

Psychology Postdoctoral Residency in Clinical Psychology and Clinical Neuropsychology



West Los Angeles VA Healthcare Center

Steven A Castellon, Ph.D.

Director of Psychology Postdoctoral Training

Psychology Department (116B)

Building 401, Room A215

11301 Wilshire Blvd.

Los Angeles, CA 90073

Brochure hosted at: <http://www.losangeles.va.gov/trainee/>

Applications due: December 28, 2018
Residency year begins: September 2, 2019

Accreditation Status

The postdoctoral residency at the **West Los Angeles VA Healthcare Center** is not yet accredited by the Commission on Accreditation of the American Psychological Association. We currently have a site-visit scheduled for October of this year where the following programs will be reviewed for full accreditation: (1) *Clinical Psychology* and (2) *Clinical Neuropsychology*. Our program has been an active member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) since 2009 with our membership renewed in July of 2016.

Application & Selection Procedures

Application Process

The West Los Angeles VA Healthcare Center offers 1-year postdoctoral residency training in *Clinical Psychology* with 4 different areas of focus/emphasis:

1. *Health Psychology* – 1 position open for 2019
2. *Trauma Psychology* – 1 position open for 2019
3. *Interprofessional Integrative Health* – 2 positions open for 2019
4. *Integrated Care for Homeless Veterans with Severe Mental Illness* – 2 positions open for 2019

We also have three 2-year neuropsychology residency positions that are **NOT OPEN** for application in 2019. These Clinical Neuropsychology Residency positions are described in the second half of this brochure, starting on page 23.

To be considered for any of our postdoctoral residency positions an applicant must:

1. Have completed all requirements for the doctoral degree, in Clinical or Counseling Psychology, including internship and dissertation.
 - a. Department of Veterans Affairs requires that the applicant's doctoral degree and internship be completed at programs accredited by the American Psychological Association.
2. Be a US citizen. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection and all of our incoming

postdoctoral residents must complete a Certification of Citizenship in the United States prior to starting training.

3. Be aware that VA employment requires males born after December 31, 1959 must have registered for the draft by age 26. Male applicants sign a pre-appointment Certification Statement of Selective Service Registration before they can be processed into a training program.
4. Be aware that residents are subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.

To apply, please submit the following documents:

NOTE: We require submitted applications to come through the APPA CAS portal (APPIC Psychology Postdoctoral Application Centralized Application Service – see web address below). For each of the 1-year Clinical Psychology Residency positions, the following documents will be requested and must be submitted through the APPA CAS portal. Also, please note slight differences in application requirements for the Clinical Neuropsychology positions, described below on page 23 of this brochure.

- Letter of Interest (LOI), specifying the position you are applying for along with a summary of educational, clinical and research experiences relevant to that emphasis area. In the LOI please include a statement about your current career goals in addition to your goals for fellowship training.
 - We are aware that some applicants may have overlapping interests and wish to apply for consideration in more than one track. In this case, the LOIs should be distinct and clearly targeted to the specific track.
- A recent copy of your Curriculum Vitae
- Three Letters of Recommendation (LOR)
 - These letters should be from supervisors/mentors that are familiar with the work you've done in the emphasis track for which you are applying.
- Letter from your Internship Training Director verifying that you are expected to complete, or will have already completed, your internship successfully
 - If your Internship Training Director is also writing a LOR for you, please **have them make clear that they are/were also your Internship TD** and that you are expected to (or already did) successfully complete your internship.
- A letter from the chair of your dissertation committee detailing the status of your dissertation (including anticipated completion date). This letter should indicate that your doctoral degree has been, or will be, completed **before August 30, 2019.**
 - If your Dissertation Chair is also writing a letter of recommendation for you, please **have them make sure it is clear within the body of their letter** that you are expected to successfully complete your dissertation by August of 2019.
- Graduate transcripts.
 - You do **not** need to send undergraduate transcripts.

Submit these materials through the APPA CAS: <https://appicpostdoc.liasoncas.com/applicant-ux/#/login> Complete the basic demographic, education, clinical training information and transcripts required of all applicants for all APPA CAS programs. Then select the appropriate program(s) (emphasis area) within the West Los Angeles VA Health Care System. APPA CAS allows you to request letters of recommendation electronically which are then uploaded by the letter writer. (Note: APPA CAS refers to letters of recommendation as "Evaluations").

For questions about application submission issues:

Steven Castellon, Ph.D., Director Psychology Postdoctoral Training

Email: Steve.Castellon@va.gov or scastell@ucla.edu

Phone: Steven Castellon (310) 268-3597 or Anna Okonek (310) 478-3711 ext 40301

Selection Process

We are seeking applicants who have strong skills in intervention, assessment, and possess some prior clinical experience and specific interest in their chosen emphasis area. Applicants should also have the personal characteristics necessary to function well as a doctoral-level professional within a medical center environment and in interdisciplinary treatment settings. Our selection criteria specifically focus on educational background, clinical training and experience, letters of recommendation and the ability of the applicant to articulate their training goals and professional aspirations that we feel are consistent with the VA mission. We seek the best fit between applicants and our training program.

Applications are reviewed by the Director of Postdoctoral Training (Dr. Castellon), in addition to the relevant members of the Postdoctoral Residency selection committee. This committee is comprised of clinical psychologists who serve as primary or delegated supervisors for each of the emphasis areas in which residencies are being offered. [For the 2018-19 training year staff on the selection committees include: **Health Psychology** (Drs. Bailey, Chen, Kay, Taylor-Ford, and Zeller), **Trauma Psychology** (Drs. Boxer, Himmelfarb, Robinson, and Song), **Interprofessional Integrative Health** (Drs. Serpa, Kay, and Chen), **Homeless Mental Health** (Drs. Schutz and Alimchandani)] 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 again ranks the applicants and offers can then be extended to the top applicants for each of the open positions. When applicants are no longer under consideration, we strive to notify them of this as soon as possible.

Our 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.

As noted above, our postdoctoral programs in *Clinical Psychology* and *Clinical Neuropsychology* are not yet accredited by the Commission on Accreditation of the American Psychological Association. Our program self-studies were submitted and favorably reviewed (Fall of 2017), leading to the upcoming site visits for both programs (October of 2018). Any inquiries regarding accreditation of our postdoctoral 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 Department of Veterans Affairs is an Equal Opportunity Employer. Our postdoctoral program highly values cultural and individual diversity and welcomes applicants from all backgrounds.

Training Setting

The VA Greater Los Angeles (VAGLA) Healthcare System is one of the largest and most complex integrated healthcare facilities within the Department of Veterans Affairs. The VAGLAHS consists of a comprehensive tertiary care facility (West Los Angeles VA Healthcare Center), three ambulatory care centers, and 10 community-based outpatient clinics. In fiscal year 2015, VAGLAHS provided medical and mental health services to over 86,000 Veterans residing in the primary service area, including Los



Angeles County, which has the largest concentration of Veterans of any county in the United States. 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.

The Psychology Postdoctoral Training Program is located at the West Los Angeles VA Healthcare Center. This tertiary care center is spread across an expansive 400-acre campus that includes approximately 150 buildings and is divided into a South and North Campus. The Psychology Department consists of 48 licensed clinical psychologists, many of whom are involved with training endeavors at the internship and postdoctoral level. Psychologists at the West Los Angeles VA occupy a variety of roles throughout the medical center, working in both inpatient and outpatient mental health and medical settings and with several involved in program leadership positions. The majority of WLAVAHC psychologists work in multi-disciplinary settings with allied mental health care professionals.

The West Los Angeles VA Healthcare Center is in one of the most culturally diverse cities in the nation. The Veterans we serve represent a mixture of cultural, ethnic, socioeconomic, and individual diversity. Our overall Veteran population self-identified as 65% White, 25% African American, 4% Hispanic, 5% as Asian and 1% as Native American (* these statistics derived from the 83% who identified their ethnicity when registering for care in Fiscal Year 2015). While this group is approximately 90% male, there are several settings in which trainees can get experience working with female Veterans. There is diversity in terms of age, so although approximately 41% of our Veterans receiving care are over the age of 65, we also have nearly 21,000 OEF/OIF Veterans enrolled in GLA (* statistics as of April 2016), with many of these Veterans under the age of 35.

The West Los Angeles VA Healthcare Center, which is the site for this postdoctoral residency program, is the hospital, research, and administrative center for GLA. It is situated on a 400-acre campus with 150 buildings. The south campus is primarily devoted to medical/surgical and inpatient psychiatric services located in the main medical center building as well as outpatient mental health services housed within two neighboring buildings (Bldgs. 401 and 402). The north campus facilities include two long-term care buildings (Community Living Center) with 352 beds, a 296-bed Domiciliary, recovery-oriented outpatient programs (Psychosocial Rehabilitation and Recovery Center, PTSD program), as well as research and administrative offices. The 496-bed California State Veterans Home, which was completed in 2010, is also located on the north campus.

The Psychology Department at the West Los Angeles VA Healthcare Center has a strong commitment to, and long history of, providing training. Our Psychology Training Director, Dr. Anna Okonek, oversees our

highly competitive (>180 applications annually) doctoral internship program. This internship program has been accredited by the American Psychological Association since 1979 and, at the most recent site visit in 2017, received a full 10-year re-accreditation. Of Psychology Department staff (numbering 50 as of 2018), 29 serve as supervisors in our internship training program and 21 provide supervision in the residency program. In addition to training doctoral interns, the training program selects 4-6 practicum students each year, all of whom receive 9 months of supervised training on two different clinical rotations. Postdoctoral Residents will have a chance to provided layered supervision to both our predoctoral interns and practicum students. All clinical supervisors in the postdoctoral residency, predoctoral internship, and predoctoral practicum program are licensed clinical psychologists and complete biannual training and education in clinical supervision as mandated by the California Board of Psychology.

The Psychology Department at West Los Angeles VA enjoys close ties with both the UCLA Department of Psychology and the Department of Psychiatry & Biobehavioral Sciences at the David Geffen School of Medicine at UCLA. Many staff members, including the majority of those in training/supervising roles, hold clinical and/or academic appointments at local institutions, including UCLA, Pepperdine University, the University of Southern California, and the Fuller Graduate School of Psychology.

Training Model and Program Philosophy

PROGRAM AIM: The aim of the WLA VA Clinical Psychology Postdoctoral Residency Program (CPRP) is to promote advanced level competencies in our residents such that program graduates are eligible for employment within public sector medical center settings, including the VA, specializing in the treatment and assessment of patient populations with behavioral and mental health problems affecting emotional, cognitive, and behavioral functioning. Graduates of the WLAVA CPRP will have developed advanced competence in the practice of professional psychology integrated with in-depth training and education in a specific *area of emphasis*. Our emphasis areas for the CPRP – health, trauma, interprofessional integrative health, and homeless mental health – are consistent with VA areas of clinical need within psychology (and are consistent with our program aim of training VA clinical psychologists) so our training provides population-specific focus but also generalist skills and competencies

We believe that clinical training is complemented by attending didactics and gaining research and/or program evaluation/quality improvement experience in an emphasis area and our program has strong connections with local academic institutions, including especially the University of California, Los Angeles, that allow for research and educational collaboration.

Our developmental training model acknowledges and appreciates that our postdoctoral residents will enter our program with varying degrees of experience. We strive to build upon baseline skills and competency benchmarks acquired during the predoctoral internship. In practice, this equates to the postdoctoral resident being granted more autonomy and responsibility over the course of their training in an organized sequence.

Our postdoctoral program is based on the scientist-practitioner model of training. The core concept of the residency is the understanding and application of scientific research/scholarly inquiry to the practice of clinical psychology. Our program emphasizes the application of current scientific knowledge to the professional delivery of services and this emphasis is reflected in the content of training experiences. These include training in evidence-based practices, participation in clinical research, and programmatic

didactics offered through the VA and outside resources. At the completion of training, our residents are expected to be prepared to obtain licensure as well as board certification in their area of emphasis.

Program Goals & Objectives

The APA Commission on Accreditation requires that trainees in APA-accredited programs develop specific competencies as part of their preparation for independent practice in health service psychology. Residents much demonstrate competence in the following profession-wide competencies.

Program goals and objectives focus on developing competence in the following core areas:

1. Assessment/Diagnosis. Residents develop advanced, independent skills in assessment, including differential diagnosis, case conceptualization, interviewing skills, test administration, scoring, interpretation, and the integration of assessment findings in to a report. Residents develop an advanced ability to communicate testing results to patients and to the team members with whom they work. The resident will be aware of issues related to theories of assessment, ethical issues in assessment, and the impact of ethnicity/culture.
2. Intervention. Residents will develop advanced skills in psychological interventions, including conceptualization within at least two specific theoretical orientations, knowledge and application of evidence-based treatments, development of skills in individual and group modalities, and appropriate therapeutic interpersonal qualities (e.g. appropriate empathy, ability to attend to process and content of interpersonal interactions).
3. Interdisciplinary Consultation. Residents will be able to function effectively and cooperatively with interprofessional team members, provide consultation, and contribute to team planning. Residents will form collaborative professional relationships with other disciplines within a team and provide constructive consultation to both psychologists and non-psychologist colleagues. Residents will learn to provide constructive consultation to other psychology colleagues.
4. Supervision and Teaching. Residents are expected to develop entry-level skills in providing supervision to other psychology trainees, in a “layered” supervision context. Residents will be able to identify the needs of students/interns they supervise and provide developmentally appropriate feedback to supervisees. Residents will demonstrate the ability to effectively teach colleagues and trainees in areas of expertise.
5. Scholarly Inquiry. Residents will develop an advanced level of knowledge of evidenced-based practices, the ability to review and to apply research literature to their clinical practice, and the continued development of critical thinking skills, and implementation of a research (or Quality Improvement or Program Evaluation) project during the residency year. Residents will be able to determine when problems are not fully addressed by empirically supported treatments.
6. Administrative and Organizational Practices, Program Evaluation. Residents will gain experience in some aspect of administration, organization or management of psychology service delivery. Residents will observe mentors/supervisor in activities pertaining to organization/management and administration and be able to apply these experiences to their own professional activities or identity.
7. Ethical and legal issues; Professional Values. Residents will attain advanced knowledge of, and professional conduct in line with, APA ethical guidelines and California laws. Residents will be able to recognize ethical dilemmas when they arise and take appropriate measures to resolve them. Residents will demonstrate knowledge and awareness of legal issues pertaining to the practice of professional psychology. Residents will show good professional judgement and will demonstrate professional conduct consistent with the identity of a professional psychologist.

8. **Cultural and Individual Diversity.** Residents will develop an advanced level of knowledge, awareness, and sensitivity to individual and cultural differences as they apply to assessment, intervention, research, supervision, and the health care system. Residents will demonstrate awareness of and act in accordance with APA Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists.

Program Structure

Each of our incoming fellows is chosen for training within one of our four specialized emphasis areas that are described further below. The resident trains in the clinic(s) that are associated with their emphasis area and will have a primary supervisor assigned who is an expert within that area. While there may be rare occasions where supervision or consultation may be provided by other mental health specialists (e.g. psychiatrists, social workers), the clear majority of residents' clinical supervision will be received from licensed staff psychologists that work within each of the clinics.

POSTDOCTORAL RESIDENCY TRACKS

Postdoctoral Residents will complete full-time (40-hrs/week), one-year positions in Clinical Psychology with emphasis in one of four training tracks, described briefly below. The specific training experiences comprising each emphasis area/track are articulated in greater detail in the **Training Experiences** section that starts on [page 9](#) of this brochure.

Health Psychology Track

(Please note that this is a **1-year residency** and is OPEN for applications in 2019)

This position provides advanced training in Clinical Psychology with an emphasis in Health Psychology. It includes required and elective experiences that develop advanced skills in consultation, treatment, and assessment in various inpatient and outpatient integrated health care settings. These settings include: *Primary Care-Mental Health Integration; Pain Clinic; Cardiopulmonary Rehabilitation; MOVE Clinic; Smoking Cessation Program; Inpatient Acute Physical Rehabilitation Unit; Polytrauma Program - Traumatic Brain Injury (TBI) Clinic; and Women's Health Program.*

The Health Psychology Program is staffed by five licensed clinical psychologists who provide training at the practicum, internship and residency levels. The resident receives training and direct supervision in providing consultation to interdisciplinary treatment teams, typically informing how a given Veteran's psychological and cognitive strengths and weaknesses may impact treatment. Residents will have a wide variety of assessment opportunities across their training rotations, including opportunities for cognitive screening and neuropsychological testing, objective psychological assessment, and the use of a variety of symptom based rating scales and interviewing techniques. Intervention opportunities are plentiful and include delivery of evidence-based treatments in both individual and group modalities.

Residents complete required 12-month rotations in Primary Care-Mental Health Integration (PCMHI) and Pain Clinic and a required 6-month rotation in one or more of the behavioral health programs (e.g. Quit Smoking Program, Cardiopulmonary Rehabilitation, or MOVE Clinics). Elective opportunities can be filled in from those rotations described below to best mesh with the resident's career and training goals.

Trauma Psychology Track

(Please note that this is a **1-year residency** and IS OPEN for applications in 2019)

This one-year, full-time, residency track provides postdoctoral residents with advanced training in Clinical Psychology and the opportunity to develop a thorough understanding of trauma and its treatment. The supervisors for the Trauma residents all have specific expertise and interest in the evaluation and treatment of trauma in the VA setting. The resident will work with both male and female Veterans from all service eras, including Veterans from Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND). The primary training settings for the Trauma Fellow include: *The Trauma Recovery Services (TRS) Clinic; Mental Health Clinic, and Women's Health Program.*

The trauma track is comprised of required clinical rotations that provide complimentary trauma-treatment training opportunities. Elective experiences can then be chosen from other rotations that tailor to the resident's training goals, including those described below from other tracks described in the *Training Experiences* section (pages 10-21).

Interprofessional Integrative Health – (two positions open)

(Please note this is a **1-year residency** and IS OPEN for applications in 2019)

Two **one-year** positions are available in the Interprofessional Integrative Health Fellowship Program. This training track aims to enhance the interprofessional collaboration, communication, and teamwork that is so critical to successful professional engagement as a psychologist in the VA or other large clinical setting by increasing awareness and understanding of the roles, ethics, and values of multidisciplinary treatment teams. Fellows will work collaboratively within interprofessional medical/mental health teams that typically include medical physicians, psychiatrists, social workers, advanced practice nurses, pharmacists, audiologists, and medical and psychiatry residents. This program, which includes Social Work students as well as Psychology Fellows, is based in the VA's first Integrative Health and Healing Center (IHHC) on the WLA campus. A joint seminar is offered to gain exposure to leaders from various disciplines and to gain experience with various professional roles, identities, and functions.

Specialized training in evidence-based integrative health and wellness practices, as part of a generalist training in clinical psychology, is the heart of this program. Supervision and training in integrative mind-body practices will be provided with a focus on Mindfulness Based Stress Reduction (MBSR). No prior experience with MBSR is required, although demonstrated interest and proficiency in mindfulness based interventions is preferred. Fellows will also be responsible for the integration of evidence-based integrative behavioral health interventions such as a program for relief of tinnitus distress. The Postdoctoral Fellow will also select 1-3 additional training placements to develop clinical skills; past fellows have selected from trauma clinics, Primary Care Mental Health Integration, Homeless Primary Care, Insomnia Clinic, Pain Clinic, and others to provide a range of evidence-based clinical services for mental health conditions.

Integrated Care for Homeless Veterans with Severe Mental Illness

(Please note that this is a **1-year residency** and IS OPEN for applications in 2019)

Two **one-year** positions are available for training in the Homeless Patient Aligned Care Team (HPACT). In the integrated HPACT clinic, health professional trainees from separate disciplines to work together over the course of the year to form trainee-led interprofessional treatment teams, leading to immersive and transformative training in interprofessional healthcare. The HPACT treatment model provides wraparound medical, mental health, and social work services to homeless veterans from the time they come in off the street until they are stably housed. The Greater Los Angeles HPACT clinic is the largest and most complex Homeless PACT clinic in the entire VA system.

PROGRAM STRUCTURE

At the outset of each training year, residents will work closely with their primary supervisors and with the Director of Postdoctoral Training (Dr. Castellon) to design a program consistent with the resident's needs and interests and the program's goals and objectives. Primary supervisors are licensed clinical psychologists (all are California licensed) and are experts in the content area on the training track where they supervise. Individualized programs are developed in collaboration with the resident to increase experience in and mastery of the core competencies in generalist skills and within the various area of emphasis. At entry to the residency, supervisors and residents together determine the level of the resident's competency in areas including assessment, intervention, and consultation; self-rating forms are employed and discussed. Our program employs a developmental approach to training and to supervision, where residents gain increasing independence and responsibility as their knowledge and skills develop. This is based on the initial baseline assessment and ongoing formal and informal assessment of skills and abilities. Residents are evaluated formally, on their work towards development of competencies and also asked to formally evaluate their supervisors and their training experiences. With this approach, there is flexibility to address areas that require more intensive training and also to identify and modify the resident's learning objectives if needed. At the beginning of the year, supervisors work jointly with residents to model and closely observe assessment and intervention skills. Residents function at an increasingly higher level of independence as their skills and their experience progress during the year. Supervision of predoctoral interns as well as of practicum students is an important part of the developmental process and a core competency skill during the training year(s).

RESEARCH

Our residency is based on the scientist-practitioner model and stresses the contribution of research to clinical practice. Our Healthcare Center is a major research facility and has excellent resources for basic and clinical research. Although our Psychology Postdoctoral Program is designed for clinical training, all residents are encouraged to participate in a clinical research (or Quality Improvement) or Program Evaluation project during the year consistent with their research interests. Between 10 and 20% of a resident's time can be approved/protected for such a project, which may include program evaluation studies. Residents are asked to submit a written summary of any research project they engaged in at the end of the year.

TIME COMMITMENT

Residents will be expected to spend 40-45 hours per week in training activities, including a minimum of 75% time on site.

SUPERVISION

Training in specific content areas is accomplished using a combination of methods including experiential learning, direct observation by supervisor, audio taping of sessions, clinical supervision, didactics and other educational activities, and focused readings. All residents will be assigned a primary supervisor and 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 trainees, supervisors, and the Training Committee.

The Postdoctoral Training Program will evaluate its effectiveness for meeting training goals and objectives through the following means:

- Supervisors' formal evaluations of the resident's performance in core competency areas. Both the resident and the supervisor sign all evaluations. Evaluations take place, at a minimum, every six months.
- Residents' formal evaluations of their clinical supervisors. Residents provide written and verbal feedback to all of their clinical supervisors.
- Regular communication between the Director of Training and supervisors to discuss the residents' performance and progress
- Exit interview with the Director of Training
- Residents' representation at Training Committee Meetings
- Seminar time set aside monthly for Director of Training and residents to discuss programmatic issues
- End of year survey of experiences and quality of training, along with recommendations for program improvement. Feedback from the resident's survey is discussed with supervisors and the Training Committee and used 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 Training Committee
- Representation by the Department Chair and 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.

Training Experiences

HEALTH PSYCHOLOGY TRACK

This residency position is designed to provide advanced training in Clinical Psychology with an emphasis in Health Psychology. It includes both required and elective experiences that develop advanced skills in consultation, treatment, assessment, and program evaluation opportunities in inpatient and outpatient integrated health care settings.

Residents will complete a **required** 12-month rotation in Primary Care-Mental Health Integration and Pain Clinic and a **required** 6-month rotation(s) in one or more of the behavioral health programs (e.g. Quit Smoking Program, Cardiopulmonary Rehabilitation, or MOVE Clinics). Elective opportunities can be filled in from those rotations described below to best mesh with the resident's career and training goals.

Required Experiences:

1. **Primary Care-Mental Health Integration (Dr. Chen and Dr. Kay):** The PCMHI program is based in the Primary & Ambulatory Care Clinic (PACC) where veterans are seen by primary care providers (physicians, nurse practitioners, and physician's assistants) for general and preventive medical care. A team of mental health providers is located within the PACC to meet the needs of those patients with mild to moderate mental health issues including depression and anxiety, PTSD, chronic

illness/multiple medical problems, pain disorders, and substance abuse. The PCMHI team consists of psychologists, psychiatrists, social workers, and nurses. Residents working in PCMHI will have the opportunity to participate in a variety of clinical and educational activities including CBT-based group therapy for depression and anxiety, initial intake evaluations, short-term individual interventions, clinical collaboration with PCMHI and PACC teams, and weekly didactic seminars. There are opportunities for layered supervision of psychology interns treating short-term individual patients.

2. **Pain Clinic (Drs. Bailey and Kay):** The resident will work closely with psychologists who are part of an interdisciplinary pain treatment team that includes providers from Rehabilitation Medicine, Anesthesiology, Nursing, Neurology, and Psychiatry. The primary role of the psychologist in this setting is that of consultant to the treatment team based on an assessment of the veteran's current psychological/personality functioning and biopsychosocial history. There are ample opportunities to assess veterans with chronic and complicated pain problems. Pain patients who are candidates for interventional procedures (e.g. spinal cord stimulator or baclofen pump placement) undergo a comprehensive psychological assessment, including clinical interview, self-report measures, and administration of the MMPI-2-RF. Thus, psychology trainees gain experience in the use and interpretation of screening, interview, and personality measures in the assessment of chronic pain. In addition to assessment, the pain psychology program also contributes to a CARF-accredited interdisciplinary comprehensive pain rehabilitation program. Residents may conduct evaluations of candidates for the program, provide group-based psychological treatment, and participate in interdisciplinary treatment plans. There may also be opportunities to provide group behavioral pain management to Veterans who struggle with addiction. Finally, brief individual therapy opportunities (i.e. CBT or biofeedback) may be available as well. There are opportunities for layered supervision of psychology interns in group treatment and assessment.

3. **Health Promotion/Disease prevention: a combination of selections from the following:**
 - **Cardiopulmonary Rehabilitation (Dr. Taylor-Ford):** Residents serve as co-leader of the weekly "Coping with Illness" and Stress Management groups. After training in supervision, they provide training for the psychology interns in running these groups. In the "Coping with Illness" group, patients share concerns about how to make lifestyle changes in response to the demands of dealing with coronary artery and pulmonary diseases. Patients are given the opportunity to discuss successful behavior changes as well as difficulties in coping with their health problems and are encouraged to become comfortable asking for and giving support. In the Cardiopulmonary Rehabilitation Stress Management group patients are taught skills in stress and anger management. The six-session program covers the relationship between stress and health, personality and illness (hostility), calming skills, goal setting, anger management and forgiveness training. Residents also attend a weekly interdisciplinary staff meeting and they consult with interns in learning how to be effective team members.
 - **Quit Smoking Program (Dr. Taylor-Ford):** The Quit Smoking program is a behaviorally-focused treatment that consists of self-assessment and education. Classroom topics include barriers to quitting, aids for cessation (nicotine patch, Zyban), and formulating a plan for quitting. Topics reviewed each session include handling cravings and urges, preventing relapse, and avoiding weight gain health services into primary care practice.
 - **MOVE Clinic (Dr. Taylor-Ford):** This is a nationwide, interdisciplinary VA program designed to treat obesity. Fellows participate in structured classes, teach behavior change skills for weight loss and provide group and individual counseling for weight management. In addition, Fellows complete evaluations for patients being considered for bariatric surgery.

Elective Experiences can be chosen from clinical rotations/placements that will provide the resident with skills and experience in consultation, assessment, education, and intervention with persons who have acute and chronic medical illnesses. Elective settings include:

- **Inpatient Acute Physical Rehabilitation Unit (Dr. Zeller):** Residents complete consultations on patients admitted for intensive physical rehabilitation of stroke, amputation, traumatic brain injury, and/or neurological or orthopedic disorders. Consultation can include diagnostic evaluation, psychological and neuropsychological assessment, short-term psychotherapy, and staff support and education. Residents attend weekly interdisciplinary treatment rounds and family conferences.
- **Long-Term Group Psychotherapy for Persons with Chronic Medical Illness (Dr. Taylor-Ford):** Residents may serve as co-leaders for process-oriented groups focusing on relationship issues, quality of life, self-image, treatment adherence, coping and the interaction between emotions and health.
- **Support Groups (Dr. Zeller):** Residents will have the opportunity to co-facilitate support groups for veterans recovering from amputation and/or stroke. Residents will gain knowledge and experience in group process, psychoeducation, support and transition to the community.
- **Polytrauma/TBI Clinics (Drs. Castellon and Okonek).** The Polytrauma Program serves veterans and active duty military returning from OEF/OIF/OND who have multi-system injuries, including traumatic brain injury. The resident participates in neurocognitive and psychological assessment, cognitive rehabilitation, individual, group, and family psychotherapy and education, inter-disciplinary treatment team planning, consultation to the treatment team and in-service and community education.
- **Oncology Clinics (Dr. Zeller):** The resident will have an opportunity to work in the Hematology-Oncology Clinics, where mental health has become integrated into the veterans' routine evaluation and follow up. These brief assessments evaluate suicide risk, level of depression, gross cognition, and coping strategies. Veterans will be provided with psychoeducation, as well as treatment recommendations.
- **Biofeedback:** Residents may have the opportunity to participate in a biofeedback therapy group. In biofeedback therapy, a patient learns how to change physiological activity to improve one's health and performance. With Biofeedback treatment, the person learns to observe and control "involuntary" workings of the body while using calming skills to voluntarily reverse unhealthy states. Biofeedback devices are used to promote awareness by measuring physiological states that reflect the activities of the sympathetic and parasympathetic nervous systems.
- **Additional elective opportunities:** Participate in a 9-week staff Mindfulness Based Stress Reduction training for 2 hours per week, offered in the fall.

Health Psychology Rotation Goals (minimum requirements):

1. Successfully function as part of an interdisciplinary medical team. *(Serve as the primary mental health consultant on 20-25 cases for a medical team; participate in interdisciplinary treatment team meetings and provide feedback to team members; understand how organizational practices affect patient and team functioning.)*
2. Develop advanced skills in the evaluation of and psychological and neurocognitive issues in medical patients. *(Complete a minimum of 10 psychological evaluations, neuropsychological evaluations depending on interest and goals, including treatment planning; provide feedback about testing/assessment to the patient and treatment team.)*

3. Develop advanced skills in providing individual and group treatments for medical patients. *(Co-lead a psychotherapy or support group for medical patients, or co-lead an educational group for medical patients, and select an appropriate treatment modality and provide short-term or manualized intervention for at least 6 patients.)*
4. Apply the clinical research literature to assessment and intervention in health psychology. *(Focused readings in health psychology and health promotion; attend health psychology presentations at the Postdoc/Intern Seminar.)*
5. Address issues of individual and cultural diversity and physical disability in assessment, treatment, and consultation. *(Increase knowledge through readings, supervision, and case discussion; attend didactic presentations.)*
6. Provide layered supervision to at least 1 intern. *(Meet individually with intern(s) to discuss current cases, professional development, and other training goals.)*
7. Develop professional identity and attitude of a psychologist. *(Observe psychologists functioning in various medical settings, discuss professional development with supervisors, and review readings as indicated.)*

SAMPLE TRAINING OUTLINE for Health Resident

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8-noon	ARU	Pain Clinic	HPDP	PCMHI	Pain Clinic
12:30-4:30	ARU Seminars	PCMHI Seminars	HPDP	PCMHI	Pain Clinic

TRAUMA PSYCHOLOGY TRACK

In this **one-year fellowship** track, fellows acquire skills in the areas of assessment, intervention, and interdisciplinary treatment planning, as well as gain clinical research experience with persons suffering from posttraumatic stress symptoms or disorders.

Assessment skills will be taught through didactics, structured trainings, experiential learning and direct observation, and clinical supervision. Fellows will gain experience in measuring current psychological distress (eg. degree of PTSD, depressive and anxiety symptoms), tracking change in distress during treatment, and in comprehensively assessing Axis I and Axis II conditions integrating clinical interview information with data derived from psychological testing (e.g. MMPI-2, MCMI-3, CAPS, Trauma Symptom Inventory etc). Fellows interested in further developing their skills in neurocognitive assessment, will have the opportunity to do so either within their required rotations or by taking on cases in Assessment Lab or Neuropsychology.

Intervention skills will be taught and developed through didactics, study of empirically supported therapy manuals, feedback on taped therapy sessions, experiential learning, and clinical supervision. In all three of the required rotations/settings, the fellow will receive training in both individual and group interventions. Opportunities to provide couples therapy are possible as well, while rotating through the PDC (with Dr. Wettstein). Fellows will be trained in a variety of evidence supported treatments including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Seeking Safety.

Postdoctoral fellows will learn research skills through didactics, participation in research project meetings, administering research assessments and protocols, supervision, and experiential learning.

Postdoctoral fellows will be encouraged to complete a small project leading to a publishable article during their training year and will be encouraged to collaborate with other researchers.

Training will be provided in the following clinical programs:

The Trauma Recovery Service (Drs. Boxer, Robinson and Song)

The Trauma Recovery Service (TRS) clinic is an interdisciplinary clinic offering assessment and treatment of military-related posttraumatic stress disorder. PTSD is one of the most common mental health diagnoses for veterans at the WLA VA Medical Center. The TRS clinic is serving an increasing number of veterans from Iraq and Afghanistan but also includes veterans from other theaters, including Vietnam. All veterans seen in the clinic will receive a comprehensive psychodiagnostic intake to confirm a diagnosis of PTSD. Veterans are offered a variety of individual and group therapy services along with psychiatric management. There are opportunities to receive training in evidenced based psychotherapy for PTSD including individual and group Cognitive Processing Therapy and Prolonged Exposure Therapy. Additional group experiences may include:

- Acceptance and Commitment Therapy
- Seeking Safety
- Dialectical Behavior Therapy Skills Group
- Anger Management
- STAIR
- CBT for insomnia
- CBT for anxiety
- Process/support groups
- Trauma Recovery Group

Women's Health Program (Dr. Himmelfarb) Women's Health Program is an interdisciplinary program that treats female veterans for medical and psychiatric conditions. The trauma track resident will provide individual and group psychotherapy and psychological assessment to women with depression, military sexual trauma and a variety of other conditions. Residents will have the opportunity to gain experience in Cognitive Processing Therapy (CPT) in individual and group settings. Services are also offered to meet the unique needs of returning female Iraq War veterans, who are being seen in increasing numbers in this program. The resident will have a chance to participate in several of the following women’s clinic groups:

- PTSD101
- CPT group for sexual trauma
- CPT group for combat trauma
- ACT
- Mindfulness Skills
- CPT Booster group

TRAINING GOALS	REQUIREMENTS
1. Learn about and integrate current research findings on PTSD and trauma into clinical practice.	1. Complete all assigned readings and integrate concepts in delivery of patient care. 2. Attend weekly didactics in TRS. 3. Lead one week of TRS didactic discussion with

	an article of the fellow's choosing.
2. Increase awareness and knowledge of ethical and legal issues related to the practice of psychotherapy and assessment in an outpatient setting.	<ol style="list-style-type: none"> 1. Identify ethical issues as they arise in clinical practice and communicate ethical reasoning and decision making. 2. Actively participate in discussion of ethical issues in clinical supervision and treatment team meetings. 3. Follow all state and organizational policies with regards to issues of mandated reporting. Keeps supervisor informed of all safety issues as they arise.
3. Increase awareness and knowledge of individual and cultural diversity. Demonstrate awareness when interacting with patients and staff.	<ol style="list-style-type: none"> 1. Increase knowledge through readings, supervision, and case discussion. 2. Address diversity via inclusion in case conceptualizations and treatment delivery. 3. Attend diversity seminar
<ol style="list-style-type: none"> 4. Demonstrate awareness of professional values and behaviors. 5. Strengthen interpersonal and communication skills. 	<ol style="list-style-type: none"> 1. Participate in weekly interdisciplinary team meetings in WHC and TRS. 2. Maintain professional and respectful relationships with supervisors, patients, staff, and peers. 3. Communicate clearly and professionally in progress notes, supervision, and team meetings.
6. Strengthen diagnostic interviewing and psychological assessment skills specific to trauma exposure and PTSD (TRS).	<ol style="list-style-type: none"> 1. Complete a weekly integrated PTSD assessment through TRS including the CAPS, PCL-5, PHQ-9, and LEC. 2. Complete weekly general diagnostic intake assessment in WHC. 3. Provide ongoing assessment and feedback to track effectiveness of interventions via PCL-5, PHQ-9, or another appropriate clinical measure.
7. Enhance psychotherapy skills and gain experience in the delivery of evidenced based psychotherapy for veterans with PTSD.	<ol style="list-style-type: none"> 1. Provide individual psychotherapy to 1-3 veterans in WHC. 2. Demonstrate adherence and proficiency to Prolonged Exposure and deliver the intervention to at least 3 veterans across clinical settings and trauma exposures. 2. Demonstrate adherence and proficiency to Cognitive Processing Therapy and deliver the intervention to at least 3 individual veterans across clinical settings and trauma exposures. May also deliver CPT in a group setting. 3. Gain experience in the delivery of additional evidenced based intervention for PTSD or trauma related disorders (STAIR, ACT, DBT Skills) in either group or individual therapy. 4. Demonstrate proficiency in delivery of a support group therapy

<p>8. Strengthen assessment and intervention skills for common co-morbid disorders associated with trauma exposure.</p>	<p>1. Demonstrate accuracy in diagnostic assessments within TRS and WHC of co-morbid conditions to also include triaging concerns to other settings if indicated.</p> <p>2. Participate in elective training experiences in additional clinical settings of resident's choice. Options include Pain Clinic, WLA Addictive Behaviors Clinic, Anxiety Disorders Clinic, Mental Health Clinic, or CBT for Insomnia.</p>
<p>9. Develop skills in consultation and care coordination in interdisciplinary teams.</p>	<p>1. Participate in weekly interdisciplinary team meetings in WHC and TRS.</p> <p>2. Present cases and provide feedback to other treatment team meetings.</p> <p>3. Serve as psychological consultant as requested by other team members.</p> <p>4. Coordinate care with other disciplines as indicated by patient needs.</p>
<p>10. Develop skills in clinical supervision.</p>	<p>1. Provide layered supervision of psychology intern.</p> <p>2. Attend Supervision Seminar</p>

TRAINING OUTLINE for Trauma Resident: 2017-2018

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8-noon	Women's Clinic	MHC/TRS	Women's Clinic	MHC/TRS	MHC/TRS
12:30-4:30	Women's Clinic Seminars	MHC/TRS Seminars	MHC/TRS	MHC/TRS	MHC/TRS

INTERPROFESSIONAL HEALTH TRACK

Training experiences, including goals and minimum requirements, within this training track are flexible. It will be a **one-year training experience** in which residents acquire skills in assessment, intervention, interdisciplinary treatment planning, teaching and/or supervision, and clinical research as available (which may include program evaluation as well). The core training experience is development of knowledge of MBSR and MSC and skill in providing these group therapies to Veterans, which requires about 50% of the residents' time. The remainder of the time may be divided among didactics, seminars, and training sites of interest to the resident with several graduates specializing in health psychology or treatment of trauma.

The training setting will extend to the two major ambulatory care centers within the VA Greater Los Angeles (GLA) service area: the Sepulveda Ambulatory Care Center (SACC) and the Los Angeles Ambulatory Care Center (LAACC). Residents will provide services at both the WLA campus and one of the ambulatory care centers during training work week (this has typically been SACC). Opportunities to provide wellness-based integrative practices via telehealth technologies will also be available as part of residency training experience.

Core Component:

Integrated Health and Healing (Dr. Serpa): GLA is a Center for Innovation site to explore the training of staff, dissemination, empirical basis and implementation of mind-body, integrative medicine modalities of care so frequently requested by our Veteran consumers. The integrative, Interprofessional residents will be central to these efforts. In the past several years, GLA has invested in the local staff training and certification for a variety of integrative modalities of care. Residents will be trained in mindfulness interventions and will co-facilitate groups with a licensed clinical psychologist certified in MBSR. No prior experience with MBSR is required although a demonstrated interest in and experience with mindfulness based interventions is strongly preferred. Residents are invited to co-facilitate Mindful Self-Compassion (MSC) and Integrative Tinnitus Management (ITM). The Interprofessional Integrative Health Trainees, which will include psychology residents, advance practice mental health nurses, social work interns and psychiatry residents, will also have the option for training and direct clinical experience with programs in the Integrative Health and Healing Center (IHHC) including Yoga, Breathing-Stretching-Relaxation, Tai Chi, and other interventions with a promising evidence basis. The training goal is not simply to learn the intervention, but to utilize the specific skills of psychology to evaluate the evidence basis of an integrative intervention, work collaboratively across disciplines to establish appropriate training, dissemination in an integrated primary care setting, and quality improvement evaluation with related reporting. It is likely residents will be involved in design, dissemination, implementation, and evaluation of employee wellness interventions.

Interprofessional residents will be providing layered supervision weekly to a social work trainee for one individual case. Additionally, residents may have layered supervision opportunities with psychology interns and pre-interns, social workers, and others.

Secondary placements:

Secondary placements would likely last a minimum of 3 months, but may span the full year, depending on supervisor expectations and resident interest.

Primary Care Mental Health Integration (Drs. Chen, Kay, Jetton, Schutz): The Primary Care-Mental Health Integration program is based in the Primary & Ambulatory Care Clinic (PACC) and the Homeless Patient Aligned Care Team (H-PACT) where veterans are seen by primary care providers for both general and preventive health care. A mental health team of providers is co-located to meet the needs of those patients with mild to moderate mental health issues including depression and anxiety, PTSD, chronic illness/multiple medical problems, pain disorders, and substance abuse. The PCMHI team consists of psychologists, psychiatrists, social workers, and nurses. Residents working in Primary Care will be responsible for evaluation and assessment, individual and group therapies, team participation and consultation, and attendance at didactics. There are opportunities for layered supervision of psychology interns treating short-term individual patients. Some of the clinic opportunities include:

- Evidence-based treatments (e.g., CBT, IPT, MI and behavioral activation).
- Health Promotion/Wellness (e.g., smoking cessation, MOVE clinic, chronic pain, and acceptance-based approaches).
- Curbside consultations and same day access services.
- Group/shared medical visits with patients and providers for diabetes management.
- Teaching and supervision providing in-service training and supervising pre-interns in Health Psychology.

Pain Clinic (Drs. Bailey and Kay): The resident will work closely with psychologists who are part of an interdisciplinary pain treatment team (Rehabilitation Medicine, Anesthesiology, Nursing, Neurology, and Psychiatry). The primary role of the psychologist in this setting is that of consultant to the treatment team based on an assessment of the patient's current psychological/personality functioning and biopsychosocial history. There are opportunities to assess patients with chronic and complicated pain problems. Pain patients who are candidates for interventional procedures (e.g. spinal cord stimulator or baclofen pump placement) undergo a comprehensive psychological assessment, including clinical interview, self-report measures, and administration of the MMPI-2-RF. Thus, psychology trainees gain experience in the use and interpretation of screening, interview, and personality measures in the assessment of chronic pain. In addition to assessment, the pain psychology program also contributes to a CARF accredited interdisciplinary comprehensive pain rehabilitation program. Fellows may conduct evaluations of candidates for the program, provide group-based psychological treatment, and participate in interdisciplinary treatment plans. There may also be opportunities to provide group behavioral pain management to Veterans who struggle with addiction. Finally, brief individual therapy opportunities (i.e. CBT or biofeedback) may be available as well. There are opportunities for layered supervision of psychology interns in group treatment and assessment.

Inpatient Acute Physical Rehabilitation Unit (Dr. Zeller): Residents complete consultations on patients admitted for intensive physical rehabilitation of stroke, amputation, traumatic brain injury, and/or neurological or orthopedic disorders. Consultation can include diagnostic evaluation, psychological and neuropsychological assessment, short-term psychotherapy, and staff support and education. Residents attend weekly interdisciplinary treatment rounds and family conferences.

Oncology Clinics (Dr. Zeller): The resident will have an opportunity to work in the Hematology-Oncology Clinics, where mental health has become integrated into the veterans' routine evaluation and follow up. These brief assessments evaluate suicide risk, level of depression, gross cognition, and coping strategies. Veterans will be provided with psychoeducation, as well as treatment recommendations.

Biofeedback: Residents may have the opportunity to participate in a biofeedback therapy group. In biofeedback therapy, a patient learns how to change physiological activity to improve one's health and performance. With Biofeedback treatment, the person learns to observe and control "involuntary" workings of the body while using calming skills to voluntarily reverse unhealthy states. Biofeedback devices are used to promote awareness by measuring physiological states that reflect the activities of the sympathetic and parasympathetic nervous systems.

Trauma treatment: Interprofessional residents may elect to develop experience in EBPs for PTSD including PE and/or CPT as supervised by highly experienced psychologists who work in trauma and general mental health clinics. Specifics would be determined upon placement.

Program goals and objectives focus on developing competence in the following core areas:

1. Ethics and professional standards. Residents will attain advanced knowledge and application of APA Ethical Principles and California laws and professional conduct.

2. **Assessment.** Residents develop advanced, independent skills in assessment, including diagnosis, case conceptualization, interviewing skills, test administration, scoring, interpretation, integration of findings, as well as issues related to theory, ethics, and impact of ethnicity/culture in a variety of settings.
3. **Intervention.** Residents will strengthen their skills in psychological treatments, including conceptualization within at least two specific theoretical orientations, knowledge and application of evidence-based treatments including MBSR, development of skills in individual and group modalities, and appropriate therapeutic interpersonal qualities.
4. **Interdisciplinary consultation.** Residents will be able to function effectively and cooperatively with interprofessional team members, provide consultation, and contribute to team planning.
5. **Integration of science and practice.** Residents will develop an advanced level of knowledge of evidenced-based practices, the ability to apply research literature to clinical practice, continued development of critical thinking skills, and development and implementation of a research project during the residency year.
6. **Cultural diversity and individual differences.** Residents will develop an advanced level of knowledge, awareness, and sensitivity to individual and cultural differences as they apply to assessment, intervention, research, the workplace and the health care system.
7. **Clinical supervision.** Residents are expected to develop entry-level skills providing supervision to other psychology or social work trainees, in a “layered” supervision context.
8. **Professional development.** Professional identity will develop through the acquisition of advanced skills in MBSR and a separate area of emphasis with development of career goals toward that end, contributions to the professional and scholarly community, and progress toward licensure.
9. **Knowledge of administrative and organizational practices.** Residents will gain experience in some aspect of administration, organization or management of psychology service delivery through direct experience, modeling by supervisors, and supervision.

TRAINING OUTLINE for Interprofessional Resident: 2017-2018

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8-noon	IMHC and	IMHC	IMHC or PCMHI or HPACT or MHC	PCMHI or WC or PC or MHC	IMHC or MHC
12:30-4:30	IMHC Seminars	IMHC or ID Seminars	IMHC or PCMHI or HPACT or MHC	PCMHI or WC or PC or MHC	IC or MHC

Integrated Care for Homeless Veterans with Severe Mental Illness: Homeless Patient Aligned Care Team (HPACT)

(Please note that this is a **1-year Fellowship** and IS OPEN for applications in 2018)

Residents will work with male and female veterans from all service eras, who are homeless or are in transitional housing programs through the VA and community. Residents will receive advanced clinical training and supervision in initial assessment, intervention, crisis management, and team management

of Veterans with severe mental illness including Bipolar Disorder, Schizophrenia, severe Depression, PTSD, and co-occurring substance use disorders. Residents will advance training in evidence-based group and individual interventions in preparation for independent practice. Psychology residents will gain experience in an integrated model of mental health and primary care delivery. They will develop working knowledge of the strengths and responsibilities of all team members, and coordinate regularly with staff to maximize Veterans' access to various resources.

The HPACT program consists of the integrated primary care and mental health teams that serve Veterans who are homeless, in transitional housing, or housed through VA-Supported Housing (VASH). Each of the three teams consist of two teamlets, each with a primary care provider, registered nurse care manager, and licensed vocational nurse. Each full team has one psychiatrist, a psychologist, a senior social worker, and a medical support assistant.

Residents will complete a **required** 12-month rotation in HPACT. The resident's primary supervisor will be the psychologist assigned to the team. Opportunities will be available to work with additional psychology faculty within HPACT for specialized training in various areas of faculty expertise. Additional electives may be available through the Substance Use Disorder clinics. While layered supervision is not currently available through the HPACT rotation, there are opportunities to supervise interns or pre-interns through the elective rotation.

HPACT Rotation Goals (Required Experiences and Goals):

1. *Refine skills in delivering individual psychotherapy to Veterans with severe mental illness and co-occurring substance use disorders.* Psychology Residents will maintain a caseload of individual psychotherapy patients. Therapeutic modalities will almost always be short-term EBP-informed treatments, though some supportive counseling and case management will be incorporated to treatment as appropriate. Opportunity to provide EBP treatment will also be available. Emphasis is on enhancing psychosocial functioning.
2. *Develop and refine skills in initial diagnostic, suicide risk, and violence risk assessments.* Though some opportunity for objective personality assessment may be available, a strong emphasis will be on refining diagnostic skills through the use of a skillful interview. Residents will develop skill in detailed diagnostic interview and thorough but swift report writing. Suicide risk assessments are completed often as part of initial, walk-in and urgent visits. Violence risk assessments are completed on an as-needed basis.
3. *Demonstrate advanced skill in the rapid assessment and triage of urgent walk-in appointments.* Residents will be designated as the walk-in provider for one afternoon per week to see urgent same-day patients. They will develop skills in case management, referral, and crisis intervention.
4. *Participate actively as an integrated HPACT team member:* Residents are expected to work closely with trainees and faculty from internal medicine, nurse practitioner, registered nursing, psychiatry, and pharmacy to develop collaborative Veteran-centered treatment plans and interventions. The resident will provide mental health consultation to primary care disciplines, and integrate feedback from other disciplines into their own treatment plans. Reasons for consultation may include how to manage treatment-interfering behaviors, assessment of mental status, suicide risk assessment, motivational interviewing, engaging with patients who experience psychosis, etc.
5. *Residents will successfully facilitate and participate in weekly case conferences.* Trainees and faculty from all disciplines meet weekly to develop an integrated treatment plan of an identified Veteran who would benefit from increased team support. Trainees will provide expertise and

insight regarding how behavioral and psychological factors can affect treatment. Trainees will be expected to present a case periodically and ask the team for feedback regarding the case.

6. *Participate in quality improvement seminar and develop performance improvement projects with an integrated team.* CoE trainees will be expected to complete a quality improvement seminar. They will complete performance improvement projects as an integrated team throughout the year. Potential projects may include plans to streamline Veteran flow through clinic, teambuilding exercises, or innovative treatment interventions.
7. *Develop, facilitate, and participate actively in HPACT didactic sessions and seminars.* Residents will have the opportunity to participate as audience and as facilitator for didactic sessions. As facilitator, residents will share an area of expertise with the audience, with particular attention paid to how other disciplines may integrate the information into their practice.
8. *Demonstrate competency integrating the social determinants of health and additional issues related to cultural diversity into all case conceptualization, treatment plan, and team-related activities.* Residents will participate in seminars to develop an understanding of the social determinants of health and additional diversity considerations. They will incorporate this information into all areas of practice.
9. *Participate actively in integrated trainee Reflection Group:* Trainees from all disciplines will participate in a monthly reflection group. Trainees will be expected to share and process their reactions to challenging patients or experiences in working with a team to facilitate reflective process and prevent burnout, as well as facilitate team engagement.

TRAINING OUTLINE for H-PACT Resident: 2017-2018

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8-noon	HPACT	HPACT	HPACT	HPACT	SUD Clinic
12:30 -4:30	HPACT SEMINARS	SUD Clinic SEMINARS	HPACT	HPACT	SUD Clinic

DIDACTICS/SEMINARS

Didactics include a seminar held weekly on Wednesday afternoon (Assessment Seminar) and three monthly seminars or lecture series (Diversity Seminar, Evidence-based Psychotherapy Lecture Series, and the Postdoc Residency Seminar and Journal Club). In addition to these core didactic experiences, residents often will avail themselves of many other optional educational opportunities. A sampling of these include, weekly Mental Health Grand Rounds, weekly Neurobehavior Seminars, occasional UCLA Department of Psychology workshops, VA-sponsored trainings, other departmental rounds and conferences, UCLA Grand Rounds, UCLA Neuroscience seminars, and licensure seminars. Attendance at optional educational activities is at the discretion of the training staff and the resident's mentor.

Assessment Seminar meets every Wednesday afternoon. Led by Drs. Hinkin and Castellon, the seminar is designed to enhance foundational skills in both neuropsychological and psychodiagnostic assessment. Lectures/presentations will cover test background, selection, administration, reliability and validity, and interpretation, as well as the assessment interview, multicultural factors, ethics, and test limitations. Topics in neuropsychological assessment will include neuroanatomy for the clinical/counseling psychologist, neurological diseases and disorders, neuropsychological manifestations of psychiatric disorders, and classic neurobehavioral conditions. Special topic of interests such as aging, rehabilitation,

research, professional issues, and career development will also be covered. Clinical case material is used throughout the seminar to highlight and supplement coursework, and will include case presentations.

Diversity Seminar, led by Drs. Yong Song and Anjuli Amin, meets twice a month and is designed with a purpose of increasing the residents' cultural competence by examining the dimensions of the cultural self and others. This understanding is used to inform clinical interpretations, treatment goals, and relationships with patients. Case discussions, didactic presentations and experiential practice are used to achieve these objectives. Guest lecturers are invited to speak on such topics as 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 residency class.

Postdoc Seminar and Journal Club, led by Dr. Steven Castellon, meets twice a month and features guest speakers on topics related to professional development and a resident-led Journal Club – with presentations led by residents and Dr. Castellon centered on clinical and professional issues of importance to all residents.

The Evidence-Based Psychotherapy Seminar, facilitated by Dr. Okonek, meets monthly and features a variety of guest speakers discussing state-of-the-art evidence-based interventions relevant to the VA setting. The seminar includes presentations on interventions such as Acceptance and Commitment Therapy, CBT for Psychosis, CBT for Pain, Cognitive Processing Therapy, Prolonged Exposure, biofeedback, and Motivational Interviewing. The seminar format includes formal didactics and group discussion.

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

- Access to training activities offered to interns and practicum students
- Weekly neurosciences lectures at the Semel Institute for Neuroscience & Human Behavior at UCLA that emphasize theoretical and conceptual issues
- Weekly VA Neurobehavior seminars presenting research and clinical data on neurobehavioral syndromes and cases highlighting unusual disorders
- VA Memory Disorder and Neurobehavioral Clinics in which case presentations are discussed by neurologists, neuropsychologists, and psychiatrists
- Clinical pathology (i.e., brain cutting) conferences
- Weekly GLA Mental Health Grand Rounds featuring a wide range of topics presented by local and national presenters
- Weekly UCLA Grand Rounds
- Weekly Pain Clinic lecture series
- GRECC lectures, seminars and workshops
- MIRECC lectures, seminars and workshops
- Courses required for California licensure, provided at no cost by arrangement with the Semel Institute at UCLA
- Psychology Department-sponsored continuing education workshops (3 offered each year) on special topics of interest including law and ethics, supervision, diversity, PTSD, psychopharmacology, assessment, psychopathology and contemporary treatments

- VA-sponsored workshops and courses in such topics as rehabilitation, bioethics and Palliative Care

Requirements for Completion

To maintain good standing and complete the postdoctoral residency program, residents are 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 an average rating of "Progressing Well" in each of the six core competency areas, with no serious ethical violations or transgressions identified.
3. Meet all administrative requirements.
4. Complete 2080 hours of supervised professional experience (SPE), to be completed in one year of full-time training.
5. Achieve satisfactory performance in all clinical competency areas and at the completion of the fellowship term (final rotation rating), the Fellow has received ratings of "Competent" (which is anchored as "performing at level of entry-level psychologist, no supervision needed, knows when to consult"), in all competency areas.

Additionally, we expect all fellows to be "progressing well" (midterm) and then to be rated fully "competent" (final rating) on the following general competencies listed below. Of course, there are additional requirements listed in each residency track (described above).

1. Demonstrate an advanced knowledge and application of 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.
2. Demonstrate advanced knowledge and skills in psychological assessment.
 - Attend the Neuropsychology and Psychology Assessment Seminar and present at least two assessment cases.
 - Participate in at least two comprehensive assessments (for Health and Trauma Fellows) during the training year, in addition to the assessment requirements in clinics.
3. Demonstrate an advanced ability to conduct individual and group psychotherapy.
 - Follow at least 5 psychotherapy cases (for Gero/Neuro and Polytrauma Fellows)
 - Gain experience in at least two significantly different theoretical orientations.
 - Lead, supervise, or co-lead at least two psychotherapy or psychoeducation groups.
4. Demonstrate the ability to function as a member of an interdisciplinary team.
 - Complete at least one rotation as an active participant in an interdisciplinary team setting.
 - Develop and coordinate treatment planning within an interdisciplinary treatment team.
5. Demonstrate an advanced proficiency in clinical research and the ability to integrate scientific literature into clinical practice.

- Apply research findings in treatment decisions, case discussions, and research presentations.
 - Participate in a clinical research project during the fellowship year(s).
 - Present ongoing research at the seminars or local/national conferences.
 - Attend seminars and workshops on clinical research topics.
6. 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.
7. 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 fellowship.
8. Continued development of one's professional development through:
- Acquire advanced skills in area of emphasis.
 - Contribute to the professional and scholarly community through research, advocacy or education.
 - Make progress toward licensure and/or board certification.
9. Gain knowledge of administrative and organizational practices
- Participate in the administration, organization or management of psychology service delivery
 - Present the project to Psychology staff and trainees.



Clinical Neuropsychology Postdoctoral Residency Program

West Los Angeles VA Healthcare Center

Steven Castellon, Ph.D.

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Accreditation Status

The Clinical Neuropsychology Postdoctoral Residency Program (CNPRP) at the West Los Angeles VA Healthcare System (WLAVAHS) is not currently accredited by the Commission on Accreditation of the American Psychological Association. However, a self-study applying for specialty accreditation in Clinical Neuropsychology was submitted in October of 2017 and a site visit by APA Commission on Accreditation will take place in October of 2018.

Our Psychology Postdoctoral Training Program has been a full-member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) since 2009. [We renewed our three-year APPIC membership in the summer of 2016.](#)

Application and Selection Procedures

The Residency program in Clinical Neuropsychology begins in September of 2020. This is a two-year full-time program with VA benefits. The current stipend is \$52,176 for Year One, increasing to \$54,996 for Year Two. Our training program is organized to provide two years of full-time training but advancement to the second year is contingent upon successful completion of first year requirements.

We are recruiting for three Neuropsychology Residency positions in 2020: **(1) Traumatic Brain Injury/ Rehabilitation Neuropsychology, (2) Geriatric Neuropsychology, (3) General Neuropsychology.** Each of these positions is based at the West Los Angeles VA Medical Center.

Eligibility

Minimum qualifications include U.S. citizenship, completion of all requirements for the doctoral degree, including internship and dissertation. The Department of Veterans Affairs requires that an applicant's doctoral degree and internship be completed at programs that have been accredited by the American Psychological Association. Also, please note VA employment requires that males born after December 31, 1959 must have registered for the draft by age 26.

Postdoctoral Residents are subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens. Also, VA conducts drug screening exams on randomly selected personnel as well as new employees. 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.

The VA West Los Angeles Clinical Neuropsychology Postdoctoral Residency program seeks and values diverse experiences and backgrounds as the building blocks of a rich training environment. Our program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, veteran status, and political affiliation. Residents are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. The program seeks to admit trainees from diverse backgrounds while selecting the most qualified candidates. As such, individuals from diverse backgrounds are strongly encouraged to apply. The VA is an Equal Opportunity Employer and the training program follows institutional guidelines in this regard.

Selection Procedures

The selection committee for is composed of the Neuropsychology Training Group, a 10-member group of supervisors (see below) that includes the Psychology Training Director (Dr. Anna Okonek), as well as the Postdoctoral Residency Director (Dr. Steve Castellon). Current Residents participate in the interview process but do not have an evaluative role, with their main role helping to inform applicants about the program and their experiences as trainees.

The selection committee evaluates the following criteria: (1) Breadth and quality of prior general clinical training, (2) Quality and extent of specialized training in clinical neuropsychology, (3) Strength of letters of recommendation, (4) Quality and scope of research productivity, (5) A clear and thoughtful writing style in application materials and sample reports, (6) Goodness of fit between applicant's professional goals and program training objectives, and (7) Evidence of personal maturity and accomplishments. Successful candidates typically have substantial academic and clinical experience in neuropsychology, with preference given to candidates who have completed doctoral and internship training that meets the Houston Conference guidelines in Clinical Neuropsychology (for details, see http://www.theaacn.org/position_papers/houston_conference.pdf).

Historically, most interviewing of top applicants has taken place on site, at the West Los Angeles VA. We can also conduct interviews by telephone or by video teleconferencing should travel to our site not be feasible. Following interviews, the Neuropsychology Training Group will again rank order applicants and an offer will be extended to the top applicant for each training track (TBI/Rehab; Gero-Neuro; General). Offers will be extended as soon as possible after committee consensus. If offers are not accepted, we will continue to extend offers down the rank-ordered list until the positions are filled. We expect to extend offers by mid-February.

Training Setting

The VA Greater Los Angeles (VAGLA) Healthcare System is one of the largest and most complex integrated healthcare facilities within the Department of Veterans Affairs. The VAGLAHS consists of a comprehensive tertiary care facility (West Los Angeles VA Healthcare Center), three ambulatory care centers, and 10 community-based outpatient clinics. In fiscal year 2014, VAGLAHS provided medical and mental health services to over 85,000 Veterans residing in the primary service area, including Los Angeles County, which has the largest concentration of Veterans of any county in the United States. 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.



The Psychology Postdoctoral Training Program is housed at the West Los Angeles VA Healthcare Center. This tertiary care center is spread across an expansive 430-acre campus that includes approximately 150 buildings and is divided into a South and North Campus. The Psychology Department is embedded within the Department of Psychiatry and Mental Health and consists of 48 licensed clinical psychologists, many of whom are involved with training endeavors at the internship and postdoctoral level. Psychologists at the West Los Angeles VA occupy a variety of roles

throughout the medical center, working in both inpatient and outpatient mental health and medical settings, with several involved in program leadership positions and the majority working in multi-disciplinary settings with allied mental health care professionals.

The West Los Angeles VA Healthcare Center is located in one of the most culturally diverse cities in the nation. The Veterans we serve represent a mixture of cultural, ethnic, socioeconomic, and individual diversity. Our overall Veteran population self-identified as 64% Caucasian, 27% African American, 5% Hispanic, 4% as Asian and 1% as Native American. While this group is approximately 90% male, there are several settings in which trainees can get experience working with female Veterans. There is also considerable diversity in terms of age, so although approximately 41% of our Veterans receiving care are over the age of 65, we also have nearly 15,000 OEF/OIF Veterans enrolled in GLA, with the vast majority under the age of 30.

West Los Angeles VA psychologists on the south campus work in settings that are primarily devoted to medical/surgical, integrated primary care, and inpatient psychiatric services. These programs are located in either the main medical center building or in one of two newly-constructed, adjacent, modular buildings. South campus psychologists include those working within Health Psychology-Integrated Care, Physical Medicine & Rehabilitation, Geriatric Research, Education & Clinical Center (GRECC), and our Geriatrics clinical programs including Geropsychology and GEM/GRECC, described below. On the north campus, one or more psychologists work in the following programs: Community Living Center (CLC), comprised of our two 120-bed nursing home buildings; Domiciliary Residential Rehabilitation and Treatment Program (a 321-bed treatment program housed in two dormitory style buildings); Ambulatory Care mental health programs (e.g. Mental Health Clinic); substance abuse treatment programs including Addiction Treatment Clinic (ATC) and Recovery Treatment Center (RTC); the PTSD program; and the Neuropsychology and Assessment services. In addition, a number of treatment programs for patients with severe mental illness can be found on North campus, including the CBT for Psychosis Clinic, the Mental Health Intensive Case Management (MHICM) program, the Dual-Diagnosis Treatment Program (DDTP), the Psychosocial Rehabilitation for Severe Mental Illness, and the Mental Illness Research, Education and Clinical Center (MIRECC).

The Psychology Department at the West Los Angeles VA Healthcare Center has a strong commitment to, and long history of, providing training. Our Psychology Training Director, Dr. Anna Okonek, oversees our highly competitive (130-160 applications annually) predoctoral internship program. This program has been accredited by the American Psychological Association since 1979 and, at the most recent site visit (2010), received a full 7-year accreditation. Of Psychology Department staff, 31 serve as supervisors in our internship training program, and, of those, 19 also provide supervision in the fellowship program. In

addition to training predoctoral interns, the training program selects 4-6 practicum students each year, all of whom receive 9 months of supervised training on two different clinical rotations. Postdoctoral Fellows and Residents will have a chance to provided layered supervision to both our predoctoral interns and practicum students. All clinical supervisors in the postdoctoral residency/fellowship, predoctoral internship, and practicum program are licensed clinical psychologists and complete biannual training and education in clinical supervision as mandated by the California Board of Psychology.

The Psychology Department at West Los Angeles VA enjoys close ties with both the UCLA Department of Psychology and the Department of Psychiatry & Biobehavioral Sciences at the David Geffen School of Medicine at UCLA. Many staff members, including the majority of those in training/supervising roles, hold clinical and/or academic appointments at local institutions, including UCLA, Pepperdine University, the University of Southern California, and the Fuller Graduate School of Psychology.

Training Model and Program Philosophy

Program Aim: *The aim of the Clinical Neuropsychology Residency Program (CNRP) at the West Los Angeles VA is to promote the development of advanced competencies in our residents such that graduates are eligible for employment in public sector medical center settings, including the VA. Graduates will have developed an advanced understanding of brain-behavior relationships and will be able to work in a variety of settings specializing in the assessment and treatment of neuropsychological syndromes and their sequelae. We believe that our graduates should be able to function as neuropsychologists in a variety of multi/interdisciplinary and consultation settings."*

The CNRP is structured to provide advanced clinical, didactic, and research experiences during a two-year, full-time program. Although we expect the resident will be able to function at an advanced level following their first year of training, the second year builds upon the competencies developed during the first year, as residents participate in increasingly more advanced or specialized and complex training experiences requiring greater autonomy and responsibility. During the second year of training we expect the resident to assume greater participation in administration, research, and supervision activities. All training experiences, throughout the two years of full-time training, serve to deepen knowledge of brain-behavior relationships, develop expertise in the evaluation and treatment of neurological syndromes and their sequelae, and continued professional development through increasing involvement in direct supervision of pre-doctoral trainees, work on administration/management of neuropsychology and neurobehavioral clinics, and leadership roles within multi-disciplinary treatment teams. Greater depth of supervised clinical experiences are possible over the course of the residency than would be possible, for example, on internship (e.g. wider variety of patients, more complicated cases, or cases requiring specialized skill sets).

At the outset of each training year, each resident meets with their primary supervisor to complete and discuss an evaluation that is designed to assess his/her general neuropsychological skills and comfort in other profession-wide competency areas (NP Resident Self-Assessment Form). This process helps the primary supervisor and resident review prior experiences, perceived strengths, areas for growth, and training goals. This information is used to help develop a training plan where clinical/didactic/research training experiences target development within eight competency areas. Typically, within the first few months of beginning the program the resident chooses a research mentor with whom they would like to complete a research project. The Neuropsychology Training Group (those clinical supervisors specifically involved with the Neuropsychology Residency), as well as the broader Psychology Training Committee, meet regularly to discuss resident progress through the program and the development of neuropsychological competencies.

At the beginning of each major clinical training rotation, the resident and rotation supervisors develop a formal individualized training plan that discusses and sets forth training objectives, required activities, and caseload guidelines. Formal evaluations are completed at the midpoint and upon completion of all training rotations lasting six months or more.

Our Neuropsychology Residency Program has three Training Tracks: 1. **General Neuropsychology**, 2. **Geriatric Neuropsychology**, and 3. **Polytrauma/Rehabilitation Psychology**. Each track is comprised of both required and elective clinical experiences. The required training placements within each track are described below and elective experiences in the section following.

Clinical Neuropsychology Training Experiences

We have three positions open for application in 2020. Each training track involves participation in required training experiences as well as selection of elective experiences.

Required Clinical Rotations: Polytrauma/Rehabilitation Psychology

- 1. Polytrauma/TBI Neuropsychology.** Residents receive advanced training within our Polytrauma Network Site (PNS), with emphases in neuropsychology and rehabilitation. Polytrauma (i.e. multi-system injury including traumatic brain injury) has been identified as a national priority for veterans' health care and there is significant need for Polytrauma Psychology services including neurocognitive and psychological assessment, innovative treatments, as well as consultation and research. Residents serve as an integral member of the interdisciplinary Polytrauma team working with veterans from Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND). The resident receives training and direct supervision in neuropsychological and psychological assessment, interventions including individual and group evidence-based psychological treatments, and cognitive rehabilitation. Additionally, the fellow will work closely with allied disciplines of the Polytrauma Program including Psychiatry, Speech and Language Pathology, Occupational Therapy, Physical Therapy, Social Work, Nursing, Blind Rehabilitation and Vocational Rehabilitation Specialists to develop a comprehensive treatment plan for the veteran. Residents will provide consultation to the team on the veteran's neurocognitive and psychological areas of strengths and weakness, and how these inform and impact treatment. It is expected that residents will also have the opportunity to participate in education inside and outside of the VA about brain injury. Residents will have opportunities to participate in ongoing research projects or program development, program evaluation and layered clinical supervision of psychology interns and practicum-level trainees. *Supervisors:* Steve Castellon, Ph.D. and Anna Okonek, Ph.D.
- 2. Inpatient Acute Physical Rehabilitation Unit:** Residents complete consultations on patients admitted for intensive physical rehabilitation of stroke, amputation, traumatic brain injury, and/or neurological or orthopedic disorders. Consultation typically involves neurocognitive or psychological evaluation and assessment of decision-making capacity. Also, resident will acquire experience providing short-term psychotherapy and staff support and education regarding patient's cognitive and/or psychological condition. *Supervisor:* Michelle Zeller, Psy.D, ABPP-CN.
- 3. Neuropsychology Assessment Laboratory.** The NAL handles most non-specialty (e.g. Polytrauma or TBI Clinic) neuropsychological assessment referrals for the large medical center. Although most of the evaluations are done on an outpatient basis, there is also opportunity for inpatient assessment

within this training rotation as well. Residents have the opportunity to evaluate patients with a wide variety of neurological disorders including Alzheimer's disease, vascular dementia, head injury, substance-induced cognitive disorders, toxic/metabolic encephalopathy, seizure disorder, severe mental illness, and subcortical dementias such as Parkinson's disease and HIV-associated dementia. Residents are exposed to a hypothesis testing/process approach to neuropsychological evaluation and develop competence in test selection, administration, scoring and interpretation, and report writing. Most patients receive feedback on testing results, providing excellent opportunities to help patients (and/or their families or treatment teams) use testing results to help inform their treatment plans. Residents have the opportunity to provide layered supervision to predoctoral interns and practicum students rotating through the NAL. Clinical training is supported by a strong didactic base that includes: 1). Weekly Neuropsychology Case Conferences offering basic theory designed to develop skills in clinical case interpretation; 2). Weekly neurosciences lectures at the UCLA Semel Institute that emphasize theoretical and conceptual issues; 3). Weekly Neurobehavior seminars presenting research and clinical data on neurobehavioral syndromes and cases highlighting unusual disorders; 4). Memory Disorder and Neurobehavioral Clinics in which case presentations are discussed by neurologists, neuropsychologists, and psychiatrists; and 5). Clinical pathology (i.e., brain cutting) conferences. *Supervisor*: Charles Hinkin, Ph.D., ABPP-CN.

Required Clinical Rotations: Geriatric Neuropsychology

1. **Geropsychology Program:** This program emphasizes training opportunities in aging, cognition, and mental health. Residents will receive training in cognitive screening and psychiatric outpatient care for older adults through the Geropsychiatry Outpatient Clinic. This interdisciplinary setting trains students from a variety of mental health and medical disciplines, including Geriatric Psychology, Geriatric Psychiatry, Geriatric Medicine, Pharmacy, and Social Work. The Geropsychiatry Outpatient Clinic is one of the primary training rotations for the UCLA Geriatric Psychiatry Fellowship Program and thus offers excellent opportunity for interprofessional education and collaboration. Residents will work with veterans from diverse socioeconomic and racial/ethnic backgrounds who have mental health and/or neurocognitive disorders, including depressive disorders, anxiety-spectrum disorders, bipolar disorder, schizophrenia, and various dementias. Training opportunities include brief and more comprehensive neuropsychological assessment, psychiatric interviewing and mental status exams, individual and group psychotherapy (structured and process-oriented). Because many older veterans have co-morbid medical, psychiatric and psychosocial problems, a broad biopsychosocial approach to care is used in these settings. In addition to training in the Geropsychiatry Outpatient Clinic, elective experiences include providing neurocognitive screening and evaluation in a primary care setting, and providing consultative mental health services in community nursing homes. *Supervisor*: Sheryl Osato, Ph.D.
2. **Geriatric Medicine:** The Geriatric Medicine rotation provides training in neuropsychological and psychological assessment, brief psychotherapy and team consultation in both inpatient (AGT) and outpatient (GRECC) medical geriatric settings. The program is linked with the UCLA Geriatric Medicine Fellowship, one of the top rated geriatric training sites in the country. The Acute Geriatric Team (AGT) oversees 8 inpatient beds for medically ill older adult (over 65 years of age) Veterans, located in the main hospital (Building 500). Fellows are part of the interprofessional treatment team, which includes physicians, social workers, occupational therapists, physical therapists, dieticians, optometrists, pharmacists and nurses. The Fellow reviews the medical chart of AGT patients to identify the presence or risk for cognitive, psychological, or functional decline. As needed, patients are assessed for medical decisional capacity, ability to live independently, delirium, dementia, and

mood disorders, and other active psychiatric disorders. Brief supportive therapy and psychoeducation is provided as needed. Interdisciplinary team rounds occur 2 days/week. Because the AGT strives to discharge patients safely and efficiently, the pace is fast and there is a strong emphasis on interdisciplinary team communication and collaboration. GRECC (Geriatric Research, Education, and Clinical Centers) is an outpatient clinic with a census of approximately 400 patients. Fellows attend weekly didactics with the interprofessional medical treatment team. The Fellows primary responsibility is neuropsychological assessment, treatment planning, and feedback with patients and their families. Typical diagnoses include cerebrovascular disease, Alzheimer's Disease, Mild Cognitive Impairment, and depression. The Fellow also co-facilitates two groups aimed at promoting cognition, one for healthy older adults (Brain Training), and one for Veterans with Mild Cognitive Impairment/mild dementia (Memory Group). The Brain Training group is a psychoeducational program aimed at enhancing healthy brain functioning in aging. Group sessions focus on teaching participants about factors that can impact cognition, including the normal aging processes, nutrition, exercise, stress, and depression. It also teaches and assists participants in practicing mnemonic strategies and compensatory techniques to enhance their memory in daily life. The Memory Group follows a similar format, but is geared towards older adults who have been diagnosed with a Neurocognitive disorder. The GRECC team is active in research and is currently studying interventions to assist caregivers, tele-medicine, and diabetes management. Dr. Melrose has a VA funded Merit Review project to examine neuroimaging correlates of amnesic Mild Cognitive Impairment and Alzheimer's Disease. *Supervisor:* Rebecca Melrose, Ph.D.

- 3. Veteran's Cognitive Assessment and Management Program (V-CAMP):** V-CAMP provides interdisciplinary assessment, diagnostic services, and ongoing care for Veterans with neurocognitive disorders and their caregivers. With a primary target of increasing access and quality of care to rural Veterans, the primary method of service delivery is clinical video telehealth to local CBOCs, though some in person assessment is conducted based on patient preference and/or clinical appropriateness. Services include: diagnostic assessment (clinical interview, screening), neuropsychological assessment, medication management, behavioral assessment and intervention, and comprehensive care management. For neuropsychology residents, primary clinical duties include clinical interviewing, conducting cognitive screening, comprehensive neuropsychological assessment, and developing treatment plans and/or recommendations for optimal function and safety. This service offers the unique opportunity for neuropsychology residents to provide ongoing follow up to allow for exposure to the clinical course of various neurocognitive disorders. V-CAMP providers work closely with CBOC clinicians, social work care managers, and community resources to provide integrated and comprehensive care. Additional didactic opportunities include a bi-monthly training focused on brain-behavior relationships as applied to cognitive, behavioral, emotional, and functional symptoms in neurocognitive disorders in older adults. *Supervisors:* Kate Harrell, Ph.D.; Natalie Kaiser, Ph.D.
- 4. Neuropsychology Assessment Laboratory.** The NAL handles non-specialty (e.g. Polytrauma or TBI Clinic) neuropsychological assessment referrals for the large medical center. Although most of the evaluations are done on an outpatient basis, there is also opportunity for inpatient assessment within this training rotation as well. Residents have the opportunity to evaluate patients with a wide variety of neurological disorders including Alzheimer's disease, vascular dementia, head injury, substance-induced cognitive disorders, toxic/metabolic encephalopathy, seizure disorder, severe mental illness, and subcortical dementias such as Parkinson's disease and HIV-associated dementia. Residents are exposed to a hypothesis testing/process approach to neuropsychological evaluation and develop competence in test selection, administration, scoring and interpretation, and report

writing. Most patients receive feedback on their testing results, providing excellent opportunities to help patients (and/or their families or treatment teams) use testing results to help inform their treatment plans. Residents have the opportunity to provide layered supervision to predoctoral interns and practicum students who are rotating through the NAL. Clinical training is supported by a strong didactic base that includes: 1). Weekly Neuropsychology Case Conferences offering basic theory designed to develop skills in clinical case interpretation; 2). Weekly neurosciences lectures at the UCLA Semel Institute that emphasize theoretical and conceptual issues; 3). Weekly Neurobehavior seminars presenting research and clinical data on neurobehavioral syndromes and cases highlighting unusual disorders; 4). Memory Disorder and Neurobehavioral Clinics in which case presentations are discussed by neurologists, neuropsychologists, and psychiatrists; and 5). Clinical pathology (i.e., brain cutting) conferences. *Supervisor*: Charles Hinkin, Ph.D., ABPP-CN

Required Clinical Rotations: **General Neuropsychology**

- 1. Neuropsychology Assessment Laboratory.** The NAL handles non-specialty (e.g. Polytrauma or TBI Clinic) neuropsychological assessment referrals for the large medical center. Although most of the evaluations are done on an outpatient basis, there is also opportunity for inpatient assessment within this training rotation as well. Residents have the opportunity to evaluate patients with a wide variety of neurological disorders including Alzheimer's disease, vascular dementia, head injury, substance-induced cognitive disorders, toxic/metabolic encephalopathy, seizure disorder, severe mental illness, and subcortical dementias such as Parkinson's disease and HIV-associated dementia. Residents are exposed to a hypothesis testing/process approach to neuropsychological evaluation and develop competence in test selection, administration, scoring and interpretation, and report writing. Most patients receive feedback on their testing results, providing excellent opportunities to help patients (and/or their families or treatment teams) use testing results to help inform their treatment plans. Residents have the opportunity to provide layered supervision to predoctoral interns and practicum students who are rotating through the NAL. Clinical training is supported by a strong didactic base that includes: 1). Weekly Neuropsychology Case Conferences offering basic theory designed to develop skills in clinical case interpretation; 2). Weekly neurosciences lectures at the UCLA Semel Institute that emphasize theoretical and conceptual issues; 3). Weekly Neurobehavior seminars presenting research and clinical data on neurobehavioral syndromes and cases highlighting unusual disorders; 4). Memory Disorder and Neurobehavioral Clinics in which case presentations are discussed by neurologists, neuropsychologists, and psychiatrists; and 5). Clinical pathology (i.e., brain cutting) conferences. *Supervisor*: Charles Hinkin, Ph.D., ABPP-CN
- 2. Veteran's Cognitive Assessment and Management Program (V-CAMP):** V-CAMP provides interdisciplinary assessment, diagnostic [services](#), and ongoing care for Veterans with neurocognitive disorders and their caregivers. With a primary target of increasing access and quality of care to rural Veterans, the primary method of service delivery is clinical video telehealth to local CBOCs, though some in person assessment is conducted based on patient preference and/or clinical appropriateness. Services include: diagnostic assessment (clinical interview, screening), neuropsychological assessment, medication management, behavioral assessment and intervention, and comprehensive care management. For neuropsychology residents, primary clinical duties include clinical interviewing, conducting cognitive screening, comprehensive neuropsychological assessment, and developing treatment plans and/or recommendations for optimal function and safety. This service offers the unique opportunity for neuropsychology residents to provide ongoing follow up to allow for exposure to the clinical course of various neurocognitive disorders. V-CAMP providers work closely with CBOC clinicians, social work care managers, and community resources to

provide integrated and comprehensive care. Additional didactic opportunities include a bi-monthly training focused on brain-behavior relationships as applied to cognitive, behavioral, emotional, and functional symptoms in neurocognitive disorders in older adults. *Supervisors:* Kate Harrell, Ph.D.

- 3. Polytrauma/TBI Neuropsychology.** Residents receive advanced training within our Polytrauma Network Site (PNS), with emphases in neuropsychology and rehabilitation. Polytrauma (i.e. multi-system injury including traumatic brain injury) has been identified as a national priority for veterans' health care and there is significant need for Polytrauma Psychology services including neurocognitive and psychological assessment, innovative treatments, as well as consultation and research. Residents serve as an integral member of the interdisciplinary Polytrauma team working with veterans from Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND). The resident receives training and direct supervision in neuropsychological and psychological assessment, interventions including individual and group evidence-based psychological treatments, and cognitive rehabilitation. Additionally, the fellow will work closely with allied disciplines of the Polytrauma Program including Physiatry, Speech and Language Pathology, Occupational Therapy, Physical Therapy, Social Work, Nursing, Blind Rehabilitation and Vocational Rehabilitation Specialists to develop a comprehensive treatment plan for the veteran. Residents will provide consultation to the team on the veteran's neurocognitive and psychological areas of strengths and weakness, and how these inform and impact treatment. It is expected that residents will also have the opportunity to participate in education inside and outside of the VA about brain injury. Residents will have opportunities to participate in ongoing research projects or program development, program evaluation and layered clinical supervision of psychology interns and practicum-level trainees. *Supervisors:* Steve Castellon, Ph.D. and Anna Okonek, Ph.D.

Elective Clinical Rotations

In addition to these required training experiences, our program offers the opportunity for elective experiences within several other, highly relevant, training settings within neuropsychology and/or medical psychology:

- 1. Inpatient Acute Physical Rehabilitation Unit:** Residents complete consultations on patients admitted for intensive physical rehabilitation of stroke, amputation, traumatic brain injury, and/or neurological or orthopedic disorders. Consultation typically involves neurocognitive or psychological evaluation and assessment of decision-making capacity. Also, resident will acquire experience providing short-term psychotherapy and staff support and education regarding patient's cognitive and/or psychological condition. *Supervisor:* Michelle Zeller, Psy.D, ABPP-CN.
- 2. Veteran's Cognitive Assessment and Management Program (V-CAMP):** The V-CAMP provides interdisciplinary assessment, diagnostic, and ongoing care for Veterans with neurocognitive disorders and their caregivers. With a primary target of increasing access and quality of care to rural Veterans, both clinical video teleconferencing and telephonic communication strategies are utilized for service delivery. Services include: diagnostic assessment, neuropsychological assessment, medication management, behavioral assessment and intervention, and comprehensive care management. Veterans and caregivers receive care either from the home or from their local CBOC as clinically indicated. V-CAMP providers work closely with CBOC clinicians and community resources to provide integrated and comprehensive care. *Supervisors:* Kate Harrell, Ph.D. and Natalie Kaiser, Ph.D.

- 3. Long-Term Care and Rehabilitation: Community Living Center (CLC):** Resident receives training and supervision in the provision of neuropsychological assessment services, interdisciplinary consultation, and experience with cognitive rehabilitation in a long-term care setting. The CLC is a training setting where students from a variety of mental health and medical disciplines, including Geriatric Psychology, Geriatric Psychiatry, Geriatric Medicine, Pharmacy, Social Work and Nursing, work to optimize mental health, cognitive, and medical functioning in patients in a long-term care environment. Residents will have the opportunity to work with patients with a variety of mental health disorders (e.g. affective disorders, schizophrenia and psychotic-spectrum disorders, personality disorders), dementia and delirium. A broad biopsychosocial approach to care is used in this setting as many patients have social, medical, cognitive, and mental health conditions. A variety of assessment experiences can be gained in this setting, including psychiatric interviewing, mental status exams, and objective personality testing (e.g. MMPI-2/RF, PAI). At the CLC, residents will receive intervention experience as well, with individual psychotherapy based primarily on a short-term model, utilizing behavioral, dynamic, and problem-solving modalities. Group therapy training opportunities are also offered. *Supervisors:* Paul Cernin, Ph.D. and Fred Kornfeind, Psy.D.
- 4. Psychiatric Inpatient Assessment:** Residents complete psychological assessments on patients who have been admitted to one of the locked psychiatric inpatient wards. Referral questions typically involve requesting assistance with diagnostic formulation, ruling out of symptom exaggeration or malingering, and screening for neurocognitive disorders. *Supervisor:* Steven Castellon, Ph.D.
- 5. Pain Clinic:** Resident will work closely with psychologists who are part of an interdisciplinary pain treatment team (Rehabilitation Medicine, Anesthesiology, Nursing, and Psychiatry). The primary role of the psychologist in this setting is that of consultant to the treatment team based on an assessment of the patient's current psychological/personality functioning and biopsychosocial history. There are opportunities to assess patients with chronic and complicated pain problems. Pain patients who are candidates for interventional procedures (e.g. spinal cord stimulator placement or baclofen pump) undergo a comprehensive psychological assessment, including clinical interview, self-report measures, and administration of the MMPI-2. Thus, psychology trainees gain experience in the use and interpretation of screening, interview, and personality measures in the assessment of chronic pain. In addition to assessment, the pain psychology program also contributes to an interdisciplinary comprehensive pain rehabilitation program. Fellows may conduct evaluations of candidates for the program, provide group-based psychological treatment, and participate in interdisciplinary treatment plans. There may also be opportunities to provide group behavioral pain management to Veterans who struggle with addiction. Finally, brief individual therapy opportunities (i.e. CBT, or biofeedback) may be available as well. *Supervisors:* Katherine Bailey, Ph.D. and Morgan Kay, Ph.D.

Teaching Methods

The West Los Angeles VA Neuropsychology Residency is a two year, full-time, program with supervised clinical and didactic experiences that are graded in complexity. As the Resident progresses through the program, we strive to provide them with more complex training opportunities requiring more advanced skills. Supervision, a key aspect of all clinical experiences during training, is expected to progress towards providing greater autonomy and responsibility for clinical decision making. Additionally, it is expected that all Residents participate in layered supervision with predoctoral trainees to begin to acquire basic skills at providing supervision. Throughout training, we seek to provide each Resident with a wide

variety of patients from different cultural backgrounds and with differing clinical needs and conditions, thereby familiarizing them with an array of neurological and psychiatric evaluations and treatments.

Residents receive a minimum of 4 hours of individual and group supervision each week, including one-hour weekly individual supervision with a primary program supervisor and rotation supervisors. Direct observation, role modeling, and review of neuropsychological evaluation protocols and reports, as well as joint participation in teaching clinics are among the supervision models employed. Ongoing and regular feedback is provided at a monthly Psychology Training Committee meeting and a bi-monthly Neuropsychology Training Group meeting. These meetings allow program faculty and neuropsychology trainees (residents and interns) to have on-going evaluation and make any modifications of individual training plan, as indicated. Required and optional didactics, continuing education events for staff, Grand Rounds (Neurology and Psychiatry) and lectures and seminars at the West Los Angeles VA and at the UCLA School of Medicine occur throughout the training year (also, see below, Didactics).

Competency Areas Assessed

At program completion, each Resident will demonstrate advanced competency in the following areas:

1. Assessment
2. Intervention/Cognitive Rehabilitation
3. Interdisciplinary Consultation
4. Multidisciplinary Team Treatment Planning
5. Professional, Ethical, and Legal Issues
6. Cultural and Individual Diversity
7. Supervision and Teaching
8. Scholarly Inquiry

Program Structure

The Clinical Neuropsychology Postdoctoral Residency Program is comprised of two full-time years of training. The table below summarizes a sample Training Plan/Program for three Residents for each of the two years of training. The time allotments noted are estimates and each Resident’s program may differ based on their unique training needs and interests.

SAMPLE TRAINING PLAN/PROGRAM

	Training Year 1		
	General NP	Geriatric Neuropsych	Poly TBI/Rehab
Monday	Didactics/Writing	Didactics/(caregiver group)/Writing	Didactics/Writing
Tuesday	Neuropsych Lab	GRECC (Melrose)	Polytrauma/TBI
Wednesday	Acute Rehab Unit	9/4/18 – 12/31/18: GRECC (Wilkins) 1/1/19 – 9/2/19: V-CAMP	Neuropsych
Thursday	Neuropsych Lab	9/4/18 – 12/31/18: GRECC (Wilkins) 1/1/19 – 9/2/19: V-CAMP (Harrell)	Polytrauma/TBI
Friday	Neuropsych Lab	GRECC (Melrose)	Polytrauma/TBI NP group sup 10-11:30

	Training Year 2		
	General NP	Geriatric Neuropsych	TBI/Rehab
Monday	Writing Day	Writing Day	Acute Rehab Unit
Tuesday	V-CAMP*	Geropsych+	Writing Day
Wednesday	V-CAMP	Neuropsych Lab	Acute Rehab Unit
Thursday	Neuropsych*	Geropsych	Polytrauma/TBI
Friday	Neuropsych/GRECC group 6 mo^	Neuropsych Lab	Polytrauma/TBI/GRECC group for 6 mo^

Didactics: Diversity Seminar (Year 1), Postdoc Seminar and Journal Club; Clinical Neuroanatomy, V-TEL Multi-site Neuropsychology Didactics

Facility and Training Resources

Residents will be provided office space and computers necessary for patient care and administrative responsibilities. They will have full access to VA Medical Library services, the UCLA Biomedical Library, as well as VA Intranet and internet resources for clinical and research work. We have a comprehensive Psychology Assessment Lab, which includes a wide variety of psychological assessment instruments and scoring programs. There are 2 staff available for administrative support.

Administrative Policies and Procedures

Due Process – Procedures for due process and grievance are in place for any instances of problematic performance and are available upon request.

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

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

Neuropsychology Postdoctoral Training Faculty

Core Supervisors:

Castellon, Steven A., Ph.D. – (Director, Postdoctoral Residency Program)

Doctoral Program: University of California, Los Angeles (Clinical), 1997

Predoctoral Internship: West Los Angeles VA Medical Center

Postdoctoral Fellowship: Neuropsychology, UCLA Neuropsychiatric Institute

Academic Affiliation: Associate Clinical Professor and Research Psychologist, Department of Psychiatry & Biobehavioral Sciences; David Geffen School of Medicine at UCLA

Track: Polytrauma Psychology, Health/Integrated Care (Psychology Assessment Lab)

Clinical Interests: Neuropsychological assessment, psychological assessment

Research Interests: Cognitive effects of cancer and cancer treatments, neuropsychiatric aspects of HIV/AIDS, cognitive and psychiatric consequences of Hepatitis C and its treatment

Cernin, Paul, Ph.D. (Director of Psychology Pre-Internship Program)

Doctoral Program: Wayne State University, 2008

Predoctoral Internship: St. Louis VAMC

Academic Affiliation: Assistant Clinical Professor, Department of Psychiatry and Biobehavioral Sciences David Geffen School of Medicine at UCLA

Postdoctoral Fellowship: Neuropsychology, UCLA Semel Institute, Geriatric Neuropsychology, 2008-2010

Track: Clinical Neuropsychology (Geriatric Neuropsychology)

Clinical Interests: older adults, LGBT aging

Research Interests: health disparities and urban elders, successful aging, breast cancer and cognition.

Harrell, Katherine, Ph.D.

Doctoral Program: Drexel University (Formerly MCP Hahnemann University), 2005

Predoctoral Internship: West Los Angeles VA Medical Center

Track: Clinical Neuropsychology (V-CAMP program)

Clinical Interests: Neuropsychology; Tele-psychology; Geriatrics

Hinkin, Charles H., Ph.D., ABPP-CN

Doctoral Program: University of Arizona, 1991

Predoctoral Internship: Miami VA Medical Center

Postdoctoral Fellowship: Neuropsychology, UCLA School of Medicine

Academic Affiliation: Professor-in-Residence, Department of Psychiatry and Biobehavioral Sciences David Geffen School of Medicine at UCLA

Track: Geropsychology/Neuropsychology (Director Neuropsychology Service)

Clinical Interests: Neuropsychological assessment, detection of malingering, dementia

Research Interests: Neurocognitive and neuropsychiatric sequelae of HIV infection, HCV infection, medication adherence in chronic disease

Kaiser, Natalie, Ph.D.

Doctoral Program: Loma Linda University (Clinical), 2011

Predoctoral Internship: West Los Angeles VA Medical Center, 2010-11

Postdoctoral Fellowship: Special Fellowship in Advanced Geriatrics, West Los Angeles VA Medical Center, 2011-2013

Academic Affiliation: Formerly - Visiting Scholar, Department of Psychiatry and Biobehavioral Sciences David Geffen School of Medicine at UCLA

Track/Rotation: Clinical Neuropsychology (Geriatric Neuropsychology)

Clinical Interests: Neuropsychology

Research interests: Clinical markers of early-onset vs. late-onset neurodegenerative disease

Active Research: Not active in research currently

Melrose, Rebecca, Ph.D.

Doctoral Program: Boston University, Boston (Clinical), 2007

Predoctoral Internship: West Los Angeles VA Medical Center, 2006-2007

Postdoctoral Fellowship: Special Fellowship in Advanced Geriatrics, West Los Angeles VA Medical Center, 2007-2010

Academic Affiliation: Assistant Research Psychologist, Department of Psychiatry and Biobehavioral Sciences David Geffen School of Medicine at UCLA

Track/Rotation: Clinical Neuropsychology (Geriatric Medicine)

Clinical Interests: Neuropsychology

Research interests: Neuroimaging & neuropsychology of cognitive decline in aging

Active Research: Neuroimaging (task fMRI, resting state fMRI, DTI) of Mild Cognitive Impairment & Alzheimer's Disease

Okonek, Anna, Ph.D. – (Director of Psychology Training)

Doctoral Program: University of California, Los Angeles (Clinical), 1992

Doctoral Internship: West Los Angeles VA Medical Center, 1989-1990

Postdoctoral Fellowship: Geropsychology/Neuropsychology, UCLA Neuropsychiatric Institute, 1991-1993

Academic Affiliation: Clinical Professor, UCLA Department of Psychology

Track: Polytrauma

Clinical Interests: Polytrauma/traumatic brain injury, neuropsychology, adjustment to disability, coping with acute and chronic medical illness

Research interests: Traumatic brain injury, blast injury

Active Research: Regional cerebral metabolism in blast-induced mild traumatic brain injury

Osato, Sheryl, Ph.D.

Doctoral Program: University of Hawaii (Clinical), 1986

Predoctoral Internship: West Los Angeles VA Medical Center

Postdoctoral Fellowship: Geropsychology, UCLA Neuropsychiatric Institute

Academic Affiliations: Clinical Professor, UCLA Department of Psychology; Adjunct Professor, Fuller Graduate School of Psychology

Track: Geropsychology-Neuropsychology

Clinical Interests: Neuropsychiatric aspects of aging, dementia, psychopathology and aging

Research Interests: Aging and neuropsychology, dementia

Wilkins, Stacy Schantz, Ph.D. ABPP-CN

Doctoral Program: Fuller Graduate School of Psychology (Clinical), 1988

Predoctoral Internship: West Los Angeles VA Medical Center, 1987-1988

Postdoctoral Fellowship: Clinical Neuropsychology Fellowship, UCLA Neuropsychiatric Institute, 1988-89

Academic Affiliation: Professor of Clinical Medicine, School of Medicine, Department of Geriatrics, David Geffen School of Medicine at UCLA

Track/Rotation: Clinical Neuropsychology and Clinical Psychology (Geriatric Medicine)

Clinical Interests: Neuropsychology and Clinical Psychology

Research interests: Cognitive and Mood Disorders in Aging and Medical Illness, Cultural impact on Psychiatric/Cognitive Functioning and Medical Illness

Active Research: Post stroke depression, Impact of Culture on Psychotic Experiences in Qatar, Verbal Fluency in Arabic speakers

Zeller, Michelle, Psy.D, ABPP-CN

Doctoral Program: Pepperdine University (Clinical), 2004

Predoctoral Internship: VA Greater Los Angeles Healthcare System

Postdoctoral Fellowship: Geropsychology, UCLA Neuropsychiatric Institute, 2004-06

Track: Health/Integrated Care (Inpatient Acute Rehabilitation Unit)

Clinical Interests: Neuropsychological assessment, individual psychotherapy, group psychotherapy, geropsychology

Research Interests: Cognitive performance on neuropsychological measures and PTSD

Clinical Psychology Postdoctoral Training Faculty

Core Supervisors:

Anjali Alimchandani, Ph.D., MPP - (Psychologist, Homeless Patient Aligned Care Team, and Transgender Care Team)

Doctoral Program: New York University (Counseling), 2016

Predoctoral Internship: GLA VA Healthcare System, Sepulveda Ambulatory Care Center

Postdoctoral Fellowship: none

Clinical Interests: Trauma (PTSD, complex trauma); Culturally responsive, social justice informed interventions; Transgender care; ACT; CPT; Mindfulness

Research Interests: Social determinants of health; intersections of psychology and social justice/activism, culturally responsive psychological theory and practice, psychology of marginalized groups

Katherine Bailey, Ph.D.

Doctoral Program: University of Illinois at Chicago, 2010

Predoctoral Internship: West Los Angeles VA Medical Center

Postdoctoral Fellowship: San Francisco VA Medical Center

Emphasis Track: Health/Integrative Health (Pain Clinic, Infectious Disease Clinic); Substance Use Disorder Clinic
Clinical Interests: Health psychology, substance abuse, anxiety disorders, evidence-based behavioral practice

Research Interests: Health behavior change, health disparities, dissemination and training

Boxer, Laurie, Ph.D.

Doctoral Program: Syracuse University (Clinical), 1991

Predoctoral Internship: West Los Angeles VA Medical Center, 1990-1991

Emphasis Track: Trauma (POST program)

Clinical Interests: Assessment and Treatment of PTSD, Dialectical Behavior Therapy, Psychotherapeutic Interventions for Bipolar Disorder

Research Interests: Impact of the therapeutic alliance in potentiating efficacy of evidence-based psychotherapy; Effectiveness of DBT skills training on PTSD symptoms and tension reduction behaviors

Castellon, Steven A., Ph.D. – (Director, Postdoctoral Residency Program)

Doctoral Program: University of California, Los Angeles (Clinical), 1997

Predoctoral Internship: West Los Angeles VA Medical Center

Postdoctoral Fellowship: Neuropsychology, UCLA Neuropsychiatric Institute

Academic Affiliation: Associate Clinical Professor and Research Psychologist, Department of Psychiatry & Biobehavioral Sciences; David Geffen School of Medicine at UCLA

Track: Polytrauma Psychology, Health/Integrated Care (Psychology Assessment Lab)

Clinical Interests: Neuropsychological assessment, psychological assessment

Research Interests: Cognitive effects of cancer and cancer treatments, neuropsychiatric aspects of HIV/AIDS, cognitive and psychiatric consequences of Hepatitis C and its treatment

Cernin, Paul, Ph.D.

Doctoral Program: Wayne State University, 2008

Predoctoral Internship: St. Louis VAMC

Academic Affiliation: Assistant Clinical Professor, Department of Psychiatry and Biobehavioral Sciences
David Geffen School of Medicine at UCLA

Postdoctoral Fellowship: Neuropsychology, UCLA Semel Institute, Geriatric Neuropsychology, 2008-2010

Track: Clinical Neuropsychology (Geriatric Neuropsychology)

Clinical Interests: older adults, LGBT aging

Research Interests: health disparities and urban elders, successful aging, breast cancer and cognition.

Chen, Suzie S., Ph.D.

Doctoral Program: Drexel University (Clinical), 2005

Predoctoral Internship: VA Sepulveda Ambulatory Care Center

Postdoctoral Fellowship: VA Long Beach Healthcare System (Rehab and Neuropsychology)

Track: Health Psychology/Interprofessional Integrative Health

Clinical Interests: Health Psychology, Behavioral Medicine, Rehabilitation Psychology, Sexuality & Intimacy, general psychological or cognitive assessment and treatment

Research Interests: Sexuality and Disability, Pain, Spinal Cord Injury, Caregiver Burden

Harrell, Katherine, Ph.D.

Doctoral Program: Drexel University (Clinical), 2005

Predoctoral Internship: West Los Angeles VA Medical Center

Track: Clinical Neuropsychology (V-CAMP program)

Clinical Interests: Neuropsychology; Tele-psychology; Geriatrics

Himmelfarb, Naomi, Ph.D.

Doctoral Program: University of Connecticut (Clinical), 1988

Predoctoral Internship: Los Angeles County-USC Medical Center

Academic Affiliation: Assistant Professor, Department of Psychiatry and Biobehavioral Sciences
David Geffen School of Medicine at UCLA

Track: Trauma, Health (Women's Health Program)

Clinical Interests: Trauma, PTSD, and sexual assault

Research Interests: PTSD, sexual assault in women

Hinkin, Charles H., Ph.D., ABPP-CN

Doctoral Program: University of Arizona (Clinical), 1991

Predoctoral Internship: Miami VA Medical Center

Postdoctoral Fellowship: Neuropsychology, UCLA School of Medicine

Academic Affiliation: Professor-in-Residence, Department of Psychiatry and Biobehavioral Sciences
David Geffen School of Medicine at UCLA

Track: Geropsychology/Neuropsychology (Director Neuropsychology Service)

Clinical Interests: Neuropsychological assessment, detection of malingering, dementia

Research Interests: Neurocognitive and neuropsychiatric sequelae of HIV infection, HCV infection, medication adherence in chronic disease

Kay, Morgan A., Ph.D.

Doctoral Program: California School of Professional Psychology (Clinical), 2013

Predoctoral Internship: VA Western NY Healthcare System (Buffalo)

Postdoctoral Fellowship: West Los Angeles VA Medical Center (2014)

Track: Interprofessional Integrative Health and Health Psychology

Clinical Interests: Health psychology, chronic pain management, insomnia treatment, interprofessional collaboration

Kornfeind, Fred, Psy.D.

Doctoral Program: Illinois School of Professional Psychology – Chicago Campus (Clinical), 1996

Predoctoral Internship: West Los Angeles VA Medical Center

Postdoctoral Fellowship: Geropsychology, UCLA Neuropsychiatric Institute

Track: Geropsychology/Neuropsychology

Clinical Interests: Geropsychology, Health Psychology, Home-based Primary Care

Martin, Jennifer L. PhD

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

Predoctoral Internship: Brown University

Postdoctoral Fellowship: University of California, Los Angeles (Geriatrics), 2003

Academic Affiliation: Adjunct Associate Professor, Department of Medicine; David Geffen School of Medicine at UCLA

Track: Health, Integrative Health, and Polytrauma Psychology (Sleep Medicine Clinic)

Clinical Interests: Non-pharmacological treatment of sleep disorders; geriatrics

Research Interests: Development and dissemination of evidence based treatments for insomnia and other sleep disorders; impact of sleep disturbances on immunological markers and health outcomes in geriatric patients; sleep disorders in female veterans

Melrose, Rebecca, Ph.D.

Doctoral Program: Boston University, Boston (Clinical), 2007

Predoctoral Internship: West Los Angeles VA Medical Center, 2006-2007

Postdoctoral Fellowship: Special Fellowship in Advanced Geriatrics, West Los Angeles VA Medical Center, 2007-2010

Academic Affiliation: Assistant Research Psychologist, Department of Psychiatry and Biobehavioral Sciences David Geffen School of Medicine at UCLA

Track/Rotation: Clinical Neuropsychology (Geriatric Medicine)

Clinical Interests: Neuropsychology

Research interests: Neuroimaging & neuropsychology of cognitive decline in aging

Active Research: Neuroimaging (task fMRI, resting state fMRI, DTI) of Mild Cognitive Impairment & Alzheimer's Disease

Okonek, Anna, Ph.D. – (Director of Psychology Training)

Doctoral Program: University of California, Los Angeles (Clinical), 1992

Doctoral Internship: West Los Angeles VA Medical Center, 1989-1990

Postdoctoral Fellowship: Geropsychology/Neuropsychology, UCLA Neuropsychiatric Institute, 1991-1993

Academic Affiliation: Clinical Professor, UCLA Department of Psychology

Track: Polytrauma

Clinical Interests: Polytrauma/traumatic brain injury, neuropsychology, adjustment to disability, coping with acute and chronic medical illness

Research interests: Traumatic brain injury, blast injury

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Osato, Sheryl, Ph.D.

Doctoral Program: University of Hawaii (Clinical), 1986

Predoctoral Internship: West Los Angeles VA Medical Center

Postdoctoral Fellowship: Geropsychology, UCLA Neuropsychiatric Institute

Academic Affiliations: Clinical Professor, UCLA Department of Psychology; Adjunct Professor, Fuller Graduate School of Psychology

Track: Geropsychology-Neuropsychology

Clinical Interests: Neuropsychiatric aspects of aging, dementia, psychopathology and aging

Research Interests: Aging and neuropsychology, dementia

Kerri Schutz, Psy.D., BCB - (Director, CoE IA-HPACT Program)

Doctoral Program: Pepperdine University, 2011

Predoctoral Internship: Atascadero State Hospital

Postdoctoral Fellowship: Loma Linda VA Medical Center

Clinical Interests: Severe Mental Illness, PTSD, Crisis Interventions, ACT, CPT, Biofeedback.

Research Interests: Interprofessional care and teamwork, health outcomes of Veterans with PTSD, Moral Injury.

Serpa, J. Greg, Ph.D. - (Co-Director, Interprofessional Integrative Health Program)

Doctoral Program: California School of Professional Psychology, 2004

Predoctoral Internship: VA Greater Los Angeles Healthcare System, Sepulveda Ambulatory Care Center

Postdoctoral Fellowship: Harbor UCLA Medical Center

Clinical Interests: Mindfulness and Mindfulness Based Stress Reduction, Interprofessional training, Integrative Health modalities, Substance use disorders, HIV Mental Health, Yoga

Research Interests: Mindfulness and integrative Modalities of health, cortical neuroplasticity in veterans with TBI using mindfulness, cortical neuroplasticity in IBS using mindfulness

Song, Yong S., Ph.D.

Doctoral Program: Virginia Commonwealth University (Clinical), 1998

Predoctoral Internship: San Francisco VA Medical Center, 1997-1998

Postdoctoral Fellowship: UCSF School of Medicine, Langley Porter Psychiatric Institute, 1998-2000

Track: Health Psychology/Integrated Care; Trauma

Clinical Interests: Co-occurring PTSD and substance use disorders (SUD), motivational enhancement for SUD, OEF/OIF post-deployment care, health promotion among substance users, substance relapse prevention

Research Interests: Drug abuse treatment research, HIV risk reduction interventions for substance users

Taylor-Ford, Megan, Ph.D.

Doctoral Program: University of Southern California (Clinical Science), 2015

Predoctoral Internship: West Los Angeles VA Healthcare System

Postdoctoral Fellowship: VA Greater Los Angeles Healthcare System, West Los Angeles

Track: Health Psychology/Integrated Care

Clinical Interests: Health psychology; psycho-oncology; end of life care; coping w/ chronic illness

Research Interests: mindfulness; psycho-oncology; coping with chronic illness

Wettstein, Barbara, Ph.D.

Doctoral Program: University of Notre Dame (Clinical), 1992

Predoctoral Internship: Loma Linda VA Medical Center, 1990-91

Clinical Interests: Affective disorders, civilian trauma, couples/family, groups

Track: Trauma (Mental Health Clinic)

Zeller, Michelle, Psy.D, ABPP-CN – (Director, Psychology Practicum Training Program)

Doctoral Program: Pepperdine University (Clinical), 2004

Predoctoral Internship: VA Greater Los Angeles Healthcare System

Postdoctoral Fellowship: Geropsychology, UCLA Neuropsychiatric Institute, 2004-06

Track: Health/Integrated Care (Inpatient Acute Rehabilitation Unit)

Clinical Interests: Neuropsychological assessment, individual psychotherapy, group psychotherapy, geropsychology

Research Interests: Cognitive performance on neuropsychological measures and PTSD

Psychologists Available for Training or Serving as Consultants:

Amin, Anjuli R., Ph.D. (Staff Psychologist, Telemental Health)

Doctoral Program: Southern Illinois University, Carbondale (Counseling), 2011

Predoctoral Internship: Zablocki VA Medical Center, Milwaukee, WI, 2010-2011

Postdoctoral Fellowship: Special Fellowship in Primary Care and Health Psychology, Edward Hines Jr., VA Medical Center, Hines, IL, 2011-2012

Track(s): Diversity Seminar Instructor/Co-Leader

Clinical Interests: Multiculturalism; Aging; End-of-Life; Health Psychology/Behavioral Medicine

Research Interests: Health Disparities for Women of Color; Sexual Health; Multiculturalism

Jarvis, Sara J., Ph.D.

Doctoral Program: Southern Illinois University, 1987

Predoctoral Internship: Camarillo State Hospital

Clinical Interests: Personality and cognitive assessment, individual psychotherapy, projective testing

Lam, Mona, Ph.D.

Doctoral Program: University of Nebraska, 1998

Predoctoral Internship: West Los Angeles VA Medical Center

Postdoctoral Fellowship: Neuropsychology, UCLA Neuropsychiatric Institute

Academic Affiliation: Assistant Clinical Professor, UCLA Department of Psychology

Clinical Interests: Neuropsychology

Research Interests: Neuropsychology of HIV, chronic mental illness

Rosales, Grace, Ph.D.

Doctoral Program: University of Massachusetts, 2004

Predoctoral Internship: VA Greater Los Angeles Healthcare System

Postdoctoral Fellowship: Didi Hirsch Community Mental Health Center

Track: Leader, Diversity Seminar

Clinical Interests: Substance abuse treatment, cross-cultural mental health, addiction/high risk behaviors, psychological assessment and treatment

Research Interests: Acculturation, culturally-informed mental health treatment, multi-family treatment

Rowles, Joanna, Ph.D., Acting Chief, Department of Psychology

Doctoral Program: University of Missouri – Kansas City (Clinical), 2007

Predoctoral Internship: California Psychology Internship Consortium, State Center Community College District, 2006-2007

Rotation: Substance Use Disorder Outpatient Programs

Clinical Interests: Substance abuse treatment, cross-cultural mental health, depression

Certifications: Interpersonal Psychotherapy for Depression

Orientation: Interpersonal, Acceptance & Commitment Therapy

Sreenivasan, Shoba, Ph.D.

Doctoral Program: University of California, Los Angeles, 1986

Predoctoral Internship: UCLA Neuropsychiatric Institute; UCLA Student Psychological Services

Postdoctoral Fellowship: University of Southern California

Academic Affiliation: Clinical Professor, USC Keck School of Medicine, Department of Psychiatry;

Coordinator of Forensic Neuropsychology, USC Institute of Psychiatry & Law

Clinical Interests: Forensics and neuropsychology

Research Interests: Actuarial risk assessment, neuropsychology and violence, suicide

Past/Current Trainees

2008-09 postdoctoral fellows (Name, Graduate Program, Internship):

Christian Carter, Ph.D., Clinical Psychology, Alliant International University

Internship: UCLA Semel Institute for Neuroscience and Human Behavior

Samantha French, Ph.D., Clinical Psychology, University of Nevada Las Vegas

Internship: VA Palo Alto Healthcare System

Melissa Magaro, Ph.D., Clinical Psychology, University of California, Los Angeles

Internship: UCLA Student Psychological Services.

2009-10 fellows:

Christian Carter, Ph.D., Clinical Psychology, Alliant International University

Internship: UCLA Semel Institute for Neuroscience and Human Behavior

Samantha French, Ph.D., Clinical Psychology, University of Nevada Las Vegas

Internship: VA Palo Alto Health Care System

Christopher Jetton, Ph.D., Clinical Psychology, University of California, Los Angeles

Internship: West Los Angeles VA Healthcare Center

2010-11 fellows:

Zainab Delawalla, Ph.D., Clinical Psychology, Washington University

Internship: West Los Angeles VA Healthcare Center

Ruth Gentry, Ph.D., Clinical Psychology, University of Nevada Reno

Internship: West Los Angeles VA Healthcare Center

Brooke Schneider, Ph.D., Clinical Psychology, Wayne State University

Internship: West Los Angeles VA Healthcare Center

Shelley Tom, Ph.D., Clinical Psychology, University of Southern California
Internship: Sepulveda Ambulatory Care Center

2011-12 fellows:

Zainab Delawalla, Ph.D., Clinical Psychology, Washington University
Internship: West Los Angeles VA Healthcare Center

Anna Leshner, Psy.D., Clinical Psychology, Pepperdine University
Internship: VA Los Angeles Ambulatory Care Center

Christina Robinson, Ph.D., Clinical Psychology, University of Houston
Internship: West Los Angeles VA Healthcare Center

Brooke Schneider, Ph.D., Clinical Psychology, Wayne State University
Internship: West Los Angeles VA Healthcare Center

2012-13 fellows:

Fiona Barwick, Ph.D., Clinical Psychology, Pennsylvania State University
Internship: VA Palo Alto Healthcare System

Sara Gilbert, Ph.D., Counseling Psychology, University of Texas, Austin
Internship: Cincinnati VA Medical Center

Sheena Horning, Ph.D., Clinical Psychology, University of Colorado, Colorado Springs
Internship: West Los Angeles VA Healthcare Center

Alicia Semiatin, Psy.D., Clinical Psychology, Massachusetts School of Professional Psychology
Internship: VA Los Angeles Ambulatory Care Center

2013-14 fellows:

Fiona Barwick, Ph.D., Clinical Psychology, Pennsylvania State University
Internship: VA Palo Alto Healthcare System (Year 2)

Najwa Culver, Ph.D., Clinical Psychology, University of California, Los Angeles
Internship: Sepulveda VA Ambulatory Care Center

Lina D'Orazio, Ph.D., Clinical Psychology, University of Southern California
Internship: West Los Angeles VA Healthcare Center

Sheena Horning, Ph.D., Clinical Psychology, University of Colorado, Colorado Springs
Internship: West Los Angeles VA Healthcare Center (Year 2)

Morgan Kay, Ph.D., Clinical Psychology, Alliant International University
Internship: Buffalo VA Medical Center, Western NY Healthcare System

Diane Scheiner, Ph.D., Clinical Psychology, Fordham University
Internship: West Los Angeles VA Healthcare Center

2014-15 fellows:

Stacey Eisenberg, Ph.D., Clinical Psychology, University of Southern California
Internship: West Los Angeles VA Healthcare Center

Linnea Esselstrom, Psy.D., Clinical Psychology, Loma Linda University
Internship: VA Los Angeles Ambulatory Care Center

Christine Izquierdo, Psy.D., Clinical Psychology, Alliant International University
Internship: Southern Arizona (Tucson) VA Healthcare Center

Richard LeBeau, Ph.D., Clinical Psychology, University of California, Los Angeles
Internship: West Los Angeles VA Healthcare Center

Diane Scheiner, Ph.D., Clinical Psychology, Fordham University
Internship: West Los Angeles VA Healthcare Center

Stephanie Young, Psy.D., Clinical Psychology, Pepperdine University
Internship: West Los Angeles VA Healthcare Center

2015-16 fellows:

Jesse Barglow, Ph.D., Clinical Psychology, Fordham University
Internship: West Los Angeles VA Healthcare Center

Rosalita Maldonado, Ph.D., Clinical Psychology, University of Nebraska, Lincoln
Internship: West Los Angeles VA Healthcare Center

Jessica Pieczynski, Ph.D., Clinical Psychology, Illinois Institute of Technology
Internship: San Diego VA Medical Center/UCSD

Diane Scheiner, Ph.D., Clinical Psychology, Fordham University
Internship: West Los Angeles VA Healthcare Center

Megan Taylor-Ford, Ph.D., Clinical Psychology, University of Southern California
Internship: West Los Angeles VA Healthcare Center

Stephanie Young, Psy.D., Clinical Psychology, Pepperdine University
Internship: West Los Angeles VA Healthcare Center

2016-17 residents:

Deniz Ahmadenia, Psy.D., Clinical Psychology, Pepperdine University
Internship: VA Sepulveda Ambulatory Care Clinic

Jessica Alva, Ph.D., Clinical Psychology, Case Western Reserve University
Internship: VA Puget Sound Healthcare System

Ryan Brewster, Ph.D., Clinical Psychology, Georgia State University
Internship: UCLA Semel Institute for Neuroscience and Human Behavior

Taona Chithambo, Ph.D., Clinical Psychology, University of Southern California
Internship: Long Beach VA Medical Center

Kimberly Clark, Psy.D., Clinical Psychology, Pepperdine University
Internship: VA Central Western Massachusetts Healthcare System

Ahoo Karimian, Psy.D., Clinical Psychology, Pepperdine University
Internship: Dayton VA Medical Center

Natasha Mehta, Ph.D., Clinical Psychology, Georgia State University
Internship: West Los Angeles VA Healthcare Center

Jonathan Yahalom, Ph.D., Clinical Psychology, Duquesne University
Internship: Sharp Mesa Vista Hospital

2017-18 residents:

Jessica Alva, Ph.D., Clinical Psychology, Case Western Reserve University
Internship: VA Puget Sound Healthcare System

Ryan Brewster, Ph.D., Clinical Psychology, Georgia State University
Internship: UCLA Semel Institute for Neuroscience and Human Behavior

Noah Bussell, Ph.D., Clinical Psychology, Alliant International University (San Diego)
Internship: Louis Stokes Cleveland VA Medical Center

Lauren Harris, Ph.D., Clinical Psychology, University of California, Los Angeles
Internship: VA Sepulveda Ambulatory Care Center

Farrah Khalegi, Psy.D., Clinical Psychology, Pepperdine University
Internship: Los Angeles County Psychology Internship in Corrections

Ahoo Karimian, Psy.D., Clinical Psychology, Pepperdine University
Internship: Dayton VA Medical Center

Paul Perales, Psy.D., Clinical Psychology, Pepperdine University
Internship: VA Sepulveda Ambulatory Care Center

Caroline Prouvost, Ph.D., Clinical Psychology, Rosalind Franklin University
Internship: Edward Hines Jr. VA Medical Center

Summary Statistics of Postdoctoral Trainees:

Gender: Female = 32, Male = 8 (Completing through 2018)

Degree: Ph.D. = 30, PsyD = 10

Internship Site: West Los Angeles VA = 15, Other = 25

Post-Residency Activities of Postdoctoral Trainees:

Post-Residency/Fellowship Activity

	2008-2009 N=1	2009-2010 N=1	2010-2011 N=2	2011-2012 N=2	2012-2013 N=2	2013-2014 N=4	2014-2015 N=4	2015-2016 N=4	2016-2017 N=5
Postdoctoral Residency							1		
Employment	1	1	2	2	2	4	3	4	5
Other									

- Of the 25 individuals completing the WLA VA postdoctoral residency program (through year 2017) who are more than one year out from residency, all were employed in some capacity one year following graduation. One was completing a research postdoctoral fellowship.

Setting

	2008-2009 N=1	2009-2010 N=1	2010-2011 N=2	2011-2012 N=2	2012-2013 N=2	2013-2014 N=4	2014-2015 N=4	2015-2016 N=4	2016-2017 N=5
Non-VA Medical Center						1			
VA Medical Center		1	1	2	2	2	2	4	5
State or County Hospital			1						
University Counseling Center	1								
Academic Teaching Position									
Academic Non-Teaching Position							1		
Independent Practice							1		
Other						1			

- Our program has been particularly successful in having graduates procure employment within a VA Medical Center/VA Healthcare System setting (with 19 of 25 having secured VA employment).