

VA San Diego Healthcare System University of California San Diego

Clinical Psychology Postdoctoral Residency Program 2020 – 2021 Program Brochure

Veterans Affairs San Diego Healthcare System
3350 La Jolla Village Drive (116)
San Diego, California 92161

VA



**U.S. Department
of Veterans Affairs**

VA San Diego
Healthcare System

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Introduction

The VA San Diego Healthcare System (VASDHS)/University of California San Diego (UCSD) Clinical Psychology Postdoctoral Residency Program is based on the scientist-practitioner model, focused on creating a foundation in the delivery and dissemination of evidence-based clinical practices. The goal of the program is to provide training to clinical psychology postdoctoral residents. Residents will learn to deliver high quality, evidence-based clinical services, to be critical contributors to and consumers of the scientific literature, and to let each of these areas inform the other. The program emphasizes training in the professional practice of clinical psychology and does not offer training in any substantive specialty practice areas.

Residents spend most of their time in provision of psychological services (at least 65%), with additional time spent in educational activities (15%) or on research/dissemination efforts (up to 20%). All residents will develop an individualized training plan specifying the amount of time spent on patient care, training, and research/dissemination activities (up to 8 hours per week) with the goal of becoming an independent practitioner by the conclusion of residency.

Graduates are prepared for careers that that integrate clinical, training, research and leadership activities, such as VA or university medical center careers.

The VASDHS/UCSD Clinical Psychology Postdoctoral Residency Program has been accredited by the American Psychological Association since 2010.

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 First St. NE
Washington, DC 20002-4242
Phone: (202) 336-5979
Email: apaaccred@apa.org
Web: <https://www.apa.org/ed/accreditation>

Facilities

Postdoctoral residents will provide clinical services within the VASDHS Mental Health Care Line. The VASDHS Mental Health Care Line spans multiple service locations throughout San Diego County. The VASDHS medical center is a modern 400 bed general medical and surgical center situated adjacent to the UCSD campus and is closely affiliated with the Department of Psychiatry within the UCSD School of Medicine. The close university affiliation

facilitates the program's scientist-practitioner training model as residents may choose to become involved in research or training activities occurring either at the VA on the university campus.

The VASDHS has approved medical residency training programs including medicine, surgery, anesthesia, neurology, pathology, psychiatry, radiology, and audiology. The medical staff is augmented by outstanding physicians, dentists, nurses, consultants, research investigators, and other attending practitioners in various specialties. There are over 2,000 full- and part-time professional and administrative staff members.

The VASDHS Mental Health Care Line has extensive inpatient and outpatient mental health facilities. The second floor of the Medical Center, for instance, is almost exclusively inhabited by mental health (psychology, psychiatry, social work, nursing, and pharmacy) services. There are also 28 acute care psychiatry beds, including 14 psychiatric intensive care beds and 10 beds assigned to the Neurobehavioral Assessment Unit. In addition, there is a Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) and comprehensive aftercare program for veterans with substance use disorders and their families.

Across the county, there are extensive medical and mental health services in the Community Based Outpatient Clinics (CBOCs). For instance, mental health programs located at the Mission Valley CBOC include a PTSD Clinical Team (PCT), a Behavioral Health Interdisciplinary Program (BHIP; a general mental health clinic), and a Primary Care Mental Health Integration (PCMHI) Team. The Mission Valley Annex ("Rio Clinic") houses the Center of Recovery Education (CORE) and the Wellness and Vocational Enhancement (WAVE) programs, while the Sorrento Valley Annex houses the Family Mental Health Program (FMHP). In addition, the VASDHS has CBOCs in Chula Vista, Oceanside, and Escondido. The ASPIRE Center is a residential rehabilitation program (Domiciliary) for Veterans with PTSD who are at risk for homelessness.

Veterans with a wide range of mental illnesses and behavioral problems are offered care in the VASDHS Mental Health Care Line, including those with serious mental illness, such as schizophrenia and bipolar disorder, other mood disorders, psychiatric problems stemming from medical illnesses, posttraumatic stress disorder (PTSD), substance use disorders, sexual trauma, interpersonal trauma, somatoform disorders, personality disorders, and a wide range of family and interpersonal problems. Across locations, patient care activities include psychiatric admissions, crisis intervention services, medication clinics, and individual, couple, family, and group therapies.

The VASDHS Psychology Service, which is 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 numerous part-time 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, posttraumatic stress disorder, and related psychology research. There are resources for computer assisted psychological testing and videotaping of therapy sessions. All medical records charting and scheduling is done electronically.

Other key resources within the VASDHS include the VISN 22 Mental Illness Research, Education and Clinical Center (MIRECC) and the VA Center of Excellence in Stress and Mental Health (CESAMH). MIRECCs were established by Congress in 1997 with the goal of bringing best practices in mental health care into the clinical settings of the VA. MIRECCs conduct research, produce clinical educational programs and products, and enhance clinical treatment to Veterans. The mission of our VISN-22 MIRECC at VASDHS (in partnership with the West Los Angeles VA and Long Beach VA) is to improve the long-term functional outcome of patients with chronic psychotic disorders, including schizophrenia, schizoaffective disorder and psychotic mood disorders. CESAMH was established at the VASDHS in 2007 as one of three Centers of Excellence to meet the increasing need for research and education into psychological health effects of deployment, combat injury, and other stressors that have important mental health consequences for the growing veteran population. These Centers of Excellence are interdisciplinary in nature and are largely modeled after the MIRECCs. CESAMH's mission is to understand, prevent, and heal the effects of stress, including stress-related disorders i.e., PTSD and Traumatic Brain Injury. CESAMH is multi-disciplinary and its scope of research ranges from basic science, psychophysiology, and genetics through pharmacological and psychosocial interventions and their implementation. With strength in translational research, the VASDHS MIRECC and CESAMH each provide ideal settings in which to provide residents opportunities to engage in clinical research and dissemination activities.

The UCSD Department of Psychiatry is strongly integrated with the VASDHS, and together they offer a rich clinical and research environment. Since its inception in 1969, the Department of Psychiatry has developed into one of the most innovative and vigorous academic departments of psychiatry in the country. The department has a strong commitment to the basic neurosciences and to biological psychiatry, however this is balanced by an equally strong commitment to the understanding of an individual's present emotions, thoughts and behaviors and the interpersonal relationships among family members and significant others.

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-approved Joint Doctoral Program in Clinical Psychology; and an APA-approved Predoctoral Internship in Clinical Psychology. The missions of both the UCSD School of Medicine and the VASDHS include clinical care, professional training, and research; and both are nationally renowned for robust clinical, teaching, and research programs.

Postdoctoral Residency Admissions, Support, and Initial Placement Data
Postdoctoral Program Admissions

Date Program Tables are updated: 08/5/2019

<p>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:</p>
<p>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</p> <p>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.</p>
<p>Describe any other required minimum criteria used to screen applicants:</p>
<p>None</p>

Figure 1 Postdoctoral Program Admission

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	\$51,101	
Annual Stipend/Salary for Half-time Residents	None	
Program provides access to medical insurance for resident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of domestic partner available?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104	
Hours of Annual Paid Sick Leave	104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other Benefits (please describe): 10 paid federal holidays		

Figure 2 Financial and Other Benefit Support for Upcoming Training Year

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2015 - 2018	
Total # of residents who were in the 3 cohorts	37	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Community mental health center	0	3
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	2
Veterans Affairs medical center	0	19
Military health center	0	0
Academic health center	0	2
Other medical center or hospital	0	1
Psychiatric hospital	0	0
Academic university/department	0	4
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	2
School district/system	0	0
Independent practice setting	0	3
Not currently employed	0	0
Changed to another field	0	0
Other	1	0
Unknown	0	0

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 evidence-based treatment of a wide range of psychiatric disorders within a multidisciplinary setting. Additionally, the program allows opportunities for program evaluation and/or research, as well as teaching and dissemination through activities such as direct, mentored supervision of psychology interns and practicum students, and formal presentations to academic, medical, and/or community audiences. The program is designed to offer a broad range of experiences to develop a number of core professional competencies (described below), achieved through intensive training that builds on the interests of the resident and the particular strengths of our faculty and department. Residents have a shared responsibility in designing and planning their residency experience in collaboration with their primary supervisor. The program requires a 365-day commitment, generally from September 1 to August 31.

Residents work a 40-hour week thereby completing 2,080 of supervised training per year, which is well above the minimum of 1,500 postdoctoral Supervised Professional Experience (SPE) hours required for licensure in California. The VASDHS is a Business and Professions Code (BPC) Section 2910 exempt setting whereby all hours related to clinical care including clinical research can be counted as SPE for licensure in California. General office hours are 8:00 am - 4:30 pm Monday through Friday; **a request for an alternate schedule must be approved by the primary supervisor and Director of Training.** If approved, the timekeeper must be notified so that the resident's tour can be changed in VATAS.

Residents are expected to work 40 hours/week. Some placements may require evening clinics on one night of the week. Each resident and his/her primary supervisor will discuss the resident's exact schedule. There are 10 federal holidays, 13 sick leave days, and 13 annual leave days. There are no part-time residents.

All residents are funded through postdoctoral stipends from the Office of Academic Affiliations (OAA) Department of Veterans Affairs. Stipends are currently \$51,101 with health benefits, which is at least comparable to stipends both locally and nationally. Of note, Residents are not eligible to contribute to either the VA Thrift Savings Plan (TSP) and or the VA retirement funds due to the nature of their type of appointment within the system. Funds from VASDHS Psychology and Education Service budgets, as well as funds from the UCSD Psychiatry Education Training Council, are used to cover program needs (e.g., office and testing supplies, computers, copying educational materials, publication of program brochures, etc.) and select program activities (e.g., food during program orientation and welcome events).

The 12-month training year begins with an *orientation week* in which residents are oriented to the VASDHS, residency program policy and procedures, as well as training program competency objectives and evaluation procedures. VASDHS requires residents to participate in an abbreviated New Employee Orientation (NEO), typically lasting less than four hours. Trainees must also complete a 90-minute online training that is intended to take the place of all the hospital annual mandatory training modules. The training can be accessed at: <http://vaww.va.gov/oa/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, including the proportion of time devoted to each training activity. Every resident must have a training plan approved by the training director by the **end of the first month of training** ([sample training plan](#) can be found in Appendix B).

Training includes: 1) **supervised clinical experiences** with Veterans and families on multidisciplinary treatment teams at specific inpatient, outpatient and/or community clinics; 2) **didactics**; and 3) **research/dissemination activities**. Residents are selected for one of the positions described below, and train in this track for the entire year. All training, including supervised assessment and psychotherapy, didactics, and research/dissemination, occur within the track.

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 such as cognitive behavioral therapy, social skills training, and motivational interviewing;
- Participate on interprofessional treatment teams;
- Conduct research/program evaluation and disseminate evidence-based services.

A developmental training approach is 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.

Training in *research/dissemination* is increasingly complex, with initial support being offered through meetings with one's primary supervisor, brainstorming ideas and potentially presenting to the residency group, leading to execution of projects under guidance, and ultimately more autonomous presentations at public/community agencies and/or professional meetings. The research/dissemination project will be developed by the resident and overseen by the research / dissemination mentor. Residents spend **up to 20% of their time (1-8 hours per week) on the research/dissemination project**. The resident and their primary supervisor, along with input from research/dissemination mentors will determine the amount of time designated for research based on project scope, intensity, and time required to execute the project as part of the resident's training plan. **Should a project take less time than was originally anticipated a change in the training plan should occur.** Some residents elect to spend additional hours on research outside the 40-hour week. The project is intended to be limited in scope so that it may be achieved within the training period and supports the focus area. Some examples include involvement in an ongoing clinical research program, writing a research article using preexisting data, writing a review paper or case study, developing a treatment manual, development of a training to be delivered to other professionals, implementing a new intervention and conducting

program evaluation of outcomes, and writing a grant. Residents can also develop a project from existing data in one of many federally-funded labs. One example might be evaluating client satisfaction and other key outcomes, before and after implementation of an intervention designed or modified by the resident (e.g., using Cognitive Behavioral Therapy [CBT] approaches in a novel way to promote behavior change). Training in dissemination occurs with one's research/dissemination mentor. The nature of this project will be determined in collaboration with the supervision team and documented in the training plan. Residents will be asked to present their projects at the UCSD Judd Symposia (typically during April of each year) and may pursue the opportunity to present their projects at national conferences, as well.

Each resident will receive training regarding issues of *cultural and individual diversity*. Issues related to cultural and individual diversity are covered in Diversity Seminar specifically, but are also discussed across 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 a measure of multicultural competency at the beginning and the end of the training year to assess the change in their level of cultural competence (refer to Appendix B).

Finally, 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 training in "Supervision in Clinical Psychology" to our residents, with this seminar typically occurring in the Fall.

Residency Positions

A. Behavioral Health Interdisciplinary Care and Primary Care Mental Health Integration 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 Care

Each of the two residents selected for this track work in the FMHP and either the Mission Valley (one resident) or La Jolla Medical Center (one resident) 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 re-integration 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 is expected to be 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 Cognitive Processing Therapy (CPT) and Interpersonal Therapy for Depression (IPT). The primary supervisor for this portion of the residency position is Julie Kangas, Ph.D.

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. Some fellows also attend selected 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. Mood Disorders and Behavioral Health Interdisciplinary Care 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.

E. Outpatient Posttraumatic Stress Disorder (PTSD) Treatment Rotations

The following residency positions include a significant focus on the assessment and treatment of PTSD in an outpatient context, although the specifics of each rotation vary.

1) 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 (combat, military duty, military sexual trauma [MST], 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 expected to be Katharine Lacefield, Ph.D., ABPP

2) 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 emphasized in this training position and may include formal as well as ad hoc supervision of a predoctoral interns, practicum students, and 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. Posttraumatic Stress Disorder Residential Rehabilitation Program (ASPIRE Center):

The ASPIRE Center is a 40-bed residential rehabilitation program for Veterans with PTSD and co-occurring TBI and substance use disorders. ASPIRE comprises a multidisciplinary treatment team consisting of psychology, psychiatry, nursing, social work, addiction therapy, vocational rehabilitation, chaplaincy, and peer support. This position aims to train future leaders in mental health, primarily preparing residents for leadership positions within the VA system. The ASPIRE resident will obtain mentored experience in the clinical and administrative activities conducted by psychologists at the ASPIRE Center, including individual and group therapy, psychodiagnostic assessment, case consultation and treatment planning, and layered supervision of junior trainees. Training in Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) for PTSD will be emphasized, but opportunities to receive training in other empirically-supported interventions, such as Dialectical Behavior Therapy, Mindfulness-Based Stress Reduction, and CBT for Insomnia will also be available. The resident will also be involved in program development and performance improvement projects. Mentorship will be available in the development of leadership skills. The primary supervisor for this position is Melissa Tarasenko, Ph.D.

E. Psychosocial Rehabilitation (PSR)

Residents in one of the two available psychosocial rehabilitation positions are situated within both this training program AND the [Interprofessional Fellowship in Psychosocial Rehabilitation & Recovery Oriented Services](#) (“PSR Fellowship”) program. In 2018, the PSR Fellowship earned the American Psychological Association Division 18 President’s Excellence in Training Award “in recognition as an outstanding psychology training program, preparing learners to provide recovery-oriented, evidence-based services to adults diagnosed with serious mental illness.” The goal of the PSR Fellowship program is to train residents in multiple disciplines (psychology, social work, vocational rehabilitation, occupational therapy, 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 award-winning, CARF-accredited Psychosocial Rehabilitation and Recovery Center. Residents also complete a rotation on the inpatient psychiatry unit. 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 and outpatient 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 supervision team for the PSR rotations include Dimitri Perivoliotis, Ph.D., Yuliana Gallegos-Rodriguez, Ph.D., Blaire Ehret, Ph.D., Vanessa Girard, LCSW, Patrick Sullivan, LCSW, and Christina Holsworth, MS CRC.

H. Psychosomatic/Behavioral Medicine Rotations

The three psychosomatic/behavioral medicine rotations exist within this training program and the VASDHS/UCSD Psychosomatic Fellowship program. The VASDHS/UCSD Psychosomatic Fellowship program provides top notch postgraduate training experiences that prepare fellows from a variety of health service disciplines (i.e., psychology, psychiatry, and clinical pharmacy) for the assessment and treatment of the behavioral, psychological, social, and biological factors that impact illness, health, and quality of life (i.e., biopsychosocial approach to health and illness). Residents 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.

Health Promotion Disease Prevention – Fellows will lead a motivational interviewing class (Gateway to Healthy Living) to enhance engagement in behavioral changes and connect with VA and community resources.

2) Inpatient Consultation Liaison (CL) Service & Pain Clinic Service

Inpatient Consultation Liaison (CL) Service – The fellow will spend half of their week in the CL 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 brief psychotherapy. Nearly half of Veterans seen in CL 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 also spend half of their week as part of a specialized pain clinic service that provides both medical and procedural interventions for pain conditions as well as pain psychology services for pain management. Patients with chronic pain 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 will 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 “warm handoffs” during office visit times. Additionally, the fellow will carry a 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 interprofessional 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., both CL 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 delivery 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.

I. 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 and addictions treatment and assessment for Veterans currently undergoing residential substance use disorder (SUD) treatment. In addition to co-facilitating PTSD 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 (ACT may also be utilized). Fellows will also facilitate addictions-focused groups, such as relapse prevention skills, mindfulness-based relapse prevention, and DBT skills for addictions. Opportunities for Motivational Interviewing are also available. Fellows will work with Veterans with PTSD/SUD from all trauma types, including combat (all eras), military sexual trauma, and childhood trauma. This position primarily involves treatment 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 qualified, licensed psychologist. At least one hour of weekly individual supervision comes from the primary supervisor. Additional individual supervision hour may come from a secondary supervisor, who would be selected for individual cases, to provide regular supervision throughout the year, or as a research supervisor. Both hours of 1:1 supervision must be conducted by a psychologist licensed in the state of California. All residents will receive supervision from at least two different psychologists during the training year. Individual supervision must involve direct observation of clinical care or review of services using video/audio recordings at least once per evaluation period. Additional supervision may come from group supervision. Supervision assignments are documented in the resident's training plan.

Residents who wish to pursue licensure in the State of California must complete the most current Supervision Agreement (e.g., from the California Board of Psychology, or BOP) with their primary supervisor at the beginning of the training year. This form will be retained by the primary supervisor until the end of the training year, at which point it will be submitted to the BOP with a completed copy of the most current Verification of Experience Form. These forms are available through the licensing board (e.g., California Board of Psychology Website at <http://www.psychology.ca.gov/applicants/index.shtml#psych>).

Licensing boards in some states, including California, may require that supervised clinical hours be documented on a weekly basis throughout the year. Each resident is responsible

for maintaining this documentation and ensuring that it will satisfy the licensing board requirements of the state(s) in which he/she is interested in becoming licensed. A sample supervision log is included in [Appendix B](#). Residents who wish to pursue licensure in a state other than California are encouraged to determine that state's licensure requirements prior to beginning the residency and to comply with that state's regulations regarding postgraduate supervised professional experience. While the training director(s) will attempt to support residents' efforts, it is the resident's responsibility to ensure that the most current BOP forms are completed and most current licensing law requirements are met for licensure in the state where the resident plans to practice.

A developmental training approach will be used in which learning objectives are accomplished primarily through experiential clinical learning under supervision and mentoring by the resident's supervisors. Training considerations take precedence over service delivery. Generally, a resident's training will follow a progression from observing supervisor modeling to increasingly autonomous, albeit monitored and supervised, service delivery using direct live observation of resident service delivery and videotape/audiotape of sessions, rather than relying only on narrative reports.

Seminars

Safety and Assault Prevention Training: All psychology residents are required to attend the Safety and Assault Prevention Training, which typically occurs at the start of the training year and is focused on ways to maintain safety in clinical contexts.

Laws and Ethics Seminar: All residents are also required to attend a Laws and Ethics Seminar. The 2-hour ethics portion of the seminar covers content relevant to the practice of psychology and may include: 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 content such as: 1) informed consent, 2) HIPAA, 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, which may include Sandra Brown, Ph.D., ABPP, Amy Jak, Ph.D., ABPP, Natalie Castriotta, Ph.D., Autumn Backhaus, Ph.D., and Laurie Lindamer, Ph.D.

Supervision in Clinical Psychology Seminar: All residents are required to attend a Supervision in Clinical Psychology Seminar. This two-hour seminar meets on one occasion (September 5, 2019). The goal of the seminar is to prepare residents to deliver high-quality supervision during their training year. It is organized by the VA psychology postdoctoral training directors, including, Natalie Castriotta, Ph.D., Autumn Backhaus, Ph.D., and Laurie Lindamer, Ph.D.

Substance Use Disorders Seminar: 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. 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.

Evidence-Based Practices Seminar: Those psychology residents in the Clinical Psychology Postdoctoral Residency Program will meet weekly (Wednesdays 1-2 pm) from January 22 – May 9, 2020 for the Evidence-Based Practices Seminar. This seminar provides multi-hour training in evidence-based practices commonly utilized within the VA mental health system. It is organized by Natalie Castriotta, Ph.D. & Autumn Backhaus, Ph.D.

Professional Development Seminar: 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.

Cultural Diversity Seminar: All residents are required to attend the Cultural Diversity Seminar. This seminar meets once per month (2nd Wednesday of each month) as well as on September 25, 2019, for 60 minutes each meeting (see Appendix B for seminar schedule). The objective for this seminar is for residents to learn to integrate a culturally competent perspective comprised of knowledge, skills, and awareness. It is led by Kiara Wesley, Ph.D.

Clinical Psychology Postdoctoral Residency Seminar: Those psychology residents in the Clinical Psychology Postdoctoral Residency Program will meet monthly (3rd Wednesday of each month) for 60 minutes each session. This seminar provides the opportunity for the residents in this training program to participate in professional development activities specific to their career objectives. It is led by Natalie Castriotta, Ph.D., Autumn Backhaus, Ph.D., and Stephanie Orbon, Ph.D.

Resident-led Professional Development Seminar: Those psychology residents in the Clinical Psychology Postdoctoral Residency Program will meet monthly (4th Wednesday of each month) for 60 minutes each session to support one another's professional development. Possible foci will be scheduling additional seminars of interest, sharing study plans for the EPPP, etc.

Rotation Specific Seminars: Many of the Resident positions have seminars that are specific to their rotation. Residents' primary supervisors will provide information on rotation-specific seminars that residents are expected to attend.

Other Educational Opportunities for Postdoctoral Fellows

Professional Consultation and Mentorship

Professional consultation and mentorship are available through multiple sources.

- Any member of the program staff will be happy to offer, or help connect residents with, consultation for the purpose of professional growth. Potential sources of consultation include VA mental health careline staff or by university-affiliated faculty members.
- Per Dr. Matthew Panizon: The UCSD Department of Psychiatry's Chair's Advisory Committee on Diversity Issues also offers Personalized Consultation Program. This program is intended to provide supplemental professional

consultation for our UCSD trainees (e.g., graduate students, interns, residents, post-docs) and faculty in the Psychiatry Department. The primary purpose of this program is to provide trainees and faculty opportunities for private discussions with a UCSD Psychiatry faculty member who has volunteered to serve as a “consultant” or “advisor” on issues relevant to personal identity and how this relates to professional development. The goal is to provide individuals a resource, in addition to their existing mentor(s), to help them address topics relevant to their professional development and career goals that they do not wish to discuss, or feel uncomfortable discussing, in their primary professional or training setting. This faculty member would be a member of a specific identity group or someone with a specific life experience relevant to the consultee’s needs. This consultation service will be confidential and will not be discussed as part of any professional evaluation or academic review. Please contact Matthew (mspanizzon@ucsd.edu) if interested.

Diversity Resources

The UCSD Psychiatry Department Chair's Advisory Committee on Diversity Issues welcomes trainee members to join in promoting diversity, equity, and inclusion in the Department. The committee meets monthly on the first Monday and subcommittees meet in the interim. If you would like more information or to join, please contact the Committee Chair, Lisa Eyler (lteyler@ucsd.edu).

The UCSD Department of Psychiatry Chair’s Advisory Committee on Diversity Issues created a new feature on the department website -- the "[Diversity Corner](#)". This part of the website will feature quarterly rotating content with the goal of providing a glimpse into diversity-related events in our department as well as stimulating general discussion of diversity-related topics. The Diversity Committee has also started a listserv to disseminate noteworthy manuscripts related to diversity. Residents are encouraged to contact Carol Franz (cfranz@ucsd.edu), to be added to the email list, as well as to suggest a topic or manuscript for consideration for “Diversity Reads.”

The VA Psychology Training Council’s Multicultural and Diversity Committee has multiple resources that may be of interest. One is a “diversity discussions” listserv. Once per month an article is sent out and discussion about the topic is invited. Every month or so there is also a consultation call advertised on the listserv. In August, 2018, for instance, the topic was “Promoting Cultural Competence within VA Multidisciplinary Teams.” To request to join the diversity discussions listserv please email Jamylah Jackson, Ph.D. (JamylahK.Jackson@va.gov).

Academic Resources

Residents needing academic resources will have access to the **UCSD library system** as well as the **VA’s medical library**.

- The UCSD library system will be available electronically through a desktop computer located in the residents’ VA La Jolla (Building 1) bullpen.

- The VA medical library provides access to several research databases (e.g. psychINFO, PubMed, etc.) and also offer interlibrary loan services. The website for the VA library is available through the VA's intranet at:
<http://vaww.sandiego.portal.va.gov/sites/education/MedLibrary/default.aspx>

The UCSD Department of Psychiatry offers **Grand Rounds** once a month on Tuesdays from 8:00-9:30 am at the Center for Neural and Brain Circuits (CNBC) large auditorium. Residents are encouraged to attend, as interested. The schedule can be found here: <https://medschool.ucsd.edu/som/psychiatry/education/GrandRounds/Pages/default.aspx>. Grand Rounds presentations can be accessed virtually through the Department website above. For live streaming, log on a few minutes before a presentation. To view an archived presentation, click on the “archived” option up at the top of the page.

The **UCSD Psychiatry Education Training (PET) Council** offers a **Professional Development Lecture Series** accessible to all trainees and faculty. The 2019 – 2020 Professional Development Series is expected be held on the 3rd Thursday of each month, 12:30 – 1:30 and available online. As this series is not a part of resident's standard schedules, please be sure to speak with your supervisor(s) if you are hoping to attend any of the following and be aware that changes to your schedule (which may require 60 days' notice) may be required:

- August 15th – *Building a National Reputation* by Neal Swerdlow, MD, PhD
- September 19th – *Basics of Faculty Series and Promotion* by Susan Tapert, PhD & Tamara Wall, PhD
- October 17th – *Career Development Award Basics* by Adam Fields, PhD, Ellen Lee, MD, Matt Herbert, PhD & Greg Light, PhD
- November 21st – *Navigating Career Transitions: How to Maximize your Training Years and Lessons Learned from Junior Faculty* by Desiree Shapiro, MD, Greg Light, PhD, Jyoti Mishra, MD, Mark Bondi, PhD & Amy Jak, PhD
- January 23rd – *Work Life Balance / When and How to Say “No”* by Marc Schuckit, MD
- February 20th – *Negotiating Academic Job Offers* by Robert Anthenelli, MD
- March 19th – *Tips for Talks* by Neal Swerdlow, MD, PhD
- April 16th – *Things to Think about for Private Practice* by Steve Koh, MD, MPH, MBA
- May 21st – *Topic TBA* by Lisa Eyler, PhD & Diversity Committee Members

Other educational and training resources offered by the UCSD Department of Psychiatry can be found here: <http://psychiatry.ucsd.edu/education/Pages/Trainee-Resources.aspx>. This website also has valuable information on academic software site licenses and other professional development resources.”

The UC San Diego School of Medicine offers an **Educational Development and Evaluation seminar series**, in which instruction in academic teaching methodologies is offered. Course listings and RSVPs are available at: https://meded.ucsd.edu/index.cfm/ugme/mededtecheval/educational_development/meds/schedule_and_rsvp/.

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).

Core Competencies

Advanced competencies, as outlined in the APA *Standards of Accreditation (SoA)*, are those skill sets that are “fundamental to health service psychology” and include the integration of science and practice, an ability to attend to individual and cultural diversity, and an understanding of ethical and legal standards associated with one's practice. The program expects residents to develop competence in these areas, as well as several others, in order to graduate from the program. These include:

I. Psychological Assessment, Diagnosis, and Consultation: By the end of the residency, residents should be able to formulate a diagnosis by integrating data from a variety of sources, including clinical interview, family history, medical history, mental status examinations, and psychological measures. All residents must demonstrate expertise in psychological assessment. By the end of the residency, the resident should be able to develop an evaluation battery to answer a specific referral question, administer and score appropriate measures, interpret the data, integrate the 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 Evidence-Based 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 track and rotations.

III. Rehabilitation and Recovery: 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: 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: 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: Residents receive supervision and, if possible, are provided opportunities to supervise other providers (e.g., clinical psychology interns and practicum students), under the guidance of a shared licensed clinical 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: 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: 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, in order to function as effective practitioners.

IX. Interprofessional Practice: 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.

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>):

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.

- a. Materials should be submitted via the APPA CAS portal by 8:59 pm PST/11:59 EST pm on December 1, 2019.
- b. 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):
 - Breadth and quality of previous general clinical training experience,
 - Breadth, depth, and quality of training experience in the specific area of emphasis,
 - Quality and scope of scholarship, as indicated partially by research, conference presentations, and publications,
 - Relationship between clinical and research interests/experience of the applicant,
 - Evidence of accomplishments,
 - Thoughtfulness of information provided in the cover letter,
 - Goodness of fit between the applicant's stated objectives and the training program and medical center's resources,
 - Strength of letters of recommendation from professionals who know the applicant well.
- c. The top three applicants in each emphasis area are invited to interview with the primary supervisor and other relevant faculty. Interview invitations are expected to be sent out by December 17, 2019. During the interviews, 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.

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.

Contacting the Program

The residency training program's administrative assistant, Audrey Bascom can be reached most readily by email (Audrey.Bascom@va.gov) or telephone (858-552-8585 x2565).

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