



Psychology Postdoctoral Residency Program
VA Loma Linda Healthcare System
Applications due: January 1, 2022

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Note: We have two residents in our Primary Care Mental Health Integration (PCMHI) emphasis area, one to two residents in Health Psychology, two residents in our Holistic Mental Health emphasis area, one resident in our General Mental Health emphasis area, one resident in Psychological Assessment and one resident in our PTSD Clinical Team (PCT) emphasis area all of which are one year in length. Our Neuropsychology emphasis area is a two year post doc, currently APA accredited and is accepting applicants this training year. (Please see the specific Neuropsychology brochure for additional details)

Accreditation Status

The postdoctoral residency at the **VA Loma Linda Healthcare System** is currently accredited by the Commission on Accreditation of the American Psychological Association. Questions regarding the accreditation process may be addressed to: APA, Office of Program Consultation and Accreditation, 750 First Street, NE, Washington, DC 20002-4242, (202) 336-5979.

Application & Selection Procedures

Qualifications for Residency include: U.S. citizenship, earned doctorate in psychology from an APA-accredited program by start date (this includes completed defense of the dissertation), and completed APA-accredited internship.

It is important to note that a **CERTIFICATION OF REGISTRATION STATUS**, **CERTIFICATION OF U.S. CITIZENSHIP**, and **DRUG SCREENING** are required to become a VA resident. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this residency and fit the above criteria, you will have to sign it. All residents will have to complete a Certification of Citizenship in the United States prior to beginning the residency. We will not consider applications from anyone who is not currently a U.S. citizen. The VA conducts drug screening exams on randomly selected personnel as well as new employees. Residents are not required to be tested prior to beginning work, but once on staff they are subject to random selection as are other staff.

*This document may contain links to sites external to Department of Veterans Affairs.
VA does not endorse and is not responsible for the content of the external linked websites.*

The Department of Veterans Affairs is an Equal Opportunity Employer; all of our training programs are committed to insuring a range of diversity among our training classes.

Health Professions Trainees (HPTs) (psychology interns and postdocs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner. In light of this, the VA system recently mandated that all HPT's provide proof of COVID vaccination or provide documentation of a religious or medical exemption why they are not vaccinated. Failure to provide this proof would make an HPT unable to train in the VA system.

Additionally, VA employees and HPT are subject to random drug testing, please take a moment to review the VA system drug policy below. Please note, this policy includes the use of cannabis even in states in which the recreational and medicinal use of cannabis is legal. The VA follows federal guidelines, not local state guidelines.

https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.va.gov%2FOAA%2Fonboarding%2FVHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf&data=04%7C01%7C%7Cc5f28f636b43476d5c6808d952a174cb%7Ce95f1b23abaf45ee821db7ab251ab3bf%7C0%7C0%7C637631676412745848%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6IklhaWwiLCJXVCI6Mn0%3D%7C1000&sdata=NElz2LHw1hgxthLj7Xx4OPhuPz%2FV%2BUqLbJOB5jgpk%2Fg%3D&reserved=0

For additional helpful information regarding the eligibility requirements for HPTs at the VA please follow the links below:

<https://www.psychologytraining.va.gov/eligibility.asp>
<https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf>

Application: The following are required by **January 1, 2022**:

- Letter of interest that clearly includes: the residency emphasis(es) you are interested in; how you envision this training will further your aspirations as a clinical psychologist, your theoretical orientation, experience working with diverse populations, and research interests.
- Autobiographical statement to help us get to know you.
- Current CV that includes a description of your internship rotations and anticipated graduation date.
- Copy of your graduate transcript(s).
- Letter of reference from your internship director, describing your progress and anticipated completion date.

- A letter from the chair of your dissertation committee that details the status of your dissertation and the anticipated completion date of your doctoral training. Your doctoral degree must be completed before the start date of your postdoctoral training
- Letter of reference from a supervisor familiar with your work in the emphasis area for which you are applying.

Please Note: We require submitted applications to come through the APPA CAS portal (APPIC Psychology Postdoctoral Application Centralized Application Service) and we will abide by the suggested APPIC Postdoctoral Selection Guidelines posted here: <https://appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines> . The above documents will be requested and should be submitted through the CAS portal. Complete the basic demographic, education, clinical training information, and transcripts required of all applicants for all APPA CAS programs. Then select the appropriate program(s) (emphasis area) within the Loma Linda VA Health Care System. APPA CAS allows you to request letters of recommendation electronically which are then uploaded by the letter writer. (Note: APPA CAS refers to letters of recommendation as "Evaluations").

Deadlines/Stipend/Benefits: Notification regarding interviews will take place in mid to late January with interviews to follow. Interviews will be conducted either in person or on the telephone/video (most likely video or phone if COVID is still in pandemic status), and preference will be given to candidates with prior training and experience in the specific emphasis areas.

The anticipated start date for all areas of emphasis is August 15, 2022. Postdoctoral Residencies are a full year, full-time commitment with a salary of \$52,176 per annum. Vacation, sick leave, authorized leave for conferences, and health insurance are available.

Postdoctoral Residency, Admissions, Support and Initial Placement Data

| |
|---|
| <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>The comprehensive mission of our psychology postdoctoral residency training is to provide our residents with the experiences necessary for them to become scientifically oriented, thoroughly ethical, intensively trained, and highly skilled psychologists, well-prepared as professionals in the discipline of clinical psychology in the twenty-first century. We emphasize training in health psychology and outpatient psychology within the context of a holistic approach to human health and welfare. Furthermore, as our program is located in Southern California, another aspect of our mission is the education of our trainees to work with individuals of diverse ethnic and cultural backgrounds. Our program emphasizes an awareness of and sensitivity to cultural and human diversity as central to all psychological training and future practice.</p> |

| |
|--|
| Describe any other required minimum criteria used to screen applicants: |
| US citizenship/APA accredited internship/APA accredited doctoral program |

Financial and Other Benefit Support for Upcoming Training Year*

| | | |
|--|---|--|
| Annual Stipend/Salary for Full-time Residents | 52,176 | |
| Annual Stipend/Salary for Half-time Residents | n/a | |
| 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 per year | |
| Hours of Annual Paid Sick Leave | 104 per year | |
| 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): | | |
| | | |

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

| | 2018-2020 | |
|--|-----------|-----------|
| Total # of residents who were in the 3 cohorts | | |
| Total # of residents who remain in training in the residency program | 29 | |
| | PD | EP |
| Community mental health center | | |
| Federally qualified health center | | |
| Independent primary care facility/clinic | | |
| University counseling center | | |
| Veterans Affairs medical center | | 16 |
| Military health center | | |
| Academic health center | | 1 |
| Other medical center or hospital | | 2 |
| Psychiatric hospital | | 1 |

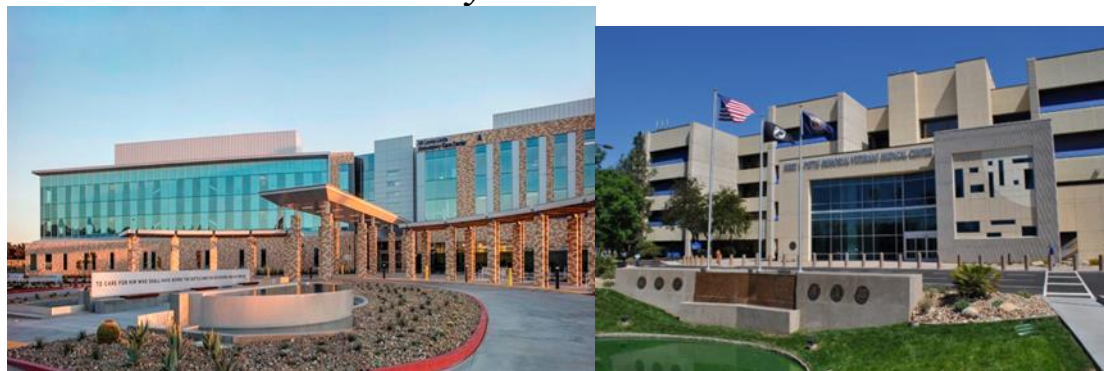
| | | |
|---|--|---|
| Academic university/department | | 5 |
| Community college or other teaching setting | | |
| Independent research institution | | |
| Correctional facility | | |
| School district/system | | |
| Independent practice setting | | 4 |
| Not currently employed | | |
| Changed to another field | | |
| Other | | |
| Unknown | | |

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.

Psychology Setting

This brochure describes the postdoctoral residency program at the VA Loma Linda Healthcare System. It is accredited by the American Psychological Association (APA). The first cohort of postdoctoral residents began in September 2008 in Health Psychology and Trauma. We currently have nine postdoctoral residency positions, with emphasis in the following areas: one in trauma, two in Health Psychology, two in PCMHI, one in general outpatient mental health (with an emphasis in Evidence Based Psychotherapies), two in holistic mental health, and one in a two-year neuropsychology residency. We had a site visit from the APA Commission on Accreditation in November 2015 and received our full 7 year accreditation (the longest available at the time) in the spring of 2016 for our general post-doctoral fellowship. This was followed by an accreditation of our neuropsychology fellowship shortly thereafter. In August 2020, we began our thirteenth cohort of postdoctoral residents.

VA Loma Linda Healthcare System



The VA Loma Linda Healthcare System, also known as Jerry L. Pettis Memorial Veterans Medical Center, opened in December 1977. It is located on a beautifully landscaped thirty-four-

acre site. The four-story Medical Center building contains an internal space equivalent to fifteen football fields. The second-floor houses numerous Mental Health Service staff, including the Substance Treatment and Recovery (STAR) program, pain and health psychology, embedded mental health staff in the Emergency Department, and a 30-bed inpatient psychiatric unit. Other specialized treatment programs include the hemodialysis unit; the Community Living Center (nursing home and hospice care, 108 beds); medical and surgical intensive care units; and a coronary care center. Neuropsychology and Homeless programs are housed in the newly constructed Valor building, which is just North of the main hospital. In October 2016, the facility opened a 300,000 sq. ft. Ambulatory Care Center (ACC) a mile up the road from Medical Center. Along with housing many Mental Health Service programs, the ACC also supports a variety of outpatient clinics such as primary care Patient Aligned Care Teams (PACT), Women's health, Post-Deployment Clinic, Preventive Medicine, Physical Medicine & Rehabilitation, and other specialty outpatient services.

Annually, Loma Linda Healthcare System serves the medical needs of approximately 71,000 Veterans. With a dedicated staff ceiling of over 3700 VA employees, hundreds of contract staff across the community-based outpatient clinics (CBOCs, and myriad volunteers, the Healthcare System provides approximately 111,096 inpatient, and 1,236,035 outpatient encounters annually (2018). Five CBOCs and one telehealth satellite clinic affiliated with the Medical Center provide access to care to veterans throughout San Bernardino and Riverside Counties. The Mental Health Service has a robust footprint within VA Loma Linda HCS, serving 23,202 unique patients and generating 204,000 encounters annually (2018). The facility is committed to its training mission and enjoys strong support. To fulfill the agency's three-fold mission of patient care, teaching, and research, the Medical Center is equipped with up-to-date diagnostic, therapeutic, and support equipment. Medical research programs are allocated over 40,000 square feet of space, and an active affiliation is maintained with the Loma Linda University Medical and Dental Schools.

Psychology

Within the Mental Health Service and throughout the Healthcare System, psychologists play a vital role in virtually every program. Currently, MHS employs over 60 psychologists, which include the Psychology Executive, 3 Supervisory Psychologists, 2 Directors of Training, and numerous key section and team leads across both inpatient and outpatient care. Assignments for the staff psychologists are as follows: Behavioral Health Interdisciplinary Program (BHIP), PTSD Clinical Team (PCT), Primary Care Mental Health Integration (PCMHI), Health Psychology, Pain/Health Psychology, Access/Intake Clinic, Inpatient Psychiatric Unit, Neuropsychology, Psychological Assessment, Dual Diagnosis/CORE, Substance Treatment & Recovery (STAR), Psychosocial Rehabilitation & Recovery Center (PRRC), High Risk Psychotherapy/Suicide Prevention, Healthcare for Homeless Veterans (HCHV), Geropsychology, Community Based Outpatient Clinics (CBOCs), Compensation & Pension, and Disruptive Behavior Committee.

The major functions of psychology within the Mental Health Service include the provision of psychological services to patients, consultation, teaching, assessment, program development and outcomes evaluation. Psychologists provide comprehensive services to inpatients and outpatients within the healthcare system and to their families through a variety of roles. In addition, they serve as members of interdisciplinary treatment teams on both inpatient and outpatient units,

coordinators of vocational and psychosocial rehabilitation programs, and serve the Medical Center as consultants. Within the discipline of psychology, there is also a strong emphasis on pre-doctoral training. The 10-14 psychology practicum students and 8 pre-doctoral interns receive training within the Mental Health Service. The Psychology Internship Program has been accredited by the American Psychological Association (APA) since 1981.

The Veteran Population

The Medical Center is a federally funded teaching hospital and, as such, is dedicated to the education, research, and provision of innovative healthcare services to Veterans. Our program emphasizes an awareness of and sensitivity to cultural and human diversity as central to all psychological training and future practice. Our goal is to prepare psychologists to work with individuals of diverse ethnic, religious, sexual orientation, and cultural backgrounds. Within the healthcare system, approximately 10.6% of our Veterans identify as female, and 89.4% identify as male. Among our cohort, Veterans self-identify as from the following racial/ethnic backgrounds: 1.1% American Indian or Alaskan Native, 2.8% Asian, 14.2% Black or African American, 2.1% Native Hawaiian or Pacific Islander, 64.8% White, 1% multi-racial, and 13.8% unknown or declined to answer.

According to the Census Bureau (2018 data) there are approximately 18 million military veterans, of which 1.7 million are women. Veterans represent about 7% of the U.S. population over the age of 18. Most Veterans served during times of war. The number of Veterans who served during the following periods of service can be broken down as follows: World War II (485,000), the Korean War (1.3 million), Vietnam era (6.4 million), Gulf War (3.8 million), and Post-9/11 from September 2001 or later (3.7 million). The 2018 Census also indicates that the Veteran population is comprised of men and women who identify in the following ethnic categories (numbers are approximate): Caucasian (13.7 million), African American (2.1 million), Hispanic (1.2 million), Other, non-Hispanic (789,000).

Training Model and Program Philosophy

Our goal is to train psychology postdoctoral residents to be competent practitioner/scholars in Clinical/Counseling Psychology. The underlying philosophy of our Psychology Postdoctoral Residency Program emphasizes that graduates will be first and foremost psychologists who are well grounded in the theory and science of psychology then going on to become and function as professional psychologists in a variety of settings. Clinical applications and the process of scientific inquiry are built upon foundational psychology courses in the postdocs' curriculum and prior clinical experiences. We at the Loma Linda VAMC are committed to providing supervision that is appropriate for the training and level of competency that each postdoctoral resident possesses. Our mission is to equip psychologists who meet general advanced practice competencies in psychology. Thus, upon completion of the postdoctoral residency, our alumni are able to function effectively in a variety of multidisciplinary settings, such as a VA hospital or other teaching hospitals.

Program Goals and Objectives

The comprehensive mission of our psychology postdoctoral residency training is to provide our residents with the experiences necessary for them to become scientifically oriented, thoroughly

ethical, intensively trained, and highly skilled psychologists, well-prepared as professionals in the discipline of clinical psychology in the twenty-first century. We emphasize training in health service psychology and outpatient psychology within the context of a holistic approach to human health and welfare. Furthermore, as our program is located in Southern California, another aspect of our mission is the education of our trainees to work with individuals of diverse ethnic and cultural backgrounds. Our program emphasizes an awareness of and sensitivity to cultural and human diversity as central to all psychological training and future practice.

Program Structure

The psychology postdoctoral residencies are in emphasis areas of experience based upon individual training goals related to working with our diverse patient population found in a general medical center, or outpatient individual clinics. Residents will have an opportunity to work with adult Veterans and, in many cases, with other members of the family. At the beginning of the residency year, each resident and primary supervisor will develop specific training goals and complete the Supervision Agreement and the resident will complete a Self-Evaluation. An evaluation is done midway through the training year (or more often if helpful/necessary) and at the completion of the residency. At the end of the residency year, a final evaluation is developed for transmittal to the Director of Training, and Residents will meet requirements for applying for licensure in California as well as most other states.

Supervision is an important aspect of this program and is designed to promote independence in practice as the year progresses. All Psychology residents are supervised in accordance with the American Psychological Association (APA) and the Board of Psychology (BOP), State of California Guidelines and Principles. The Directors of Training meet with supervisors monthly or more often to discuss the performance and growth of residents in order to provide the best training possible. At least two hours of individual supervision is also provided every week, with more as needed. In addition, residents participate in two hours of group supervision through weekly EBP Case Conference and Group Supervision of Supervision. Additional didactics/training opportunities are listed below under each emphasis area. Opportunities exist for residents to provide supervision to pre-doctoral interns and/or psychology practicum students and conduct professional training seminars or presentations. Additional options for continuing education are offered throughout the training year. Outstanding library, computer, and medical media services are available to residents. Authorized leave for education and professional conference attendance is encouraged.

Each resident is expected to work 40 hours each week, and this is usually accomplished between the hours of 8:00 am and 4:30 pm, however some residents have elected to work altered tours of duty (i.e. 4/10s) with the approval of their primary supervisor and if it was an option in the department in which they worked. This is not guaranteed, however increasing numbers of postdoctoral residents have elected 4/10s in the past few training years. Offsite opportunities may be available at Community Based Outpatient Clinics (CBOCs). Our goal is for residents to become actively involved in assessment, consultation, multidisciplinary decision-making, and group and individual therapies with both inpatients and outpatients. Depending on the residents' interest, arrangements can be made for residents to pursue an area of personal research or professional development.

Training Experiences

Positions are available in six emphasis areas: General Mental Health (GMH) with a Third Wave Behavioral Psychotherapy Emphasis (1 year), Health Psychology (1 year), Holistic Mental Health (1 year), PTSD Clinical Team (1 year), and Primary Care Mental Health Integration (1 year), Psychological Assessment (1 year). There is currently funding for eight general postdoc positions (1-2 in Health Psychology, 2 in Holistic Mental Health, 2 in PCMHI, and 1 position each in: GMH, PTSD, and Psychological Assessment). It should be noted that all residents, regardless of emphasis area, participate in common activities, including general didactics, supervision of supervision, and a professional development supervision hour. They are all also held to the same standards on mid-year and final evaluations.

Please note: COVID 19 and telehealth/teleworking

The COVID-19 pandemic has created numerous personal and professional challenges for us all. One of these challenges is uncertainty about what will happen next week, next month, and especially one year from now.

The Loma Linda VAHCS Psychology training program has prided itself on its transparency, providing detailed and accurate information about our program and training opportunities. With COVID, transparency means we cannot definitively predict how specific or adjunctive training opportunities may evolve for the 2022/2023 training year.

We can say that there will likely be more utilization of telehealth and technology-based delivery platforms. We do not expect there to be any significant changes to the base clinical services or populations served through rotations and adjunctive experiences described in our materials. Although a lot happened in 2020 and 2021 with all trainees and many staff abruptly shifting to providing clinical services and training remotely, our dedication to high-quality clinical care and psychology training, and our dedication to the trainees themselves has never been stronger.

Description of Postdoctoral Residency Emphasis Areas:

General Mental Health With An Option for Third Wave Behavioral Psychotherapy Emphasis: (one position)

A. PROGRAM DESCRIPTION

The General Outpatient Behavioral Health resident will be a part of an Interdisciplinary Team within the Behavioral Medicine Service. Each Team provides an integrated, patient-centered approach in the provision of a wide variety of services, including medication management, psychoeducation, motivational enhancement, tele-mental health, and evidence-based individual and group psychotherapy services.

The General Outpatient Behavioral Health resident will be involved in treating Veterans with complex psychiatric diagnoses and co-morbid psychiatric and medical diagnoses. During the training year, the resident will further refine diagnostic skills, gain experience in working with complicated and challenging patients, enhance generalist training, and hone skills within specialty areas. As a part of the team, the resident will provide time-limited, evidence-based treatment to adults and older adults with a wide range of mental health disorders, including

depression, anxiety, Bipolar Disorder, Post-Traumatic Stress Disorder, Substance Use Disorders, and Schizophrenia. Additionally, as a General Outpatient Behavioral Health Interdisciplinary Team member, the resident will actively participate in weekly team meetings to address and solve patient-specific and system/process concerns. The resident will conduct general BHIP Intake assessments and therapy treatment planning appointments. There are three different training track options for the resident to choose from within BHIP in order to help personalize this year of training to meet individual needs:

Option 1: “FULL DBT TRACK”

On this track, the resident will learn DBT and ACT for the full year and have the option to supplement one or two other treatments depending on availability. For example, the resident may have the opportunity to incorporate other type(s) of BHIP therapies such as CBT-Insomnia, CBT-Depression, or CBT-Anxiety but is not guaranteed any specific one (see “Selective Training Opportunities” below for options). This track has a heavy emphasis on the third wave therapies, DBT (60-70%) and ACT therapies (30-40%). The resident is part of the DBT team for the full year and participates in ACT therapy groups and 1:1 ACT cases. This includes:

- Participating and learning to manage the DBT skills group
- Learning to do skills coaching with a 1:1 DBT patient
- Opportunity to provide DBT phone coaching within regular business hours
- Participation in weekly DBT consultation team
- Weekly study group (to learn about DBT strategies and how to block various behaviors)
- Learn and complete intake assessments for DBT patients/referrals wanting DBT
- Participate and manage an ACT Therapy group
- Maintain and manage individual ACT therapy cases

The resident will gain mastery in the following areas of DBT:

- DBT functional behavioral chain analysis (learning to chain various target behaviors)
- Solution analysis (map coping skills to curtail problematic behavior)
- Missing links analysis (problem solve and cope ahead for therapy interfering behaviors)
- Managing a 1:1 DBT patient and orienting them to the DBT treatment and to biosocial model of DBT.

Option 2: “PARTIAL DBT/EBP TRACK”

The resident will gain some DBT experience along with ACT and other EBP treatments. This track includes the following:

- *Partial DBT training* requires commitment for 6 months (*may include a change of supervisors*) or 12 months (*limits exposure to variety of supervisors*):
 - Participate in the DBT skills group
 - Complete DBT intake assessments
 - Participate on the weekly consultation team
 - Attend the weekly DBT study group
- *Partial ACT/EBP training* includes:
 - ACT-Depression and Anxiety group and individual ACT cases

- Increased mastery in 2 to 3 additional modalities listed below in the “Selective Training Opportunities”

Option 3: “Non-DBT, Full EBP TRACK”

The resident will build mastery in the use of 3 or more EBP treatments listed below in the “Selective Training Opportunities” for the management of group and individual therapy skills. This option allows for rotation under different supervisors.

B. POPULATION

Patients receiving care in General Outpatient Behavioral Health are men and women ranging in age from their 20s to their 80s, comprising a diverse range of cultural and ethnic backgrounds. Patients present with a wide range of mental health disorders, including Depression, Anxiety, Bipolar Disorder, Post-Traumatic Stress Disorder, Substance Use Disorders, Personality Disorders, and Schizophrenia.

C. STAFFING AND SUPERVISION

The outpatient mental health clinic consists of 8 Outpatient Behavioral Health Interdisciplinary Teams which include 11 board certified Psychiatrists, 11 Clinical Psychologists, 8 Clinical Social Workers, 6 Nurse Practitioners, 3 Licensed Vocational Nurses, and 4 Mental Health Pharmacists.

As a General Outpatient Behavioral Health Interdisciplinary Team member, the resident gains experience as part of a team that fosters the provision of mental and behavioral health services using a patient-centered, interdisciplinary model. In addition to the resident, the team will be comprised of staff from various disciplines (Psychologists, Psychiatrists, Social Workers, Pharmacists, and Nurses) and trainees (Psychiatry Residents, Pharmacy Residents, Social Work Interns, and Psychology Interns).

D. STANDARD TRAINING EXPECTATIONS:

- Participation as an effective member on an interdisciplinary treatment team including collaborating with other disciplines. This will include presenting intakes and therapy cases to the interdisciplinary team and providing feedback to members of the team on cases and course of treatment etc.
- General BHIP Intake assessments (biopsychosocial intakes)
- Therapy treatment planning appointments to revise Veterans’ treatment plans once they are in the program. This often involves some education on types of treatments, levels of treatment, and some motivational interviewing.
- Evaluation to determine patients' candidacy, readiness, and appropriateness for various forms of Evidence-Based Psychotherapies.

E. SELECTIVE TRAINING OPPORTUNITIES:

- Co-lead/Lead an Evidence-Based Psychotherapy group:
 - ACT Depression/Anxiety group
 - Women’s ACT Depression/Anxiety group
 - DBT Skills group (as part of full DBT program)

- Managing Behavior and Affect (MBA) group (DBT Skills only group)
 - Cognitive Behavioral Therapy for Anxiety group
 - Cognitive Behavioral Therapy for Depression group
 - Cognitive Behavioral Therapy for Insomnia group
 - Cognitive Behavioral Therapy for Chronic Pain group
 - CPAP Desensitization group (systematic desensitization)
 - Bipolar Disorder Group (DBT based)
 - REACT group for managing anger (CBT and DBT based)
 - Mindfulness & Compassion group
 - PTSD Coping Skills group
 - Parenting with PTSD group
 - General Coping Skills group
- Provide Individual Evidence-Based Psychotherapy
 - Acceptance and Commitment Therapy
 - Dialectical Behavioral Therapy (as part of full DBT program)
 - Cognitive Behavioral Therapy for Insomnia
 - Cognitive Behavioral Therapy for Depression
 - Cognitive Behavioral Therapy for Anxiety
 - Cognitive Behavioral Therapy for Chronic Pain
 - CPAP Desensitization individual patients
 - Limited opportunities to do trauma-focused work such as providing Cognitive Processing Therapy for PTSD and Prolonged Exposure for PTSD
 - Limited opportunities to do Biofeedback/Neurofeedback
 - Limited opportunities to provide Psychodiagnostic Assessment.
 - Opportunities to supervise psychology interns and/or psychology practicum students. This may include supervising interns and/or practicum students on ACT cases or other types of EBP cases.

Not all training groups or types of treatments may be available at any given time based on staffing, available supervisors, groups sizes, flow of patients, demands or needs of the BHIP team, DBT team, etc. In addition to these extensive and intensive clinical activities, the resident will be exposed to didactics on evidence-based practices, will present didactics within an area of expertise, and will present case conferences regarding patients whom they are treating. The resident will consult with other providers throughout the Medical Center regarding referrals and treatment of referred patients, participate in individual supervision, and provide supervision. The resident will also be expected to be involved in program development and/or a research project of interest.

Clinical Health Psychology Emphasis Area: (one to two positions)

A. Program Description

The mission of the Clinical Health Psychology program is: “Veterans’ Whole Health is Number One.” We aim to provide accessible, effective services that will meaningfully improve our Veterans’ integrative (i.e., physical, psychological, social, spiritual and

cultural) health and educational needs. We strive to help each Veteran to realize their values, to maximize their quality of life by preventing diseases whenever possible, and to promote quality of life even with chronic diseases. Working with interdisciplinary teams, our interventions promote healthy behaviors and reduce health risks at multiple levels: individual and group sessions with Veterans and their significant others, providing trainings, coaching and consultations with other health providers, educational promotions to increase awareness of whole health services available from our team and others at VALL, psychological assessments and system-level strategies aimed at our colleagues in primary and specialty care.

Our postdoctoral Clinical Health Psychology training program respects the skills and experience of our fellows while providing them with a well-rounded health psychology experience to help clarify and move closer to their career goals while maximizing ‘marketability.’ A breadth of experiences are provided, including an introduction to the concepts and culture of whole health, individual and group-based lifestyle skills management interventions, CBT- and mindfulness-based behavior change strategies, assessments, program development and evaluation and other quality improvement opportunities. There are many chances for providing education to Veterans, consultation with allied health professionals, and tiered supervision of other psychology trainees (at both the practicum and pre-doctoral intern level). There are also opportunities for specialized training in other areas (e.g., chronic pain management, biofeedback training, diabetes management, diet and exercise behaviors, tobacco cessation, pre-surgical assessments). Our training program is funded via VA’s national Educational Innovations Program (EIP), which aims to provide interprofessional training and collaboration between Health Psychology and Resident Physicians.

B. Location and Population

The Clinical Health Psychology program is co-located between the VA Loma Linda Medical Center in Loma Linda, CA, and the VA Loma Linda Ambulatory Care Center (ACC), nearby in Redlands, CA. Our program provides services to Veterans across a wide range of ages, gender identification, and cultural and ethnic backgrounds. Veterans present with a wide variety of medical concerns including (but not limited to) diabetes, obesity, tobacco use, organ failure, cancer, pre- and post-operative status, chronic pain syndromes, sleep apnea, and insomnia. These health conditions are often comorbid with various mental health symptoms and diagnoses such as depression, anxiety, PTSD, eating disorders, substance use disorders, and personality disorders.

C. Faculty and Supervision

The Clinical Health Psychology program is staffed by psychologists who are located within the Behavioral Health Interdisciplinary Program (BHIP) or the Acute Psychiatry, Consultation and Liaison, and Emergency Department (ACE) Team. Therefore, psychologists and trainees routinely work within various interdisciplinary teams consisting of physicians, nurses, social workers, physical therapists, occupational

therapists, respiratory therapists, dieticians, chaplains, and affiliated trainees, among others. Psychology trainees of all levels are active members of the treatment teams which they are a part of, and may include psychology practicum students, pre-doctoral interns, and other postdoctoral fellows.

Primary supervision is provided by California-licensed staff psychologists, with additional (adjunctive) training and supervision in specific clinical activities provided by other VA Loma Linda staff psychologists. Trainees receive at least 2 hours per week of individual, face-to-face supervision and 4 hours of group supervision. Postdoctoral fellows also receive generalist training in several Evidence-Based Psychotherapies (EBP) including Cognitive Processing Therapy (CPT) and Acceptance and Commitment Therapy (ACT). They are typically assigned a Veteran for individual EBP psychotherapy under the clinical supervision of licensed psychologists with VA-EBP certifications in those areas. This results in a total of at least 6 hours per week of clinical supervision. These supervision hours amply fulfill the requirements for eventual psychology licensure in California. Training and experience in providing individual (“tiered”) supervision to psychology pre-doctoral interns and/or practicum students may also be available.

D. Training Opportunities

Clinical Health Psychology postdoctoral fellows participate in both “Core” and “Elective” training activities at different ratios (full-year, half-year, or one section). All fellows will participate in the “Core” activities, but based on interest may choose to participate in one or more of the “Elective” activities, or to engage in some additional sections of “Core” activities as an elective (e.g., CBT for Chronic Pain Group for a second group section).

Fellows will also participate in two half-year (6-month), afternoon rotations: (1) MOVE! and Weight Management, and (2) Medical-Health Psychology. Each fellow will alternate through these two rotations in 6-month increments, changing rotations at the midpoint of the training year (approximately February). These two afternoon rotations will allow for fellows to develop a wider breadth of experience while also allocating sufficient time for immersion to build a depth of understanding in these areas.

Core Full-Year Didactics, Trainings, and Meetings:

- *Biofeedback Didactic and Lab*: 1 hour/week, full year
- *Health Psychology Team Meeting*: 1 hour/week, full year
- *Chronic Pain Didactic / Consultation*: 1 hour/week, 4 months (minimum; extendable)
- *ACE Psychology Didactic*: 1 hour/week, full year
- *Weekly All-Postdoc Supervision & Didactics*: 4 hours/week, full year

Core Full-Year Clinical Activities:

- *Stress/Biofeedback Class*: 1 hour/week, full year
- *Tobacco Support Group*: 1 hour/week, full year

- *Diabetes Empowerment Group*: 2 hours/week, full year
- *CBT for Chronic Pain Group*: 1.5 hour/week, 4 months (minimum; extendable)

Core Outpatient Health Psychology Rotation Activities (6-month, half-time)

- *MOVE! Group*: 2 hours/week, 6 months
- *CBT for Insomnia (Group or Individual)*: 1-1.5 hours/week, (6 week sessions)
- *ACT for Depression (EBP Individual Case)*: 1 hour/week
- *CPT for PTSD (EBP Individual Case)*: 1 hour/week
- *Make-up individual sessions for group members as needed*: 1 hour/week

Core Medical-Health Psychology Rotation Activities (6-month, half-time)

- *Bariatric Surgery Evaluations*
- *Pre-Transplant Evaluations*
- *Amputation Evaluations*
- *Medical Consultation-Liaison Service*
- *Geropsychology / Community Living Center (CLC)*

Elective Clinical Opportunities (As available and based on interest)

- *Tinnitus Management Group*
- *Tobacco Support Group (Wednesdays 1300-1400)*
- *Mantram Repetition Group*:
- *CBT for Chronic Pain (Individual)*
- *ACT for Chronic Pain (Individual)*
- *CBT for Insomnia (Individual)*
- *Quality Improvement Activities*
- *Observation of Surgical Procedures*
- *Bariatric Support Group*
- *CPAP Desensitization Group*

Holistic Mental Health/Interprofessional Mental Health: (two positions)

Overview

Note: During the COVID19 pandemic, LLVAHCS shifted to providing most care via telehealth (e.g., telephone and video sessions). As a result, some group treatments are only being offered individually. In the event of similar or ongoing situations in upcoming training years, residents would be supervised in providing psychotherapy via telehealth. Training experiences within HMH would, to the best of the clinic's ability, continue to include the activities noted within this section.

The Holistic Mental Health (HMH) program focuses on taking into account all aspects of Veterans' well-being to help them achieve optimal health and wellness. The foundation of this program is the development of collaborative mental health training and educational experiences across disciplines. Through these shared professional experiences and didactics, trainees acquire the unique opportunity to approach Veteran care from a variety of professional perspectives while simultaneously honing skills within their respective discipline. To accomplish this

endeavor, an interdisciplinary team of trainees was created with funding from the VA Mental Health Education Expansion. This team is comprised of two chaplain interns, two postdoctoral psychology residents, two social work interns, and advanced psychiatry residents. Together, they work across multiple clinics throughout the hospital, facilitating seamless care of the whole Veteran – mind, body, and spirit.

As part of their role on the interdisciplinary team, the two psychology postdoctoral residents in the HMM emphasis area work to address the mental health needs of Veterans in a variety of treatment settings. Residents are provided opportunities within general and specialty mental health settings to engage in team-based collaborative care. The training year is primarily housed within our PTSD Clinical Team (PCT) with opportunities for residents to engage in treatment as a part of Behavioral Health Interdisciplinary Program (BHIP). Throughout the year, the resident might also engage in supplementary interprofessional experiences across specialty mental health settings. The diverse and specialized aspects of the HMM emphasis area create unique, tailored training opportunities while treating the entire Veteran.

While the resident is working in PCT, they will address recovery from the effects of having experienced traumatic life event(s). The resident will undertake a wide range of responsibilities including: educating Veterans and their families about PTSD and treatment options through LLVAHCS, providing individual assessment and care coordination of patients impacted by trauma, conducting individual psychotherapy including evidence-based treatments (e.g., Cognitive Processing Therapy, Prolonged Exposure), facilitating group psychotherapy and psychoeducational classes utilizing cognitive-behavioral approaches, consulting with other treatment teams, providing supervision of practicum students or pre-doctoral interns, and co-leading psychotherapy for Moral Injury.

Patients treated within BHIP outpatient clinics present with a breadth of diagnoses (e.g., depressive disorders, anxiety disorders, and personality disorders), including many with complex co-occurring psychiatric and medical disorders. Clinical activities within BHIP could encompass individual psychotherapy, group therapy, and couples therapy. The resident can carry an outpatient psychotherapy caseload and conduct time-limited psychotherapy including Evidenced Based Psychotherapies (EBPs) referred from BHIP providers. Opportunities are provided to gain experience and skill in the implementation of non-trauma focused EBPs (e.g., Cognitive Behavioral Therapy for Depression, Acceptance and Commitment Therapy, etc.). An attempt will be made to accommodate the resident with preferred experiences that will round out their postdoctoral residency given available clinical opportunities.

Residents will participate in supervision and didactics, with the larger cohort of psychology residents, on Thursday mornings. Additionally, HMM residents participate in HMM didactics and Holistic Interprofessional Process Group on Friday afternoons. The HMM didactics cover important elements of each discipline represented in the team as well as unique aspects of culture and diversity, with special considerations given to various world faiths and spirituality. The HMM Interprofessional Process Group includes two chaplain interns, two postdoctoral psychology residents, two social work interns, and two to three advanced psychiatry residents. In this group, participants come together to create a novel and co-created experience of shared Veteran care by the combination of broader perspectives from different professions and deeper

exploration within their own discipline. Cases are discussed in this group, and through processing cases, each member of the group has the opportunity to increase awareness of themselves and their patients in terms of the bio/psycho/social/spiritual model. An interprofessional team, including Bryan Goudebeck, Ph.D. and Cheri Coleman, M.Div. (Board Certified VA Chaplain & CPE Supervisor), facilitate the HMH Interprofessional Process Group.

PTSD Clinical Team (PCT): (one position)

A. Program Description

The PTSD Clinical Team (PCT) is a specialty treatment program providing prompt access and optimum continuity of care for veterans experiencing emotional or other psychological difficulties as a result of traumatic experiences in their life. The goal of PCT is to support diverse veterans with a trauma history in establishing and maintaining healthy, balanced, and active lives, enhanced interpersonal and social skills, and to strengthen their emotional health and support systems. The VA provides trauma-related treatments along a continuum of care in mental health, with PCT serving as an intensive outpatient program focusing exclusively on PTSD, including for patients who may have co-morbid DSM-5 diagnoses. The program offers a menu of specialty PTSD treatments, with emphasis on evidence-based psychotherapy (EBP). Individualized treatment plans are collaboratively developed with veterans and measurement-based care (MBC) is utilized throughout engagement in PCT. It is the expectation that veterans will take an active role in their treatment planning and care coordination in order to tailor treatment to their personal needs and goals, and to optimize treatment effectiveness. The PCT program model is a team-based approach to care that is aimed at helping veterans recover from the effects of trauma and enjoy an improved quality of life.

Services offered in PCT are time-limited and trauma-focused with core treatments being Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). There are also EBP-preparatory treatment options including: PTSD Coping Skills group, Skills Training in Affective and Interpersonal Regulation (STAIR) Group, Mantram Repetition, and Mindfulness. For individuals who have completed a trauma-focused treatment (i.e., CPT, PE), the program offers some limited advanced recovery options including: Acceptance and Commitment Therapy (ACT), Moral Injury, and Forgiveness. PCT takes a flexible approach to treatment and attempts to meet the veterans where they are by considering the stages of recovery and degree of readiness. Each veteran is assigned a Pathfinder within the program to oversee treatment planning and progress.

B. Population

PCT offers treatment to veterans across a wide range of ages (e.g., twenties to nineties), gender identification, and a diverse range of cultural and ethnic backgrounds. Veterans from all military branches and eras of war (e.g. Vietnam, Persian Gulf, OEF/OIF/OND) receive treatment within the PCT. Uniquely, the Loma Linda VA PCT offers treatment for life span trauma including: combat-related trauma, sexual trauma, as well as non-military traumatic events occurring in childhood or adulthood.

C. Staffing and supervision

The PCT is a comprehensive interdisciplinary treatment program consisting of individuals from Psychology, Social Work, Chaplaincy, Medication Management, and administrative support personnel. Psychology trainees are active members of the team and may include psychology practicum students, psychology interns, a PCT psychology post-doctoral fellow and up to two Holistic Mental Health psychology postdoctoral fellows. Other trainees frequently involved in the PCT are Social Work Interns and Chaplain Interns. Trainees obtain experience co-facilitating clinical activities with psychologists and team members from other disciplines. In addition to a primary supervisor, fellows also often obtain clinical or adjunct supervision and/or consultation from more than one of the psychologists and other team members working within this program.

D. Training Activities

Note: During the COVID19 pandemic, PCT has shifted to providing care via telehealth (e.g., video and telephone sessions). As a result, some group treatments are only being offered individually. In the event of similar or ongoing situations in upcoming training years, residents would be supervised in providing psychotherapy via telehealth. Training experiences within PCT would, to the best of the clinic's ability, continue to include the activities noted within this section.

The goal of the PCT emphasis area is to provide the resident with a specialized year in trauma-focused assessment and psychotherapy experiences. Training and clinical experiences are aimed at developing proficiency in delivering trauma-focused therapy across the phases of treatment within PCT. A particular emphasis is toward evidence-based psychotherapies (EBPs) including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). In addition to the multi-day CPT training and consultation for all trainees, the resident also completes a multi-day Prolonged Exposure (PE) training conducted by PCT staff. The PE training is followed up with ongoing monthly group consultation as well as individual supervision of a PE case. Unique training opportunities in program management and facility process improvement help support the development of a well-rounded trauma specialist who is also knowledgeable in systems-level processes within the VA.

In addition to weekly postdoctoral training experiences, specific PCT training activities may include:

- Facilitation of PCT orientation, a PTSD and program psychoeducational seminar, for newly referred patients to PCT
- Provision of individual intake assessments to confirm DSM 5 diagnosis of PTSD, differential diagnoses, and engage in collaborative treatment planning
- Comprehensive assessments to determine patients' candidacy, readiness, and appropriateness for engagement in specialty PTSD treatment including trauma-focused evidence-based psychotherapy
- Facilitation of psycho-educational group or individual psychotherapy which may include: PTSD Coping Skills, Mindfulness, Mantram Repetition, Skills Training in Affective and Interpersonal Regulation (STAIR), Nightmare Management, FLEX Family Group
- Individual evidence-based psychotherapy to include CPT and PE
- Facilitation of evidence-based or advanced phase group psychotherapy, which may include: CPT, ACT for PTSD, Forgiveness, and Moral Injury
- Ongoing collaborative recovery-based treatment planning with patients

- Tiered supervision of a designated PCT trainee, and possibly providing didactics and in-services on PTSD to trainees or treatment teams within other services
- Exposure to administrative processes, including managing and receiving consults of newly referred patients and phone pre-screening of consults to assess for appropriateness of referral
- Engaging in systems-level activities focused on process improvement and delivery of specialty PTSD care, including: member of Strategic Analytics for Improvements and Learning (SAIL) PTSD workgroup, national and regional mentoring calls for the National Center for PTSD Opportunities to learn about and assist in program management
- Participation in weekly interdisciplinary team meeting involving case presentation and team-based care
- Outreach activities within the healthcare and community settings as available
- Development of a group or project based on a combination of needs/gaps identified in the program and trainee's interests/area of expertise

Primary Care Mental Health Integration (PCMHI): (two positions)

A. Program Description

The two Primary Care-Mental Health Integration (PCMHI) residents work primarily at the new Ambulatory Care Center (ACC) within the VA Loma Linda Healthcare System as members of integrated co-located primary care teams referred to as Patient Aligned Care Teams (PACT). Integrated behavioral health services represent a blossoming subspecialty within mental health since the passage of the healthcare reform via the Patient Protection and Affordable Care Act (ACA). In an effort to improve health outcomes, reduce costs, and enhance patient experience, every major healthcare system across the United States is actively expanding its focus on population-based interventions to move from “volume-based” to “value-based” care. Rather than offering siloed, fragmented care, healthcare reform focuses on seamless, integrated care that is timely, patient-centered, and prevention focused. The old adage, “An ounce of prevention is worth a pound of cure,” embodies the modern healthcare philosophy as such an approach yields both cost savings and superior outcomes. The PCMHI psychologist is uniquely poised to play a vital role within these new models of care by targeting psychiatric comorbidities and dysfunctional health behaviors within primary care, both of which have a marked impact on costs of care and health outcomes. Recognizing the importance of this burgeoning field, the American Psychological Association (APA) reported in 2015 that demand for integrated care expertise outpaces the supply of psychologists who have the requisite competencies to thrive in such an environment.

The two full-time Postdoctoral Residency positions include functioning as a vital member within the PACT teams, working alongside both Primary Care and Mental Health. As an organizing principle, the program aims to provide educational continuity through care, curriculum, and supervision. The fellowship provides trainees an opportunity to gain expertise in the integrated care model as part of a celebrated PCMHI team ranked in the top 5 nationally across all VAs in unique patients seen, total visits, and percentage of primary care patients served. The primary care environment is fast-paced and exciting; the PCMHI residency provides ample opportunity to

contribute to the transformation of the field and the continual development of partnerships. The PCMHI fellows will assess a full-spectrum of psychiatric conditions, treat mild to moderate mental health and health behavior needs among primary care patients, and facilitate transfer to higher levels of care for those in need of more intensive services. As integral members of the various Patient Aligned Care Teams (PACTs), we provide co-located collaborative care within the primary care environment. As team members, we attend morning huddles with the PACT teams and work closely with the teams to identify Veterans who may benefit from brief psychosocial intervention. Our approach is to provide maximal open access to the primary care team, so we strongly promote “warm hand-off” referrals in real-time instead of scheduled future visits or consults. Our treatment approach entails addressing behavioral health needs within the primary care setting through individual, phone, telehealth, and group visits which are both brief (30 minutes) and time-limited (1-6 visits). Fellows are trained in a variety of clinical activities, including brief evidence-based psychotherapy for mild to moderate psychopathology, integration of behavioral health interventions into psychotherapeutic approaches, and coordination of treatment within a multidisciplinary team of both primary care and mental health providers. Postdoctoral residents will gain hands-on experience in educating interprofessional partners and providers on evidence-based mental health and health behavior interventions appropriate for the primary care setting.

B. Population

The PCMHI team represents the first point of contact for Veterans who need mental health care with VA Loma Linda HCS, and as a result, touches a higher proportion of primary care patients than any other site across the entire VA (i.e., 15% of all PACT patients see PCMHI, which is double the national average). Because of this, PCMHI receives a wide variety of referral questions, works with a broad range of acuity levels, and interfaces with all cultural and ethnic backgrounds. Male and female Veterans who range in age from 20 to 65+ are seen in this setting. Limited referrals are also received from the Caregiver Support Program. Patients present with a wide range of mental health disorders, including depression, anxiety, bipolar disorder, post-traumatic stress disorder, substance abuse, sleep disorders, and severe mental illness. Patients may also present with a range health conditions in need of health behavior intervention; such conditions may include diabetes, obesity, tobacco use, COPD, chronic pain, cardiovascular disease, tinnitus, and related conditions amenable to lifestyle modification.

C. Staffing and Supervision

The PCMHI team is comprised of Psychologists, Social Workers, Psychiatrists, Nurse Practitioners, and RN Depression Care Managers (DCMs). Fellows will work closely alongside primary supervisors embedded within a PACT team. PCMHI residents participate in weekly interdisciplinary group supervision, postdoctoral didactic trainings, and individual supervision to fulfill supervision requirements for eventual psychology licensure in California. Training and experience in providing group and/or individual supervision to psychology pre-doctoral interns and/or practicum students may also be available. Postdoctoral residents participate in leading a group supervision hour of pre-doctoral psychology interns. Postdoctoral residents will be invited to present seminars on mental health and integrated care topics in various settings, and will be invited to assist with system redesign and performance improvement projects.

D. Training activities

Given the importance of strong interpersonal relationships in an integrated care setting, residents are typically assigned to an identified primary care (PACT) team for the full training year. While clinical responsibilities are predominantly fulfilled within the home PACT team, clinical services may also be rendered in Geriatric Primary Care, the Access/Intake Clinic, and/or the Women's Health Clinic. Secondary or elective areas of interest may also be available based on the needs and interests of the resident. Examples of potential elective experiences include, but are not limited to design and implementation of new health-related interventions, population health management interventions (such as care management), and process improvement workgroup membership.

Core competencies entail gaining proficiency in conducting triage or functional assessments, providing brief evidence-based interventions for mental health and health behaviors, promoting patient self-management, consulting effectively with multidisciplinary medical staff, conducting crisis intervention, and facilitating higher-level care referrals. PCMH represents an advanced clinical practice as traditional psychological and health behavior approaches must be adapted to a brief intervention, integrated setting. As the first stop for mental health treatment engagement, the resident will be proficient in population-based screening for anxiety, depression, PTSD, sleep disturbance, substance use disorders, and suicide risk assessment. The resident will provide treatment using interventions such as Prolonged Exposure in Primary Care (PE-PC), Motivational Interviewing (MI)/Motivational Enhancement Therapy (MET), Cognitive-Behavioral Therapy for Depression/Anxiety (CBT-D/CBT-A), Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), Cognitive-Behavioral Therapy for Insomnia (CBT-I), Problem Solving Training (PST-PC), and Acceptance & Commitment Therapy (ACT). These interventions help Veterans with concerns related to:

- Lifestyle choices and chronic disease management
- Adherence and commitment to health goals
- Coping with stress, pain, and illness
- Recovery from serious health problems
- Communication with healthcare teams about treatment options

Clinical Activities include an orientation to the VA's interdisciplinary PACT (Patient Aligned Care Team) model and training in a variety of Core and Elective services and roles. These include:

- **C:** Embedded location within an assigned Primary Care clinic at the VA Loma Linda Ambulatory Care Center.
- **C:** Provide patient-centered care while working collaboratively with providers from other professions (e.g. psychiatrist, physicians, social workers, nurses, and nurse practitioners).
- **C:** Provide evidence-based interventions for a variety of mental health concerns, including depression, anxiety, anger management, stress management, chronic pain, grief and loss, sleep disturbance, mild substance abuse, and PTSD.
- **C:** Assist with triage, same day access, and referral to appropriate mental health services.
- **C:** Ongoing program development and process improvement.

- **C:** Consultation/Liaison with Primary Care providers & other trainees (e.g., Walk-in Mental Health Triage/Intake Clinic/Same Day Access Clinic).
- **C:** Attend huddles within the PACT.
- **C:** Year-long project in process improvement for PCMHI (e.g., design and implementation of new health-related interventions, population health management interventions).
- **E:** Co-lead PCMHI classes and group psychotherapies with staff and other trainees.
- **E:** Presentations and outreach for PACT team members.
- **E:** Attend quarterly PACT trainings.

Psychological Assessment Area Emphasis

The fellow in this emphasis area would gain experience in psychological assessment and evaluation in an outpatient setting. There may be an option to gain limited inpatient experience involving bedside testing as part of our Consultation and Liaison psychology team at the main hospital. In the outpatient setting the fellow would gain experience conducting psychodiagnostic evaluations on referrals from multiple departments including our PTSD clinic, Holistic Mental Health clinic, Addictions clinic, Intake Clinic, and Primary Care as well as the general outpatient mental health settings. The fellow would also be involved in co-leading a psychological assessment training program for our pre-doctoral interns weekly. The fellow would provide assessment, evaluation and feedback in formal didactics weekly.

Opportunities would be to gain exposure to psychological testing administration, scoring, and interpretation and report writing skills. To learn how to utilize psychological measures within a clinical setting and provide feedback to a multidisciplinary team to further treatment for patients. Training Goals/Objectives are to gain knowledge and experience in administration, scoring, and interpretation with: Rorschach, MMPI-3, MCMI-IV, PAI, 16-PF, and other psychological measures to assist in the treatment planning of patients.

The Assessment Fellow would also assist in supervising the assessment cases being completed by the interns, and/or practicum students as well as providing didactics and in-services on psychological assessment, measures and evaluation to both trainees and treatment teams within the Behavioral Medicine Service (BMS).

For more details on our training site, please see the link below;

http://www.lomalinda.va.gov/clinical_training/Psychology_Training.asp

Requirements for Completion of Postdoctoral Residency

Prior to beginning the postdoctoral residency at the Loma Linda VAMC, each resident completes a self-assessment that helps to identify areas of strength and areas for future growth. This then helps the primary supervisors tailor the training experience for each resident. The residents are

strongly encouraged to expand their clinical horizons by gaining experiences in areas that they feel less competent in while still under appropriate supervision.

It is expected that upon completion of the program, all postdoctoral residents will demonstrate competence in the following domains:

Level 1—Advanced competency areas required of all programs at the postdoctoral level

- a. Integration of science and practice. This includes the influence of science on practice and of practice on science.
- b. Individual and cultural diversity. This includes issues of cultural and individual diversity relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.
- c. Ethical and legal. This includes professional conduct, ethics and law, and professional standards for providers of psychological services relevant to advanced practice, as appropriate to the setting, the population served, and the focus or specialty area.

2. Level 2—Program-specific or area-of-focus competencies

- a. The program specifies expected learning outcomes appropriate and relevant for the area of health service psychology emphasized in training (i.e., residents' expected competencies upon program completion).
- b. The program requires all residents to demonstrate competencies at an advanced level in those domains integral to achieving its aims. These may include some or all CoA profession-wide competencies or other competencies identified by the program.

At the Loma Linda VAMC the following areas are specifically evaluated: **Research, Ethical & Legal Standards, Individual & Cultural Diversity, Professional Values, Attitudes & Behaviors, Communication & Interpersonal Skills, Assessment, Psychological Intervention, Supervision, and Consultation & Interprofessional/Interdisciplinary Skills**

At the beginning of the training year, each resident will receive a Psychology Postdoctoral Residency Manual that specifies the required competency elements within each domain. Each resident is evaluated twice per year in the above domains, or more frequently if helpful and/or necessary.

Scale Anchors

1. Substantial supervision needed (e.g. beginning practicum level) = Substantial supervision and direction required on all cases regardless of the difficulty of the cases, little to no autonomous judgement

2. Close supervision needed (e.g. mid-practicum level) = close supervision required on most straightforward cases/projects

3. *Regular supervision needed (e.g. intern entry level) = regular supervision required on challenging cases/projects and in new skill areas*
4. *Periodic supervision needed (e.g. intern mid-year level) = periodic supervision required on challenging cases/projects and in new skills areas; most cases/projects need consultation only*
5. *Little supervision needed (e.g. intern exit level/postdoc entry level) = little consultation/supervision needed. Sound critical thinking/judgement evident overall*
6. *Consultation sometimes needed (e.g. postdoc mid-year level) = overall sound critical thinking/judgement. Some consultation needed in advanced or specialized area(s)*
7. *Consultation rarely needed (e.g. postdoc exit level) = sound critical thinking/judgment is evidenced in advanced or specialized area(s). Consultation needed on very complicated cases/projects*
8. *Diplomate (ABPP) level (e.g. typical psychologist 2 years post degree)*

Facility and Training Resources

Facilities: The Medical Center has been recognized nationally as the recipient of the Robert W. Carey Organizational Excellence Award in 2003. It is located close to several other major training facilities, i.e., Loma Linda University Medical Center and Patton State Hospital, and has training agreements with both. VAHCS residents are encouraged to participate in a wide range of training opportunities throughout the year, which also facilitates their completion of psychology continuing education coursework required to obtain licensure.

Office space and equipment: At this time, each Postdoc Resident has their own dedicated office/computer/telephone. Depending upon availability, office space may be shared with another postdoctoral resident or trainee if needed. All offices include personal computers with access to VA's state-of-the art Computerized Patient Record System (CPRS), the VA and Federal government websites (i.e., intranet) for on-line continuing education, and to the Internet for research and other professional communications.

Neuropsychology Clinic and Computer Laboratory: The neuropsychology clinic is supported by a part time Psychology Technician who administers neuropsychology screening batteries and oversees the clerical activities of the clinic, including scheduling appointments, maintenance of the computer laboratory, ordering testing supplies, and computer maintenance.

The Neuropsychology Clinic Computer Laboratory is available for computerized neuropsychological assessment programs which include but are not limited to: Iowa Gambling Test (IGT), Victoria Symptom Validity Test (VSVT), Wisconsin Card Sorting Test Computer Version 4 (WCST-CV4), and online administration and interpretation of objective personality assessment instruments: Millon Clinical Multiaxial Inventory-3 (MCMI-3), Minnesota Multiphasic Personality Inventory-2 (MMPI-2), PAI (Personality Assessment Inventory), and Rorschach Interpretation Assistance Program-5 (RIAP-5). Scoring programs are available for the Behavior Rating Inventory of Executive Function Software Package (BRIEF-SP), California Verbal Learning Test-2 (CVLT-2), Halstead-Reitan Battery (Heaton), Neuropsychology Assessment Battery (NAB), Wechsler Adult Intelligence Scale-III and IV (WAIS-III and WAIS-IV), and Wide Range of Achievement Test-4 (WRAT-4).

Library/Information Services Support: All VAMC trainees have access to state-of-the art information services, including traditional library resources and information technology services (ITS). The Department of Veterans Affairs is a world leader in applied medical research, and this VAMC is fortunate to have an active Research Service which can provide research consultation including use of Statistical Package for the Social Sciences (SPSS) for data analysis.

Staff/Supervision: Interaction between residents and psychology staff will be in the form of individual and group supervision and formal and informal educational activities. Residents are invited to attend on-site CEU offerings in areas inside and outside their area of expertise and may be invited to be part of the presenting faculty for topics relevant to their emphasis area. Interaction with staff from psychology and other disciplines are available through the resident's active participation in interdisciplinary program development and treatment team meetings, as well as informal case consultations.

Administrative Policies and Procedures

The length of this fellowship is 2080 hours over 52 weeks. Residents accrue 4 hours of annual leave and 4 hours of sick leave for every pay period (2 weeks). Requests for leave time must be entered electronically into VATAS prior to taking the leave, and the postdocs should let the Training Director and all affected supervisors know about leave via e-mail. Postdocs will not be allowed to "borrow against" leave that they have not yet accrued. If an postdoc is out unexpectedly, they they will need to notify their supervisor and the Behavioral Medicine timekeeper as soon as possible. Authorized Absence (AA) for professional development can also be requested, but it is up to the discretion of the Training Committee & supervisors to approve the requests. Examples of appropriate AA activities include continuing education and professional conferences. AA can only be taken for the days that these meetings occur; travel time must be taken as Annual Leave.

Due Process: All residents are afforded the right to due process in matters of problem behavior and grievances. The due process document is distributed to and reviewed with all residents during their first week at VA Loma Linda. A copy of our due process policy is available on request.

Privacy policy: We collect no personal information from potential applicants who visit our Website.

Self-Disclosure: We do not require residents to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting the resident's performance and such information is necessary in order to address these difficulties.

Training Staff

KELLIE ASHBY

Behavioral Health Interdisciplinary Program

Psy.D., 2015, University of La Verne, Clinical Psychology

Evidence-based psychotherapies including Cognitive Processing Therapy for PTSD, Cognitive Behavioral Therapy for Insomnia (group and individual), and Cognitive Behavioral Therapy for Depression (group and individual). Other interests include assessment, trauma work, Motivational Interviewing, and strengths-based psychotherapy.

CHRISTINA BALESH

Behavioral Health Interdisciplinary Program (BHIP)
Psy.D., 2016, University of La Verne, Clinical Psychology

Clinical Interests: Cognitive Behavioral Therapy for Depression, Dialectical Behavioral Therapy, anger management, individual and group treatment, and multicultural and diversity issues.

LORI BRODIE

Behavioral Health Interdisciplinary Program
Ph.D., 2003, University of California, Santa Barbara, Counseling/Clinical/School Psychology

Cognitive-Behavioral Therapy, Dialectical Behavior Therapy, Cognitive Processing Therapy for PTSD, Acceptance and Commitment Therapy, Biofeedback, psychological evaluation for weight loss surgery, cross-cultural and diversity issues.

JOSHUA M. BULEY

Behavioral Health Interdisciplinary Program - Evaluation
Psy.D., 2004, Indiana State University, Clinical Psychology

Cognitive behavioral therapy, differential diagnosis, professional issues.

LA TANYA BUSBY

Behavioral Health Interdisciplinary Program
Ph.D. 2002, California School of Professional Psychology

Depression and anxiety disorders, PTSD. Provide individual and family, couples therapy sessions as well as group therapy using Cognitive Behavioral strategies. Areas of interest include the assessment and treatment of geriatric populations with cognitive and mental health disorders.

XIAORUI (SHIRLEY) CHEN

Behavioral Health Interdisciplinary Program
Psy.D., 2017, Pepperdine University, Graduate School of Education and Psychology

Evidence-based psychotherapies including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) for PTSD, Cognitive Behavioral Therapy for Anxiety (CBT-A; group and individual), Cognitive Behavioral Therapy for Depression (CBT-D), Dialectical Behavior Therapy (DBT) skills (group), Acceptance and Commitment Therapy (ACT), and Image Rehearsal Therapy (IRT) for nightmares. Other interests include trauma work, such as PTSD coping skills, and parenting with PTSD (group).

TYSON CHUNG

Behavioral Health Interdisciplinary Program
Ph.D. 2007, Fuller Theological Seminary Graduate School of Psychology, Clinical Psychology

Psychological assessment, outpatient psychotherapy

PAUL CUSTER

Behavioral Health Interdisciplinary Program: Rancho Cucamonga CBOC
Ph.D. 2001, Fuller Theological Seminary, Graduate School of Psychology
Post Doctoral Fellowship at Patton State Hospital, 2002

Severe mental illness, psychodynamic psychotherapy, integrating theoretical approaches, professional training and development

LUTHER E. DAVIS

Psychology Executive

Ph.D., 2006, Loma Linda University, Clinical Psychology; ABPP

Program management and policy, cognitive-behavioral therapy, primary care mental health integration, motivational interviewing, cognitive processing therapy, military mental health, and individual/group psychotherapy

ANDREW DiSAVINO

Behavioral Health Interdisciplinary Program, Loma Linda VAMC

BA, Rutgers University 1984

MA, New School for Social Research 1986

PsyD, Florida Institute of Technology 1990

ABPP in Clinical Psychology

Background in behavioral medicine, neuropsychology, and PTSD. Individual and group cognitive-behavioral psychotherapy with general mental health populations.

MELINDA DOUANGRATDY

Suicide Prevention Program

Psy.D., 2017, Hawaii School of Professional Psychology, Clinical Psychology

Evidence-based psychotherapies including Cognitive Processing Therapy for PTSD and Dialectical Behavior Therapy for Borderline Personality Disorder. Other interests include psychiatric inpatient treatment, severe psychotic and mood disorders, forensic evaluations (competency to stand trial and criminal responsibility), Motivational Interviewing, Solution-Focused Therapy, and other strengths-based psychotherapy.

SERENA ENKE

Behavioral Health Interdisciplinary Program: Murrieta CBOC

PhD, 2009, Colorado State University, Counseling Psychology

Group therapy, evidenced-based treatments, incorporating mindfulness into the treatment of PTSD and general outpatient mental health.

DIEGO ESPARZA-DURAN

Primary Care - Mental Health Integration

Ph.D., 2017, University of Florida, Clinical Psychology

Facilitate the Sleep, Pain, and Mood group helping individuals with insomnia, chronic pain, and mild-to-moderate symptoms of depression, anxiety, anger, and stress. Other interests include psycho-oncology, psychoneuroimmunology, and women's health.

NANCY L. FARRELL

Couples Psychologist/ Behavioral Health Interdisciplinary Program

PsyD/DrPH, 2005, Loma Linda University, Clinical Psychology & Public Health Preventive Care

Promote and provide healthy living and preventive care, health behavior change, staff training and health coaching.

GREGORY S. FOLEY

Acute Psychiatry, Consultation and Liaison, and Emergency Services

Ph.D., 2018, Fuller Theological Seminary, Graduate School of Psychology, Clinical Psychology

Treatment and psychological assessment for pain and health related conditions; Evidence-based psychotherapies including Cognitive Behavioral Therapy and Acceptance and Commitment Therapy for Chronic Pain, and Biofeedback; Brief individual and group psychotherapy for inpatients and outpatients with acute medical and psychiatric conditions; Psychological assessment for psychiatric inpatients, medical inpatients, and pre-surgical evaluations.

MONICA M. FREDERICK

Behavioral Medicine Service

Psy.D., 2006, Loma Linda University, Clinical Psychology

Health psychology: primary care integration; lifestyle and chronic illness; health beliefs; stages of change; mindfulness; clinician-patient communication.

SAMANTHA L. FRENCH

Neuropsychology & Polytrauma

Ph.D., 2008, University of Nevada, Las Vegas, Clinical Psychology

Neuropsychology, Geropsychology, dementia, fear of developing Alzheimer's disease, dementia caregiver support, rehabilitation psychology

MARIAN GHEBRIAL

Behavioral Health Interdisciplinary Program: Rancho Cucamonga CBOC

Ph.D. 2005, Pennsylvania State University, Clinical Psychology

Axis I and II disorders, namely addiction, trauma, anxiety disorders, relapse prevention, individual, group, and couples psychotherapy. Cognitive-behavioral and integrative therapy models; motivational interviewing. Research interests include antisocial behavior, psychopathic personality traits and treatment outcome research.

RICHARD GIROD

Healthcare for Homeless Veterans (HCHV) Psychologist

Psy.D. 2007 Pepperdine University, Clinical Psychology

Evidenced based practice, trauma, etiology of homelessness

JASON GOLDSTEIN

PTSD Clinical Team (PCT)

Ph.D. 2015, University of Louisville

Clinical Interests: Cognitive Processing Therapy (CPT) and Acceptance and Commitment Therapy (ACT) for PTSD, integrating religious and spiritual themes into therapy, forgiveness, grief and loss, nightmare management, moral injury.

BRYAN K. GOUDELOCK

Associate Director of Clinical Training, Training Director – Holistic Mental Health Program, PTSD Clinical Team

Ph.D., 2007, Fuller Theological Seminary, Graduate School of Psychology

Interests include: CPT, PE, Moral Injury, IBCT, Motivational Interviewing, cognitive behavioral & psychodynamic psychotherapy, differential diagnosis, individual & group psychotherapy, PTSD, professional training & development, crisis assessment & intervention.

ANTHONY HWANG

Suicide Prevention Program/High-Risk Therapist

Ph.D., 2010, Brigham Young University, Clinical Psychology

Evidence-based psychotherapies: Cognitive-Behavior Therapy Enhanced for Eating Disorders, Cognitive-Behavioral Conjoint Therapy for PTSD, T.E.A.M. CBT by David Burns, MD for trauma, depression, and anxiety. Other interests include Mindfulness-Based CBT, Cognitive Processing Therapy, Prolonged Exposure, and treatment of children and adolescents.

SHIRLEY C. KILIAN

Community Living Center-formerly Nursing Home Care Unit; Neuropsychology

Ph.D., 2004, Graduate School of Psychology, Fuller Theological Seminary, Clinical Psychology.

Neuropsychology, geropsychology, differential diagnosis

CHRISTINA LARSON

Behavioral Health Interdisciplinary Program, & PTSD Clinical Team

Ph.D., 2011, University of North Texas, Clinical Psychology

Interests include Acceptance and Commitment Therapy for depression, trauma, and substance use; psychological assessment

AMIE M. LEMOS-MILLER

Primary Care - Mental Health Integration

Ph.D. 2008, University of Nevada, Las Vegas

Clinical Interests: Cognitive Behavioral Therapy for depression and anxiety, stress management, resilience & trauma, mindfulness, parenting education and support, motivational interviewing, brief/time-limited individual psychotherapy within the primary care setting.

ROSS LISMAN

Psychosocial Rehabilitation and Recover Center (PRRC), Co-Occurring Recovery and Empowerment (CORE), Dialectical Behavior Therapy (DBT)

Ph.D., 2018, Fuller Theological Seminary, Clinical Psychology

Evidence-based psychotherapies including Dialectical Behavior Therapy, Cognitive Processing Therapy for PTSD, Imagery Rehearsal Therapy for PTSD Related Nightmares, PTSD Coping Skills, Acceptance and Commitment Therapy (group and individual), Systematic Desensitization for CPAP Usage, Cognitive Behavioral Therapy for Anxiety, and Cognitive Behavioral Therapy for Depression. Other interests include trauma work, spiritually integrated care, and substance use disorders.

VERONICA LLAMAS

Neuropsychology & Polytrauma

Ph.D., 2014, Loma Linda University

Clinical interests: Neuropsychology, geropsychology, non-pharmacological treatments for dementia, polytrauma

CHRISTINA MANNINO

Behavioral Health Interdisciplinary Program

Ph.D., 2016, Loma Linda University, Clinical Psychology

Evidence-based psychotherapies including Cognitive Processing Therapy for PTSD, Prolonged Exposure Therapy for PTSD, Acceptance and Commitment Therapy for Depression/Anxiety (individual), Cognitive Behavioral Therapy for Chronic Pain (group and individual), Cognitive Behavioral Therapy for Depression (individual), and Cognitive Behavioral Therapy for Insomnia (group and individual). Other interests include trauma work, Mindfulness, and Self-compassion.

ANNA MEDINA

Behavioral Health Interdisciplinary Program

Ph.D. 2007, Fuller Theological Seminary Graduate School of Psychology, Clinical Psychology

Cognitive Behavior Therapy (individual therapy), Cognitive Processing Therapy for PTSD, Psychological Assessments, Pension and Compensation Evaluations, Seminars on topics relevant to adjustment issues for OEF/OIF/OND Veterans returning from deployment. Other interests include: Spirituality and healing, Dialectical Behavior Therapy, and Psychopharmacology as it relates to healing, recovery, and symptom management.

MOLLY MUNDS

Health/Pain Psychologist on ACE Team (Acute Psychiatric, Consultation & Liaison, Emergency Room)

Ph.D., 2017, Alliant International University/CPSS Los Angeles, Clinical Psychology

Cognitive Behavioral Therapy for Chronic Pain groups and individual, program development, Motivational Interviewing for health-related behaviors, assessment and triage for diagnosis such as adjustment disorder due to medical conditions, and occasional amputation evaluations. Common comorbidities include SUD, liver failure, kidney failure, diabetes, and obesity. Interested in ACT for Chronic Pain and Biofeedback.

JOE NEE

Behavioral Health Service: Primary Care Mental Health Integration (PCMHI)

Ph.D. 2015, California School of Professional Psychology at Alliant International University, Los Angeles

Interests include: multicultural and diversity issues, mental health disparities, evidence-based approaches to psychotherapy, short term approaches to psychotherapy, Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), and Motivational Interviewing.

MICHAELA SANDOVAL

Psychosocial Rehabilitation Recovery Center (PRRC)/Co-Occurring Recovery Empowerment (CORE)/Dialectical Behavioral Therapy (DBT) Provider

Unlicensed Graduate Psychologist; Palo Alto University, Clinical Psychology, Emphasis in Forensic Psychology

Provides individual and group therapy utilizing Cognitive Processing Therapy for PTSD, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, substance abuse counseling, and Mindfulness. Other interests include Positive Psychology, Motivational Interviewing, research on stigma and discrimination, criminal justice contact, and LGBTQ+ communities.

EDWARD B. SINGER

Substance Treatment and Recovery (STAR) Program, VA Loma Linda Healthcare System

Ph.D. 2013, Alliant International University, Clinical Psychology

Treatment of comorbid substance use and mental health disorders, including PTSD, anxiety and mood disorders. Cognitive-behavioral and integrative therapy models. Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) for trauma; Motivational Enhancement Therapy (MET) for substance use; Anger Management; Mindfulness and DBT skills training. Research interests include post-traumatic resilience factors (adaptive humor style, creative expression).

MARY STEPHENS-LEVY

Suicide Prevention- High Risk Therapy Team

Ph.D., 2007, University of Colorado at Colorado Springs, Clinical Psychology

Evidence-based psychotherapies including Cognitive Processing Therapy for PTSD and Cognitive Behavioral Therapy for Depression (group and individual). Other interests include assessment and treatment of suicidality, Motivational Interviewing, and Interpersonal Psychotherapy Informed treatment for Depression and Complicated Grief.

KENDRA TRACY

Behavioral Health Interdisciplinary Program

Ph.D., 2014, University of Nevada, Las Vegas, Clinical Psychology

Interests include trauma and sexual victimization/perpetration; Acceptance and Commitment Therapy, Cognitive Processing Therapy, Psychodynamic Therapy

ALISON FLIPSE VARGAS

Mental Health Service - ICE Team

Psy.D., 2013, Pepperdine University, Clinical Psychology

Interests include brief individual and group psychotherapy for inpatients and outpatients with acute medical and psychiatric conditions; Psychological assessment for psychiatric inpatients & medical inpatients.

LAUREN WARNER SIMMONS

Behavioral Health Interdisciplinary Program: Corona CBOC

Ph.D., 2004, Oklahoma State University, Counseling Psychology

Evidence-based psychotherapy for PTSD (Cognitive Processing Therapy & Prolonged Exposure), mindfulness-based approaches, post-traumatic growth, patient-centered team based care, inter-professional mental health education.

R. SCOTT WENGER

Director of Clinical Training, Integrated Dual Diagnosis Program, Inpatient Psychiatric Unit

Psy.D., 2003, Pepperdine University, Clinical Psychology

Addiction Treatment, dual diagnosis program, treatment of chronic mental illness, psychological assessment, relapse prevention treatment, individual and group psychotherapy, cognitive behavioral therapy, interests in treatment of personality disorders and psychodynamic psychotherapy.

ASHLEY WILKINS

PTSD Clinical Team (PCT)

Ph.D. 2016, Fuller Theological Seminary, Graduate School of Psychology

Clinical Interests: Cognitive Processing Therapy (CPT), Acceptance and Commitment Therapy (ACT) for PTSD, moral injury, psychodynamic psychotherapy, culture and diversity in therapy, individual and group psychotherapy.

ADDITIONAL STAFF:

ANITA C. WILLIAMS

Vocational Rehabilitation Specialist; Program Manager, Supported Employment Program

M.A., 2004 Bowie State University, Bowie, Maryland

Community based competitive employment services, vocational counseling, and vocational assessments.

Residents

2020-21 Postdoctoral Residents:

Abigail Alido, Loma Linda University (GMH)

Gabriela Bolivar, Loma Linda University (PCMHI)

Janel Davis, Alliant University (Health)

Elizabeth Grace, George Fox University (Psychological Assessment)

Grace Kim, Biola University (HMH)

Corey Kowalski, Fuller University (Neuropsychology)

Michelle Lin, Palo Alto University (PCMHI)

Sarah Nam An, Loma Linda University (PCT)

Aurora Pham, University of Iowa (HMH)

Jennifer Shaheed, George Fox University (Health)

2019-2020 Postdoctoral Residents:

Joshua Buch, Pepperdine University (HMH)

Cecilia Costa, Pepperdine University (PCMHI)

Tara Donaghue, American School of Professional Psychology (HPDP)

Larisa Grams-Benitez, Fuller University (GMH)

Michelle McDonnell, Loma Linda University (Neuropsychology)
Esmeralda Nunez, Loma Linda University (HMH)
Trinnin Olsen, Biola University (HPDP)
Mihaela Schneider, Pepperdine University (PCMHI)
Melissa Stewart-Buret, Spalding University (PCT)

2018-2019 Postdoctoral Residents:

George Dabdoub, University of La Verne (PCT)
Michael Finlay, Loma Linda University (Holistic)
Carolyn Foley, Fuller Theological Seminary, Graduate School of Psychology (Outpatient Mental Health)
Greg Foley, Fuller Theological Seminary, Graduate School of Psychology (Psych Assessment)
Ronald Freche, University of Kansas (HPDP)
Ross Lisman, Fuller Theological Seminary, Graduate School of Psychology (Holistic)
Michelle McDonnell, Loma Linda University (Neuropsychology)
Cam Nguyen, Argosy-Orange County (PCMHI)
Alexis Tsacoumangos-Azusa Pacific University (PCMHI)
Elizabeth Wolpern, Loma Linda University (HPDP)

2017-2018 Postdoctoral Residents:

Lyndsay Brooks, Pepperdine University (Psych Assessment)
Xiaorui Chen, Pepperdine University (Holistic)
Monica Ellis, Fuller Theological Seminary, Graduate School of Psychology (HPDP)
Eddie Erazo, University of Nevada Las Vegas (HPDP)
Diego Esparza-Duran, Loma Linda University (PCMHI)
Jacklyn Friedenthal, PGSP Stanford Consortium (Outpatient Mental Health)
Christine Mathews, Loma Linda University (Holistic)
Beatrice Tsai, University of La Verne (PCMHI)
Christina Mannino, Loma Linda University (Trauma/PCT)

2016-2017 Postdoctoral Residents:

Yurivia Cervantes-Manzo, California School of Professional Psychology at Alliant International University, San Francisco (Neuro)
Corie Houlbjerg, George Fox University (HPDP)
Mitch Keil, Azusa Pacific University (Outpatient Mental Health)
Palak Kothari, Loma Linda University (Holistic)
Christina "Istina" Mannino, Loma Linda University (Holistic)
Mariam Parekh, Syracuse University (PCMHI)
Emmily Shinne, University of Detroit, Mercy (Trauma/PCT)
Tammy Torres, Pacific Graduate School of Psychology/Stanford PsyD Consortium (HPDP)

2015-2016 Postdoctoral Residents:

Chrstitina Fay, Spalding University (PCMHI)
Kaycee Fortanasce, Azusa Pacific University (Holistic)
Jason Goldstein, University of Louisville (Holistic)

John Helmer, California School of Professional Psychology at Alliant International University, San Diego (HPDP)
Amy Leino, Palo Alto University (Outpatient Mental Health)
Veronica Llamas, Loma Linda University (Neuro)
Tiffany Massia, Azusa Pacific University (HPDP)
Joe Nee, California School of Professional Psychology at Alliant International University, Los Angeles (PCMHI)

2014-2015 Postdoctoral Residents:

Julie Bazzo, Loma Linda University (Health)
Leetyng “Jen” Chou, Pacific Graduate School of Psychology at Palo Alto University (Health)
Nathaniel Hawkins, Pacific Graduate School of Psychology at Palo Alto University (Trauma/PCT)
Veronica Llamas, Loma Linda University (Neuropsychology)
Maribel Padua, Pacific Graduate School of Psychology at Palo Alto University (Health)
Dylan Schwartz, Pacific Graduate School of Psychology at Palo Alto University (Health)
Natalie Stroupe, University of Kansas (Outpatient Mental Health)

2013-2014 Postdoctoral Residents:

Alex Barrad, PGSP- Stanford Psy.D. Consortium (Trauma/PCT)
Amanda Dewbray, Arizona School of Professional Psychology (Health)
Krystal Gregg, George Fox Univeristy (Health)
Andi Scott, Pacific Graduate School of Psychology at Palo Alto University (Health)
Troy Stettler, Pacific University (Neuropsychology)
Roxanne Upah, Pacific Graduate School of Psychology at Palo Alto University (Health)
Christina Wei, Ohio University (Outpatient Mental Health)

2012-2013 Postdoctoral Residents:

Troy Stettler, Pacific University (Neuropsychology)
Quoc Thai Le, University of Kansas (Trauma)
Megan Wagner, George Mason University (Health)
Kerri Schutz, Pepperdine University (Health)

2011-2012 Postdoctoral Residents:

Suzanne Hilleary, Fuller Theological Seminary, Graduate School of Psychology (Neuropsychology)
Christine Holland, University of Illinois at Chicago (Health)
Tara Nyasio, Fuller Theological Seminary, Graduate School of Psychology (Trauma)
Elizabeth Welsh, Fuller Theological Seminary, Graduate School of Psychology (Health)

Local Information

Loma Linda, a city with about 23,000 residents, is located in the "Inland Empire" region of Southern California. It is situated to the east of Los Angeles and approximately 75 miles from the Pacific Ocean. This is an area rich in California history. Agriculture, especially citrus, still plays an important role in the local economy.

The San Bernardino Mountains (with peaks rising to 10,000 feet) can be seen just to the north and east of the Jerry L. Pettis Memorial Veterans Medical Center. The southern Sierra Nevada range is accessible within a half day drive and provides outstanding skiing, hiking, and backpacking trails. The Mediterranean climate makes for ideal weather during most of the year. With approximately 300 days of sunshine, there are unlimited opportunities for involvement in outdoor recreational activities. San Diego, Orange, and Los Angeles county beaches can be explored year round. Resorts in Palm Springs and other desert communities are accessible within one hour.

The nearby cities of Redlands, San Bernardino, and Riverside provide additional urban benefits, such as affordable housing, music, theatres, museums, dining, and entertainment. Los Angeles and San Diego offer an abundance of cultural attractions, sporting events, musical performances, restaurants, nightclubs, and theme parks. For single people and families alike, this region provides a unique opportunity for access to nature, sunshine, the ocean and entertainment, without the crime and congestion associated with other urban areas.

There are several universities and healthcare training facilities located in and around Loma Linda. Established 100 years ago, Loma Linda University (LLU) has grown into an internationally recognized center for medical, dental, behavioral, public health, and allied health training. The LLU Medical Center is located less than one mile from the VA Medical Center. Physicians, nurses, and allied health staff provide clinical, research, and teaching services in both places. The University of California, Riverside is currently developing a School of Medicine. The neighboring community of Redlands is home to a private undergraduate university. California State University, San Bernardino provides excellent undergraduate training in psychology and human development.