



Clinical Psychology Post-Doctoral Residency Posttraumatic Stress Disorder and Integrated Care and Behavioral Medicine Focus Areas

VA Northern California Health Care System
150 Muir Road, Martinez CA, 94553
(925) 372-2521, <http://www.northerncalifornia.va.gov/>

PROGRAM OVERVIEW

Thank you for your interest in our APA-accredited clinical psychology post-doctoral residency. On behalf of all our training staff, I want to emphasize how much we enjoy training psychology practicum students, interns, and post-doctoral residents. Teaching and learning with those who will soon be our colleagues is a highlight of our professional work.

Our program is designed to produce psychologists able to thrive in a complex healthcare environment such as the VA and engage in the many activities psychologists perform in these settings. We have two separate focus areas: Integrated Care and Behavioral Medicine and Posttraumatic Stress Disorder (PTSD). We will be selecting two residents for the Integrated Care and Behavioral Medicine track and one for the PTSD track.

Residents provide a range of clinical services in multiple settings on our campus in Martinez. Residents will develop leadership skills in the interprofessional teams that provide clinical care to the Veterans we serve. A strong emphasis is placed on providing supervision and training to practicum students, interns, and professional staff. Residents have multiple opportunities to provide supervision and training under close faculty supervision.

Diversity in its many forms is a central value and focus of our training program. Individual and cultural diversity is emphasized during orientation, seminars, supervision, and case consultation. In addition, interns and postdocs participate in and help develop programming for our monthly DEI meeting, which includes didactics, journal club, large and small group experiential exercises, and case presentations. Our staff and trainees participate in Tri-VA DEI meetings along with those from VA Palo Alto and VA San Francisco, fostering regional collaboration and networking. In 2021, our training program was competitively awarded an APPIC "Call to Action on Equity, Inclusion, Justice, and Social Responsibility" grant to develop training tools for combatting systemic racism, inequality, and health disparities. Led by then post-doctoral resident Dr. Delmira Monteiro and Mental Health DEI Lead and Behavioral Medicine Psychologist Dr. Larry Burrell II, we designed and implemented a four-part experiential didactic series, "Dialogues About Race", with our trainees; this training continues to serve as a foundation at the start our training year. These [written and video-recorded materials](#) have been disseminated nationally to support other training programs in this essential work.

Our supervisors are committed to excellence in training and include diverse professionals with an impressive list of accomplishments. Several faculty are trainers and consultants in VA rollout trainings in evidence-based practices (e.g., CBT-I, CBT-CP, MI). Many have leadership

and administrative roles within the health care system and are involved in national professional activities and organizations. As such, there is considerable opportunity to develop skills in administration and program evaluation. Residents will complete an administrative project that will provide important learning experiences and enhance competitiveness on the job market.

Working in VA Northern California's diverse settings fosters the advanced and specialized competencies required to successfully launch a career as a psychologist and leader in complex healthcare systems. Our graduates have gone on to flourish in VA, university medical centers, health maintenance organizations, and other settings. We take great pride in the professional development of our residents, who have consistently reported high satisfaction with their training experiences and the support they received during their training year. It is telling that several supervisory staff were once interns and/or post-doctoral fellows in our program!

Regarding COVID-19, our system and training program continue to be guided by several principles: employee/trainee safety, maintaining accessible and cutting-edge care for Veterans, excellence in training, and flexibility. Like staff, our trainees have access to vaccinations, boosters, testing, and appropriate personal protective equipment through our system. At the time of this writing, VA Northern California does not require staff or Veterans to wear masks outside of care settings where Veterans may be immuno-compromised (e.g., inpatient Community Living Center, certain medical clinics); staff/trainees wear masks when asked to do so by Veterans, when working with medically at-risk patients, if they have had a recent exposure but are asymptomatic, or based on personal health/choice. Policies and practices are subject to change based on guidance/decisions by national and local public health officials.

Given expansions in telehealth care delivery and telework career options, we support some telework by our trainees. These decisions are based on clinical setting, patient preferences and care needs, and trainee competence and readiness. We believe that face-to-face training and care continue to be the foundation of our profession and highly value the skills, professional socialization, and community-building that in-person training facilitates. Our trainees are assigned VA laptop computers and receive training in software and best practices for telehealth and tele-supervision. Our 2023-2024 trainees started the year fully on-site and, depending on their rotations, will blend in up to a few days per week of telework as the year progresses. We will continue to collaborate to balance face-to-face and virtual treatment-delivery and training to maximize quality clinical services and training, while adhering to national accreditation standards and state Board of Psychology supervision requirements.

While we cannot describe with precision how public health considerations will impact the 2024-2025 training year, we are certain of several things. First, the physical and emotional well-being, safety, and professional development of our trainees will continue to be a top priority. Second, all interview activities will be conducted virtually, with the goal of giving applicants as much of an "in-person" feel of our site as possible. Third, although the populations we treat and the services we provide will not change, there will continue to be significant use of tele-health in our clinical care and training experiences. Finally, we will continue to foster the same transparent, accessible, responsive, and cohesive (with supervisors, trainees, and providers from other disciplines) learning environment that has been the hallmark of our training program.

Thanks again for considering our residency. We hope this brochure is helpful in your decision-making about the application process. Let us know if we can answer any additional questions.



Matthew Cordova, Ph.D., Psychology Training Director
(925) 372-2521, Matthew.Cordova@va.gov

ACCREDITATION STATUS

The Clinical Psychology Post-Doctoral Residency is accredited by the Commission on Accreditation of the American Psychological Association. Our next site visit will be in 2030.



The [APA Office of Program Consultation and Accreditation](#) can be reached at:

American Psychological Association
750 First St. NE
Washington DC 20002-4242

Phone: (202) 336-5979
Email: apaaccred@apa.org.

The program is a member of the [Association of Psychology Postdoctoral and Internship Centers \(APPIC\)](#).

RESIDENCY POSITIONS, BENEFITS, AND ELIGIBILITY

We anticipate three residency positions (two Integrated Care and Behavioral Medicine, one PTSD) for the 2024-2025 training year. Each resident receives an annual stipend of \$63,883. Our residents are provided the option to elect health insurance coverage through the VA's benefit program. Health benefits are also available to residents' dependents and married spouses, including to legally married same-sex spouses. Unmarried partners are not eligible for health benefits, even those in legal civil unions or domestic partnerships. Insurance programs can be selected from a wide array of options.

All information about VA eligibility requirements is available at <https://www.va.gov/oaa/hpt-eligibility.asp>; please read these eligibility requirements carefully prior to applying to make sure you are eligible for a VA residency, including U.S. citizenship, health requirements, background investigations, and Selective Service registration. Individuals who are born male should check their Selective Service registration status at this website prior to applying to VA residency sites: [Verify Selective Service Registration](#). The training program may be released from an agreement with a candidate not meeting all pre-employment requirements for hiring.

In addition, please note that all Psychology residents are considered temporary employees of the Department of Veterans Affairs and, as such, are subject to laws, policies, and guidelines posted for VA staff members, including for required vaccinations (e.g., influenza, COVID-19) and random drug testing (see this [document](#) for more details). There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for Psychology residents. If employment requirements change during the course of a training year, residents will be notified of the change and impact as soon as possible and options provided. The Director of Training will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

TRAINING SETTING

The residency training occurs at the Martinez VA Clinic, which sits on the traditional territory of several tribes, including the Miwok, Karkin, Me-Wuk (Bay Miwok), Muwekma, and the Confederated Villages of Lisjan. [VA Northern California Health Care System](#) (VANCHCS) forms a network of health care services for Veterans comprising outpatient clinics and inpatient services organized to provide a continuum of coordinated and comprehensive health care for

eligible Veterans throughout a vast expanse of Northern California. Additional VANCHCS outpatient clinics include Travis Air Force Base in Fairfield, Mare Island, Sacramento, McClellan, Chico, Redding, Auburn, Yreka, Yuba City, Stockton, Modesto, and Sonora. These facilities provide a comprehensive range of outpatient health care services.

Inpatient services are provided at a 120-bed Center for Rehabilitation and Extended Care (CREC) on the Martinez Campus (also known as the Community Living Center, or CLC), a 60-bed comprehensive medical center (including a 16-bed Behavioral Health Inpatient Care Unit) in Sacramento, and a 12-bed, locked inpatient psychiatric unit that is jointly managed by the Air Force and the VA in Fairfield as the result of an innovative sharing agreement with the Department of Defense (DoD). The health care system also has several specialized behavioral health programs, including a Psychosocial Rehabilitation and Recovery Center (PRRC) and a Compensated Work Therapy program.

VANCHCS spans suburban locations near major cities (Oakland, San Francisco) to rural communities (Auburn, Redding, Chico, Yreka, Yuba City, Sonora) far removed from population centers. Tele-health modalities are well-established to provide services to Veterans across our system. The program's settings provide experience with a very diverse range of patient backgrounds and presenting problems. As such, developing competency in the provision of culturally sensitive care is a major training component.

LOCATION INFORMATION



Situated in the San Francisco Bay Area, our trainees are offered a vast array of world class cultural and recreational opportunities, comfortable weather, and a rich multicultural environment. Northern California is home to Yosemite National Park, Lake Tahoe, the Sierra Nevada Mountain Range, Pacific beaches, and the wine country of Sonoma and Napa counties. Psychology training in our region is

enhanced by the close proximity to major research universities (UC Berkeley, UC San Francisco, Stanford, UC Davis) and the VA facilities in San Francisco and Palo Alto. Trainees typically have the opportunity to attend training workshops at the neighboring VA facilities.

While the cost of living in the San Francisco Bay Area is high, the East Bay is relatively more affordable and residents have been able to find affordable housing in communities convenient to Martinez. Residents have often elected to live in the Oakland/Berkeley area, the Walnut Creek/Martinez/Pleasant Hill/Concord area, or San Francisco. A few trainees have commuted from the San Francisco Peninsula (e.g., Palo Alto), although that is more challenging due to distance and traffic.



INTEGRATED CARE AND BEHAVIORAL MEDICINE FOCUS AREA

Training for the Integrated Care and Behavioral Medicine focused residency takes place in the Primary Care Clinic, the Behavioral Medicine Clinic, and the CLC/CREC. In addition to general Primary Care, the Martinez outpatient clinic offers a number of specialty services, such as Women's Health, Neurology, Pain Medicine, Nutrition, GI, Physical Therapy, Pharmacy, Urology, Oncology/Hematology, Audiology, Infectious Disease, and Ophthalmology. Martinez providers collaborate closely with other VANCHCS sites, providing access to a comprehensive range of inpatient and outpatient services. The Primary Care-Mental Health (PCMHI) team consists of behavioral health providers (psychologists, nurses, and psychiatric nurse practitioners) embedded with the rest of the health care team. Psychologists provide immediate, interprofessional consultation,

assessment, and brief treatment. Dr. Ava Le is the PCMHI supervisor. The Behavioral Medicine Clinic provides specialized services targeting management of various health conditions (e.g., chronic pain, sleep disorders, cancer, diabetes), health behavior change, and pre-transplant, pre-surgical, and gender-affirming care evaluations. Drs. Crystelle Egan, Larry Burrell, Madison Bailey, and Matthew Cordova serve as the primary supervisors for Behavioral Medicine. In the CLC/CREC, services focus on consultation-liaison, assessment, and intervention with complex patients on several inpatient units. Dr. Melanie Ropelato is the supervising Psychologist in the CLC/CREC.

PTSD FOCUS AREA

The PTSD focus resident works within the PTSD clinical team (PCT). The PCT is an interdisciplinary team consisting of psychologists, social workers, psychiatric nurse practitioners, psychiatrists, and peer specialists located at Martinez Outpatient Clinic and Sacramento VA Medical Center. The PTSD resident will provide services at the Martinez location, but will participate in interdisciplinary consultation across both sites. PCT providers offer specialty services for Veterans of all eras, including Vietnam, Desert Storm, Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn. Services are provided to Veterans who present with diverse trauma histories, including but not limited to combat trauma, military sexual trauma, other military-related trauma, and occasionally non-military related trauma (e.g., childhood abuse). Veterans frequently present with co-occurring conditions including substance use, depression, history of traumatic brain injury, and physical health concerns, thus requiring the resident to engage in frequent interdisciplinary consultation and collaboration. The resident will be involved in providing evidence-based assessment and treatment to Veterans with PTSD, with an emphasis in Cognitive Processing Therapy, and Prolonged Exposure. PCT supervision is provided by Drs. Olivia Chang, Lindsey Pepper, and Rebecca Chandler.

PSYCHOLOGY TRAINING IN VANCHCS

The VANCHCS has had an APA-accredited doctoral psychology internship program in Martinez since 1977. We have five full-time funded intern positions. Internship training occurs at the Martinez Outpatient Clinic and at David Grant Medical Center in Fairfield. A separate internship with four funded slots is located in the Sacramento facility; the first class started in 2018 and the program achieved full APA Accreditation in 2020. Themis Yiaslas, Psy.D., is the Training Director of the Sacramento VA internship.

The VANCHCS Neuropsychology postdoctoral residency has been in existence for many years and received APA accreditation in 2009. There are four postdoctoral residents funded through VA Central Office. Two residents are based primarily in Martinez and two are based primarily in Sacramento. Additional training sites include UC Davis and David Grant Medical Center. Over \$15 million worth of federally funded neuropsychological research occurs on the Martinez campus and this is an integral part of the scientist-practitioner training program. The program has a unique strength in cognitive rehabilitation training. Brigid Rose, Ph.D., ABPP-CN, is the Director of the Neuropsychology Postdoctoral Residency Program.



There are graduate student practicum programs at the Martinez and Sacramento sites. These programs are based on formal training agreements with local Psychology graduate programs. The students work in several different settings, including the Behavioral Health Interdisciplinary Program, Psychosocial Rehabilitation, Cognitive Rehabilitation, Substance Abuse, and inpatient psychiatry. The resident will have the opportunity to work with and to provide clinical supervision to practicum students and doctoral interns.

TRAINING AIM AND COMPETENCIES

The aim of the training program is to produce graduates with both a broad range of general skills as a clinical psychologist and a particular expertise in the application of psychological assessment and treatment skills in complex medical settings. The graduate will be able to serve in a range of capacities within the field of professional psychology but will be specifically qualified for work in the VA or other care delivery systems within the specific program focus area. The graduate will be expected to function at the level of a newly licensed psychologist and effectively serve on a diverse range of interprofessional teams. The graduate will have unique expertise in treating culturally diverse populations. The program provides sufficient postdoctoral supervised professional experience to meet requirements for licensure as a Psychologist in California and other jurisdictions. The [California Board of Psychology](#) requires that several courses are completed prior to licensure. The trainee has free access to most of these courses through arrangements with other local VA facilities. The trainee is granted training leave time to take the rest of these courses from private vendors, if needed.

The program is based on a training model that emphasizes evidence-based treatments, quantitative evaluations of interventions, and continual appeal to the research literature to develop clinical services. While residents are not required to engage in basic research and the residency focuses on clinical skill development, the program develops competencies in utilizing research and data collection to inform clinical work and program development.

Program objectives involve competency development in nine broad areas:

1. Research
2. Ethical and Legal Standards
3. Individual and Cultural Diversity
4. Professional Values, Attitudes, and Behaviors
5. Communication and Interpersonal Skills
6. Assessment
7. Intervention
8. Supervision and Teaching
9. Consultation and Interprofessional/Interdisciplinary skills

While these competencies are broadly applicable in professional psychology, the training setting emphasizes skill development in service delivery within the specific focus areas. Examples of specific applications of these competencies include: collaborating with health care professionals in primary care and specialty medical clinic settings, evidence-based behavior change strategies (e.g., motivational interviewing), specialized interventions for medical settings (e.g., pain management), program development and evaluation skills related to integrated care and PTSD treatment delivery, provision of supervision, and teaching psychologists and other health care professionals.

REQUIREMENTS FOR COMPLETION

Residents are continually evaluated on the competencies listed above. Formal ratings of specific competency acquisition are completed during midyear and end-of-year evaluations. Residents must be rated at an "independent level of competency" (corresponding to 6 on the 7-point rating scale) on all of the rating items by the end of the residency in order to meet criteria for successful completion of the program. They must be rated at an "advanced level of competency" (corresponding to 5 on the 7-point rating scale) on all of the items on the midyear summative evaluation to be considered in good standing in the program. Progress is assessed frequently during the program and residents will be provided with continual feedback (and opportunities for remediation if needed) in order to help shape successful development. In addition to the written evaluations described above, residents receive written "mid rotation"

feedback three months after starting the residency and then again three months after starting a new clinical experience (e.g., rotations in the second term).

RESIDENCY STRUCTURE AND CLINICAL ACTIVITIES

The residency generally starts mid-August and lasts for a full calendar year. Residents work from 8:00 a.m. - 4:30 p.m., Monday through Friday. The residency is designed to involve 40 hours per week though occasionally additional time might be necessary to complete clinical tasks. Residents will be engaged in multiple activities at the Martinez facility. Residents will function on a variety of interprofessional teams in a variety of specific roles. Each resident will spend approximately 20-25 hours per week engaged in direct provision of professional psychological services.

INTEGRATED CARE AND BEHAVIORAL MEDICINE FOCUS AREA

The resident will gain experience conducting consultation, assessment, and intervention in three care settings: integrated Primary Care, specialty Behavioral Medicine, and inpatient consultation-liaison (CLC/CREC). Depending on their training and professional goals, residents will choose a major rotation (half-time for the whole year) in either Behavioral Medicine or the CLC/CREC and minor rotations (half-time for six months each) in the other two settings (PCMHI and either Behavioral Medicine or CLC/CREC). Across these rotations, they will gain breadth and depth of experience critical to the mission of prevention, health promotion, and chronic disease management.

Specific activities include:

- Implementation of evidence-based/supported individual intervention practices, such as CBT, ACT, Motivational Interviewing, and skills-based approaches (e.g., stress management, pain management, CBT for insomnia) targeting behavior change to promote physical and mental health.
- Co-facilitation of interdisciplinary group programs for health conditions (e.g., chronic pain, insomnia, tinnitus, weight management, amputation).
- Participation in the Co-Disciplinary Pain Clinic, a twice-monthly interprofessional assessment and intervention setting staffed by a Pain Medicine physician, a physical therapist, and a Behavioral Medicine psychologist. Same-day co-assessments are also conducted with the Pain Medicine physician on request.
- Pre-surgery psychosocial assessments for transplant (e.g., lung, kidney, liver, stem-cell) and bariatric surgery. Pre-gender affirmation surgery/treatment psychological assessments are also available.
- Consultation and treatment planning with inpatient interdisciplinary team consisting of a physician, a nurse practitioner, nurses, rehabilitation therapists (e.g., physical, occupational, speech, and recreation therapists), chaplains, and other specialty providers.
- Inpatient psycho-diagnostic assessment; brief, problem-focused psychotherapeutic intervention; patient and family psychoeducation (e.g., regarding pain and/or sleep management); brief cognitive screening and capacity evaluation; and, on the hospice unit, end of life emotional support.
- Educating inpatient treatment team about how a patient's medical condition might be influencing an underlying mental health diagnosis, and vice-versa. Acting as a resource for medical staff by providing behavioral support recommendations when challenging behavior from dementia or treatment non-adherence interferes with patient recovery.
- Behavioral health consultation in Primary Care according to the Co-located, Collaborative Care Model.
- Provision of same-day/as needed access to mental health assessment and treatment services for Veterans in Primary Care.

- Consultation to Primary Care providers and other specialists related to management of behavioral health concerns in a medical setting, chronic disease management, and utilization of behavior change strategies related to improving medical outcomes.
- Psychoeducational lectures to specific groups of care providers and patients (e.g., stress management education for patients with diabetes, managing PTSD in a medical setting for nurses).
- Development of an independent project related to improving clinical care, such as implementation and evaluation of a clinical program, interdisciplinary trainings, development of a treatment manual, etc.
- Provision of supervision and didactic presentations to other psychology trainees.

PTSD FOCUS AREA

The resident serving in the PTSD focus area will be involved in providing education, assessment, and evidence-based treatment for Veterans with PTSD. A primary aim of this residency is to administer advanced clinical training in the treatment of PTSD, with the goal that residents will be able to competently assess and treat a broad range of veterans with PTSD when the residency is complete. Veterans served within this residency present with diverse demographics (e.g., ethnic backgrounds, sexual orientation) and a variety of trauma types including combat, military sexual trauma, military training accidents, childhood physical and sexual abuse, first response/law enforcement, and more. Residents receive extensive training in providing treatments consistent with the VA/DoD Clinical Practice Guidelines for the assessment and treatment of PTSD. In addition, the resident may have the opportunity for advanced training in specific sub-populations including military sexual trauma, co-occurring substance use disorders, co-occurring physical health conditions (e.g., chronic pain), and more. A secondary aim of this residency is to provide training in other domains of practice consistent with a VA PTSD psychologist, including supervision, administration, teaching, and consultation. The resident will receive intensive training in the Clinician Administered PTSD Scale for *DSM-5* (CAPS-5), Cognitive Processing Therapy, and Prolonged Exposure. Additional training may involve facilitating Written Exposure Therapy (WET) for PTSD, Concurrent Treatment of PTSD and Substance Disorders Using Prolonged Exposure (COPE), and Eye Movement Desensitization and Reprocessing (EMDR), depending on the resident's training needs and goals. Residents also develop strong consultation skills by participating in interdisciplinary treatment team meetings and collaborating with mental and physical health practitioners.

In addition, the resident will have the opportunity to participate in mini-rotations (e.g., one day per week) in clinical settings adjacent to the PTSD focus area. These settings may address problems commonly comorbid with PTSD (e.g., chronic pain, sleep disorders, substance misuse), deliver a different level of care for PTSD (e.g., inpatient), or provide complementary treatment approaches for PTSD (e.g., DBT). Based on resident training and professional goals and supervisory resources, mini-rotations may be conducted in Behavioral Medicine, Substance Abuse, Psychosocial Rehabilitation, Neurocognitive Rehabilitation, Behavioral Health Interdisciplinary Program, and Inpatient Psychiatry at David Grant Medical Center.

Specific activities include:

- Gold-standard PTSD assessments utilizing the CAPS-5; assessments will focus on a wide range of clinical presentations and frequently entail consultation with referring providers, differential diagnosis, and feedback to the Veteran, the Veteran's family member(s), and staff.
- Providing trauma-focused therapy to Veterans with PTSD (or subthreshold PTSD symptoms), with specific emphasis on PE, CPT, COPE and WET. These therapies will be conducted in person and via telehealth (where Veterans may be seen from another VA outpatient clinic or from their home).

- Residents may also have the opportunity for training in Acceptance and Commitment Therapy (ACT) and Imagery Rehearsal Therapy (IRT) for Veterans with PTSD and/or depression.
- Residents are expected to take the lead in routine consultation and collaboration with mental health providers in treatment team meetings, consultation calls, and as part of regular day-to-day clinical practice. Residents will interact with Primary Care and other physical health providers (e.g., speech therapy, recreation therapy) to facilitate a holistic, recovery-oriented approach to PTSD treatment.
- Supervision training will include training in providing general psychotherapy supervision to practicum student(s) and PTSD-specific supervision to psychology interns. The resident may also be involved in administrative aspects of a training program, such as practicum student selection process and training didactics.
- Residents will have multiple teaching and presentation opportunities through the year, including PTSD-specific trainings (e.g., leading a half-day workshop in PE), presentations for interdisciplinary mental health staff, psychoeducational outreach lectures to specific groups of providers or patient populations, leading intern and practicum student didactics, etc.
- Development of an independent administrative project related to improving clinical care, such as implementation and evaluation of a clinical intervention, program evaluation using PTSD clinic data, interdisciplinary trainings, development of a treatment manual, etc.
- Mini-rotations in areas adjacent to the PTSD focus area, as described above.

SUPERVISION

The resident receives training that is graduated in complexity and autonomy based on continual assessment, starting with a preliminary self-assessment. The resident receives two or more hours of individual supervision and at least four hours total supervision per week. Training initially emphasizes didactic and observational learning with an increasing emphasis on autonomous practice as competency is demonstrated. A formalized training plan will be developed at the beginning of the year based on the above-stated competencies.

DIDACTIC INSTRUCTION

Residents participate in a weekly seminar that rotates between separate focus-area specific sessions and broadly applicable seminars attended by all residents. The residents may also attend specific seminars with the predoctoral interns and Neuropsychology residents as indicated by the individual training plan. This includes seminars on specific clinical topics, as well as seminars on cultural diversity, ethics, professional development, case consultation, resident project development, and other topics associated with general practice in professional psychology. Supervision includes didactic instruction regarding psychosocial aspects of various medical conditions and intervention approaches, philosophy and specific skills related to working in interprofessional medical and/or PTSD clinical teams, and ethical/legal and professional development issues specific to the focus area setting. Local continuing education seminars are also available and the program's location in the San Francisco Bay Area allows for a wealth of additional available educational opportunities, including programs at the San Francisco and Palo Alto VA facilities.

OPPORTUNITIES FOR RESEARCH/PROGRAM EVALUATION/PROGRAM MANAGEMENT

While the program does not emphasize basic research, the resident receives training in quantitative techniques for developing and evaluating programs. The resident is required to engage in data collection and analysis related to the psychological intervention services they provide. An administrative project related to program development or evaluation is required; planning and implementation of this project are guided by the resident's interests and training goals, in consultation with the primary supervisors and training director. Examples include implementation and evaluation of a clinical program, development of an interdisciplinary training, or development of a treatment manual. Residents also have opportunities to gain

experience in systems and management issues (e.g., managing patient flow, adherence to performance measures).

TRAINING IN SUPERVISION

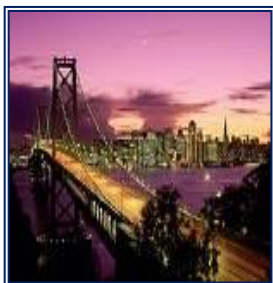
The resident receives experience delivering clinical supervision to practicum students training at the Martinez facility. This experience is supervised and the resident is provided with formalized instruction and guidance to help build this competency area. Readings from the clinical supervision literature and didactic presentations on supervision are also included in the ongoing seminar series attended by residents.

TEACHING

The resident is provided with multiple supervised teaching experiences. This includes presentations to staff members in different multidisciplinary clinical teams, during the seminar, and during continuing education workshops. The resident also presents to practicum students and interns.

FACILITY AND TRAINING RESOURCES

Residents are provided office space for all clinical rotations and activities. Residents are issued VA laptop computers and have access to the computer network for clinical and professional development needs. All medical record charting in the VA is done on the Computerized Patient Record System (CPRS). The training program maintains a shared folder on the network which holds a large collection of clinically-relevant professional resources, research articles, patient handouts, and other documents designed to facilitate professional development. VA Northern California has an excellent virtual medical library, and residents have access to online databases and search help from the librarian. Access to statistical software is available.



TRAINING STAFF

PRIMARY SUPERVISORS - INTEGRATED CARE AND BEHAVIORAL MEDICINE

Madison Bailey Psy.D. (she/her/hers)

Staff Psychologist, Behavioral Medicine, Martinez Outpatient Clinic
Psy.D., Clinical Psychology, California Lutheran University, 2021

Internship: VA Maine Healthcare System, Togus, Augusta, ME

Postdoctoral Fellowship: VA San Francisco Health Care System, San Francisco, CA

Professional Interests: Behavioral medicine; integrated care; health behavior change; transplant psychology; behavioral weight management and bariatric psychology; impacts of trauma on physical health; LGBTQ health; ACT; mindfulness based interventions; biofeedback; telehealth; promoting health equity; teaching; program development and evaluation.

Favorite Pastimes and Bay Area Activities: Exploring all of Nor Cal's beautiful outdoor spaces in any season; open water swimming in Tahoe, snowshoeing Yosemite, trail running and mountain biking in the Santa Cruz Mountains are of my favorites at the moment. Discovering new and amazing food from different cultures, farmers markets, coffee shops, and wineries. Going to the Monterey Bay Aquarium. Watching Chicago Bears and the New York Yankees. Road tripping to National Parks with my partner.

Larry Burrell, Ph.D. (he/him/his)

Staff Psychologist, Behavioral Medicine, Martinez Outpatient Clinic

Deputy Program Manager, Integrated Care

Ph.D., Clinical and Health Psychology, University of Florida, 2018

Internship: VA Palo Alto Health Care System, Palo Alto, CA

Postdoctoral Fellowship: VA San Francisco Health Care System, San Francisco, CA

Professional Interests: Evidence-Based Practice; integrated care; Behavioral Medicine; health psychology; racial/ethnic minority mental health; sexual functioning; LGBTQ health; DBT; health equity research.

Favorite Pastimes and Bay Area Activities: Brunch at various Bay Area locales, concerts, and spending time with friends. I also enjoy travel, especially internationally. After living in Atlanta, Baltimore, Gainesville, FL and SF proper, I'm very happy to call the East Bay home!

Matthew Cordova, Ph.D. (he/him/his)

Mental Health Training Program Manager, VA Northern California Health Care System

Training Director, VA Northern California Health Care System-East Bay

Staff Psychologist, Behavioral Medicine, Martinez Outpatient Clinic

Professor, Palo Alto University

Ph.D., Clinical Psychology, University of Kentucky, 1999

Internship: VA Palo Alto Health Care System, Palo Alto, CA

Postdoctoral Fellowship: Stanford University, Dept Psychiatry and Behavioral Sciences, Stanford, CA

Professional Interests: Behavioral Medicine; primary care psychology; behavioral pain management; psychosocial oncology; traumatic stress; positive psychology; interpersonal process.

Favorite Pastimes and Bay Area Activities: Watching the Warriors, Giants, and 49ers, time with family and our 7-lb morkie (Jumbo), boba tea. Get-aways to Monterey, Yosemite, Davis, and Gold Country.

Crystelle Egan, Ph.D. (she/her/hers)

Staff Psychologist, Behavioral Medicine, Martinez Outpatient Clinic

Ph.D., Clinical Psychology, University of Rhode Island, 2010

Internship: VA Northern California Health Care System, Martinez, CA

Postdoctoral Fellowship: VA San Francisco Health Care System, VA Connecticut Health Care System

Professional Interests: Behavioral medicine; integrated care; behavioral pain management; health behavior change; CBT-I; chronic kidney disease; older adult substance misuse; program development and evaluation; interpersonal process.

Favorite Pastimes and Bay Area Activities: Listening to live music (there is so much here in the Bay Area!), hiking (from trails close to work and home to Pt. Reyes), yoga, and supporting small local theater. As a Bay Area native, I enjoy the many new surprises this area offers as well as my numerous old favorites.

Ava Le, Psy.D. (she/her/hers)

Staff Psychologist, Primary Care Mental Health Integration (PCMHI), Martinez Outpatient Clinic

Psy.D., Clinical Psychology, University of Indianapolis, 2018

Internship: Illinois Department of Juvenile Justice, St. Charles, IL

Professional Interests: Correctional psychology; forensic psychology; psychopathy; Acceptance and Commitment Therapy; positive psychology; brief therapy; suicide prevention; mindfulness interventions

Favorite Pastimes and Bay Area Activities: board games, hiking (especially to waterfalls), biking, kayaking, whitewater rafting in summer, snowboarding in winter, painting, tea tasting, weekend farmers' markets, cultural festivals, browsing bookstores, sightseeing and exploring California's beautiful beaches and cities.

Melanie Ropelato, Ph.D. (she/her/hers)

Staff Psychologist, Center for Rehabilitation and Extended Care, Martinez

Ph.D., Clinical Psychology, Palo Alto University, 2009

Internship: VA North Texas Health Care System, Dallas, TX

Postdoctoral Fellowship: Providence Little Company of Mary Medical Center, San Pedro, CA

Professional Interests: Geriatrics; adjustment to disability; chronic illness; rehabilitation psychology; health psychology; interdisciplinary collaboration; whole person care.

Favorite Pastimes and Bay Area Activities: Family time including going to Six Flags, playing board games and watching my children participate in adorable sports. I am on the PFC board of our local school and am active in volunteering. In the summer, we go to beaches and activities in Santa Cruz and Monterey, as well as hit up the plethora of local fairs and festivals in the East Bay area and beyond. My personal interests include going to the gym and reading, as well as a small addiction to the game Hungry Shark!

PRIMARY SUPERVISORS - PTSD

Rebecca Chandler, DPhil, Psy.D. (she/her/hers)

Staff Psychologist, PTSD Clinical Team, Martinez Outpatient Clinic

DPhil, Psychiatry, University of Oxford, 2011

Psy.D., Clinical Psychology, Alliant International University, 2016

Internship: VA Northern California Health Care System, Martinez, CA

Postdoctoral Fellowship: VA Northern California Health Care System, Martinez, CA

Professional Interests: PTSD and traumatic stress; individual psychotherapy; telehealth; mood disorders; anxiety disorders; substance use; evidence-based practice; diagnostic assessment; program development.

Favorite Pastimes and Bay Area Activities: Pilates, hiking, spending time with friends, reading, and discovering new restaurants, coffeeshops, and neighborhoods in the Bay Area.

Olivia Chang, Ph.D. (she/her/hers)

Staff Psychologist, PTSD Clinical Team, Martinez Outpatient Clinic

Ph.D., Clinical Psychology, University of Kansas, 2009

Internship: Salem VA Medical Center, Salem, VA

Professional Interests: PTSD and traumatic stress; individual and group psychotherapy; CBT; ACT; evidenced-based practice; interpersonal process in psychotherapy.

Favorite Pastimes and Bay Area Activities: Running, hiking, live music, Kansas basketball, traveling, gardening, and spending time with friends and family. I love the easy access to San Francisco and the wide array of options for food, culture, and outdoor activities.

Lindsey Pepper, Psy.D. (she/her/hers)

Staff Psychologist, PTSD Clinical Team, Martinez Outpatient Clinic

Psy.D., Clinical Psychology, La Salle University, 2015

Internship: Louis Stokes Cleveland VA Medical Center, Cleveland, OH

Postdoctoral Fellowship: Louis Stokes Cleveland VA Medical Center, Cleveland, OH

Professional Interests: Individual and group psychotherapy; PTSD and traumatic stress; substance use disorders; CBT; DBT; evidence-based practice; coping skills; mindfulness; clinical program development; training and supervision.

Favorite Pastimes and Bay Area Activities: Spending time with family and friends, local fairs and festivals, wine tasting, cooking and discovering new restaurants (I am a proclaimed foodie), travelling, and perusing Pinterest with hopes I can create some sort of masterpiece! After living in New Jersey, Baltimore, Philadelphia, and most recently Cleveland, I'm interested in continuing to learn all that the Bay Area Has to offer!

ADDITIONAL SUPERVISORS

Dylan Athenour, Ph.D. (he/him/his)

Staff Psychologist, Addiction Recovery Treatment Services, Martinez Outpatient Clinic

Ph.D., Clinical Psychology, Seattle Pacific University, 2015

Internship: Yale University, New Haven, CT

Postdoctoral Fellowship: VA Northern California Health Care System, Martinez, CA

Professional Interests: Substance abuse; motivational interviewing; dual diagnosis treatment; CBT; harm reduction and abstinence-based approaches; individual and group Psychotherapy; evaluation for residential and outpatient treatment.

Favorite Pastimes and Bay Area Activities: Hiking, kayaking, skiing in Tahoe (winter), trips to the coast (Monterey, Santa Cruz, Big Sur, and Mendocino are some of my favorites), basically any excuse to get outdoors after work or on the weekends, and live music. I also enjoy traveling into San Francisco or Oakland for the day to explore and eat delicious food with friends/family.

Ross Melter, Psy.D. (he/him/his)

Staff Psychologist, Team Lead, Psychosocial Rehabilitation and Recovery Center (PRRC), Martinez

Psy.D., Clinical Psychology, The Wright Institute, 2012

Internship: San Bernardino County Department of Behavioral Health, San Bernardino, CA

Fellowship: VA Palo Alto Health Care System, Palo Alto, CA

Professional Interests: Evidence based psychotherapy for Veterans living with Serious Mental Illness (SMI); ACT (particularly for Psychosis and Community Integration); Social Skills Training (SST) for Schizophrenia; internalized stigma reduction; concealable disabilities; self-advocacy; recovery model dissemination.

Favorite Pastimes and Bay Area Activities: Running, hiking, spending time with family/friends/pets, going to live music and sporting events. My favorite part about living in the bay area is likely the East Bay Regional Parks system. Recent interests that may or may not stick include gardening, paddle boarding, and obscure cooking projects.

James J. Muir, Ph.D. (he/him/his)

Staff Clinical Neuropsychologist, Center for Integrated Brain Health and Wellness, Center for Rehabilitation and Extended Care, Martinez

Ph.D., Clinical Psychology, Georgia State University, 2002
Internship: University of Arizona, Tucson, AZ
Postdoctoral Fellowship: UC Davis Medical Center and VA Northern California Health Care System

Professional Interests: Neuropsychology and assessment; cognitive rehabilitation; psychotherapy and behavioral management; holistic approaches to care; traumatic brain injury; PTSD and polytrauma, adjustment to disability; degenerative disorders of aging; training and supervision; research into mindfulness-based interventions and development of new and novel therapy techniques.

Favorite Pastimes and Bay Area Activities: Water and snow sports; woodworking, construction and period-correct home restoration; music enthusiast in all genres; restoration of vintage guitars.

Brigid Rose, Ph.D., ABPP-CN (she/her/hers)

Program Manager, Neuropsychology and Cognitive Rehabilitation Program
Training Director, Clinical Neuropsychology Postdoctoral Residency Program
Staff Clinical Neuropsychologist, Neuropsychology, Martinez Outpatient Clinic
Ph.D., Clinical Psychology, Loyola University Chicago, 2005
Internship: VA Palo Alto Health Care System, Palo Alto, CA
Postdoctoral Fellowship: VA Northern California Health Care System, Martinez, CA

Professional Interests: Neuropsychological assessment and capacity determination; geriatric and rehabilitation psychology; adjustment to disability; dementia care; hospice/end of life care; management of challenging dementia-related behavior.

Favorite Pastimes and Bay Area Activities: Living here, I most enjoy the quick accessibility to the Sierra Nevada mountain range; every summer I make several trips to the mountains for lakeside camping and hiking. I also love exploring the local beach towns to the west (like Half Moon Bay or Bodega Bay) or taking a beautiful drive in the North Bay wine country. When I'm at home, I enjoy going for runs in the East Bay hills, eating frozen yogurt in the hot Concord sun, and spending time with my family.

Alexis Rosen, Ph.D. (she/her/hers)

Staff Clinical Neuropsychologist, Neurocognitive Rehabilitation, Martinez Outpatient Clinic
Ph.D., Clinical Psychology, Palo Alto University, 2019
Internship: Memphis VA Medical Center, Memphis, TN
Postdoctoral Fellowship: California Department of State Hospitals – Patton, Patton, CA

Professional Interests: Neuropsychology; neurocognitive rehabilitation; inpatient evaluation; traumatic brain injury; cerebrovascular accident; neurodegenerative diseases; serious mental illness; behavioral management; performance validity assessment.

Favorite Pastimes and Bay Area Activities: Being outdoors, especially exploring mountains and coastal cities; spending time with loved ones and pets; anything that engages my right brain, including painting, crafting, interior design, art festivals, and live music; taking advantage of Bay Area cuisine; true crime documentaries/podcasts.

Joel Schmidt, Ph.D. (he/him/his)

Associate Director, Advanced Fellowship Program
VA Office of Academic Affiliations
Ph.D., Clinical Psychology, University of Arkansas, 1994
Internship: American Lake VAMC, Tacoma, WA

Professional Interests: National Health Professions Education policy and program management, use of technology in training; supervision training; facilitating professional development.

Favorite Pastimes and Bay Area Activities: Running, kayaking on Lake Chabot, hiking in the East Bay Hills, family bike rides to the Farmer's Market.

Danielle Spangler, Ph.D. (she/her/hers)

Staff Psychologist, Behavioral Health Interdisciplinary Team, Martinez Outpatient Clinic
Ph.D., Clinical Psychology, Palo Alto University, 2018

Internship: VA Long Beach Health Care System, Long Beach, CA

Postdoctoral Fellowship: VA San Francisco Health Care System, San Francisco, VA

Professional Interests: Clinical- individual and group psychotherapy addressing a range of mental health presentations including depression, anxiety, traumatic stress; geropsychology; CBT, ACT, mindfulness, coping skills/stress management, and values-based interventions; Research- suicide assessment, intervention, and prevention; developing online interventions.

Favorite Pastimes and Bay Area Activities: Eating good food, being outdoors (hiking, camping, going to lakes and beaches, taking my dog to Fort Funston), spending time with family/friends, going to sports games (Giants, Warriors, 49ers!), and taking day/weekend trips in Northern California/Nevada.

Bill D. Steh, Ph.D. (he/him/his)

Staff Psychologist, David Grant Medical Center/Travis Air Force Base

Ph.D., Clinical Psychology (Neuropsychology track), California School of Professional Psychology, Fresno, 2000

Internship: Oak Forest Hospital of Cook County, Oak Forest, IL

Postdoctoral Fellowship: UCLA Neuropsychiatric Institute & Hospital, Los Angeles, CA

Professional Interests: Neuropsychological and psychodiagnostic assessment; psychology training; inpatient mental health; effects of mood and personality disturbances on cognitive functioning; med-legal and forensic psychology.

Favorite Pastimes and Bay Area Activities: Family time, coaching youth baseball & softball, Giants/Warriors/49ers/Sharks, working out, trail running, reading, melodic rock.

Program Tables – Admissions, Support, and Placement Data

Date Program Tables are updated: 9/4/2023

Program Disclosures	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
Postdoctoral Program Admissions	
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:	
<p>We are seeking applicants with strong clinical skills and a solid scientific knowledge base interested in pursuing advanced training in a complex health care system, specifically related to the focus areas of PTSD or Integrated Care/Behavioral Medicine.</p> <p>Selection Process Members of our Postdoctoral Residency Training Committee, composed of psychologists involved in training, review applications. Applicants may seek consideration for one or both focus areas. When reviewing applications, members of the selection committee consider the following: (1) Breadth and quality of prior training, both broadly and related to the focus area to which the applicant is applying, (2) Statement of interest in the specific components of this training program as they relate to the applicant’s training and professional goals (3) Strength of letters of recommendation, and (4) Evidence of a clear, thoughtful, and meaningful writing style in application materials. Our program particularly values diverse experiences and backgrounds, which we see as the building blocks of a rich training environment. The VA Northern California, in which our training program resides, is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we select candidates representing different kinds of programs and theoretical orientations, geographic areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. See also “Application and Selection Procedures” below.</p>	
Describe any other required minimum criteria used to screen applicants:	
Applicants must meet the following prerequisites to be considered for our postdoctoral training program:	

<ol style="list-style-type: none"> 1. Applicants must be candidates in (or have completed) an APA, CPA, or PCSAS accredited doctoral program in clinical or counseling psychology. 2. Prior to the start of the residency, they must have completed an APA or CPA accredited internship program, and all requirements necessary for completion of their Ph.D. or Psy.D. Written verification of program completion from the program must be submitted prior to the start of the program. 3. U.S. citizenship. 4. Matched postdoctoral residents are subject to fingerprinting, background checks, and a urine drug screen. 5. Male applicants born after 12/31/1959 must have registered for the draft by age 26 <p>*** Failure to meet these qualifications could nullify an offer to an applicant.</p>	
Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Residents	\$63,883
Annual Stipend/Salary for Half-time Residents	NA
Program provides access to medical insurance for Residents?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe):	NA
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table	
Initial Post-Residency Positions	2019-2022
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	
Total # of Residents who were in the 3 cohorts	9
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=0, EP=1
Veterans Affairs Health Care System	PD=0, EP=6
Psychiatric facility	PD=0, EP=0
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=0, EP=1
Other	PD=0, EP=1

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.	
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Application & Selection Procedures

The training year begins mid-August, though this can be negotiated considering the incoming resident's internship completion date. It is a one-year, full-time program with VA benefits. We will be selecting two residents in the Integrated Care/Behavioral Medicine Focus area and one in the PTSD focus area for the 2024-2025 training year.

Application Materials

The program will use the APPIC Psychology Postdoctoral Application Centralized Application Service (APPA CAS <https://appicpostdoc.liasoncas.com/>).

Please be sure to select the correct "program" in the APPA CAS. There is one for the Integrated Care focus area, and one for the PTSD focus area. Applicants should use APPA CAS to submit the following:

1. A cover letter indicating your specific interests in our program. If you are applying for more than one of our focus areas, please be sure to describe how each position would meet your training needs. If you have any personal or family connections to our geographic region, that would also be helpful to know.
2. Curriculum vita.
3. Three letters of recommendation.
4. A letter from the graduate program director of training specifying current dissertation status and the projected timeline for completing all requirements for the doctoral degree. If you have already completed your degree, a copy of your diploma or other indication from your graduate program is acceptable.
5. A statement from the internship training director indicating good standing in the program and expected completion date (if the internship is already completed, please submit a certificate or similar documentation).
6. Graduate transcripts.

Please note: If your dissertation chair and/or internship training director are also letter writers, they can provide the required statements in their letters and a separate document is not required. Please request that the statements from your graduate program and internship clearly address your program status and expected completion date.

Application Process

All required application materials must be uploaded to APPA CAS by 11:59 PM **Eastern Standard Time**, December 11, 2023.

Please contact us at Matthew.Cordova@va.gov or (925) 372-2521 with any questions about the application process.

Selection Procedures

We have a two-part selection procedure. First, application materials will be reviewed for basic eligibility, strength of training and experience, and goodness of fit with our program. A pool of applicants will be selected for interviews.

This year, all interview components will be conducted virtually (by video/phone). For those selected to interview, an optional virtual open house will occur on the morning of Thursday, January 25, 2024. This will provide an opportunity for applicants to "see" our facilities, meet the

training supervisors and current residents, and obtain detailed information about the program. This open house will be primarily for the benefit of the applicant in making decisions about how well the program meets their training needs. Applicants who cannot participate in this open house will not be disadvantaged in the selection process.

Virtual interviews will be offered for the afternoon of Thursday January 25th or on Friday, January 26th, 2024. These interviews will be approximately 45 minutes in length with relevant members of the training committee and will involve discussions about the trainee's background and interests as they relate to the training program.

We will adhere to the [Postdoctoral Selection Standards and Common Hold Date](#) (CHD; February 26, 2024). Our goal is to make initial offers for our positions on February 5, 2024.

Selection Criteria

Applicants are evaluated based on a number of criteria, including breadth and quality of clinical training experience, academic performance and preparation, scholarship and contributions to the profession (e.g., publications, presentations, participation in professional organizations), evidence of commitment to justice, equity, diversity, and inclusion principles and activities, quality of written expression, progress on dissertation or final project, attributes outlined in recommendation letters, and compatibility of training preparation and interests with the program's goals and resources. We recognize that the COVID-19 pandemic has impacted many applicants' clinical activities and research productivity and will take this into consideration in our decision-making. Given the Integrated Care/ Behavioral Medicine program's focus area, a demonstrated history of interest and experience in behavioral medicine and/or primary care will be a strong selection factor. Similarly, previous experiences and specific interest will be considered in selection for the PTSD position.

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

ADMINISTRATIVE POLICIES AND PROCEDURES

Residents receive 13 paid vacation days and up to 13 paid sick days per year. It should be noted that this leave accumulates over time (4 hours per 2 week pay period for both vacation and sick leave), so residents should not plan on taking an extended leave early in the training year. In addition to the VA leave benefits, the program allows residents to take paid professional leave for activities that facilitate the resident's professional development. Examples of such activities include: job interviews, taking licensing exams, or educational activities of interest that are not a part of the program. Requests for such leave are considered on a case-by-case basis by the Training Director and, if needed, the training committee. Residents will not be granted more than 10 days of such leave but the actual amount depends on individual circumstances and many residents will likely not need the full amount. Thus, professional leave should be considered a benefit to facilitate specific professional goals rather than a broad entitlement. There will likely be some off-site presentations that you will be encouraged to attend as part of the residency. These activities are not counted against your ten days of professional leave.

POLICY ON PSYCHOLOGY TRAINEE SELF DISCLOSURE

Consistent with the [Ethical Code of the American Psychological Association](#), psychology trainees in the VA Northern California Health Care System are generally not required to self-disclose sensitive topics (e.g., sexual history, history of abuse and neglect, psychological treatment or conditions, and relationships with parents/family members, peers, and spouses or significant others) during application to the program or during the course of training. The primary exception is in situations in which a trainee's personal problems or condition could reasonably be judged to put patient care, the trainee, or clinical and educational operations at risk. This policy is designed to balance the importance of trust and personal privacy in the supervisory relationship with the supervisor's responsibility for care of the patient and for the safety of all staff members and trainees. In cases when self-disclosure of personal information is necessary, the required disclosure is limited to circumscribed information related to managing the specific clinical, safety, or patient care concern. It should also be noted that disclosure might be included as an optional exercise in a learning experience. For example, trainees maybe invited to consider and share their cultural identities as part of the Cultural Diversity Seminar.

Privacy Policy: We will not collect any personal information about you when you visit our website.

RESIDENT EVALUATION & MINIMAL REQUIREMENTS

Residents are evaluated at the beginning of the training year for areas of training need and interest. Throughout the year, evaluation and feedback occurs through the supervisory process to aid the resident in developing the program's competencies. At the residency midpoint (in February) and again at the end of the residency (in August), a summative review of all training activities is conducted by the residency supervisors. This process allows for analysis of performance across all supervisors and training experiences. The resident provides input regarding her/his assessment of performance during this process and receives formal written feedback. Each of the training objectives is linked to specific behavioral competencies on the rating form. In order to successfully complete the program, the resident must receive a rating score indicating an "independent level of competency" on all the items during the end-of-year evaluation.

REMEDATION, DUE PROCESS, AND RESIDENT TERMINATION

The goal of the program is to successfully graduate residents into a career in clinical psychology, and the program is designed to maximize the prospect for successful completion. The evaluation process mandates early intervention if needed to provide the opportunity for corrective action and ultimately successful mastery of each competency area.

If remediation is required, a formal remediation plan is developed with clear and specific expectations and is agreed upon by the resident, supervisors, and Training Director. The Training Director is responsible to the Assistant Chief of Mental Health for Clinical Operations for carrying out the provisions of this policy as described below.

Process

- A. Supervisors are responsible for monitoring resident's progress in achieving the specific training objectives, providing timely feedback to residents, and developing and implementing specific training activities for ensuring professional growth and development. Supervisors are responsible for communicating about resident's performance to the Training Director and other primary supervisors.
- B. Residents are responsible for adhering to training plans.

- C. Progress and performance within the residency program is monitored continuously using both informal and formal evaluation processes. Supervisors provide the first line of feedback to residents about performance and identify areas requiring additional growth. Supervisors and residents agree on training opportunities and experiences to meet the program's and resident's objectives.
- D. The resident's progress is tracked monthly by the primary supervisors, who discuss the resident's progress as a group during a monthly conference call.
- E. When specific training competencies do not seem to be adequately developing as a result of the routine and ongoing supervisory feedback, the supervisor consults with the Training Director and other training staff to develop a specific remediation plan. This plan includes specific learning tasks and timelines for completion. The timelines are developed such that the adequacy of task completion can be assessed rapidly. The remediation plan is discussed with the resident, who has opportunities for input. The plan is provided in written form to the resident.
- F. Performance on the remedial plan items is assessed frequently. If performance is not adequately improving after one month, the resident may be placed on academic probation for a period of one to three months. During this time, heightened oversight and assessment of the resident's performance occurs and significant effort is made to help the resident remediate. The resident is provided with written feedback regarding whether the remediation plan items have been adequately resolved.
- G. If the resident has progressed satisfactorily after the probationary period, the resident will be formally re-instated. If performance has not sufficiently improved, but the resident is making progress, the probationary period may be extended. If the resident fails to progress, termination from the program may be considered. The resident is provided with written feedback regarding their performance as it relates to probationary decisions.
- H. Formal actions (academic probation or dismissal) must be agreed upon by a majority of a body that includes the Training Director, primary supervisors, and at least two consultants selected from the VA Northern California Psychology training staff. Prior to any vote on formal actions, the resident is afforded the opportunity to present their case before the training body that will be deciding the resident's status (see also Grievance Policy, section F above). The resident may invite a staff member of their choice to provide advocacy and emotional support.
- I. Concerns of sufficient magnitude to warrant formal action include but are not limited to: incompetence to perform typical psychological services in a clinical setting; violations of the ethical standards for psychologists; illegal acts; or behavior that hampers the resident's professional performance.

RESIDENT FEEDBACK

Residents are encouraged to provide feedback about the program through multiple formats. Supervision provides the opportunity for regular, weekly communication with the primary supervisors. The resident also has regular contact with the program Training Director. This communication includes the resident's ongoing perceptions of the program elements, how the residency is meeting the resident's training needs, and suggestions for program improvement. During the midyear and end-of-year evaluations, residents are asked to provide written feedback that is used for program improvement.

RESIDENT GRIEVANCE PROCESS

It is the training program's policy to be responsive to our residents and their concerns. Therefore, residents may use the process described below for the resolution or clarification of their grievances. The Director of Training is responsible to the Assistant Chief of Mental Health for Clinical Operations for carrying out the provisions of this policy.

Process

- A. All training staff and residents are responsible for attempting to resolve grievances at the lowest possible level to the satisfaction of all parties involved.
- B. Residents should attempt to resolve minor grievances directly with the individual involved utilizing existing program structure (e.g., the supervision process).
- C. In the event that residents do not feel comfortable addressing issues within the supervisory process, they may appeal directly to the Training Director for assistance in resolution. Minor grievances processed in this manner are considered informal.
- D. A resident may choose to file a formal grievance at any point. The grievance must be presented in writing to the Training Director. The submission of the formal grievance should include (if applicable):
 - 1. The grievance and the date when the incident occurred
 - 2. Suggestions on ways to resolve the problem
 - 3. Information regarding any previous meetings to attempt to resolve the grievance
- E. If the grievance is against the Training Director, the resident can file the grievance with the Training Director for the Neuropsychology Residency and/or the Assistant Chief of Mental Health for Clinical Operations.

The program administrative assistant or any of the training faculty members can assist the resident in filing this grievance with the appropriate party.

- F. Formal grievances will be presented to a body of Psychology training staff, including the Training Director, the primary supervisors, and at least two other consultants from the Psychology Training Staff. Residents may present their grievance directly to this body. The resident may invite a staff member of their choice to provide advocacy and emotional support. The body to hear the formal grievance will be assembled as soon as possible and in all cases within three weeks from the presentation of the formal grievance. If the grievance is against the Training Director or another individual normally assigned to this body, that individual is not involved in the body's deliberation and may only attend to provide testimony, as indicated.
- G. Any formal grievance and its resolution will be documented.
- H. If adequate resolution cannot be achieved through this process, or residents wish to take the grievance outside of the existing training program structure, they may appeal directly to the Assistant Chief of Mental Health for Clinical Operations for resolution. The Assistant Chief of Mental Health for Clinical Operations will review the grievance as soon as possible and in all cases within three weeks from the presentation of the formal grievance. The program administrative assistant or any of the training faculty members can assist the resident in communicating with the Assistant Chief of Mental Health for Clinical Operations.

- I. Residents may appeal any formal action taken against their program status. Residents appeal first to the body itself (see item F above). This appeal is made directly by the resident (in association with any counsel he or she may choose). The body to hear the appeal will be assembled as soon as possible and in all cases within three weeks from the written notification of appeal.
- J. If the resident is not satisfied with the result of their appeal, the resident may appeal directly to the Associate Chief of Staff for Mental Health (ACOS/MH). After consideration, the ACOS/MH has the discretion to uphold, or overrule formal action taken by the body. Should the ACOS/MH overrule the decision of the body, the decision is binding, and the Training Director, the resident, and supervisors shall negotiate an acceptable training plan. Should the ACOS/MH uphold the decision of the committee, the resident may appeal this decision to the Chief of Staff, VA Northern California Health Care System who will appoint a board of three psychologists in the system not involved in the training program. The decision of this panel is binding.
- K. Specific questions regarding this policy should be directed to the Training Director.

STATEMENT OF NONDISCRIMINATION

The Psychology Residency program strongly values diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, veteran status, and political affiliation. Residents are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. If a resident feels that any form of discrimination is occurring, he/she is encouraged to discuss this with the Training Director and/or follow the grievance process outlined above. In addition, the resident may elect to utilize the VA EEO process (see link for further information: <http://www.diversity.va.gov/policy/statement.aspx>)

The resident can request confidential assistance in accessing the EEO program from the Training Director, Associate Training Director, any member of the training staff, or the program support assistant.

Records Retention Policy

Consistent with accreditation and VA guidelines, the program maintains a permanent record of resident training activities, including competency evaluation forms, training activities, and program completion. Graduates may contact the program to request verification of training related to licensing, credentialing, or other professional needs.

TRAINING PROGRAM CONTACT INFORMATION

Thank you for your interest in our program. Please feel free to contact us with any additional questions.

Matthew Cordova, Ph.D.
Training Director
925.372.2521
Matthew.Cordova@va.gov

Annaliza Batt
Program Support Assistant
Psychology Training Program
925.372.2138
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