VA San Diego Healthcare System/University of California San Diego Clinical Psychology Postdoctoral Residency Program 2019 - 2020 Program Brochure

Veterans Affairs San Diego Healthcare System
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Introduction

The purpose of this brochure is to describe the VA San Diego Healthcare System (VASDHS)/University of California San Diego (UCSD) Clinical Psychology Postdoctoral Residency Program. Our postdoctoral training program is based on the scientist-practitioner model, focused on creating a foundation in clinical and research/dissemination practices. The goal of the program is to provide training to clinical psychology postdoctoral residents to prepare them for careers as independent practitioners able to translate the scientific literature into sound, evidenced-based interventions and to evaluate and disseminate these approaches. At the end of the program, residents are prepared for VA or university medical center careers that integrate clinical, training, research and leadership activities. Residents are selected for one of 13 available positions. The program does not offer training in any substantive specialty practice areas. The program emphasizes training in the professional practice of clinical psychology. Residents will learn to deliver high quality clinical care, to be critical contributors to and consumers of the scientific literature, and to let each of these areas inform the other.

The VASDHS/UCSD Clinical Psychology Postdoctoral Residency Program is accredited by the American Psychological Association and has been since 2010. Our website is located at:

http://www.sandiego.va.gov/careers/psychology_training.asp.

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

Office of Program Consultation and Accreditation
American Psychological Association

750 1st Street, NE
Washington, DC 20002

Phone: (202) 336-5979

Email: apaaccred@apa.org

Web: www.apa.org/ed/accreditation
Facilities

Postdoctoral residents will work in one of a variety of VASDHS facilities (http://www.sandiego.va.gov/). VASDHS provides a full range of patient care services including inpatient and outpatient care, with state-of-the-art technology as well as education and research. VASDHS is a teaching hospital system whose main campus is situated adjacent to the UCSD campus. Outpatient care is also available at multiple Community Based Outpatient Clinics (CBOCs) and annexes located in Mission Valley, Sorrento Valley, Oceanside, Escondido, and Chula Vista. The VASDHS Mental Health Care Line serves Veterans who reside in San Diego and Imperial counties and provides general and specialized inpatient and outpatient psychiatric services. Residents will provide a full continuum of evidence based psychological services including screenings, formal assessments, consultation, individual and group treatment, and psycho-education.

The VASDHS Psychology Service, part of the Mental Health Care Line, is focused on providing evidence-based assessments and treatments to improve the emotional and cognitive well-being of Veterans. It is an academically oriented service that shares the VA mission of excellence in clinical care, training, and clinically-focused research. Currently accessible to the postdoctoral residents are over 60 part-and full time doctoral-level clinical psychologists, as well as psychiatrists, social workers, nursing staff, psychology technicians, vocational rehabilitation specialists, occupational therapists, peer support specialists, and administrative support staff. Many of the major sub-specialties of clinical psychology are also represented on the staff, including neuropsychology, geropsychology, couple therapy, substance use disorder treatment, behavioral medicine, primary care mental health integration, posttraumatic stress disorder, and related psychology research. There are facilities at the VA for computer assisted psychological testing and videotaping of therapy sessions. All medical records charting and scheduling is done electronically.

UCSD (http://ucsd.edu/) is one of nine campuses of the University of California. UCSD curricula and programs have been singled out for top rankings in national surveys at both undergraduate and graduate levels. In terms of federal research and developmental funding, it is currently in the top six universities. The UCSD Department of Psychiatry was established in 1970 and has over 130 full-time faculty members. A primary objective of the Department of Psychiatry at UCSD is to offer an eclectic program of training that emphasizes the integration of relevant biological, psychological, family and preventive medicine, and sociological variables in the understanding of human behavior. The UCSD Department of Psychiatry is strongly integrated with the VASDHS, and together they offer a rich clinical and research environment. Many successful joint programs are currently in operation under the umbrella of an inter-agency sharing agreement. Noteworthy among these programs is a four-year Residency in General Psychiatry; a two-year Fellowship in Child Psychiatry; psychiatric fellowships in Geropsychiatry, an APA-accredited Joint Doctoral Program in Clinical Psychology; and an APA-accredited Internship in Professional Psychology. The mission of both the UCSD School of Medicine and the VASDHS include a strong emphasis on clinical care, professional training, and research; and both are nationally renowned for strong clinical, teaching, and research programs.
### Postdoctoral Program Admissions

**Date Program Tables are updated:** 07/16/2018

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:

Requirements for consideration are as follows; 1) completion of an APA-accredited doctorate in clinical or counseling psychology, which includes completion of one's dissertation, (proof of completion of all requirements for the doctorate may be required, e.g., transcript showing completion or a letter from the Director of Training) and an APA-accredited internship in professional psychology. 2) US citizenship (as required by VA), and 3) males born after December 31, 1959 must have registered for the draft by age 26 years (as required by VA). Desirable qualifications include experience using evidence-based interventions, and career goals involving clinical, research, leadership and dissemination activities involving evidence-based practices in university-affiliated, VA, or other medical center setting. Recruitment of individuals from diverse social and economic backgrounds and diverse cultural and demographic groups is a high priority. All residents are funded through postdoctoral stipends from the Office of Academic Affiliations (OAA) Department of Veterans Affairs. Stipends are currently $51,101 with benefits plus co-pay. Funds from VASDHS Psychology and Education Service budgets are used to cover program needs such as office and testing supplies, computers, copying educational materials, publication of program brochures, etc.

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

None

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*Figure 1 Postdoctoral Program Admission*
# Financial and Other Benefit Support for Upcoming Training Year*

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Residents</td>
<td>$51,101</td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Residents</td>
<td>None</td>
</tr>
<tr>
<td>Program provides access to medical insurance for resident?</td>
<td>Yes/Yes-No</td>
</tr>
<tr>
<td>If access to medical insurance is provided:</td>
<td></td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes/Yes-No</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes/Yes-No</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes/Yes-No</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>Yes/Yes-No</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td>104</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>104</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>
<td>Yes/Yes-No</td>
</tr>
<tr>
<td>Other Benefits (please describe): 10 paid federal holidays.</td>
<td></td>
</tr>
</tbody>
</table>

*Figure 2 Financial and Other Benefit Support for Upcoming Training Year*
Initial Post-Residency Positions
(Provide an Aggregated Tally for the Preceding 3 Cohorts)

<table>
<thead>
<tr>
<th>Total # of residents who were in the 3 cohorts</th>
<th>37</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of residents who remain in training in the residency program</td>
<td>0</td>
</tr>
<tr>
<td>PD</td>
<td>EP</td>
</tr>
<tr>
<td>Community mental health center</td>
<td>0</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>0</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td>0</td>
</tr>
<tr>
<td>University counseling center</td>
<td>0</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>0</td>
</tr>
<tr>
<td>Military health center</td>
<td>0</td>
</tr>
<tr>
<td>Academic health center</td>
<td>0</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>0</td>
</tr>
<tr>
<td>Academic university/department</td>
<td>2</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>0</td>
</tr>
<tr>
<td>Independent research institution</td>
<td>0</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>0</td>
</tr>
<tr>
<td>School district/system</td>
<td>0</td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>0</td>
</tr>
<tr>
<td>Not currently employed</td>
<td>0</td>
</tr>
<tr>
<td>Changed to another field</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
</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.

Figure 3 Initial Post Residency Positions

Training Program Structure

Training focuses primarily on clinical assessment and evidenced-based treatment of a range of psychiatric disorders within a multidisciplinary setting. Additionally, the program allows an opportunity for program evaluation and research, as well as teaching and dissemination through direct, mentored supervision of psychology interns and/or practicum students (availability varies by rotation), and formal presentations and lectures to academic, medical, and/or community audiences. The program is designed to offer a broad range of experiences to develop several core professional competencies (described below) that build on the interests of the resident and the strengths of our faculty and department. Residents have a shared responsibility in designing and planning their residency experience in collaboration with their mentoring committee. The residency requires a 365-day commitment, typically from September 1 to August 31.

Residents generally work 40 hours per week, although professional responsibilities may extend the work week beyond its customary 40 hours at various times throughout the year. Some residents will
choose to work more than 40 hours per week. Additionally, some placements require evening clinics on one night of the week. In these instances, residents’ schedules will be adjusted so that the evening clinics are incorporated into the 40-hour work week. Residents and supervisors will negotiate the exact schedule to meet the needs of the clinic and the resident. Residents will complete 2,080 hours of supervised professional experience across the training year, which is well above the minimum of 1,500 postdoctoral supervised professional experience hours required for licensure in California. General office hours are 8:00 a.m. to 4:30 p.m. Monday through Friday; any deviation from this schedule must be approved by the primary supervisor and the Training Director. In each calendar year, there are 10 federal holidays. There are 13 sick leave days and 13 annual leave days, which are accrued during residency. There are no part-time residents.

The 12-month training year begins with an orientation week in which residents are oriented to the VASDHS and receive an introduction to their clinical placements. Orientation includes an overview of policy and procedures, competency objectives and evaluation procedures. VASDHS requires residents to participate in an abbreviated New Employee Orientation (NEO). Trainees also must complete a 90-minute online training that is intended to take the place of all the hospital annual mandatory training modules. The site can be accessed at: http://vaww.va.gov/oaa/mandatory.asp.

During the orientation period, the supervisors and residents evaluate each trainee’s strengths and weaknesses and develop an individualized training plan for the residency year. This plan outlines the resident’s responsibilities and includes: 1] supervised clinical experiences with Veterans and families on multidisciplinary treatment teams at specific inpatient, outpatient and/or community clinics (60-80% effort; including provision of supervision to junior trainees, face-to-face clinical hours, preparation for clinical efforts, etc.); 2] didactics and training activities (10-15% effort; including weekly postdoc seminars, receipt of clinical supervision and rotation-specific seminars); and 3] research/dissemination activities (variable % effort). The greatest amount of variability between residents may occur in research/dissemination. Residents are required to engage in some clinical research and/or dissemination activity across the training year. Such activities might include piloting a new clinical service or evaluating a current program offering. To complete such projects, residents will have support in protecting time (e.g., reducing their clinical case load) to conduct these clinical research/dissemination activities. Up to 8 hours per week may be requested. The project, and the associated adjustment in training activities, must be reflected in the resident’s training plan and approved by the primary supervisor and Director of Training. The project selected should be of a scope consistent with the amount of protected time being requested. If the project does not require the number of hours being requested, or if the project is completed prior to the conclusion of the training year, an adjustment to the resident’s time will occur (e.g., their clinical case load will increase).

All Residents are expected to:

- Collaborate with and directly provide services to people with mental illness;
- Conduct evidence-based assessments and deliver evidence-based practices;
- Obtain experience with the delivery of clinical supervision
- Participate on interprofessional treatment teams;
- Attend required seminars and trainings;
- Engage in clinical research and/or dissemination activity

A developmental training approach will be used for the clinical training in which learning objectives are accomplished primarily through experiential clinical learning under supervision and mentoring by the resident’s supervisors. A resident’s clinical training follows a progression from observing supervisor
modeling (in vivo service delivery and role plays in supervision), to delivering services with direct observation of resident delivered services by the supervisor and/or with supervisor and resident as co-therapists, to increasingly autonomous, albeit monitored and supervised, service delivery. In the beginning of the training year, caseloads are lower, with increasing intensity as the year progresses.

Specific Residency Positions

Residency positions are funded by the Department of Veterans Affairs, Office of Academic Affiliations. The goal of the residency is to train postdoctoral residents to deliver evidence-based psychotherapy, disseminate these approaches and critically evaluate innovative approaches. The rationale for focusing on evidence-based psychotherapy is that veterans and other consumers of mental health treatment deserve access to treatments that are known to be effective. Dissemination of evidence-based treatment approaches is critical because many mental health providers do not have access to or do not avail themselves of such training. Residents will be prepared to help other mental health professionals appreciate the value of evidence-based care and train their colleagues to deliver such care. Finally, clinicians must be good consumers of the scientific literature to keep their clinical practice state-of-the-art. Residents are selected for one of the primary training experiences (described below) and train in that setting for the entire year. A minor rotation, which will include involvement in a secondary clinical setting, may be possible if it aligns with the resident’s training goals and is approved by the primary supervisor and Training Director.

A. Behavioral Health Interdisciplinary Care with an Emphasis in Lesbian, Gay, Bisexual, Transgender (LGBT) Mental Health: The resident in this position works in the Oceanside CBOC with a primary placement in the General Mental Health (Behavioral Health Interdisciplinary Program; BHIP) team and a minor rotation in Primary Care Mental Health Integration (PCMHI). Training will focus on the delivery of evidence-based psychotherapies (Prolonged Exposure [PE], Cognitive Processing Therapy [CPT], Acceptance and Commitment Therapy [ACT], Interpersonal Therapy [IPT], and Cognitive Behavioral Therapy [CBT], Dialectical Behavior Therapy [DBT] skills) for a wide range of mental health concerns. Special efforts will be made to build a case load that primarily includes Veterans who are either LGBT-identified or are experiencing concerns related to gender identity, gender expression, sexual orientation, or sexuality. Ways to ensure that evidence-based practices are delivered using an LGBT affirmative model of psychotherapy will be emphasized. The Oceanside clinic receives referrals related to the following LGBT relevant clinical themes: military and non-military bullying and harassment related to gender identity and sexual orientation, parental rejection tied to LGBT identity, sexual trauma as a complicating factor in the coming out process. The resident will also have the opportunity to work with a wide range of diagnoses in an interdisciplinary team, which is a highlight of this position. The opportunity to treat Veterans in individual and group therapy is also provided, as the resident will facilitate the ACT/DBT mood group and may have the opportunity to develop an LGBT support group. The resident may also have the opportunity to serve as an active member of the San Diego LGBT workgroup. The VA San Diego’s LGBT Workgroup is involved in outreach and staff education, LGBT specific clinical program development, and completion of the hospital-wide Health Equality Index (HEI) certification process. The primary supervisor for this resident position is Pollyanna Casmar, Ph.D.

For the minor 1-day/week rotation in PC-MHI, the resident will provide co-located MH services in primary care Patient Aligned Care Teams (PACT) including brief, focused assessment and treatment using evidence-based interventions and consultation with PACT teams for patients presenting with mild to moderate symptoms (e.g., depression, anxiety), psychosocial stress, and health risk behaviors. The resident will work with PCMHI team (psychology, MH nursing and psychiatry), primary medical (nursing, physician) and ancillary services (pharmacy, social work, nutrition) within PACT. The goal of this placement is for residents to become proficient in working collaboratively with a treatment team and to
provide brief evidenced-based interventions in the primary care setting. Training will be consistent with procedures outlined in the VA PC-MHI fidelity training model. The primary supervisor for the PCMHI portions of the residency position is Brendt Parrish, Ph.D.

**B. Family Mental Health Program (FMHP) & Behavioral Health Interdisciplinary Program (BHIP):** Each of the two residents selected for this track work in the FMHP and a minor 1-day/week rotation in either the Mission Valley (one resident) or La Jolla Medical Center (one resident) general mental health clinic (BHIP).

- The **FMHP** specializes in providing conjoint therapy for relationship distress. Common couple therapy targets include communication/problem-solving, infidelity and trust, sexuality and intimacy, marriage preparation, and adjusting to major life events (e.g., post-deployment and reintegration issues) amongst those often experiencing comorbid physical (e.g., cancer, cardiac disease, diabetes, HIV infection, etc.) and/or mental health conditions (e.g., major depression, PTSD, etc.).

  Integrative Behavioral Couple Therapy (IBCT) is the primary intervention modality, although opportunities to learn emotionally focused couple therapy (EFT), Behavioral Couple Therapy, Cognitive Behavioral Conjoint Therapy for PTSD (CBCT for PTSD), and Structural Family Therapy may also be available. Residents independently deliver services to Veteran couples, but will also have the opportunity to deliver co-therapy (e.g., with the clinical supervisor) and will ideally engage in vertical supervision (e.g., with the predoctoral psychology intern assigned to the clinic).

  Multiple opportunities for involvement in program evaluation and/or clinical research exist. Previous residents have conducted evaluations of clinic outcomes and/or publication of research (e.g., working with Leslie Morland, Ph.D. to analyze data from the CBCT for PTSD RCT). The primary supervisor for the FMHP portion of these resident positions may be either Brian Buzzella, Ph.D., ABPP or Elizabeth Wrape, Ph.D.

- The La Jolla Medical Center BHIP is an interdisciplinary team that includes a psychologist, two psychiatrists, a LCSW, a nurse practitioner, an RN, and a peer support specialist. The program uses a transdiagnostic approach to provide services to Veterans with a wide variety of mental health concerns, including: trauma, anxiety, depression, sleep disturbances, emotion dysregulation, and interpersonal difficulties. The resident receives individual supervision and training in diagnostic assessment, group and individual CBT interventions, as well as third wave approaches such as DBT and ACT. Additionally, the resident receives training in evidence based interventions for PTSD, such as cognitive processing therapy (CPT). The primary supervisor for this portion of the residency position is Natalie Castriotta, Ph.D.

- The Mission Valley BHIP is a large interdisciplinary team that includes three psychologists, nine psychiatrists, three LCSWs, three nurse practitioners, a clinical nurse specialist, an RN, and a peer support specialist. This team has one of the largest patient populations in San Diego VA’s mental health careline, meaning we have a large number of referrals and a good variety of cases at any time for trainees. The program uses a transdiagnostic approach to provide services to Veterans with a wide variety of mental health concerns, including: depression, sleep disturbances, trauma, anxiety, emotion dysregulation, health problems like chronic pain, and interpersonal difficulties. The resident can receive individual supervision and training in diagnostic assessment, CBT interventions, as well as third-wave approaches such as DBT and ACT (ACT is offered in both group and individual forms). Additionally, the resident can receive training in specific evidence-based interventions for PTSD and depression, such as
C. **Home-Based Primary Care:** By serving as a mental health provider on the Home-Based Primary Care (HBPC) team, the resident will receive excellent training in the three aspects of care evaluated for ABPP certification in Geropsychology: intervention, assessment, and consultation. HBPC provides comprehensive, interdisciplinary primary care services in the homes of older veterans with chronic and disabling disease, particularly those at high risk of recurrent hospitalization or nursing home placement. Because most of these veterans are unable to access outpatient services, HBPC residents and psychologists provide a wide array of services: individual psychotherapy using CBT, PST, ACT, and other empirically based therapies to treat the full range of mental health issues, including depression, anxiety, PTSD, adjustment to illness and disability, and end-of-life concerns; behavioral medicine interventions for sleep, pain, obesity, and adherence to treatment regimens; brief neuropsychological assessment and dementia evaluations with an emphasis on using test results to inform interventions; evaluations of capacity to live independently and to make treatment decisions; and couples and family therapy with patients and their caregivers. This position also offers residents a unique opportunity for multidisciplinary collaboration. In addition to weekly multidisciplinary team meetings, home visits are made both individually and in conjunction with team members from medicine, nursing, pharmacy, social work, physical therapy, and nutrition. The team looks to psychology for consultation and guidance in dealing with mental health issues affecting medical care for HBPC’s complex patients. Didactic education specific to the position includes the weekly National VA Geropsychology Seminar and presentations on geriatric issues available through UCSD’s Division of Geriatric Psychiatry, the Stein Institute for Research on Aging, and Geriatric Medicine. The primary supervisor for this resident position is Julie Wetherell, Ph.D., ABPP.

D. **La Jolla PTSD Clinical Team (LJ PCT):** The resident assigned to the LJ PCT provide assessment and psychotherapy, in multiple formats and settings, for veterans in all service eras with PTSD due to all trauma types: primarily combat and military duty trauma but also military sexual trauma, interpersonal trauma, and civilian trauma. Training occurs, primarily in the outpatient clinic of the LJ PCT; however, a minor rotation in the inpatient/residential setting, ASPIRE, also is offered. Training in prolonged exposure (PE) therapy, cognitive processing therapy (CPT), and other evidence-based trauma approaches are emphasized. These treatments are offered in an individual, face-to-face format; and opportunities for group- and telemental health-formats also are available. The resident acts as part of a multi-disciplinary team comprised of staff in psychology, psychiatry, social work, nursing, pharmacy, peer support, and/or chaplaincy. Staff interface with primary care and other mental health providers to provide integrated care for the myriad of physical and mental health concerns of this group. The clinic continues to grow and evolve; thus, the resident is encouraged to take part in program development and evaluation. There is a year-long weekly seminar on PTSD and possibility for weekly consultation groups on PE and CPT. The primary supervisor for this resident position is Katharine Lacefield, Ph.D., ABPP.

E. **Mission Valley PTSD Clinical Team (Mission Valley PCT):** The resident in this position provides assessment and psychotherapy for veterans in all service eras with PTSD due to all trauma types (combat, military duty, military sexual trauma [MST], interpersonal trauma, and civilian trauma) at the Mission Valley Community Based Outpatient Clinic (CBOC). The Mission Valley CBOC is located approximately 20 minutes southeast of the La Jolla VA Medical Center and is within a short driving distance of the Central San Diego neighborhoods of North Park, Normal Heights, Hillcrest, University Heights, and City Heights. Parking is available on site and the resident will have a dedicated desk in a comfortably sized shared office space with two predoctoral interns who are also training in the PTSD clinic. The resident in this position will also have a reserved therapy room for the entire training year (shared with other trainees during the times when the resident is not seeing patients). Training in prolonged exposure (PE) therapy, cognitive processing therapy (CPT), and other evidence-
based trauma approaches are emphasized. Supervision in ancillary evidence-based psychotherapies for non-trauma specific issues can also be provided dependent on resident interest (e.g., Acceptance and Commitment Therapy, Cognitive Behavioral Therapy for Insomnia). Formal mini-rotations in TeleMental Health (TMH) and Primary Care Mental Health Integration (PCMHI) can also be arranged dependent on training goals and resident progress. “Vertical supervision” (also known as “supervision of supervision” or “umbrella supervision”) is also built in to this training position, including formal vertical supervision of a predoctoral intern as well as ad hoc supervision of other junior trainees (e.g., practicum students, psychiatry residents).

The resident acts as part of a multi-disciplinary team comprised of staff in psychology, psychiatry, pharmacy, nursing, peer support, and chaplaincy. Staff interface with primary care and other mental health providers to provide integrated care for the myriad of physical and mental health concerns of this group. Formal integrated didactic experiences include a year-long weekly seminar on PTSD, a weekly consultation group on the delivery of PE, a weekly consultation group on working with Veterans with complex trauma, and the possibility of formal VA provider status certification in CPT. The clinic continues to grow and evolve; thus, the resident will also have the opportunity to take part in program development and evaluation. Various research opportunities are also available. The supervisor for this resident position is Natalia Escobar Walsh, Ph.D.

F. Mood Disorders and Interdisciplinary Care: The resident in this position trains half time in the Mood Disorders Psychotherapy Program (MDPP), a specialty outpatient clinic providing assessment and treatment services for mood disorders. The multidisciplinary treatment team includes psychologists, psychiatrists, a peer support specialist, a nurse, a social worker, and a pharmacist. Trainees receive individual supervision and training in diagnostic assessment, as well as group and individual third-wave and cognitive behavioral therapies for major depression or bipolar disorder. Residents can also elect to train in and deliver cognitive behavioral therapy for insomnia. The primary supervisor for this portion of the residency position is Colin Depp, Ph.D.

The resident also trains half time in the Behavioral Health Interdisciplinary Program (BHIP), an interdisciplinary team that includes a psychologist, two psychiatrists, a LCSW, a nurse practitioner, an RN, and a peer support specialist. The program uses a transdiagnostic approach to provide services to Veterans with a wide variety of mental health concerns, including: trauma, anxiety, depression, sleep disturbances, emotion dysregulation, and interpersonal difficulties. The resident receives individual supervision and training in diagnostic assessment, group and individual CBT interventions, as well as third wave approaches such as DBT and ACT. Additionally, the resident receives training in evidence based interventions for PTSD, such as cognitive processing therapy (CPT). The primary supervisor for this portion of the residency position is Natalie Castriotta, Ph.D.

Trainees will have a variety of opportunities for research and program development projects in both MDPP and BHIP experiences, skills development in interdisciplinary team-based care, and participation in formal training workshops in VA sanctioned evidence-based treatments.

G. Psychosocial Rehabilitation (PSR): The goal of the PSR track is to train residents in multiple disciplines (psychology, social work, vocational rehabilitation, nursing, psychiatry) to function in leadership positions on interprofessional teams working with veterans with serious mental illness (SMI). Residents are trained to deliver evidence-based psychosocial rehabilitation (PSR) practices for veterans with psychotic disorders, disseminate these approaches, and critically evaluate new approaches. The recovery-oriented PSR approach encourages veterans to develop personalized living, learning, working and socializing goals and empowers them to participate actively in treatment by choosing from a menu of treatment choices, including inpatient
and outpatient services, medication management, supported employment, psychoeducation, social skills training, illness management and recovery, cognitive behavioral and acceptance and commitment therapies for psychosis, substance use/dual-diagnosis treatment, case management, and community integration efforts. Residents have the opportunity to receive training in any of these PSR practices appropriate to their discipline. The goal is to improve functioning and quality of life in veterans with SMI. Development, implementation, and dissemination of evidence-based psychosocial rehabilitation practice through research are also high priorities in the field of PSR. PSR residents receive training in this area through seminars, the development of a program evaluation, research or dissemination project, and opportunities to present their research.

Clinical training in the PSR track occurs primarily within the Center of Recovery Education (CORE), the VASDHS’s Psychosocial Rehabilitation and Recovery Center. Residents also complete a rotation on the inpatient psychiatry unit and may work with some Veterans in the Wellness and Vocational Enhancement (WAVE) clinic. Residents’ individual training needs/interests will determine the types of clinical presentations and PSR services they focus on. This clinical training model provides experiences with all key integrated PSR services across inpatient, outpatient, and community-based settings, while being flexible enough to accommodate individual interests and training needs. The PSR Fellowship supervision team consists of psychologists, social workers, a psychiatrist, and a vocational rehabilitation specialist. All PSR residents assist veterans in developing and following recovery plans and provide individual and group-based PSR services, including psychodiagnostic assessments, individual and group psychotherapy, skills-training groups, community integration groups, and supported employment. Residents also assist the director in clinic administration tasks (e.g., accreditation maintenance), since this is important experience for those pursuing leadership positions in PSR settings. The primary supervisors for the PSR track include Dimitri Perivoliotis, Ph.D., Yuliana Gallegos-Rodriguez, Ph.D., Blaire Schembari, Ph.D., Jeanette Petrini, LCSW, and Christina Fink, MS CRC.

H. Psychosomatic/Behavioral Medicine Program: The VASDHS/UCSD psychosomatic fellowship provides a top notch postgraduate training experiences that prepare fellows for successful careers in health service psychology. The psychosomatic fellowship includes three residency positions that each provide exceptional postgraduate training experiences preparing residents for successful careers in health service psychology. Residents in this position are part of Psychosomatic/Behavioral Medicine Program, an interprofessional program focused on assessing and treating the behavioral, psychological, social, and biological factors that impact illness, health, and quality of life (i.e., biopsychosocial approach to health and illness). The psychology residents are a part of an interdisciplinary training cohort which includes psychiatry and clinical pharmacy residents and are supervised by an experienced, enthusiastic and engaged group of core psychology, psychiatry and pharmacy faculty. The program spans both inpatient and outpatient medical settings. The fellow cohort collaborates in the provision of clinical services, attends a group supervision, and is also responsible for teaching a psychosomatic didactic seminar for interns and practicum students. Residents are offered an immersive specialty training experience as a mental health professional in interdisciplinary medicine, with a range of both mental health and medical providers (e.g. primary care, specialty care). VASDHS/UCSD has a robust psychosomatic/health psychology faculty and therefore many opportunities for research mentorship are available. Former fellows have completed a variety of research/dissemination projects examples include: program evaluations, analyses and presentation of existing datasets, and quality improvement projects. The description for each of the three resident positions are below:

1. **La Jolla Behavioral Medicine (BMED)/Primary Care Mental Health Integration (PCMHI) & Psycho-Oncology:**
   BMED – Fellows will provide empirically-supported assessments and therapies for primary and tertiary care patients for whom psychological issues are impacting their health status, thus, serving veterans with a
variety of physical and mental health conditions. The clinic aims to improve veterans’ physical health and mental wellbeing by promoting healthy life styles, assisting patients to change health compromising behaviors, encouraging treatment compliance when coping with chronic illness, and assisting with management of chronic conditions (e.g. chronic pain, diabetes). Fellows will work closely with professionals from a variety of specialty areas (e.g. primary care, neurology, pulmonary, nephrology).

PCMHI – Fellows will provide co-located MH services in primary care Patient Aligned Care Teams (PACT) including brief, focused assessment and treatment using evidence-based interventions and consultation with PACT teams for patients presenting with mild to moderate symptoms (e.g., depression, anxiety), psychosocial stress, and health risk behaviors. Fellows will work with PCMHI team (psychology, MH nursing and psychiatry), primary medical (nursing, physician) and ancillary services (pharmacy, social work, nutrition) within PACT. The goal of this placement is for fellows to become proficient in working collaboratively with a treatment team and to provide brief evidenced-based interventions in the primary care setting. The primary supervisor for the BMED/PCMHI portions of the residency position is Autumn Backhaus, Ph.D.

Psycho-Oncology – Fellows will provide co-located psycho-oncology services in outpatient Hematology/Oncology clinics as well as perform focused assessment and interventions for inpatients and those undergoing infusion treatments. Services include screening for cancer-related psychological distress, assessment of general mental health, interventions to promote adjustment to diagnosis and treatment, encouraging compliance with treatment recommendations, and referral to additional supportive services. Fellows will work interprofessionally with a number of treatment providers and will also attend weekly Tumor Board Case Conference. The primary supervisor for this portion of the residency position is Pia Heppner, Ph.D.

2. **Inpatient Consultation Liaison (C&L) Service & Pain Clinic Service:**

   **Inpatient Consultation Liaison (C&L) Service** – The fellow will spend half of their week in the C&L Service providing assessment and treatment recommendations for Veterans on the inpatient medical and surgical units. These units include the ICU and DOU, the Spinal Cord Injury Unit, the palliative-care unit and the Community Living Center. Typical referrals include delirium, dementia/cognitive disorders, capacity evaluations, risk assessment, and mental health symptoms. Interventions include pharmacotherapy as well as crisis intervention and supportive psychotherapy. Nearly half of Veterans seen in C&L are over 65 years old with typical requests for assessment and consultation on cognitive disorders and behavioral issues, providing a unique opportunity for fellows to gain the necessary training and experience to address the needs of this underserved population. Fellows will also participate in a weekly psychosomatic medicine didactic.

   **Pain Clinic Service** – The fellow will spend half of their week as part of the pain clinic service that provides both medical and procedural interventions for pain conditions as well as behavioral interventions for pain management. Patients commonly present with comorbid psychiatric conditions. The structure of the clinic is a team-based delivery model with pain physicians, advanced nurse practitioners, and psychologists. The fellow has the opportunity to be involved in both inpatient and outpatient services. The pain clinic providers support mental health attendance at office visits and will send patients to the fellow as a “warm handoff” during their office visit times. Additionally, the fellow will carry a small caseload of outpatient individual cases as well as complete comprehensive pain-focused psychological evaluations including pre-implantable device evaluations (spinal cord stimulator, intrathecal pain pump) and opiate risk assessments. The fellow will also participate in several interprofessional rounds, team treatment meetings, and pain committees to broaden their experiences and skills as a psychologist contributing to pain management services in a biomedical environment.
The primary supervisor for this resident position is Thomas Rutledge, Ph.D. Fellows will also be supervised by Kristin Beizai, M.D. and Alan Hsu, M.D. attending psychiatrists, offering a unique supervision opportunity and additional interprofessional training.

3. **Mission Valley Primary Care Mental Health Integration (PCMHI) and Behavioral Medicine**

PCMHI - Postdoctoral resident will provide co-located, integrated MH services in a VA primary care (PACT) setting. The goal of this placement is for the resident to become proficient in working collaboratively and with providing brief evidenced-based interventions in the primary care setting. The resident will learn to provide brief, focused psychotherapy and assessment using evidence-based interventions to primary care patients presenting with mild to moderate MH symptoms (e.g., depression, anxiety), psychosocial stressors, and health risk behaviors. Postdoctoral resident will work closely with the PCMHI team (psychology, MH nursing and psychiatry) and will collaborate and consult with multiple PACT teams (physicians, nurses, clerks) and ancillary service providers (pharmacy, social work, nutrition) to deliver timely integrated care to a large diverse patient population. The resident will assist with “warm handoffs” by seeing primary care patients following their appointments. Weekly supervision and consultation is provided by psychologists and a Primary Care Physician. Residents will provide their own consultation to medicine residents (case conferences) and attend a multidisciplinary committee focused on patient challenges.

Behavioral Medicine – The postdoctoral resident will provide evidence-based assessments and treatments (e.g., CBT, ACT, Mindfulness) for primary and tertiary care patients for whom psychological issues are impacting their health status, thus, serving veterans with a variety of physical and mental health conditions. The clinic aims to improve veterans’ physical health and mental wellbeing by promoting healthy life styles, assisting patients to change health compromising behaviors, encouraging treatment compliance when coping with chronic illness, and assisting with management of chronic conditions (e.g. chronic pain, diabetes). The resident will work closely with professionals from a variety of disciplines (e.g. primary care, anesthesia pain, pharmacy). The resident will also co-lead groups for Veterans coping with chronic pain and insomnia. For those interested in gaining more experience in women’s behavioral mental health, we are coordinating care with Gynecology and the Maternity Care Coordinator to provide services to women veterans with low sexual desire and to those who are pregnant, in the postpartum, have had a recent pregnancy loss, or are struggling with infertility. There are opportunities to gain individual and group supervision experiences with psychology trainees throughout the year.

The postdoctoral resident in this rotation will also participate in the tobacco cessation program. The goal of this component is for trainees to become proficient in evidence-based treatment for tobacco use, and to gain skills for motivating veterans to quit tobacco use. Tobacco cessation treatment is primarily cognitive-behavioral, and focuses on skills for managing urges to smoke, coping with high-risk situations and relapse prevention. Motivational interviewing skills and strategies are an important part of services provided by the program, which includes a telephone-delivered MI treatment engagement intervention. The resident will also become knowledgeable regarding medications commonly used for tobacco cessation. The primary supervisors for this position are Andrea Hekler, Ph.D. and Mark Myers, Ph.D.

1. **Substance Abuse Rehabilitation and Recovery Program (SARRTP) PTSD Track**: The VA Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)'s PTSD Track provides evidence-based PTSD treatment and assessment for Veterans currently undergoing residential substance use disorder (SUD) treatment. In addition to co-facilitating groups (i.e., in vivo exposure, trauma-focused CBT, PTSD skills), fellows will deliver individual PTSD/SUD treatment in an accelerated format (3x weekly), allowing most Veterans to complete PTSD treatment protocols prior to discharge from SARRTP. This format takes
advantage of the safety and structure of the residential setting to promote treatment engagement and completion. The residential setting (i.e., minimizing no-shows) and accelerated treatment approach afford a unique opportunity to establish strong competency implementing evidence-based PTSD treatment with a complex and very diverse population. Prolonged Exposure, Cognitive Processing Therapy, and Trauma-Informed Guilt Reduction Treatment (TriGR) are most heavily utilized (STAIR and ACT also used). Opportunities for Motivational Interviewing and CBT for SUD are also available. Fellows will work with Veterans with PTSD from all trauma types, including combat (all eras), military sexual trauma, and childhood trauma. This position is primarily for the PTSD track within the residential SUD unit, but may also include some outpatient therapy. Fellows will also attend rounds with a multidisciplinary team of a psychologist, psychiatrists, social workers, nurses, chaplains, addiction therapists, and peer support specialists. Fellows will experience what it is like to work on a residential unit and participate in crisis management, team interventions, and multidisciplinary teamwork. Fellows will have the opportunity to provide layered supervision to more junior trainees. Finally, fellows have opportunity to be involved with state-of-the-art PTSD/SUD research through this rotation (or may choose to pursue a different area of research). The primary supervisor for this residency position is currently Moira Haller, Ph.D.

### Supervision

Residents receive at least four hours of supervision per week, and at least two of these hours are individual supervision with a psychologist licensed in California. At least one hour of weekly individual supervision comes from the primary supervisor. Additional individual supervision comes from secondary supervisors, who may be selected for individual cases or to provide regular supervision throughout the year. Individual supervision involves direct observation of clinical care and may also include use of video/audio recording. Additional supervision may come from group supervision. Supervision assignments are documented in the training plan.

Residents will ideally have an opportunity for training in providing supervision by supervising the clinical work of a psychiatry resident, clinical psychology intern, clinical psychology practicum student or other trainee. We offer 6 hours of training in “Supervision in Clinical Psychology,” typically during the first quarter of the training year.

### Seminars

All psychology postdoctoral residents are required to attend the Professional Development Seminar. This seminar meets once per month (1st Wednesday of the month) for 60 minutes for the entire training year and focuses on professional development issues. It is led by Stephanie Orbon, Ph.D., Brian Buzzella, Ph.D., ABPP and Laurie Lindamer, Ph.D.

All residents are also required to attend a Laws and Ethics Seminar (during the Fall). The 2-hour ethics portion of the seminar covers: 1) code of conduct, 2) avoiding ethical complaints, 3) patient-therapist relationship issues, 4) record keeping guidelines, 5) forensic issues, and 6) research ethics. The 2-hour legal portion of the seminar covers: 1) informed consent, 2) HIPPA, 3) confidentiality, 4) reporting laws, and 5) an individual’s access to their own medical record. It is organized by the VA psychology training directors, including Sandra Brown, Ph.D., ABPP, Amy Jak, Ph.D., ABPP, Brian Buzzella, Ph.D., ABPP, Autumn Backhaus, Ph.D., and Laurie Lindamer, Ph.D.

All residents are required to attend the Substance Use Disorders Seminar (unless they already have fulfilled this California licensure requirement). This seminar meets weekly for 60 minutes for a total of 15 meetings (September – December). The content of the seminar covers the required areas to meet the California Board of Psychology licensure requirement on the evaluation and treatment of alcohol and other substance use disorders. It is organized by Ryan Trim, Ph.D.

All residents are required to attend a Cultural Diversity Seminar. This seminar meets approximately
twice per month (dates are skipped near holidays) for 60 minutes across the training year (2\textsuperscript{nd} and 4\textsuperscript{th} Wednesdays of each month). It incorporates didactic presentations with case presentations by residents. Potential topics are decided by the seminar leader with input from the residents and include: cultural competence in psychotherapy, assessment and treatment of lesbian, bisexual gay, transsexual (LBGT) clients, assessment and treatment of persons with disabilities, acculturation models for various ethnic minority groups, and diversity issues in the supervisory relationship. It is led by Autumn Backhaus, Ph.D.

All residents are required to attend the \textit{Supervision in Clinical Psychology Seminar}. This seminar meets once, for six hours, during the Fall. Potential topics include: 1) models of supervision, 2) clinical competency, 3) goals of supervision, 4) reducing anxiety in supervision, 5) silence, 6) countertransference, 7) supervision and ethics, 8) risk management, 9) self-care for the therapist and supervisor, and 10) diversity awareness. It is organized by the VA psychology postdoctoral training directors, including Brian Buzzella, Ph.D., ABPP, Autumn Backhaus, Ph.D., and Laurie Lindamer, Ph.D.

\textbf{Clinical Psychology Postdoctoral Residency Seminar}: Those psychology residents in the Clinical Psychology Postdoctoral Residency Program will meet monthly (3\textsuperscript{rd} Wednesday of each month) for 60 minutes for the entire training year. This seminar provides the opportunity for residents to check-in with the training director about their experiences in the training program and to participate in additional professional development activities. It is led by Stephanie Orbon, Ph.D., Brian Buzzella, Ph.D., ABPP and Autumn Backhaus, Ph.D.

\textbf{Rotation Specific Seminars}: Many of the Resident positions have seminars that are specific to their rotation. Please speak to the rotation supervisor about what other seminars might be required.

\textbf{Other Educational Opportunities for Postdoctoral Fellows}

Fellows also have the opportunity to attend the following optional educational seminars, held weekly:

- \textit{Psychiatry Department Grand Rounds}: Range of topics from molecular biological approaches for psychiatric disorders to public policy implications of psychiatry.
- \textit{Psychiatry Department Professional Development Series}: Advanced seminars on professional development topics.

\textbf{Research/Dissemination Project Opportunities and Expectations}

Residents are required to engage in some clinical research and/or dissemination activity across the training year. Such activities might include piloting a new clinical service or evaluating a current program offering. To complete such projects, residents will have support in protecting time (e.g., reducing their clinical case load) to conduct these clinical research/dissemination activities. Up to 8 hours, per week, may be requested. The project, and the associated adjustment in training activities, must be reflected in the resident’s training plan and approved by the primary supervisor and Director of Training. The project selected should be of a scope consistent with the amount of protected time being requested. If the project does not require the number of hours being requested, or if the project is completed prior to the conclusion of the training year, an adjustment to the resident’s time will occur (e.g., their clinical case load will increase).

\textbf{Core Competencies}

Core competencies are those skill sets that are essential to all practicing academic psychologists. Residents are expected to develop competence in each of these areas by the end of the program. The core competencies address the professional psychological competencies, skills, abilities, proficiencies and knowledge in the content areas outlined in the APA \textit{Standards of Accreditation (SOA)}. The core competencies are listed below (Appendix A shows the specific competencies that are taught or developed and evaluated for each core competency domain on the “Supervisor's Evaluation of Resident & Resident
I. **Psychological Assessment, Diagnosis, and Consultation** (SOA Domain: “Theories and effective methods of psychological assessment, diagnosis and interventions,” and “Consultation, program evaluation, supervision, and/or teaching”): By the end of the residency, residents should be able to formulate a multi-axial diagnosis by integrating data from a variety of sources, including clinical interview, family history, medical history, mental status examinations, and psychological testing data. All residents must demonstrate expertise in psychological assessment. By the end of the residency, the resident should be able to develop a testing battery to answer a specific referral question, administer and score a wide variety of psychological tests in a standardized fashion, interpret test data, integrate test data with history and other sources, write a report that clearly answers the referral question, and provide clear, relevant, treatment recommendations. All residents must be able to assist consumers and other providers in formulating treatment plans and setting attainable treatment goals, as well as linking consumers with needed resources to achieve them.

II. **General Principles of Evidenced-Based Interventions** (SOA Domain: “Theories and effective methods of psychological assessment, diagnosis and interventions”): All residents are expected to understand and demonstrate an advanced understanding and application of psychotherapeutic techniques common to all theoretical approaches including empathy, rapport, relationship building, and history-taking, and must become proficient in the procedures involved in specific individual and group evidence-based practices relevant to their position and rotations.

III. **Rehabilitation and Recovery** (SOA Domain: Theories and effective methods of psychological assessment, diagnosis and interventions”): The goal of psychiatric rehabilitation is to enable individuals to transcend limits imposed by mental illness, social barriers, internalized stigma and second-class personhood, so that the individual can achieve their goals and aspirations in living, learning, working and socializing roles. To this end, residents must instill hope in verbal communication, make encouraging statements regarding an individual’s potential for recovery, and promote hopefulness for recovery, including identifying strengths. Residents must emphasize treatment choices and participation in the healthcare process, and integrate the use of community resources and entitlement programs into treatment planning and goal achievement. Residents must also communicate with family members, friends, neighborhood and other natural community supports when appropriate to support efforts to change and goal attainment.

IV. **Laws and Ethics** (SOA Domain: “Professional conduct, ethics and law, and other standards for providers”): Postdoctoral residents must demonstrate sound professional clinical judgment and behavior in the application of assessment and intervention procedures with individuals; familiarity with and understanding of professional and legal standards in professional psychology, and a thorough working understanding of APA ethical principles and standards.

V. **Cultural Diversity** (SOA Domain: “Issues of cultural and individual diversity”): Residents are expected to demonstrate expertise in cultural diversity. Cultural and ethnic issues cut across all core competency areas. Residents develop expertise in cultural diversity through exposure to a multiethnic staff and patient population, through coursework, clinical supervision and consultation. By the end of the residency, residents are expected to 1) identify cultural/ethnic issues relevant to the case; 2) explain how these issues affect psychiatric presentation, psychological test data, response to staff and treatment interventions, and 3) modify assessment/treatment approach based on supervisory and consultant input. The VASDHS has a culturally diverse patient population, which ensures adequate contact to develop skills in this area.

VI. **Supervision** (SOA Domain: “Consultation, program evaluation, supervision, and/or teaching”): Residents receive supervision and are provided opportunities to supervise other providers (e.g., clinical psychology interns and practicum students), under the guidance of their own supervisor. Residents come to supervision prepared to discuss cases, including but not limited to providing video- or audio-tape of sessions and using theoretical framework to describe a case, assessment or treatment plan. Residents seek supervision for complex cases, and communicate in a professional manner with supervisors and
supervisees. Open discussion and acceptance of constructive feedback during supervision is essential to the learning process.

VII. Clinical Research/Dissemination Skills (SOA Domains: “Consultation, program evaluation, supervision, and/or teaching” and “Strategies of scholarly inquiry”): Postdoctoral residents receive training in program evaluation and clinical research. These include the following skills: a) formulating testable hypotheses / identifying a service need; b) designing and carrying out a research/program evaluation project; c) presenting findings to other professionals.

VIII. Organization, Management and Administration (SOA Domain: “Organization, management and administration”): Residents must use time-management skills to maintain an efficient practice, comply with program and local facility policies and procedures that support training and patient care, and complete administrative tasks that support training and patient care, to function as effective practitioners.

IX. Interprofessional Practice (SOA Domain: “Theories and effective methods of psychological assessment, diagnosis and interventions,” and “Consultation, program evaluation, supervision, and/or teaching”): Residents receive training in interprofessional practice including clarity regarding roles, approaches, and resources. Residents develop expertise in interprofessional practice through team-work and communication. By the end of the residency, they are expected to collaborate effectively with other professionals in practice and in research.

Working with Diverse Patient Populations and for Developing Multicultural Competence
The program is organized and administered in such a way that respect for and understanding of cultural and individual diversity of faculty, staff, residents and consumers is fundamental and a core part of training at the VASDHS. A wide array of age groups (aside from minors), Veteran cohorts, and ethnic/racial/cultural backgrounds are represented within the patient population of the VA., The Veteran population also represents a unique cultural group within our community. There are 249,594 Veterans in San Diego County and in fiscal Year 2017, VASDHS served 83,014 Veterans. 22,238 of those Veterans were seen in mental health clinics for a total of 168,944 mental health visits. Veterans served within VASDHS mental health clinics were 84% male. With respect to age, 3% were under age 25, and 21% were age 65 or older. 47% were White non-Hispanic, 17% Hispanic, 14% African American, 9% Asian, 2% Hawaiian/Pacific Islander, and 1% American Indian. With respect to Veteran culture, the Navy represents the most frequent branch of service, and Persian Gulf Era Veterans (which includes Iraq and Afghanistan Veterans) is the largest cohort at 61%.

Each resident will receive training regarding sensitivity to issues of cultural and individual diversity. Issues related to cultural and individual diversity are covered in a bi-weekly seminar and are discussed in other seminars. Issues related to cultural diversity are included in the evaluation forms filled out by the residents concerning their supervisors, and supervisors are encouraged to make discussion of such issues an integral part of case conceptualization and treatment strategy development. Each resident also completes an evaluation of multicultural competence at the beginning and the end of the training year to assess the change in their level of cultural competence.

Evaluation Process
Supervisors and residents are expected to exchange feedback routinely as a part of the supervisory process; the evaluation procedures are meant to formalize this continuous information flow. It is the responsibility of the Training Director and supervisors to ensure that evaluation occurs in a timely and constructive fashion, and residents are encouraged and expected to take an active role. To that end, it is essential that residents understand the philosophy and logistics of evaluation as they begin training. The Training Director will review the overall evaluation process during initial orientation processes, and each individual supervisor should review exit competencies for the specific position at the beginning of the year.

In collaboration with their supervisors, residents will complete a self-assessment of their own skills
and knowledge for each core competency at the beginning of the training year. Strengths and weaknesses that emerge from this self-assessment, as well as the resident’s application materials, will be used to develop a training plan. Supervisors will complete competency-based evaluations of residents at mid-year and end-of-training. The mid-point evaluations are intended to be a progress report for residents to increase self-awareness and awareness of supervisor’s perceptions, discrepancies between self-ratings and supervisor ratings, and to help the Resident focus on specific goals and areas of needed improvement as training progresses. Residents are rated as “having a problem,” “progressing well,” (consistent with where they would be expected to be given their training), or having developed competence in each rated area. In the event that a supervisor suspects that a resident is not fulfilling critical competencies, Due Process procedures are in place to work towards resolution. The Due Process procedure is reviewed in detail with residents at the beginning of the year.

Residents will also be asked to provide a written evaluation of each supervisor at the mid-year and end-of-year evaluation time points. Residents and supervisors are expected to discuss these evaluations to facilitate mutual understanding and growth.

As part of a continual quality improvement plan, the Training Director(s) will conduct a self-study with residents at mid-year and at the conclusion of each training year. The areas reviewed are caseload mix and volume, balance of activities (clinical, teaching, research), amount and quality of supervision, adequacy of facility resources, and professional relationships between the residents and other healthcare professionals. The findings and minutes are distributed to the entire faculty for review and action when appropriate.

### Application and Selection Process

Each applicant is asked to submit the following materials via the APPA CAS portal ([http://www.appic.org/About-APPIC/Postdoctoral/APPA-Postdoc-Application-Information](http://www.appic.org/About-APPIC/Postdoctoral/APPA-Postdoc-Application-Information)):

1. A brief statement of interest (maximum 2 pages), with the following: The emphasis area(s) to which you are applying, including a rank ordering of your preferred rotations. Please describe why you are applying to each rotation as well as a brief summary of educational, clinical and research experiences relevant to the specific area(s) of interest, a summary of your training needs and goals for the residency, and a statement of your career goals.
2. A current curriculum vitae or resume.
3. Three letters of reference, preferably from clinical and research supervisors.

Materials should be submitted via the APPA CAS portal by 11:59 pm on December 9, 2018. Applicants should be available for interview on Friday, February 1, 2019. Other interview dates and phone interviews may also be possible.

Selection of residents is done by our Postdoctoral Selection Committee (consisting of the Training Director and supervisors for each emphasis area) with input from other psychologists in each emphasis area using the following criteria (not in order of priority):

1) breadth and quality of previous general clinical training experience,
2) breadth, depth, and quality of training experience in the specific area of emphasis,
3) quality and scope of scholarship, as indicated partially by research, conference presentations, and publications,
4) relationship between clinical and research interests/experience of the applicant,
5) evidence of accomplishments,
6) thoughtfulness of information provided in the cover letter,
7) goodness of fit between the applicant's stated objectives and the training program and medical
center's resources,
8) strength of letters of recommendation from professionals who know the applicant well.

The top three applicants in each emphasis area are invited to interview with the primary supervisor and other relevant faculty. The applicants are reassessed based on their interviews using similar criteria to those stated above, with the opportunity to obtain further and clarifying information as needed, as well as an assessment of interpersonal skills. Final admission and hiring of residents is dependent on VASDHS Human Resources Service approval, which includes a federal background check, physical examination, and education/credential verification.

The program 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 provide a supportive and encouraging learning environment for students, regardless of ethnic background or physical needs, and applicants from diverse backgrounds are encouraged to apply.

The program has nondiscriminatory policies and operating conditions and avoids any actions that would restrict program access and participation. In recent years, California state law and University of California policy have prohibited the specific inclusion of race/ethnicity factors in the recruitment of staff and faculty. More recently, however, the University has initiated an Equal Opportunity/Affirmative Action Program to increase faculty and staff diversity with some success. There is no discrimination in faculty hiring and retention practices, resident recruitment and selection processes, or patient eligibility criteria concerning access to the various evaluation and treatment programs.

Contacting the Psychology Service
The residency training program can be reached at:

Audrey Bascom
Psychology Postdoctoral Residency Program Coordinator (116B)
VA San Diego Healthcare System
3350 La Jolla Village Drive
San Diego, CA 92161
 Telephone: (858) 552-8585 x2565
 Email: Audrey.Bascom@va.gov

The psychology postdoctoral residency program website is located at http://www.sandiego.va.gov/careers/psychology_training.asp.