interns will conduct an intake with a focus on PTSD assessment, as well as have an opportunity to participate in 3 groups (outlined below) shared between the TRS and MHC clinics. In addition, interns will be able to work with supervisors to tailor the individual psychotherapy component of the TRS/MHC rotation to best fit their overall training goals.

**CBT for Anxiety**
- CBT is an evidence-based, time-limited, present-focused approach to psychotherapy that helps patients to modify dysfunctional thinking patterns/cognitions, maladaptive emotions, and behaviors in order to assist them in resolving current problems. This is an 8-week group, in which Veterans are seen on a weekly basis. Psychiatry residents also participate in this group.

**Cognitive Processing Therapy (CPT) for PTSD Groups**
- The CPT groups are for any veteran patient seeking treatment for PTSD. Patients will participate in Cognitive Processing Therapy (CPT) -- one of the evidence-based treatment modalities specifically for PTSD. CPT usually consists of 12 weekly sessions.

**Emotions Management**
- This group is based on Dialectical Behavior Skills Training (Linehan, 2014). Group content will focus on core mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance skill building.
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<tr>
<td>1. Learn assessment of PTSD through use of the Clinician Administered PTSD Scale. Develop increased familiarity of differential diagnoses.</td>
<td>1. Complete a weekly intake or assessment for Veterans with a suspected diagnosis of PTSD.</td>
</tr>
<tr>
<td>2. Learn evidence-based group treatments.</td>
<td>1. Co-lead and/or lead at least 3 groups. 2. Provide individual psychotherapy to at least 3 Veterans.</td>
</tr>
<tr>
<td>3. Learn to work within an interprofessional team and across treatment teams.</td>
<td>1. Attend treatment team meetings one time per week, and contribute to recovery-oriented case management, case conceptualization, and treatment planning for Veterans diagnosed with PTSD. 2. Assist with coordination of care of Veterans across multiple treatment teams (e.g., ABC, OTP, PCMHI, MHC).</td>
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<td>4. Address issues of individual and cultural diversity in assessment, treatment, and consultation.</td>
<td>1. Increase knowledge of cultural variables through supervision, case discussion, and readings.</td>
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Clinical Supervisors:  
Alex Barrad, Psy.D.  
Charles DeLeeuw, PhD  
Shana Spangler, Psy.D. (Primary Supervisor)

**WOMEN’S HEALTH CLINIC**

The Women’s Health Clinic (WHC) at the Sepulveda VA is a comprehensive women’s health care center that provides primary and specialty (e.g., OB/GYN) care, as well as psychiatry, psychology, and social work services. The Women Veteran population seen in the WHC is diverse in terms of age, race, ethnicity, and sexual orientation. Women Veterans present for mental health treatment with a range of psychiatric diagnoses such as mood disorders, anxiety disorders, posttraumatic stress disorder (PTSD), substance abuse, and personality disorders. A subset of women Veterans presents with combat-related trauma, military sexual trauma (MST), and other non-military-related trauma (e.g., childhood abuse). Many of the women Veterans seen in the WHC have served in recent combat zones. Common medical diagnoses include musculoskeletal disorders, including chronic pain, heart disease, and diabetes. Many women also present either during or post-pregnancy for mental health services. Trainees would have the opportunity to provide services in the context of an interprofessional team, such as conducting comprehensive mental health initial assessments, providing individual and group psychotherapy, and consulting with interprofessional team members. Current psychotherapy groups in the WHC include:

1. CBT Groups  
2. DBT Skills-Based Emotion Management Group  
3. Cognitive Processing Therapy Group for PTSD  
4. PTSD 101- psychoeducational group  
5. Queer Women’s Group  
6. Psychotherapy Process Group  
7. Rotating Depth Poetry and Positive Psychology groups  
8. Interpersonal Violence Group  
9. Meditation groups
During the WHC training rotation, interns generally participate in the Cognitive Processing Therapy, PTSD 101, and DBT Skills-Emotion Management groups. There is the possibility of participating in other groups within the WHC depending on the area of interest of the trainee. In addition, trainees may have the opportunity to start other psychotherapy groups that are appropriate for the treatment needs of women Veterans and that are of interest to the trainee. Trainees will be able to attend the monthly Women’s Health Interprofessional Staff Meeting and to participate in bi-weekly Women’s Mental Health Case Conference/Women’s Mental Health Didactics with psychology clinic staff and trainees. In addition, trainees will receive didactic training on women’s health issues, both medical and psychiatric, and other issues unique to working with women Veterans.

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| 1. Learn about the unique mental and physical health issues and needs of women Veterans in this comprehensive women’s health care center. | 1. Provide psychological services to women Veterans as a member of an interprofessional treatment team.  
2. Increase knowledge through readings, supervision, case discussion, and consultation with other clinic providers.  
3. Attend didactic presentations. |
| 2. Function as a mental health treatment provider on an interprofessional medical team. | 1. Attend monthly staff meetings.  
2. Attend bi-weekly case consultation meetings with psychology staff and trainees  
3. Consult with patients’ psychiatric medication and primary care providers as needed. |
| 3. Enhance skills in performing a comprehensive intake assessment, psychodiagnostic assessment, and treatment planning with new and already established women Veteran patients. | 1. Conduct standard intake assessments and more in-depth psychodiagnostic assessments (as needed) with psychotherapy referrals.  
2. Determine and facilitate appropriate treatment plans. |
| 4. Enhance and broaden skills providing evidence-based psychotherapeutic treatment services to this women Veteran population. | 1. Provide individual psychotherapy to 3-4 patients who are diverse in terms of psychiatric diagnoses and sociocultural characteristics.  
2. Facilitate at least two psychotherapy groups. |

Clinical Supervisors:
Marissa Burgoyne, Psy.D. (Primary Supervisor)  
Grace Rosales, Ph.D.

**DIDACTICS**

**PSYCHOLOGY TRAINING SEMINAR:**
The Psychology training seminar is designed to provide weekly didactic instruction on diverse issues relevant to the practice of psychology. Topics covered include Law and Ethics, Diversity and Cultural Competency, Supervision, Research, and other professional topics, such as preparing for post-docs and licensure, VA programming, and other professional issues. These topics are intended to complement the clinical training activities during the internship year.
**ADDITIONAL OPPORTUNITIES**

There are many other educational opportunities available during the internship year. These include VA Psychiatry and Mental Health Grand Rounds, GRECC-sponsored programs and conferences, continuing education programs sponsored by the Psychology Department, GLA-sponsored events, UCLA Semel Institute for Neuroscience and Human Behavior Grand Rounds ([http://www.psychiatrygrandrounds.com/](http://www.psychiatrygrandrounds.com/)) and many programs and lectures in the community. Attendance at optional educational activities is at the discretion of the Training Director and rotation supervisor(s).

**Facility and Training Resources:**
Interns are provided with office space and computers necessary for patient care and administrative responsibilities. They have access to the VA Medical Library services as well as VA Intranet and Internet resources for clinical work and research. The Psychology Department has a Psychology Assessment Lab, which includes a wide variety of psychological assessment instruments and test scoring programs.

**Administrative Policies and Procedures:**

**Authorized Leave:** The Sepulveda Ambulatory Care Center's policy on Authorized Leave is consistent with the national standard. In the course of the year, interns accrue 13 vacation days and 13 sick days (4 hours of vacation and 4 hours of sick time are accrued every two-week pay period) and 10 paid holidays. Interns may request up to 5 days (40 hours) of educational leave/authorized absence (AA) for off-site educational activities. The following professional activities qualify: defending one's dissertation, post-doctoral fellowship interviews, conferences, pre-licensure seminars, and workshops outside of GLA.

**Stipend:** The stipend for the training year is $26,807.

**Benefits:** VA interns are eligible for health insurance (for self, legally married opposite and same sex spouse, and legal dependents) and for life insurance.

**Due Process:** All trainees are afforded the right to due process in matters of problematic behavior and grievances. A copy of our due process policy is available on request.

**Privacy policy:** We will collect no personal information from you when you visit our Website.

**Self-Disclosure:** Our program sets no requirement for self-disclosure.
TRAINING STAFF

Barrad, Alex, Psy.D.

Training Roles: Supervisor, Co-Leader of Evidence-Based Practice Seminar
Rotation: Addictive Behaviors Clinic, Trauma Recovery Services/Mental Health Clinic
Undergraduate Program: University of California, San Diego, 2007
Doctoral Program: PGSP-Stanford Psy.D. Consortium (Clinical), 2013
Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2012-2013
Postdoctoral Fellowship: VA Loma Linda Healthcare System (Trauma), 2013-2014
Areas of Interest: Substance Use Disorders, Posttraumatic Stress Disorder, Acceptance and Commitment Therapy (ACT), Evidence-Based Treatments
Orientation: Cognitive-behavioral, Integrative

Burgoyne, Marissa, Psy.D.

Training Roles: Supervisor
Rotation: Women’s Health Clinic
Undergraduate Program: Brown University, 1994
Graduate Program: Pepperdine University, M.A. 2006
Doctoral Program: Pepperdine University (Clinical), 2011
Doctoral Internship: VA Loma Linda, 2010-2011
Academic Affiliations: Adjunct Professor, Pepperdine University
Areas of Interest: Women’s Health, Posttraumatic Stress Disorder, Anxiety Disorders, Readjustment Issues Among Student Veterans, Development and Implementation of Group Interventions, Evidence-Based Practice, Individual and Group Therapy.
Certification: Certified VA Cognitive Processing Therapy (CPT) Provider
Orientation: Cognitive-Behavioral

Chauhan, Falguni, Ph.D.

Training Roles: Director of Psychology Practicum Program; Supervisor; Facilitator of Couples/Family Seminar, and Co-Leader Supervision of Supervision Seminar
Rotation: Health Psychology; Geriatrics
Undergraduate Program: University of California Irvine, 1992
Graduate Program: Boston University, M.A., 1995
Doctoral Program: University of Houston (Counseling), 2007
Predoctoral Internship: VA Sepulveda Ambulatory Care Center, 2006-2007
Areas of Interest: Geropsychology, Home Based Primary Care, Neuropsychology, Dementia, Alzheimer’s Disease, Multiple Sclerosis, Posttraumatic Stress Disorder, TBI, Family Therapy, Caregiver Stress, Individual and Group Therapy.
Certifications: Certified VA Integrative Behavioral Couples Therapy (IBCT) and Cognitive-Behavioral Therapy for Insomnia (CBT-I) Provider
Orientation: Eclectic/ Integrative
DeLeeuw, Charles E., Ph.D.
Training Roles: Supervisor, Facilitator of ACT Seminar
Rotation: Trauma Recovery Services/Mental Health Clinic
Undergraduate Program: Hope College, 2005
Graduate Program: Fuller Graduate School of Psychology, MA, 2007
Doctoral Program: Fuller Graduate School of Psychology (Clinical), 2011
Doctoral Internship: Pacific Clinics, Arroyo FSP, 2010-2011
Postdoctoral Fellowship: VA Pacific Islands Health Care System, PTSD & SMI, 2011-2012
Areas of Interest: Acceptance and Commitment Therapy, psychoanalytic theory and practice
Certifications: VA Acceptance and Commitment Therapy (for Depression) Consultant
Orientation: Third Wave CBT

Duman, Sarah, Ph.D.
Training Roles: Supervisor, Co-Director of Anxiety Disorder Clinic
Rotation: Health Psychology: Behavioral Medicine; PCMHI
Undergraduate Program: Yale University, 2000
Graduate Program: USC Clinical Science, M.A. 2005
Doctoral Program: USC Clinical Science (Clinical), 2010
Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2009-2010
Postdoctoral Fellowship: Women’s Health, UCLA/VA Greater Los Angeles, 2011-2012
Academic Affiliations: Clinical Instructor, David Geffen School of Medicine at UCLA
Areas of Interest: Health Psychology, Integrative Medicine, Mindfulness, Biofeedback, Psychology in Medical Setting, Evidence Based Treatments, Women Veterans, Individual and Group Therapy.
Certifications: Board Certified in Biofeedback, iRest Yoga Nidra Level I Teacher, VA CALM Mindfulness Facilitator, VA CALM Self-Compassion Facilitator
Orientation: Cognitive Behavioral, Third Wave, Integrative

Ganzell, Steven, Ph.D.
Training Roles: Co-leader of Supervision of Supervision
Rotation: N/A
Undergraduate Program: Brigham Young University, 1981
Doctoral Program: Brigham Young University (Clinical), 1987
Doctoral Internship: VA Los Angeles Outpatient Clinic 1985-1986
Postdoctoral Fellowship: UCLA Neuropsychiatric Institute Department of Neuropsychology 1986-1991
Academic Affiliations: Assistant Professor, Psychiatry and Behavioral Sciences, UCLA Neuropsychiatric Institute; Faculty, Fellowship in Neuropsychology, UCLA School of Medicine; Faculty, Fellowship Geriatric Psychiatry/Psychology, UCLA School of Medicine; Assistant Clinical Professor of Psychology, Fuller Graduate School
Areas of Interest: Neuropsychological diagnosis and treatment, Neuropsychodynamics, Medical Psychology, Non-Normative Assessment of Neurobehavioral Syndromes, Jungian Psychotherapy, the Dynamics of Groups and Institutions
Orientation: Jungian, Analytic
Kulick, Alexis D., Ph.D., ABPP/CN
Training Roles: Director of Training, Supervisor, Facilitator of Neuropsychology Seminar
Rotation: Health Psychology; Behavioral Medicine (Polytrauma/TBI Clinic)
Undergraduate Program: Brandeis University, 1996
Doctoral Program: Bowling Green State University (Clinical), 2001
Postdoctoral Fellowship: Kaiser Permanente, Oakland; Department of Behavioral Medicine, 2001-2002
Areas of Interest: Clinical Neuropsychology; Psychodiagnostic Assessment; Behavioral Medicine/Health Psychology; Pain Management
Certifications: Diplomate in Clinical Neuropsychology
Orientation: Cognitive-Behavioral, Eclectic/Integrative

Lewis, Melissa M., Ph.D.
(Formerly Maglione, Melissa L., Ph.D.)
Training Roles: Supervisor, Co-Leader of Evidence-Based Practice Seminar, Psychology Training Seminar Coordinator
Rotation: Addictive Behaviors Clinic
Undergraduate Program: University of San Francisco, 2001
Doctoral Program: Saint Louis University (Clinical), 2009
Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2008-2009
Postdoctoral Fellowship: University of California, San Diego/VA San Diego Healthcare System, 2009-2010
Areas of Interest: Substance Use Disorders, Posttraumatic Stress Disorder; Severe Mental Illness; Psychodiagnostic Assessment; Evidence-Based Interventions
Certifications: Certified VA Cognitive Processing Therapy (CPT) Provider, Certified VA Social Skills Training (SST) Provider
Orientation: Cognitive Behavioral, Integrative

Martin, Jennifer, Ph.D., FAASM, CBSM
Training Roles: Supervisor
Rotation: Sleep Disorders Clinic
Undergraduate Program: University of California, San Diego, 1995
Doctoral Program: San Diego State University/University of California, San Diego Joint Doctoral Program (Clinical), 2002
Doctoral Internship: Brown University, 2001-2002
Postdoctoral Fellowship: Geriatrics, University of California, Los Angeles 2002-2003
Academic Affiliations: Associate Professor, David Geffen School of Medicine, University of California, Los Angeles; Faculty, UCLA Multicampus Program in Geriatrics and Gerontology; Faculty; VAGLAHS/UCLA Sleep Medicine Fellowship Program; Research Scientist, VAGLAHS Geriatric Research, Education and Clinical Center; VA National Expert Trainer, Cognitive Behavioral Therapy for Insomnia
Areas of Interest: Psychological Treatment of Insomnia, Chronic Nightmares and Circadian Rhythm Sleep Disorders; Geriatrics; Health Psychology; Motivational Interviewing; Women's Health
Certifications: Certified in Behavioral Sleep Medicine by the American Board of Sleep Medicine, Fellow of the American Academy of Sleep Medicine
Orientation: Cognitive-behavioral (with motivational enhancement and case conceptualization)
Rosales, Grace Ph.D.
Training Roles: Supervisor
Rotation: Women’s Health Clinic
Graduate Program: University of Massachusetts Boston, M.A. 2000
Doctoral Program: University of Massachusetts Boston, M.A. 2004
Pre-Doctoral Internship: VA West Los Angeles, 2003-2004
Post-Doctoral Training: Didi Hirsch Community Mental Health
Academic Affiliations: Clinical Assistant Professor, UCLA
Areas of Interest: Women’s Health, Posttraumatic Stress Disorder, LGBTQ, Immigrant Mental Health, Cross Cultural Psychology, Substance Use Disorders.
Certification: VA Cognitive Processing Therapy (CPT)
Orientation: Interpersonal

Serpa, J. Greg, Ph.D.
Training Roles: Supervisor
Rotation: Health Psychology; Behavioral Medicine (MBSR)
Undergraduate Program: UCLA, 1985
Graduate Program: USC, School of Cinematic Arts, MFA, 1990
Doctoral Program: California School of Professional Psychology (Clinical), 2004
Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2003-2004
Postdoctoral Fellowship: HIV Mental Health, University of California Los Angeles, 2004-2005
Academic Affiliations: Associate Clinical Professor, Psychology Department, UCLA
Areas of Interest: Health Psychology, HIV Mental Health, LGBT Mental Health, Mind-Body Interactions, Mindfulness, Substance Use Disorders and Treatment, Supervision, Trauma
Certifications: National Trainer, American Psychological Association, HIV Office of Psychology Education, Certified Prolonged Exposure provider, MBSR teacher
Orientation: Cognitive-Behavioral, Mindfulness/Buddhist Psychology, Self Psychology

Spangler, Shana, Psy.D.
Training Roles: Supervisor; Co-Leader of Evidence-Based Practice Seminar; Acting Chief PTSD, GLA
Rotation: Trauma Recovery Services/Mental Health Clinic
Undergraduate Program: University of California, Los Angeles, 1998
Doctoral Program: Pepperdine University (Clinical), 2009
Doctoral Internship: W.G. “Bill” Hefner VA Medical Center, Salisbury, NC, 2008-2009
Postdoctoral Fellowship: University of California, San Francisco/VA San Francisco, PTSD/Substance Use, 2009-2010
Academic Affiliations: Clinical Instructor, David Geffen School of Medicine at UCLA
Areas of Interest: Posttraumatic Stress Disorder; Substance Use; Evidence-Based Interventions; Student Veterans; OEF/OIF Post-Deployment Integrated Care; Primary Care – Mental Health Integration; Sleep Disorders.
Certifications: Certified VA Cognitive Processing Therapy (CPT), Interpersonal Psychotherapy (IPT) Provider, and Prolonged Exposure (PE) Provider; Board Certified in Biofeedback (BCB)
Orientation: Cognitive-behavioral, eclectic/integrative
Yang, Calvin, MD, Ph.D.
Training Roles: Co-Director of the Anxiety Disorders Clinic
Rotation: Anxiety Disorders Clinic
Undergraduate Program: Johns Hopkins University, 1999
NIH Medical Scientist Training Program (medical/doctoral): UCLA, 1999-2009
Internship: UCSD, 2009-2010
Residency: UCSD, 2010-2013
Areas of Interest: Anxiety Disorders, PTSD, Interventional Psychiatry
Certifications: Diplomate of the American Board of Psychiatry and Neurology
Orientation: Cognitive-Behavioral, Psychodynamic

Zvinyatskovskiy, Aleksey, Ph.D.
Training Roles: Supervisor, Co-Facilitator of ACT Seminar
Rotation: Primary Care Mental Health Integration
Undergraduate Program: University of California, Berkeley, 2007
Graduate Program: University of California, Los Angeles, M.A., 2011
Doctoral Program: University of California, Los Angeles (Clinical), 2015
Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2014-2015
Areas of Interest: Primary Care Psychology, Evidence-Based Practice, Mindfulness, Sleep Disorders, Acceptance and Commitment Therapy, Biofeedback, Posttraumatic Stress Disorder, Substance Abuse, Individual and Group Psychotherapy
Orientation: ACT, psychodynamic
Graduate Programs of Recent Trainees

Intern Class of 2017-2018
AIU/CSPP, San Diego (Ph.D.)
Pepperdine University (Psy.D.)
PGSP-Stanford Consortium (Psy.D.)
PGSP-Stanford Consortium (Psy.D.)
University of California, Los Angeles (Ph.D.)
University of Nevada-Reno (Ph.D.)

Intern Class of 2016-2017
Pepperdine University (Psy.D.)
Pepperdine University (Psy.D.)
PGSP - Stanford Consortium (Psy.D.)
University of California, Los Angeles (Ph.D.)
University of California, Los Angeles (Ph.D.)
University of Illinois at Urbana-Champaign (Ph.D., Counseling)

Intern Class of 2015-2016
Pepperdine University (Psy.D.)
Pepperdine University (Psy.D.)
PGSP - Stanford Consortium (Psy.D.)
PGSP - Stanford Consortium (Psy.D.)
University of California, Los Angeles (Ph.D.)
University of Missouri, Kansas City (Ph.D.)

Intern Class of 2014-2015
New York University (Ph.D., Counseling)
Pepperdine University (Psy.D.)
Pepperdine University (Psy.D.)
SDSU/UCSD Joint Doctoral Program in Clinical Psychology (Ph.D.)
University of California, Los Angeles (Ph.D.)
University of Southern California (Ph.D.)

Intern Class of 2013-2014
PGSP – Stanford Consortium (Psy.D.)
PGSP – Stanford Consortium (Psy.D.)
Palo Alto University, Pacific Graduate School of Psychology (Ph.D.)
University of California, Los Angeles (Ph.D.)
University of California, Los Angeles (Ph.D.)
SDSU/UCSD Joint Doctoral Program in Clinical Psychology (Ph.D.)

Intern Class of 2012-2013
PGSP – Stanford Consortium (Psy.D.)
PGSP – Stanford Consortium (Psy.D.)
Palo Alto University, Pacific Graduate School of Psychology (Ph.D.)
University of California, Los Angeles (Ph.D.)

Intern Class of 2011-2012
Bowling Green State University (Ph.D.)
PGSP – Stanford Consortium (Psy.D.)
Pepperdine University (Psy.D.)
Texas Tech University (Ph.D.)
GETTING TO SEPULVEDA
16111 Plummer Street
North Hills, CA  91343

Driving Directions

From West LA
405 North to Nordhoff.
Left onto Nordhoff
Right onto Haskell
Left onto Plummer
Entrance to the Medical Center is on the right

From Ventura
101 South to the 405 North
Exit at Nordhoff
Left on Nordhoff
Right on Haskell
Left onto Plummer
Entrance to the Medical Center is on the right

From Bakersfield
Take the 99 or I-5 south to the I-5 to the 405 South
Exit at Devonshire
Right on Devonshire
Left on Haskell
Right on Plummer
Entrance to the Medical Center is on your right

From Lancaster/Palmdale
Take the 14 Freeway south to the I-5 to the 405 South
Exit at Devonshire
Left on Haskell
Right on Plummer
Entrance to the Medical Center is on the right