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

VA Sepulveda Ambulatory Care Center
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Director of Psychology Training
Psychology Department (116B)
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North Hills, CA. 91343
818-891-7711, extension 32734
http://www.losangeles.va.gov/trainee/

Applications Due: December 27, 2018

Postdoctoral Residency Positions:
The Sepulveda VA has 2 one-year, full-time Postdoctoral Residency positions in Health Service Psychology:

1. Substance Use Disorders/Posttraumatic Stress Disorder (SUD/PTSD)*
2. Primary Care Mental Health Integration/Behavioral Medicine (PCMHI/B-Med)

*For the 2018-2019 training year, we received temporary funding for a second position in SUD/PTSD. It is not clear if we will receive funding for that second position in the future, but we have permanent funding for one position in SUD/PTSD. Once we determine if that temporary funding is available for the 2019-2020 year, we will update the UPPD appropriately.

Accreditation Status:
A Self Study for APA Accreditation was submitted, and a site visit has been approved for July 31 and August 1, 2018. The Postdoctoral Residency Program has been an APPIC member since January 2015.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

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

Please submit the following documents via the APPA CAS website:

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

Questions regarding the residency can be directed to:
Alexis Kulick, Ph.D., ABPP,
Director of Psychology Training
Email: Alexis.Kulick@va.gov
Phone: 818-891-7711 x32734
POSTDOCTORAL RESIDENCY PROGRAM TABLES

Date Program Tables are Updated: 7/26/2018

Residency Program Admissions:
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements.

Eligibility:
All applicants to the Psychology Postdoctoral Fellowship Program at the Sepulveda VA must have obtained a doctorate in Clinical or Counseling Psychology from a graduate program approved by the American Psychological Association (APA), the Psychological Clinical Science Accreditation System (PCSAS), or the Canadian Psychological Association (CPA) at the time the program was completed. The applicant may have a doctoral degree in any area of psychology and have successfully completed a re-specialization program in Clinical or Counseling Psychology that is APA or CPA accredited. The applicant is expected to have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship.

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

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

The Sepulveda VA has 2 one-year, full-time Postdoctoral Residency positions in Health Service Psychology:

1. Substance Use Disorders/Posttraumatic Stress Disorder (SUD/PTSD)*
2. Primary Care Mental Health Integration/Behavior Medicine (PCMHI/B-Med)
*As noted above, for the 2018-2019 training year, we received temporary funding for a second position in SUD/PTSD. It is not clear if we will receive funding for that position in the future. Once we determine if that funding is available, we will update the UPPD appropriately.

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

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

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

As noted, a Self Study for APA Accreditation has been submitted, and a site visit is scheduled on July 31 and August 1, 2018. Inquiries regarding the accreditation of our Residency program may be directed to:

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

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-Time Residents: $52,176
<table>
<thead>
<tr>
<th><strong>Annual Stipend/Salary for Part-Time Residents:</strong></th>
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</thead>
<tbody>
<tr>
<td>Program provides access to medical insurance for intern?</td>
<td>YES</td>
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<tr>
<td>If access to medical insurance is provided:</td>
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<tr>
<td>Trainee contribution to cost required?</td>
<td>YES</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>YES</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
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</tr>
<tr>
<td>Coverage of domestic partner available?</td>
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</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off</td>
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<tr>
<td>-4 hours accrued every two weeks</td>
<td></td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>104</td>
</tr>
<tr>
<td>-4 hours accrued every two weeks</td>
<td></td>
</tr>
<tr>
<td>In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to Interns/residents in excess of personal time off and sick leave?</td>
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</tr>
<tr>
<td>Other Benefits (please describe)</td>
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<tr>
<td>Hours of Federal Holiday Leave</td>
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</tr>
<tr>
<td>Hours of Education Leave/Authorized Absence</td>
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* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.
Initial Post Residency Positions

Residency Cohort from 2014-2017

Total # of residents who were in the 3 cohorts 5
Total # of residents who remain in training in the residency program 0

<table>
<thead>
<tr>
<th>Setting</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Federally qualified health center</td>
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<td>0</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
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<td>0</td>
</tr>
<tr>
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<td>1</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
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<td>0</td>
</tr>
<tr>
<td>Academic university/department</td>
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</tr>
<tr>
<td>Community college or other teaching setting</td>
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</tr>
<tr>
<td>Independent research institution</td>
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<td>0</td>
</tr>
<tr>
<td>Correctional facility</td>
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<td>0</td>
</tr>
<tr>
<td>School district/system</td>
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<td>0</td>
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<td>Independent practice setting</td>
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<td>Other</td>
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</tr>
<tr>
<td>Unknown</td>
<td>0</td>
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</tr>
</tbody>
</table>

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Our postdoctoral residency graduates have been very successful in obtaining competitive employment in positions that are consistent with our program’s aim. Facilities include: CBT California (private practice), Didi Hirsch, Kaiser Permanente, Loma Linda VA, and West LA VA.
PROGRAM SETTING:

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

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

GLA is a designated Center of Innovation for the national Office of Patient Centered Care and Healthcare Transformation. This office works with VA leadership and health care providers to transform VA’s health system from the traditional medical model, which focuses on treating specific issues, to a personalized, proactive, patient-driven model that promotes whole health for Veterans and their families. Psychologists at GLA offer many integrated health and healing modalities of care, some of which include introductory courses for relaxation, mindfulness-based interventions, Tai Chi, yoga, and biofeedback. GLA has a Mindfulness Based Stress Reduction program (MBSR) for staff and Veterans.
Sepulveda Ambulatory Care Center:
The Sepulveda Ambulatory Care Center (SACC), located in the San Fernando Valley of Los Angeles, is part of the VA Greater Los Angeles Healthcare System. SACC is a fully independent, though integrated component of the educational mission of GLA. SACC is the major outpatient facility that provides care to the Veterans living in Northern Los Angeles. Following the earthquake in 1994, Sepulveda redefined its mission to become a comprehensive ambulatory care, education, and research facility. From an old-style traditional VA Medical Center, SACC has emerged as a facility in tune with contemporary and innovative health care delivery approaches and interdisciplinary collaboration. SACC offers a comprehensive array of services that supports the primary care program. These services include a wide spectrum of on-site ambulatory care activities for internal medicine, neurology, and specialty ambulatory surgery services, comprehensive psychiatry and psychology services, including alcohol and substance use treatment, dentistry, social services, rehabilitation medicine, audiology, speech pathology, prosthetics services, and comprehensive homeless services. There is also a 40-bed academic nursing home care unit on the campus.

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

The Psychology Department at the VA Sepulveda Ambulatory Care Center has a strong commitment to and a long history of providing training. We have a highly competitive (~130
applications annually) doctoral internship program, which has been accredited by the American Psychological Association since 1979. Almost all of our 12 full-time Psychology Department staff are involved in training. Our psychology internship program provides one-year, full-time, clinical training to six doctoral interns. In addition, the training program selects 4-6 practicum students each year, all of whom receive at least nine months of supervised training in different clinical rotations. Postdoctoral residents will have a chance to provide layered supervision to our junior trainees. All clinical supervisors in the residency, internship, and practicum program are clinical psychologists who are licensed in California, and complete biennial training and education in clinical supervision as mandated by the California Board of Psychology.

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

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

Our residency program is based on the practitioner-scholar model of training. Our program emphasizes the application of current scientific knowledge to the professional delivery of services. This emphasis is reflected in the content of training experiences, which include training in evidence-based practices (e.g., ACT, CBT, CPT, DBT skills, PE, Seeking Safety, MI, CBT-I, IRT, etc.), participation in program development, quality improvement projects, and numerous didactics and seminars offered through the VA.
The training program includes seminars that focus on theoretical as well as applied aspects of clinical work. All residents participate in a monthly journal club and have required readings relevant to the populations served and interventions utilized. In addition, the postdoctoral residents participate in a Supervision of Supervision Seminar (three times per month) to discuss the process of providing layered supervision to practicum students. Postdoctoral residents attend additional seminars with interns, including a weekly Psychology Training Seminar, a bi-weekly Diversity Seminar, a monthly Clinical Research seminar, and a monthly Supervision Seminar (separate from the Supervision of Supervision Seminar). Residents are also responsible for presenting/teaching, and in some cases, organizing various seminars. The SUD/PTSD resident attends and contributes to the weekly Evidence-Based Practice Seminar for the internship, which focuses on Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) for the treatment of PTSD as well as administration of the Clinician Administered PTSD Scale-5 (CAPS-5). The PCMHI/B-Med resident is responsible for presenting material to the interns in a two-day Cognitive Behavioral Therapy for Insomnia (CBT-I) training. The residents are also responsible for presenting on certain topics in the Psychology Training Seminar, such as those related to Postdoc Preparation and Laws/Mandatory Reporting Situations.

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

**Program Goals and Objectives**

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

1. **Integration of science and practice** – residents will demonstrate the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

2. **Ethical and legal standards** – residents will demonstrate knowledge of and act in accordance with each of the following: (i) the current version of the APA Ethical Principles of Psychologists and Code of Conduct; (ii) Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and (iii) relevant professional standards and guidelines. Residents will recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to
resolve the dilemmas. Residents will conduct themselves in an ethical manner in all professional activities.

3. Individual and cultural diversity – residents will demonstrate understanding of how their own personal/cultural history, attitudes, and biases may affect their understanding and interaction with different people. Residents will demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service. Residents will integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). Residents will apply a framework for working effectively with areas of individual and cultural diversity not previously encountered. Residents will learn to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. They will demonstrate the ability to independently apply their knowledge and demonstrate effectiveness in working with the range of diverse individuals and groups encountered during residency, tailored to the learning needs and opportunities consistent with the program’s aim(s).

4. Professional values and attitudes – residents will behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. They will engage in self-reflection regarding their personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness. Residents will be encouraged to actively seek and demonstrate openness and responsiveness to feedback and supervision. They will be expected to respond professionally in increasingly complex situations with a greater degree of independence as trainee progresses across levels of training.

5. Communication and interpersonal skills – residents will develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. They will produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts. Residents will demonstrate effective interpersonal skills and the ability to manage difficult communication well.

6. Assessment – residents will select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. They will interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. Residents will communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

7. Intervention – residents will establish and maintain effective relationships with the recipients of psychological services. They will develop evidence-based intervention plans specific to the service delivery goals. They will implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
Residents will demonstrate the ability to apply the relevant research literature to clinical decision making. They will be expected to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. Residents will evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

8. **Supervision** – residents will apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

9. **Consultation and interprofessional/interdisciplinary skills** – residents will demonstrate knowledge and respect for the roles and perspectives of other professions. They will apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

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

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

**POSTDOCTORAL RESIDENCY IN SUD/PTSD**

**Program Structure**
Training for the psychology resident will be focused primarily in the Addictive Behaviors Clinic (ABC) and Trauma Recovery Services (TRS).

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

In ABC, the resident will participate as a junior colleague. He/She will conduct assessments, lead psychoeducation groups, lead small and large therapy groups, administer and interpret psychological testing, and conduct individual psychotherapy while working within an
interprofessional team to make both administrative and treatment decisions. The resident will be encouraged to teach and to model adaptive behaviors, including self-awareness, boundary management, and emotion regulation skills. The resident may participate in PTSD/SUD empirically-validated, harm-reduction treatment groups based on Lisa Najavits' Seeking Safety workbook. Further, the resident may facilitate a Healthy Habits group, which is an empirically supported, harm-reduction treatment group based on the stages-of-change model. These groups allow for contrast from the abstinence-based/disease model component of training, giving the resident a chance to learn how to match treatment approaches with patient needs.

The treatment team is drawn from various disciplines, including psychology, psychiatry, social work, nursing, peer support, and recreation therapy. Learning to coordinate interdisciplinary care will be an important focus of training in the clinic. The resident will be encouraged to develop and to model effective staff interactions, which patients can utilize as a model to improve their own peer relationships.

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

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

Once a diagnosis of PTSD has been established by the TRS team, the Veteran will be enrolled in the treatment phase. The core aspect of TRS will be trauma-focused work. The resident will be trained to deliver Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). Treatment may also include stabilization, with a focus on helping the Veteran obtain greater coping skills and symptom-specific management (e.g., anger management, stress management, CBT-I, CBT, or relaxation). Programming may also include psychoeducational groups and substance use programming (e.g., Seeking Safety).

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

As a part of TRS, the resident will function as a junior colleague. He/she will conduct assessments, lead groups, provide individual psychotherapy, and participate as part of an
interprofessional team. Groups include a WWII/Korean War process group, CPT group, and an Anger Management Skills group.

Throughout the year, it is expected that the resident will provide supervision to junior trainees and engage in both program development and program evaluation activities.

Optional Training Experiences include:
1. Development and implementation of SUD and/or PTSD services in the Women’s Clinic, such as running a Seeking Safety Group or providing individual services.
2. Participation in the Smoking Cessation Clinic
3. Facilitation of either a DBT-skills group and/or an ACT Drop-In Group in the Mental Health Clinic (MHC)
4. Assistance in facilitating the Psychology Training Seminar, which provides weekly didactic instruction on diverse issues relevant to the practice of psychology. Topics covered include, diversity, preparing for post-docs and licensure, military culture, boundary issues, and other professional issues.
5. Provide telemental health services to CBOCs to increase Veteran access to quality healthcare for the treatment of SUD and PTSD.

Supervisors:
Alex Barrad, Psy.D.
Melissa Lewis, Ph.D.
Shana Spangler, Psy.D.
POSTDOCTORAL RESIDENCY IN PCMHI/B-MED:

Training for the psychology resident will be focused primarily in the Primary Care Mental Health Integration (PCMHI) Clinic, the Home-Based Primary Care (HBPC) Program, and the Behavioral Sleep Medicine (BSM) Program.

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

The resident will work closely with supervising psychologists to deliver brief interventions and to provide consultation services within an interprofessional team. Treatment approaches emphasize evidence-based modalities, including: mindfulness, Biofeedback, MI, ACT, CBT as well as integrative health and healing (IHH) modalities, such as progressive muscle relaxation, breathing retraining, guided imagery, mindful meditation, and yoga.

**HBPC:** The VA HBPC program provides comprehensive, interdisciplinary primary care services in the homes of Veterans with complex and chronic, disabling diseases. HBPC began as a pilot project at six facilities in 1970 and became an established program in 1972. The HBPC model targets persons with complex, chronic, and progressive diseases and provides interprofessional care that is longitudinal and comprehensive, rather than episodic and focused. HBPC provides cost-effective home-based primary care services, palliative care, mental health care, rehabilitation, disease management, and coordination of care. HBPC teams typically include representatives from such disciplines as medicine, mental health, nursing, pharmacy, social work, psychology, rehabilitation, and dietetics.

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

1. Longitudinal care patients with chronic, progressive, and complex medical, social, and behavioral conditions, particularly those at high risk of hospital, nursing home, or recurrent emergency care.
2. Longitudinal care patients who require palliative care for an advanced disease that is life limiting and refractory to disease-modifying treatment.
3. Patients whose home-care needs are expected to be of short durations or for a focused problem.
The postdoctoral resident will provide a full range of psychological services to patients and their families, including screening, psychological, cognitive, and capacity assessments, psychotherapy, and prevention-oriented services. Mental health treatment and prevention-oriented services will emphasize evidence-based and best practice approaches. The resident will also provide evidence-based interventions to help patients manage behavioral factors associated with health problems and to promote medical compliance. The resident will collaborate with HBPC staff and other specialty clinics to provide optimal care for the Veteran and the Veteran’s family. The resident will initially conduct visits with the supervising HBPC psychologist, assuming graduated levels of responsibility across the training year.

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

Supervisors:
Falguni Chauhan, Ph.D.
Sarah Duman, Ph.D.
Jennifer Martin, Ph.D.
Aleksey Zvinyatskovskiy, Ph.D.

Didactics for both Residency Positions:

CLINICAL RESEARCH SEMINAR
This is a monthly, 60-minute seminar attended by interns and residents. Content focuses on developing a knowledge base for the use of research in clinical practice. Specific topics include: acquiring skills in evaluating research, developing testable hypotheses from clinical observations, designing and understanding clinical trials, applying research findings to clinical practice, identifying institutional resources to support research, and understanding the processes for disseminating research.
Coordinator: Jennifer Martin, Ph.D.

DIVERSITY SEMINAR
This is a twice-monthly, 60-minute seminar attended by interns and residents. The purpose of this seminar is to increase trainees’ cultural awareness and competence using a number of methods, such as formal presentations, experiential exercises, role plays, and assigned readings. Trainees will learn how their own personal/cultural history, attitudes, and biases may affect their understanding and interaction with different people. Trainees will learn to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own. Guest lecturers are invited to speak on topics, such as ethnic minority groups, immigrants, LGBT considerations, returning students, and women Veterans, among others.
Coordinator: Grace Rosales, Ph.D.
EVIDENCE-BASED PRACTICE SEMINAR
This is a weekly, 90-minute seminar attended by interns and the SUD/PTSD resident(s). It includes lecture, training, application, and supervision in the treatment of PTSD using treatments recommended by the 2017 VA/DOD Clinical Practice Guidelines. Seminar will involve discussions about the complex presentation of many of the Veterans being seen for trauma-related treatment. This will include exploration and consideration of the interplay between symptoms of PTSD and pain, substance use, sleep problems, and depression. Interns will be given the opportunity to work with Veterans exposed to a range of traumas, including combat, sexual, and childhood. This weekly seminar specifically includes training in the assessment of PTSD through use of the Clinical Administered PTSD Scale – 5 (CAPS-5) and in the treatment of PTSD with Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). The seminar may also include an opportunity to train in the use of Virtual Reality to augment PE treatment. Coordinators: Alex Barrad, Psy.D., Melissa Lewis, Ph.D., and Shana Spangler, Psy.D.

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

PSYCHOLOGY TRAINING SEMINAR
This is a weekly, 60-minute seminar on a broad range of issues related to professional development, attended by interns and residents. Speakers are different each week and topics include: Laws and Ethics, Licensure Preparation, Evidence-Based Psychotherapy in the VA, Military Culture, Wellness/Self Care, Hiring Opportunities, etc. Additionally, the interns and residents will be responsible for providing one presentation on research and one formal case presentation in the context of this seminar. Coordinator: Melissa Lewis, Ph.D.

SUPERVISION SEMINAR
This is a monthly, 60-minute seminar attended by interns and residents designed to provide training in competency-based clinical supervision. The seminar includes a combination of formal presentations, group discussions, vignettes, role plays, and assigned readings. Guest lecturers are invited to present on a number of different topics including the supervisory relationship; assessment, evaluation, and feedback; diversity considerations; ethical, legal, and regulatory considerations, among others. Coordinator: Melissa Lewis, Ph.D.
SUPERVISION OF SUPERVISION SEMINAR
This seminar meets three times per month for 60 minutes and is attended by the postdoctoral residents who are supervising practicum students. While the Supervision Seminar provides training and didactics in supervision practice, this seminar allows residents to engage in group discussions regarding the process of engaging in supervision and the experience of adopting this new professional role.

Coordinators: Falguni Chauhan, Ph.D. and Sarah Duman, Ph.D.

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

Facility and Training Resources
The resident will be provided with office space and computers necessary for patient care and administrative responsibilities. He/She will have full access to VA Medical Library services, the UCLA Biomedical Library, as well as VA Intranet and internet resources for clinical and research work. We have a comprehensive Psychology Assessment Lab, which includes a wide variety of psychological assessment instruments and scoring programs.

Administrative Policies and Procedures
Due Process – All trainees are afforded the right to due process in matters of problematic behavior and grievances. A copy of our due process policy is available upon request.

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

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

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

Reasonable Accommodations: It is the policy of VA to provide reasonable accommodations to qualified applicants and employees with disabilities in compliance with the Americans with Disabilities Act (ADA).

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

**TRAINING STAFF**

**Barrad, Alex, Psy.D.**  
Training Roles: Supervisor, Co-Leader of Evidence-Based Practice Seminar  
Rotation: Trauma Recovery Services, Addictive Behaviors Clinic  
Undergraduate Program: University of California, San Diego, 2007  
Doctoral Program: PGSP-Stanford Psy.D. Consortium (Clinical), 2013  
Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2012-2013  
Postdoctoral Residency: VA Loma Linda Healthcare System (Trauma), 2013-2014  
Areas of Interest: Substance Use Disorders, Posttraumatic Stress Disorder, Evidence-Based Treatments, Treatment of Sleep Disorders  
Certifications: Certified VA Acceptance and Commitment Therapy (ACT) and Prolonged Exposure (PE) Provider  
Orientation: Cognitive-Behavioral, Integrative

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

**Chauhan, Falguni, Ph.D.**  
Training Roles: Supervisor; Facilitator of Couples/Family Seminar; Director of Psychology Practicum Program  
Rotation: Health Psychology: Geriatrics  
Undergraduate Program: University of California Irvine, 1992  
Graduate Program: Boston University, M.A., 1995  
Doctoral Program: University of Houston (Counseling), 2007  
Doctoral Internship: VA Sepulveda Ambulatory Care Center, 2006-2007  
Areas of Interest: Geropsychology, Home Based Primary Care, Neuropsychology, Dementia, Alzheimer’s Disease, Multiple Sclerosis, Posttraumatic Stress Disorder, TBI, Family Therapy, Caregiver Stress, Individual and Group Therapy.
Certifications: Certified VA Integrative Behavioral Couples Therapy (IBCT) and Cognitive-Behavioral Therapy for Insomnia (CBT-I) Provider
Orientation: Eclectic/Integrative

DeLeeuw, Charles E., Ph.D.
Training Roles: Supervisor, Facilitator of ACT Seminar, Section Chief for Mental Health Clinic, SACC
Rotation: Mental Health Clinic
Undergraduate Program: Hope College, 2005
Doctoral Program: Fuller Graduate School of Psychology (Clinical), 2011
Doctoral Internship: Pacific Clinics, Arroyo FSP, 2010-2011
Areas of Interest: Acceptance and Commitment Therapy, psychoanalytic theory and practice
Certifications: VA Acceptance and Commitment Therapy (for Depression) Consultant
Orientation: Third Wave CBT

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

Kulick, Alexis D., Ph.D., ABPP/CN
Training Roles: Director of Training, Supervisor, Facilitator of Neuropsychology Seminar
Rotation: Health Psychology: Behavioral Medicine (Polytrauma/TBI Clinic)
Undergraduate Program: Brandeis University, 1996
Doctoral Program: Bowling Green State University (Clinical), 2001
Postdoctoral Residency: Kaiser Permanente, Oakland; Department of Behavioral Medicine, 2001-2002
Areas of Interest: Clinical Neuropsychology; Psychodiagnostic Assessment; Behavioral Medicine/Health Psychology; Pain Management
Certifications: Diplomate in Clinical Neuropsychology
Orientation: Cognitive-Behavioral, Integrative

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

Martin, Jennifer, Ph.D., FAASM, CBSM
Training Roles: Supervisor, Clinical Research Seminar Facilitator
Rotation: Sleep Disorders Clinic
Undergraduate Program: University of California, San Diego, 1995
Doctoral Program: San Diego State University/University of California, San Diego Joint Doctoral Program (Clinical), 2002
Doctoral Internship: Brown University, 2001-2002
Postdoctoral Fellowship: Geriatrics, University of California, Los Angeles 2002-2003
Academic Affiliations: Associate Professor, David Geffen School of Medicine, University of California, Los Angeles; Faculty, UCLA Multicampus Program in Geriatrics and Gerontology; Faculty; VAGLAHS/UCLA Sleep Medicine Fellowship Program; Research Scientist, VAGLAHS Geriatric Research, Education and Clinical Center; VA National Expert Trainer, Cognitive Behavioral Therapy for Insomnia
Areas of Interest: Psychological Treatment of Insomnia, Chronic Nightmares and Circadian Rhythm Sleep Disorders; Geriatrics; Health Psychology; Motivational Interviewing; Women's Health
Certifications: Certified in Behavioral Sleep Medicine by the American Board of Sleep Medicine, Fellow of the American Academy of Sleep Medicine
Orientation: Cognitive-behavioral (with motivational enhancement and case conceptualization)
Rosales, Grace Ph.D.
Training Roles: Supervisor, Diversity Seminar Coordinator
Rotation: Women’s Health Clinic
Undergraduate Program: California State Los Angeles, 1994
Doctoral Program: University of Massachusetts Boston, M.A. 2004
Doctoral Internship: VA West Los Angeles, 2003-2004
Postdoctoral Residency: Didi Hirsch Community Mental Health
Academic Affiliations: Clinical Assistant Professor, UCLA
Areas of Interest: Women’s Health, Posttraumatic Stress Disorder, LGBTQ, Immigrant Mental Health, Cross Cultural Psychology, Substance Use Disorders.
Certification: VA Cognitive Processing Therapy (CPT) Provider
Orientation: Interpersonal

Spangler, Shana, Psy.D.
Training Roles: Supervisor; Co-Leader of Evidence-Based Practice Seminar; Section Chief PTSD, GLA
Rotation: Trauma Recovery Services
Undergraduate Program: University of California, Los Angeles, 1998
Doctoral Program: Pepperdine University (Clinical), 2009
Doctoral Internship: W.G. “Bill” Hefner VA Medical Center, Salisbury, NC, 2008-2009
Postdoctoral Residency: University of California, San Francisco/VA San Francisco, PTSD/Substance Use, 2009-2010
Academic Affiliations: Clinical Instructor, David Geffen School of Medicine at UCLA
Areas of Interest: Posttraumatic Stress Disorder; Substance Use; Evidence-Based Interventions; OEF/OIF/OND Post-Deployment Integrated Care; Sleep Disorders.
Certifications: Certified VA Cognitive Processing Therapy (CPT) Provider, Interpersonal Psychotherapy (IPT) Provider, and Prolonged Exposure (PE) Provider; Board Certified in Biofeedback (BCB)
Orientation: Cognitive-behavioral, eclectic/integrative

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

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<tr>
<th>Year</th>
<th>Graduate Program</th>
<th>Internship Program</th>
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<tr>
<td>2018-2019</td>
<td>PCMHI/B-Med</td>
<td>University of Arizona</td>
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<td>SUD/PTSD</td>
<td>John F. Kennedy University</td>
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<td>Fuller Theological Seminary</td>
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<td>Graduate Program</td>
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<td>SUD/PTSD</td>
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<td>Harry S. Truman Memorial VA</td>
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<td>WJB Dorn VA</td>
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<td>2017-2018</td>
<td>PCMHI/B-Med</td>
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<td>Sepulveda VA</td>
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<tr>
<td>2015-2016</td>
<td>PCMHI/B-Med</td>
<td>AIU/CSPP San Francisco</td>
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<td>Tuscaloosa VA</td>
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Residents who graduated are currently employed at: CBT California (private practice), Didi Hirsch, Kaiser Permanente, Loma Linda VA, Oxnard VA CBOC, and West Los Angeles VA.
Driving Directions

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

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

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

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