Psychology Postdoctoral Fellowship Program

VA Long Beach Healthcare System
Tibor Rubin VA Medical Center
Andrea Scott, Ph.D., BCB
Director of Postdoctoral Training
VA Healthcare System (06/116B)
5901 East 7th Street
Long Beach, CA  90822
(562) 826-8000  x4392

http://www.longbeach.va.gov/

Applications due: Wednesday, December 22, 2017

Accreditation Status

The Psychology Postdoctoral Fellowship at the VA Long Beach Healthcare System (VALBHCS) was awarded accreditation in November, 2012. Our Clinical Psychology Fellowship Program will offer training in seven Special Emphasis areas for the 2018-2019 year:

1) Advanced Mental Health Interprofessional Special Emphasis (two positions)
2) Liver Disease and Human Immunodeficiency (HIV) Special Emphasis
3) Neuropsychology Special Emphasis (two-year position)
4) Post Traumatic Stress Disorder (PTSD) Special Emphasis
5) Psychosocial Recovery for Severe Mental Health Conditions Special Emphasis
6) Rehabilitation Psychology Special Emphasis (two-year position)
7) Women’s Mental Health (WMH) and Trauma Special Emphasis

Questions regarding the program’s accredited status can be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002-4242
(202) 336-5979  e-mail: apaaccred@apa.org
Internet url: www.apa.org/ed/accreditation

Application and Selection Procedures

All applicants to the Psychology Postdoctoral Fellowship Program at VA Long Beach Healthcare System must have obtained a doctorate in Clinical or Counseling Psychology from a graduate program approved by the American Psychological Association (APA), the Psychological Clinical Science Accreditation System (PCSAS), or the Canadian Psychological Association (CPA) at the time the program was completed. The applicant may have a doctoral degree in any area of psychology and have successfully completed a re-specialization program in Clinical or Counseling Psychology that is APA or CPA accredited. The applicant is expected to have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship. Additionally, certification of U.S. citizenship and drug screening are required for all VA Postdoctoral Fellows. Also, the federal government requires that male applicants to VA positions born after 1959 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 fellowship and fit the above criteria, you will have to sign it. All Fellows will have to complete a Certification of Citizenship in the U.S. prior to beginning the fellowship. Applications from non-citizens will not be considered. The VA conducts drug screening exams on randomly selected trainees and employees. Our training programs are committed to creating a
supportive learning environment for individuals of diverse backgrounds, and as a federal agency, we abide by the U.S. Government Equal Employment Opportunity (EEO) and Reasonable Accommodation policies. The Psychology Postdoctoral Fellowship Program follows a policy of selecting the most qualified candidates and is an Equal Opportunity Employer. Our commitment to diversity includes attempting to ensure an appropriate representation of individuals along many dimensions, including (but not limited to) gender, sexual orientation, age, ethnic/racial minorities, and persons with disabilities. Interviews will be offered on site at Tibor Rubin VA Medical Center (Long Beach, CA) or via telephone or Vi-Tel for highly qualified candidates. Interviews will take place at the end of January and early February 2018. Selection for positions will be Monday, February 26, 2018 but we reserve the right to make an early reciprocal offer for a top candidate if contacted with evidence of a competing offer. The anticipated start date for all positions is Monday, August 6, 2018.

To apply to one or more of our programs, please submit materials by going to the Association of Psychology Postdoctoral and Internship Centers (APPIC) Psychology Postdoctoral Application (APPA) portal, which is located at: https://appicpostdoc.liaisoncas.com/applicant-ux/#/login

If you have any questions, please do not hesitate to contact us at:

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The following application requirements must be included in the APPA CAS portal:

1. A cover letter that describes your personal training goals and how our training program may help you achieve your professional goals. In your letter, please describe your previous educational, research, and clinical experience relevant to the Special Emphasis area or areas to which you are applying; your assessment of your training needs in each Special Emphasis area; specific clinical settings and experiences at VA Long Beach Healthcare System that you want to pursue during your fellowship year; and your general career aspirations.

2. One clinical work sample, such as a treatment summary or an assessment report, or other work sample, such as published manuscript on which you are first author or other written product that highlights work relevant to the Special Emphasis area. If using a clinical sample, please make sure to de-identify according to HIPPA standards.

3. Three letters of recommendation from faculty members or clinical supervisors who are familiar with your clinical work as well as your research. Please note that “letters of recommendations” are referred to as “Evaluations” within the APPA CAS portal.

4. A letter from your dissertation chair regarding dissertation status and anticipated completion date. If your dissertation chair is writing one of your letters of recommendation, this information can be included in the letter.

Psychology Setting History

The first cohort of Psychology Postdoctoral Fellows began in September 2008. Our program received accreditation in fall of 2012 and our next site visit will be in 2019. At this point we have had seven cohorts complete Psychology Postdoctoral Fellowship Programs in a variety of Special Emphasis areas. We are currently training our 10th cohort and will welcome our 11th class in the Summer of 2018. The VALBHCS is part of a national network of medical centers and clinics operated by the Department of Veterans Affairs, with the mission of providing comprehensive health care to men and women who have served in the Armed Forces. The VALBHCS is responding to many sweeping national changes in the presentation of syndromes suffered by our returning Veterans. Our training program will continuously refine our assessment and intervention techniques to address the
needs of our many returning Veterans of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND), while at the same time attending to the needs of our aging Veterans.

The VALBHCS is a major teaching facility affiliated with the University of California Irvine (UCI) School of Medicine, which has training programs for medical residents in Medicine, Surgery, Rehabilitative Medicine, Psychiatry, as well as several specialties. At our facility, training is also provided in several allied health disciplines other than Psychology, including Pharmacy, Social Work, Nursing, Psychiatry, Neurology, Radiology, Pathology, Speech Pathology, and Rehabilitation therapies. Along with our training and research missions, we provide a full range of patient care services with state-of-the-art technology and comprehensive care. Our healthcare system is a combined neuropsychiatric and general medical and surgical facility, with the centralized inpatient facility in Long Beach supported by outpatient clinics in Anaheim, Whittier/Santa Fe Springs, West Long Beach (Villages at Cabrillo), Santa Ana, and Laguna Hills. Whereas our Medical Center now operates fewer inpatient beds than in past years, our number of outpatient encounters is markedly increasing.

Psychology operates in a collegial fashion with other disciplines, and practicum students, interns and Postdoctoral Fellows all obtain much of their training and clinical experience in the context of multidisciplinary teamwork. The majority of supervisors of the Psychology Internship and Postdoctoral Programs are members of the Mental Health Care Group, under the direction of Lawrence Albers, MD. Our Chief Psychologist is Nicholas Caskey, Ph.D. and we now have over 40 psychologists on our staff. All staff psychologists are members of the Medical Staff, so every newly hired psychologist is required to be licensed in order to be credentialed and privileged by the Chief of Staff. In addition to the Medical, Surgical, and Mental Health Care programs, VALBHCS has a variety of specialized regional programs, including a national Spinal Cord Injury (SCI) Center, a Mental Health Intensive Case Management Program (MHICM), a Blind Rehabilitation Center (BRC), and one of the first funded Mental Illness Research, Education, and Clinical Centers (MIRECC) as a consortium with the West Los Angeles VA and San Diego VA. The VALBHCS also houses one of the VA’s national education centers – Employee Education Services (EES).

**Training Model and Program Philosophy**

We endorse the Scientist-Practitioner Model of Psychology, and the postdoctoral training experience is organized accordingly. We are guided both by the original Boulder Model (Raimy, 1950) and by the update of the Scientist-Practitioner Model as articulated at the 1991 Gainesville conference (Belar & Perry, 1992). The mission of the VALBHCS Psychology Postdoctoral Fellow Training Program is to train psychologists who meet general advanced practice competencies in psychology and can function effectively as professional psychologists in a broad range of multidisciplinary and interdisciplinary settings. Prior to beginning their postdoctoral experience, Fellows are expected to have a solid grounding in generalist psychology training. The primary goal of the Psychology Postdoctoral Fellow Program is for our Fellows to develop the full range of skills required for independent functioning as a psychologist in the arenas of clinical assessment and intervention, consultation, supervision and teaching, scholarly inquiry and research, and awareness of and sensitivity to professional, ethical, legal and diversity issues. We have a commitment to the enhancement of diversity within our training programs and our Multicultural and Diversity in Psychology Training Committee’s vision statement is, “To serve as a resource for multicultural ly competent Veteran-centered care within psychology service, to VALBHCS, and to the local community. Our committee mission statement is, “To promote multicultural competence in various dimensions of human diversity at the individual, service, team, and organizational levels through education and training, consultation, research, and outreach activities.” Postdoctoral Psychology staff and Fellows are consistently represented on this committee.

A second major goal of our Psychology Postdoctoral Fellowship Program is to prepare fellows to practice in one of the current high-priority areas of mental health care for Veterans, as illustrated by our Special Emphasis areas. Through professional activities in these areas, Fellows develop training that facilitates their development of the core general advanced practice competencies. In addition, Fellows develop a depth of knowledge and advanced skills in working with specific populations and treatment settings (i.e., older adult Veterans, Veterans with Traumatic Brain Injury, seriously mentally ill Veterans, Veterans with physical and sensory disabilities, and those living with Posttraumatic Stress Disorder or those living with liver disease and/or HIV). For the Neuropsychology Special Emphasis area, high-priority areas include working with Veterans with head injury, mild cognitive impairment, dementia, or other neurological conditions.
**Program Goals and Objectives**

**Training Objectives for the Fellowship Year**

We have two primary goals for our Psychology Postdoctoral Training Program:

1. Fellows will develop the full range of skills required for independent functioning as a psychologist. These skills follow the APA Commission on Accreditation competencies.

2. Fellows will develop skills required to function effectively as a psychologist in a high-priority area of health care for Veterans. For our Psychology Postdoctoral Fellows, this could be in: 1) Advanced Mental Health Interprofessional Special Emphasis (2 positions), 2) Liver Disease and Human Immunodeficiency (HIV) Special Emphasis, 3) Neuropsychology Special Emphasis (2-year position), 4) Post Traumatic Stress Disorder (PTSD) Special Emphasis, 5) Psychosocial Recovery for Severe Mental Health Conditions Special Emphasis, 6) Rehabilitation Psychology Special Emphasis (two-year position), and 7) Women’s Mental Health and Trauma Special Emphasis.

Attainment of our first goal is quantified by competency skills that align with the guidelines and principles for accreditation established by the APA Commission on Accreditation. Fellows are expected to demonstrate successful performance of these skills, as defined in our Handbook for Psychology Postdoctoral Fellows by the end of the year. Attainment of our second goal is quantified by a set of Special Emphasis area specific skills, which are also defined in our Handbook for Psychology Postdoctoral Fellows. Fellows are also expected to successfully complete a Fellowship Project focused within their Special Emphasis area. These requirements will be further elaborated under the section below titled "Requirements for Completion of the Postdoctoral Fellowship."

**Program Structure**

All Fellows are expected to work 40 hours per week. This includes programmatic experiences and special emphasis experiences. The 40 hours are typically spent on site at the VALBHCS campus, although it is possible that some time may be spent at one of our local Community Based Outpatient Clinics (CBOCs). All Psychology Postdoctoral Fellows are required to complete 2,080 hours of training (including any granted annual leave, sick leave, and authorize absence). Psychology Postdoctoral Fellows easily accrue the 1,500 hours of supervised professional experience (SPE) that is specified by the Board of Psychology in the state of California for sufficient postdoctoral experience for licensure.

During the first month of the training year, Fellows are expected to identify their training goals and to work with their primary supervisor to develop a schedule of activities for the year designed to meet these goals. The conceptualization going into the Individualized Training Plan (ITP) should involve self-assessment together with discussions with the primary supervisor to facilitate personal and professional growth and development.

A breakdown of the encouraged weekly time distribution across programmatic and special emphasis experiences is listed below:

<table>
<thead>
<tr>
<th>Programmatic Experiences:</th>
<th>Special Emphasis Experiences:</th>
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</thead>
<tbody>
<tr>
<td>Seminars: 4 - 5.5 hours/week</td>
<td>Clinical Work: 18 - 20 hours/week</td>
</tr>
<tr>
<td>Supervision of pre-intern: 1 hour/week</td>
<td>Administrative Time: 8-10 hours/week</td>
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<tr>
<td>Fellow Project: 3-4 hours/week</td>
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<tr>
<td>Administrative Time: 2 hours/week</td>
<td>TOTAL = 28 hours</td>
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</table>

TOTAL = 12 hours

Some Special Emphasis areas hold their own weekly or biweekly team meetings that may include didactic seminars, rounds or case presentations. Psychology Postdoctoral Fellows in some Special Emphasis areas also participate regularly in interdisciplinary case conferences. Supervisors may recommend additional seminars or other specialty-specific training opportunities.
Supervision

Fellows will schedule a total of four hours of supervision per week (10% of the Fellows' supervised professional experience time). At least one hour per week must be individual face-to-face supervision with the primary supervisor. Additional supervision may be obtained via either additional individual supervision, group supervision or co-leading a therapy group with the supervisor. The primary emphasis area supervisor is expected to provide supervision throughout the year, while delegated supervisors may change according to the ITP. Fellows will also gain supervision experience by supervising a psychology pre-intern on a case (see supervision of supervision seminar section below).

Presentations/Project

Fellows are expected to present at least two times during the training year, not including presentations during seminars in the Special Emphasis area. We expect each Fellow to present either at Mental Health Grand Rounds or at Mental Health Journal Club during the first half of the training year, and to present their Fellowship Project to the department at the end of the training year.

- **Grand Rounds/Journal Club**

  In Mental Health Grand Rounds a Fellow may present a research project or literature review that they have contributed to in a significant manner over the past two years. Or, an appropriate presentation for Mental Health Journal Club could include a recent psychology or psychiatry peer-reviewed journal article that embodies an area of research that appeals to the Fellow's interests.

- **Fellowship Project**

  Psychology Postdoctoral Fellows are expected to complete a project of their choice during their training experience. This project may be conducted independently or in collaboration with other trainees or staff. The Psychology Postdoctoral Fellow will select and plan the project with their primary supervisor/project advisor. The goal is for the Fellow to study or to develop some component of services that will be of utility to others in the field. This project may have a research focus (e.g., program utilization or effectiveness), an educational objective (e.g., training other staff, patients or their family members; developing a Continuing Education (CE) module), a program development aim (e.g., new peer-led service, or community re-integration program), or service provision goal (e.g., new treatment modality, or application of treatment to an under-served population.). Other creative ideas are welcome. All projects should have some form of measurable evaluation of their effectiveness and impact. Fellows are required to present the details and results of their Fellowship Project at the end of the training year.

Seminars

**Postdoc Professional Development Seminar:** Presentations are developed to be sequential in Fellow development while building upon the existing knowledge base of our Fellows. A combination of topics will be chosen that are relevant to our clinical practice, self-care, career planning and overall professional development.

*Note: Second-year Fellows are required to attend bimonthly group check-ins but attendance at other repeat-topics is optional.*

**Postdoc Supervision of Supervision Seminar:** Fellows will be introduced to various theories and models of clinical supervision as they develop their own philosophy and approach to supervision. Following supervision didactics, this seminar will serve as group supervision of supervision consultation and case review. Fellows will be providing 1-hour of supervision to psychology pre-interns on a psychotherapy case from the general psychology clinic. Time for supervising should be factored into the ITP.

*Note: Neuropsychology and Rehabilitation Psychology Fellows are required to attend supervision didactics but are not required to attend weekly Supervision of Supervision group consultation and case review. These Fellows will receive supervision of supervision experience within their respective special emphasis areas and will present at least one time in Supervision of Supervision Seminar during the training year.*
Evidence-Based Practice (EBP) Seminar (in conjunction with psychology interns): Presentations will cover didactics on a wide range of EBPs offered throughout the VA as well as trainee case presentations demonstrating application of these EBPs on clinical rotations.

*Note: Fellows are required to attend EBP seminar topics which they have limited/minimal experience with.*

Diversity Seminar (monthly; in conjunction with psychology interns): This seminar will include didactic presentations, readings, and case presentations covering a wide range of diversity issues.

Method and Frequency of Evaluation

The overall goal of our Psychology Postdoctoral Fellowship is to train psychologists who will be competent and skilled at creating and providing services in the community or VA system, and who are skilled in providing professional psychological services to an area of high priority to veterans. Postdoctoral Fellows are evaluated on General Competencies and Special Emphasis Competencies throughout the training year. The General Competencies are based on a range of required elements established by the APA’s Commission on Accreditation known as Standards of Accreditation. The Special Emphasis Competencies are elements unique to the Fellow’s special emphasis area of training. Fellows are evaluated at four points throughout the year; mid-evaluations at 3-month and 9-month intervals and full evaluations at 6-month and 12-month intervals. Evaluation includes objective ratings and narrative feedback on competency items. Modified versions of these evaluations will also be completed by the seminar didactic coordinators. An initial review of these competencies with the Psychology Postdoctoral Fellow at the beginning of the year will help clarify what the Fellow would like to emphasize, guide his/her choice of training opportunities and possibly help guide his/her selection of a Fellowship Project. The final review will assist us in determining the overall success of the VALBHCS Psychology Postdoctoral Fellowship Program. Please see the section below on Requirements for Completion for additional information.

Psychology Fellowship Training Experiences

Advanced Mental Health Interprofessional Special Emphasis Area

*Primary Supervisors: Lauren Lovato Jackson, Psy.D. and James Yadavaia, Ph.D.*

*Delegated Supervisors: Megan Gomez, Ph.D. and Elizabeth Welsh, Ph.D.*

The primary goal of the Advanced Mental Health Interprofessional Education Program is to train practitioners in multiple behavioral health disciplines to partner with treatment teams and Veterans through a participatory, collaborative, and coordinated approach with shared decision-making (CIHC PIS, 2010). Trainees will master advanced competencies specified in the curriculum below, which will be unique to this Interprofessional Education Program. Trainees will acquire knowledge of evidence-based practices through direct supervision, experiential treatment of patients, active participation in team meetings, and interdisciplinary didactics provided by faculty across disciplines. These core educational outcomes and objectives are based on models developed by collaborative efforts among accrediting bodies in health care settings (CIHC PIS, 2010; IEC, 2011).

Training Settings:

The Outpatient Mental Health Care Group at VALBHCS serves over 12,000 Veterans through four general interprofessional teams known as the Behavioral Health Interdisciplinary Program (BHIP). The VA Interprofessional Mental Health Education Program exists within these integrated behavioral health teams, which have been redesigned and modeled after patient-aligned care teams (PACTs) with a behavioral health focus specifically to increase Veterans’ access to evidence-based integrated behavioral health care. These teams are currently comprised of psychiatrists, psychologists, nurses, social workers, pharmacists, and program support assistants.

Implementation of an evidence-based, Veteran-centered, team-based service delivery model is a strong focus of treatment on the BHIP teams. Using experiential training and within a team format, trainees will work toward achieving optimal patient outcomes, exercising skills in educating patients and health care professionals on interdisciplinary topic areas, developing expertise in resolving patient-provider and/or interprofessional conflicts, conducting practice-based research, and providing evidence-based mental health treatments as a generalist mental health professional. Evidence-based treatment models emphasized in this Fellowship include Cognitive Behavioral Therapy (CBT), comprehensive Dialectical Behavioral Therapy.
Liver Disease and Human Immunodeficiency Virus (HIV) Special Emphasis Area

Supervisors: Henry Benedict, Ph.D., Adrienne House, Ph.D., and Peter Hauser, M.D.

The primary goal of the Psychology Postdoctoral Fellowship with a Special Emphasis in Liver Disease and Human Immunodeficiency Virus (HIV) is to provide multi-modal interdisciplinary psychology training that will focus on evidenced-based mental health care for Veterans living with liver disease, including Hepatitis C (HCV) and/or HIV. Grounded within this goal is a strong emphasis on evidenced-based interventions and training the Fellow in health psychology research-based design. The Psychology Postdoctoral Fellow will be assessed on the advanced general practice competencies specified by the Psychology Postdoctoral Program as well as specific competencies to liver disease and HIV. Trainees will acquire knowledge of evidence-based practices and research skills through direct supervision, experiential treatment of patients, active participation in team meetings, and interdisciplinary didactics provided by faculty across disciplines within the Gastrointestinal (GI) and HIV clinical services and research areas. A substance abuse treatment component of the training experience will provide the Fellow with an understanding of the dynamics of substance abuse in the dually diagnosed and dually addicted patient, and the unique treatments involved when providing services to Veterans living with HIV or liver disease who have co-morbid substance use disorders (SUDs). The Psychology Postdoctoral Fellow will be required to spend 20% of their time on liver disease or HIV research. Fellows will have the opportunity to develop and broaden research interests focusing upon mental health and infectious disease. There will be opportunities to write and submit abstracts and manuscripts with an expectation of one abstract and one manuscript to be submitted by the end of the fellowship year. These core educational outcomes and objectives are based on models developed by collaborative efforts among accrediting bodies in health care settings (CIHC PIS, 2010; IEC, 2011).

Training Settings:

Liver Clinic

Supervisor: Adrienne House, Ph.D. and Peter Hauser, M.D.

The VLBHCS holds weekly Liver Clinics and psychological services are integrated into the care Veterans receive in this clinic. In the Liver Clinic, the Psychology Postdoctoral Fellow will work closely with clinic physicians and other allied health team members, providing consultation on a variety of issues, including making recommendations regarding patients’ potential for adherence to antiviral treatment of HCV. The Fellow provides psychological services to Veteran both in Liver Clinic and outside of clinic as needed. The Fellow will provide: counseling for Veteran newly diagnosed with HCV or other liver diseases; assessment and treatment of substance abuse and mental health disorders that impact treatment adherence; adherence support for Veteran undergoing antiviral treatment for HCV; consultation to liver/hepatology services, provide bedside therapy for Veteran hospitalized with advanced liver disease; and early assessment of and intervention for potential problem areas such as familial/marital problems, with the goals of preventing or reducing problems.
HIV  
**Supervisor: Adrienne House, Ph.D.**

The Psychology Postdoctoral Fellow will have the opportunity to interact with staff in Psychology, Medicine, and other disciplines providing an opportunity for clinical training. Psychology is also integrated into the medical care provided to Veterans with HIV disease. In the Infectious Disease (ID) Clinic, Psychology works closely with clinic physicians and other allied health team members, providing consultation on a variety of issues, including making recommendations regarding patients’ potential for adherence to antiretroviral (ARV) treatment regimens. Psychology also collaborates with the medical team to develop strategies to increase adherence to complex ARV medication regimens. The psychologist serves as liaison between physician and patient to encourage and support more active participation by the patient in medical care and works with the patient to teach appropriate assertiveness in dealing with medical personnel. The ID Clinic provides initial psychological screening to evaluate patient’s psychological adjustment to the disease, effectiveness and soundness of their coping strategies, history of SUDs and treatment, history of psychological or psychiatric problems and treatment, knowledge of the HIV/AIDS and treatment issues, social support network, past and current losses and stressors, knowledge and practice of safer sex, attitudes towards HIV treatment in general and ARV treatment in particular, degree of adherence with past treatment and assessment of issues that might relate to future adherence with strict ARV treatment regimen. The need for psychotherapeutic intervention and other treatment is also evaluated. The Psychology Postdoctoral Fellow would participate in all aspects and activities of the program, including providing treatment both in clinic and outside of clinic as needed.

**Substance Abuse Treatment**  
**Supervisor: Henry Benedict, Ph.D.**

The Psychology Postdoctoral Fellow will have an opportunity to work in the substance abuse treatment setting with Veterans who have co-existing HIV and/or liver diseases. The outpatient substance abuse treatment clinic (SATC) is composed of a mixed population of dual diagnosis, dual addiction and alcohol only patients. The Veterans in this program are often, but not always, graduates of an intensive inpatient program who then come to SATC for follow-up treatment. Others come straight to SATC because they have stable housing and are gainfully employed. The groups are process-based in nature covering all aspects of recovery from addiction to co-morbid disorders. Veterans in this group are also provided with individual psychotherapy opportunities, vocational rehabilitation counseling, and The Department of Housing and Urban Development (HUD)/VA Supported Housing. The Psychology Postdoctoral Fellow would participate in all aspects and activities of the program. Examples include acting as co-therapist in groups of 10-15 patients, counseling individual cases, doing intake interviews with and without the use of psychological testing, and participating in one- and three-week treatment plan updates. The training experience should provide the Fellow with an understanding of the dynamics of SUDs in the dually diagnosed and dually addicted patient, and the unique treatments involved when providing services to Veterans living with HIV and/or liver disease who have co-morbid SUDs.

PLEASE NOTE: The Liver and HIV Special Emphasis Fellow is expected to work a longer day (8:00AM – 7:30PM) on Thursdays to accommodate Diversity Seminar and evening SATC group. An adjusted/compressed tour of duty (TOD) can be considered to account for this.

**Research**  
**Supervisor: Peter Hauser, M.D.**

The Psychology Postdoctoral Fellow will have the opportunity to develop and broaden research interests focusing upon mental health, HIV, Hepatitis C or other liver diseases, and substance abuse. Twenty percent of the Psychology Postdoctoral Fellow’s time will be committed toward developing and implementing a research project. The Psychology Postdoctoral Fellow will meet regularly with Dr. Hauser to define a research project related to these areas. Dr. Hauser has several ongoing research projects focused on Hepatitis C and substance use disorders that are IRB approved, and if the research interests of the fellow are congruent, it would be relatively easy to amend existing protocols to allow the Psychology Postdoctoral Fellow to focus on his/her area of interest. There will be opportunities to write and submit abstracts with the expectation of one abstract and one publication to be submitted by the end of the fellowship year.
Posttraumatic Stress Disorder (PTSD) Special Emphasis Area

Supervisors: Deidre Lopez, Ph.D., John Huang, Ph.D., Shelly M. Crosby, Psy.D., Jessica Naughton, Ph.D., and Nathanial B. Hawkins, Ph.D.

The PTSD Program team is comprised of five psychologists, four psychiatrists, a Nurse Practitioner, two nurse-case managers, two social workers, peer support specialists, and a program support assistant. The Psychology Postdoctoral Fellow will work with three of the psychologist supervisors listed above, during the training year, choosing one of the three psychologists as her or his primary supervisor for the year and two psychologist supervisors for six-month rotations each. Rotation options include: PTSD, PTSD/Mindfulness, PTSD and LGBTQ/Diversity, and PTSD/SUD which are further described below. The Psychology Postdoctoral Fellow in the PTSD Special Emphasis area will be responsible for conducting individual and group psychotherapy, providing staff consultation, supervising Psychology trainees, and facilitating intakes and psychological assessment.

The PTSD Specialty Clinic population predominantly consists of combat Veterans from the Vietnam and Afghanistan/Iraq (OEF/OIF/OND) conflicts, some of whom have co-occurring Substance Use Disorders (SUD) or other psychological disorders. However, the provision of therapy to Veterans from other eras is also available. Individual therapy typically focuses first on coping skills for PTSD and SUD when warranted. Once the patient is stabilized, individual or group trauma-focused therapy is available, including evidence-based treatments such as Cognitive Processing Therapy (CPT), and Prolonged Exposure Therapy (PE). The Psychology Postdoctoral Fellow will also have opportunities to administer, score and interpret a number of self-report measures assessing symptoms of PTSD (e.g., PTSD Checklist (PCL), Combat Exposure Scale), depression and anxiety (e.g., BDI-II, BAI), SUD (Brief Addiction Monitor), and personality functioning (e.g., Minnesota Multiphasic Personality Inventory - Second Edition (MMPI-II), Million Multiaxial Clinical Inventory - Second Edition (MCMI-III) as well as the Clinician Administered PTSD Scale (CAPS)).

After completing the Psychology Postdoctoral Fellowship year in the PTSD Special Emphasis area, the Fellow will have acquired advanced knowledge in the treatment of combat PTSD, including learning how to facilitate coping skills and exposure-based trauma-focused treatments. The Psychology Postdoctoral Fellow in the Special Emphasis Area of PTSD will be expected to build on skills acquired by co-leading groups earlier in the postdoctoral year by facilitating her or his own group by mid-year. The list below outlines the groups available to co-lead:

ACT for PTSD - 12 to 16 weeks, structured acceptance and commitment therapy for PTSD (pending availability)
CBT Skills for depression and PTSD- 3-month structured skills-based group
Transitions Group – group for returning OIF/OEF Veterans
Cognitive Behavioral Therapy for Insomnia - 5-week structured group
Combat PTSD Group – 12-week, structured group
Combat PTSD Group – ongoing, topic-based group
CPT Group – 12-week, structured, trauma-focused group
Combat PTSD Graduate Group – ongoing, process group
Drum Circle – active, expressive therapy group
Tai Chi Group for combat veterans – moving, meditative expressive therapy
Mindfulness and PTSD – applied skill-based group
Relaxation and Meditation – applied skill-based group
Anger Management – time-limited, topic-based group (pending availability)
Seeking Safety Group, Harm-Reduction – PTSD/SUD group
Women's Combat Support Group
The Odyssey Group – moral injury group

The PTSD Postdoctoral Psychology Fellow will be expected to attend a twice-monthly PTSD provider group dedicated to processing the challenges and rewards of working with trauma. These groups may also be attended by interns and pre-interns, and the fellow will have opportunities for experiential learning through discussion, videos, and case studies. Finally, working one evening per week will be required of the Psychology Postdoctoral Fellow in the PTSD Special Emphasis area (a supervisor will always be available) in order to meet the current increasing demand for services during evening hours. Other specific interests of the Fellow can be discussed and the program will try to accommodate them.
Training Settings:

**PTSD**

*Supervisor: Deirdre Lopez, Ph.D.*

The Psychology Postdoctoral Fellow will have opportunities to conduct intakes and deliver Prolonged Exposure Therapy with individuals, and deliver Cognitive Processing Therapy with individuals and/or in a group format. Dr. Lopez facilitates a Women’s Combat PTSD group on Thursday evenings from 4:30PM to 6:00PM. Other opportunities for group work involving skill-building will likely be available. Dr. Lopez’s interests include EMDR therapy, resilience, posttraumatic growth, and moral injury. She aspires to create a group for treatment graduates who have identified “giving back” as a meaningful life value, and who wish to live this value fully through service to other Veterans.

**PTSD/Mindfulness**

*Supervisor: John Huang, Ph.D.*

Dr. Huang conducts a 12-week, closed Combat PTSD Group which focuses on group process and psychoeducational topics. It is a smaller group, generally ranging from 8-12 people, with an emphasis on forming a group alliance and teaching coping skills. He also co-leads the Mindfulness and PTSD group, which focuses on the practice of mindfulness in dealing with PTSD and general stress. Mindfulness is a type of meditation with three main components: focusing on the present moment, using full awareness, and having a non-judgmental, accepting attitude. In addition, Dr. Huang leads a Cognitive Processing Therapy group. The Psychology Postdoctoral Fellow working with Dr. Huang will have the opportunity to co-lead the groups mentioned above, as well as participate in the Tai Chi and Drum Circle. He is also trained in ACT and would be able to supervise the Psychology Postdoctoral Fellow on CPT, PE, and ACT if interested. Another one of Dr. Huang’s interests is spirituality and psychology, especially in how spirituality facilitated coping, healing, and creating meaning within the context of trauma.

**PTSD and LGBT/Diversity**

*Supervisor: Shelly Crosby, Psy.D.*

Dr. Crosby is involved in many aspects of the Combat PTSD program including intake assessment, individual therapy, and group therapy. Trainees working with Dr. Crosby will have opportunities to receive supervision in evidence-based and trauma-focused therapy including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Cognitive Behavioral Conjoint Therapy for PTSD (CBCT-PTSD), and CBT for insomnia (CBT-I) as well as opportunities to co-lead Combat-PTSD treatment group(s) including Cognitive Processing Therapy (CPT) and CBT Skills- an introductory treatment group for depression and PTSD. In addition to her role with the combat PTSD program, Dr. Crosby co-leads the LGBTQ Support Groups within the Psychology Department and she is involved in several diversity-related committees. Trainees working with Dr. Crosby may have opportunities to be involved in LGBTQ and/or Diversity activities, depending on training goals and availability.

**PTSD/SUD**

*Supervisor: Jessica Naughton, Ph.D.*

Dr. Naughton serves as the PTSD/SUD coordinator, with her rotation allowing the Postdoctoral Fellow to gain experience in treating Veterans with PTSD, as well as those with co-occurring PTSD and Substance Use Disorders. Those working with Dr. Naughton will have the opportunity to conduct intake assessments and provide trauma-focused therapy in individual and group formats. Dr. Naughton is trained in PE (Prolonged Exposure) and CPT (Cognitive Processing Therapy), with fellows having the ability to receive supervision in these evidence-based treatments, as well as more integrative approaches to trauma treatment. She facilitates a CPT group and the Seeking Safety group, which uses a harm reduction approach to treat Veterans with co-occurring PTSD and SUD difficulties. Fellows will have the opportunity to co-lead this group within the PTSD clinic setting and potentially at the VVRC (SUD residential treatment center). Dr. Naughton’s additional interests include mindfulness, working with MST (Military Sexual Trauma), and integrative approaches to trauma-focused therapy.

**PTSD/ACT**

*Supervisor: Nathanial B. Hawkins, Ph.D.*

Dr. Hawkins is a staff psychologist in the Combat PTSD program. Dr. Hawkins specialized in evidence-based cognitive behavioral therapies, including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) Therapy for PTSD, Acceptance and Commitment Therapy (ACT) for PTSD. He leads a CPT group, ACT for PTSD Group and short-term PTSD Symptoms
Management group designed to provide psychoeducation, assess Veterans motivation for treatment, introduce effective and healthy coping skills, and develop future PTSD treatment plans. Psychology trainees would have the opportunity to co-lead these groups and be supervised in these modalities. Dr. Hawkins also co-leads a LGBTQ Support Groups within the Psychology Department. Dr. Hawkins’ other clinical interests include the treatment of other trauma related disorders, military and childhood sexual trauma, posttraumatic resilience, PTSD family support, substance use disorders, transgender care, and LGBT issues.

Clinical Neuropsychology Postdoctoral Fellowship

Supervisor: Vanessa Zizak, Ph.D., Christine Kim, Ph.D.

The goal of the Clinical Neuropsychology Postdoctoral Fellowship is to provide training that will prepare a doctoral-level psychologist to function at an advanced level and independently as a licensed- and board-certification-eligible Clinical Neuropsychologist working with an adult population at a VA or other health care setting.

The Clinical Neuropsychology Postdoctoral Fellowship will refine assessment approaches through advanced clinical interviewing and standardized testing while considering the therapeutic utility for the Veteran. There is an emphasis placed on describing the patients’ cognitive strengths and weaknesses to better formulate tailored recommendations and treatment plans. We espouse a fixed-flexible approach to neuropsychological assessment which focuses more on cognitive domains than on specific tests per se. The specific tests will be chosen based on the characteristics of the patient and the referral question. Typically, tests of memory, attention, visual processing, language, executive function, psychomotor speed, psychological adjustment and symptom validity will be considered. Utility and empirical reasons for selecting other assessment approaches including fixed batteries, cognitive screenings, and comprehensive neuropsychological evaluations including follow-up assessment that utilize reliable change indexes (RCIs) will also be provided. Upon completion, the Fellow will demonstrate competency with standardized administration of tests, case conceptualization, and selection of appropriate measures based on their psychometric properties and available culturally appropriate norms. In addition, the Fellow will learn syndrome analysis approaches to interpretation that focuses on pattern and error analysis integrating information acquired from both normative and qualitative data. The Fellow will demonstrate competency in identification and use of appropriate norms in interpreting test results, consultation with varied disciplines, providing brief feedback and education to patients, families, and referral sources when appropriate, and efficiently producing a consumer-oriented integrative report.

Therapeutic application of neuropsychological information will be trained in a variety of ways. First, evaluations will often be followed by a meeting with the patient and possibly his or her family in order to review findings, better understand how the current results match the way the patient and family see the problems in real life, and provide practical recommendations and referrals. The Fellow may also have the opportunity to attend team rounds concerning the treatment of both patients in areas of rehabilitation and geriatrics whom the Fellow has assessed. These meetings often provide an ideal opportunity to correlate findings from the test laboratory with everyday observations of the patient. Finally, the Fellow will co-facilitate education-based groups for OEF/OIF/OND Traumatic Brain Injury (TBI) patients and perhaps their families. There will also be opportunities for following some Veterans individually for specific skills training and general supportive psychotherapy. While on the neuropsychological rotation, the Fellow will conduct on average two to three neuropsychological assessments per week, managing both test administration, developing a battery, and report writing. They will also carry at least three cases for brief follow-up intervention. They will have at least two hours of individual supervision with licensed clinical neuropsychologists per week. They may also obtain clinical supervision experience with Neuropsychology Clerks. Fellows will attend the weekly Neuropsychology Seminar/Journal Club and Neuropsychology Case Conference, and will have the opportunity to attend brain cuttings, neuropathology conferences, and interdisciplinary team meetings. They will be expected to present cases or didactic material at the Neuropsychology Seminar and Neuropsychology Case Conference.

Involvement with research is required. Research opportunities in developing new studies as well as assisting with existing research will be available to the Fellow. Current research opportunities to assist with developing and conducting clinical research on differential diagnosis in mild cognitive impairment, PCS/TBI and neurodegenerative disease may also be available the clinic in which Dr. Zizak is a supervisor. It is anticipated that opportunities with the new neuropsychologist will also be available. Finally, faculty members serve as reviewers for various journals. The Fellow may be invited to co-review these studies and will be trained on how to evaluate a study critically and write a review that is helpful to the researchers.
Training Opportunities within Neuropsychology Program

- Please note that the department is currently in the processes of hiring an additional staff neuropsychologist. Other staff are pursuing board certification as well. This information is important for our current process of seeking APA accreditation as a Specialty Postdoctoral Training program in Clinical Neuropsychology.

Main Clinics subsumed under Neuropsychology

General Neuropsychology Clinic

This clinic provides neuropsychological assessment for Veterans across the life-span. A bimodal distribution of referrals for both younger, OEF/OIF/OND Veterans and older, Vietnam Era and Korean War Veterans is received. Veterans have a broad range of injuries, disabilities, and chronic health conditions. These may include traumatic brain injury, polytrauma, stroke, epilepsy, tumor, encephalopathy, motor disorders, neuromuscular and autoimmune disorders, Alzheimer’s disease, mild neurocognitive impairment and other causes of dementia such as Parkinson’s and Lewy Body disease, other CNS neurological disorders, and related disorders. Primary sources of referrals are TBI rehabilitation, primary care, neurology, and psychiatry. Assessment practices in the clinic include comprehensive clinical interview, case formulation, test selection and administration, interpretation of results, feedback, and clinical recommendations. Assessments are primarily outpatient in nature; however, occasional inpatient work may be required. We carefully screen for motivational issues such as symptom amplification and mental health issues such as PTSD and depression.

Traumatic Brain Injury and Polytrauma

Those veterans referred to our service from the Traumatic Brain Injury and Polytrauma team have sustained remote TBIs. Atypical of the expected recovery from mild TBI (mTBI), these veterans continue to evidence persistent cognitive deficits. Identifying the cause of these symptoms is often complicated by the presence of overlapping psychiatric symptomatology such as Posttraumatic Stress Disorder (PTSD) and additional lifestyle/medical variables that contribute to cognitive problems (i.e., poor sleep, substance use, chronic pain, etc.). These veterans hail from varying combat eras, including Vietnam and OIF/OEF/OND conflicts, among others. We provide both brief and extended cognitive assessments and recommendations on interventions that may serve to improve cognitive functioning. In addition, we also provide educational groups about TBI and the expected course of recovery. On a limited basis, individual cognitive training, utilizing a structured ten-week cognitive rehabilitation intervention (CogSmart), is available to interested veterans. Given the influx of referrals for the evaluation of mTBI, significant efforts have been made to appropriately triage these Veterans’ care in the most efficient and effective manner. A large emphasis is placed on providing empirically validated psychoeducation on the typical expected recovery course of mTBI/PCS (3 months) and potential overlapping symptomatology. A formal neuropsychological assessment is conducted if deemed beneficial and appropriate to the patient’s ongoing clinical care. The fellow may also have the opportunity to serve on the Polytrauma Team and attend local and VISN meetings in which the progress of our OEF/OIF/OND Veterans is reviewed by an interdisciplinary team. The fellow is expected to be instrumental with continued development of this screening clinic that will briefly and efficiently evaluate patients for their need for longer, labor intensive neuropsychological assessments. In this way, patients at low risk for acquired brain injury but with subjective complaints of deficits may be directed more quickly to appropriate treatment venues such as therapeutic treatment.

Psychosocial Recovery for Severe Mental Health Conditions Special Emphasis Area

Supervisors: Richard Tingey, Ph.D. and Jessica Zuehlke, Psy.D.

The purpose of the Psychosocial Recovery (PSR) for Severe Mental Health Conditions Special Emphasis area is to foster expertise in mental health (MH) recovery approaches and programming for people struggling with severe mental health conditions. Our VA is fortunate to have several outstanding MH recovery services where the Fellow can develop these skills. These services include: the MH Pathways Recovery Center, Psychiatric Inpatient Recovery Programming, Local Recovery Coordinator Initiatives & Programming, Peer Specialist Team, and the Partnerships in Effective Recovery (PIER) Center—a consumer-run drop-in center. The mission of these services is to promote wellness and recovery for a client population that has traditionally been viewed as chronic and deteriorating. Our basic philosophy is self-determination. This was articulated well in a consensus statement formulated by clients, family members, and providers. They said, "Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in the community of his or her choice while striving to achieve his or her full potential," and doing so with the least amount of ongoing professional intervention.
The intent of our MH recovery services is to assist veterans in this process. Within this Special Emphasis area, the Fellow is trained to provide care that nurtures and supports this development, and teaches them how to create and manage programs that provide these services.

The Fellow in this Special Emphasis area will develop a training program by choosing a few of the MH recovery services and programs that match his/her abilities, interests and training needs. Since the PRC is our primary Psychosocial Rehabilitation Program (PSR) program, the Fellow will be required to incorporate this site as the major part of their plan, and then add one or two components that fit other interests or needs. Rather than a rotation system, the Fellow will have a yearlong experience across all the services they select. In each service, they will have the chance to be involved in most of that area's ongoing activities such as assessment, individual and group therapy, psychoeducation, community outreach, supervision, staff education, program management and evaluation, and research. There are also opportunities to learn or further develop individual and group treatment skills with EBP’s such as ACT, CBT, DBT, MI and SST (Social Skills Training); as well as psychodynamic therapy. Additionally, in some of these areas the Fellow will get considerable experience collaborating with peer specialists and peer consumers who run some of these services and/or participate on their boards or peer councils. A brief description of the different MH recovery services and programs follows.

Training Settings:

**MH Pathways Recovery Center**  
*Supervisor: Richard Tingey, Ph.D.*

The Pathways Recovery Center (PRC) is an outpatient mental health recovery program. It blends active mental health treatment with practical rehabilitation and recovery work. As part of our healthcare facility’s mental health services, it provides care to Veterans whose functioning is notably impaired because of a severe mental health condition such as schizophrenia, schizoaffective disorder, bipolar disorder, severe mood disorders, etc. Most critically, it affords continuity of care with a recovery focus between our psychiatric inpatient units and other less intensive outpatient services. The programming is designed to decrease distress, enhance skillful living and assist Veterans in moving the focus of their life from their mental illness to functioning in a meaningful way within their community. It also provides combined treatment through our Addictions Track for clients who have an alcohol, drug or other addictive problems. The overall goal is to help clients meaningfully function as well as possible in their community. We have an excellent interprofessional team (psychologist, psychiatrist, nurses, psych tech, and peer specialist) that provides treatment and enjoys working with the Postdoc Fellows. An ongoing seminar series targeted specifically at psychosocial rehabilitation and recovery meets 1-2 times a month.

**Local Recovery Coordinator**  
*Supervisor: Jessica Zuehlke, Psy.D.*

The Local Recovery Coordinator (LRC) assists in transforming the local VA mental health services to a recovery-oriented model of care, in sustaining those changes, and in supporting further systemic change as new evidence on recovery-oriented mental health care becomes available. Some specific areas of work include: leading the integration of recovery principles and programs into all mental health services provided at the Medical Center; providing training and consultation to facility leadership, staff, Veterans, and family members regarding this recovery transformation; running recovery-oriented system redesign projects, being directly involved in the direct provision of recovery-oriented clinical services; promoting activities to eliminate stigma associated with mental illness; and ensuring that Veterans with serious mental illness are given every opportunity to pursue and be responsible for their own goals. The LRC also acts as director of the Peer Specialist Team and PIER Center and is the staff liaison for the Veteran Mental Health Consumer Council. The LRC duties consist of management, administrative, teaching/training, and clinical tasks.

**Partnerships in Effective Recovery Center & Peer Specialist Team**  
*Supervisor: Jessica Zuehlke, Psy.D.*

The Partnerships in Effective Recovery (PIER) Center is a Mental Health drop-in recovery center for Veterans with serious mental conditions. The PIER Center offers peer fellowship and support for these veterans. It supplements the efforts of the clinical staff and Peer Specialists by providing additional emotional support, social interaction, information, tangible aid and hands-on guidance in accessing VA and community resources. It is staffed by six part-time peer coordinators working 12-16 hours a week for a one year appointment.
The Peer Specialist (PS) Team offers an adjunct service to Veterans with mental health conditions, intended to enhance the clinical therapeutic work of professional staff. This added support comes from trained peers (Veterans in recovery from their own mental health condition) who meet individually or in groups with clients to work on several areas. VA Long Beach Healthcare System has 13 PS’s on staff, embedded in most Mental Health programs. They meet with clients to share recovery experiences and recovery concepts, stages, and resources; assist with realistic recovery and wellness plans; discuss coping and problem solving methods; help find and access community resources; assist with community re-integration; and provide hope, fellowship and a sense of purpose. They also meet for weekly group supervision and competency-based training seminars.

**Psychiatric Inpatient Recovery Programming:**
*Supervisors: Richard Tingey, Ph.D. and Jessica Zuehlke, Psy.D.*

Mental health inpatient services are a critical part of the care we provide for our Veterans. We have two psychiatric inpatient units at our VA: L1, an acute psychiatric unit; and M1, a geriatric psychiatric unit. Both units are eager to provide recovery groups and limited recovery-based individual therapy, and love the involvement of postdoctoral fellows. Opportunities for fellows include leading these groups, providing short-term individual care, and participating with the interprofessional team at their patient rounds and nursing shift change meetings.

**Rehabilitation Psychology Special Emphasis Area (two-year position)**
*Supervisors: Sarah S. Brindle, Ph.D.; Jennifer L. Geren, Ph.D.; Elizabeth V. Horin, Ph.D., ABPP; David N. Kerner, Ph.D.; Linda R. Mona, Ph.D.; Stacy L. Reger, Ph.D.*

The primary goal of the Rehabilitation Psychology Special Emphasis Area is to train practitioners in mental health disciplines to partner with integrative treatment teams and veterans through a participatory, collaborative, and coordinated approach with shared decision-making (CIHC PIS, 2010). Implementation of an evidence-based, veteran-centered, integrated team-based service delivery model is a strong focus of treatment within medical care clinics/teams. Fellows in this Special Emphasis Area will acquire knowledge of evidence-based practices through direct supervision, experiential treatment of patients, active participation in team meetings, and interdisciplinary didactics provided by faculty across disciplines. These core educational outcomes and objectives are based on models developed by collaborative efforts among accrediting bodies in health care settings (CIHC PIS, 2010; IEC, 2011). Furthermore, this program has been developed in accordance with the American Psychological Association’s Division 22 (Rehabilitation Psychology) training guidelines for training in rehabilitation in addition to the American Psychological Association’s Guidelines for Assessment of and Intervention with Persons with Disabilities.

Across rotations, several methods of supervision will be used to guide Fellows in developing expertise in Rehabilitation Psychology while working in Medical Care Clinics/Teams. In keeping with the larger Psychology Postdoctoral Program’s apprenticeship model of training that focuses on graduated levels of responsibilities, Fellows will work alongside their supervisors – perhaps first observing, then practicing while being observed, and then practicing alone. At least one hour of individual direct, face-to-face supervision will be provided weekly by the primary supervisor. Methods of supervision may include direct observation, audio or video tapes, review of notes, and/or group supervision discussion. Fellows will also provide supervision to Psychology pre-interms under the supervision of a licensed staff member. In addition, in their second year, the advanced Fellow will provide mentorship to the Fellow who will be in their first year of the training program.

Fellows will be assigned to their training settings based on their individualized training needs and goals. Rotations will last a minimum of six months and be either full- or part-time. It is feasible for the Fellow to rotate through two different Medical Care Clinics/Teams (e.g., Blind Rehabilitation and Acute Rehabilitation) simultaneously depending on team meeting dates and times. In addition, for fellows in Rehabilitation Psychology that have interest in more comprehensive neuropsychological evaluation, there is opportunity to do a rotation within the SCI Neuropsychology Clinic.

Please note that the Rehabilitation Psychology Special Emphasis Area has submitted an application for Specialty Accreditation in Rehabilitation Psychology through the American Psychological Association Commission on Accreditation.
Training Settings

Blind Rehabilitation Center
Supervisor: Elizabeth V. Horin, Ph.D., ABPP

The Major Charles Robert Soltes, Jr., O.D., Blind Rehabilitation Center (BRC) at the VA Long Beach Healthcare System is a 24-bed residential, inpatient rehabilitation program. Veterans or active duty service members who are legally blind or have functional visual impairments are referred to the center for blind or vision rehabilitation from Southern California and Southern Nevada. Patients range in age from their late teens to their 100s but the majority of patients are older veterans in their 60s to 90s with legal blindness and others health conditions that may or may not be related to their vision loss (e.g., Diabetes, Hypertension, COPD). A smaller subset of returning veterans with traumatic brain injuries or other neurological conditions and vision loss participate. The comprehensive rehabilitation training program in comprised of staff members from a variety of disciplines including Blind Rehabilitation (i.e., Living Skills, Manual Skills, Orientation & Mobility, Visual Skills, and Accessible Technologies), Medicine (i.e., Nurse Practitioner, Attending Physician), Nursing, Optometry, Psychology, Recreation Therapy, and Social Work.

Supervisors: Sarah S. Brindle, Ph.D., David N. Kerner, Ph.D., Linda R. Mona, Ph.D., and Stacy L. Reger, Ph.D.

The Spinal Cord Injury/Disorder (SCI/D) Health Care Group is the largest SCI Center in the United States. Patients in this setting present with a broad spectrum of SCI/Ds, from the newly injured individual facing a drastic life change, to the individual injured many years ago who is now coping with decreased functional ability as a result of the aging process. SCI/Ds can result from traumatic injury such as gunshot wound or motor vehicle accident, or from a variety of non-traumatic causes such as surgery complications and chronic health conditions such as Multiple Sclerosis. SCI/D rehabilitation and treatment demands a broad interdisciplinary approach, both for acute and for ongoing care. The psychologists and various trainees work within closely-knit teams that include physicians, pharmacists, social workers, rehabilitation therapists, case managers, dieticians, respiratory therapists, psychiatrists, and especially nursing staff of the three SCI/D units in addition to the SCI/D Long Term Care ward.

Sub-Acute and Geriatric Rehabilitation
Supervisor: Jennifer L. Geren, Ph.D.

The Community Living Center (CLC) at VALBHCS offers short and long-term inpatient rehabilitation services in an 85-bed facility. Veterans receiving rehabilitation services range from elderly, medically frail, and often cognitively impaired veterans to middle-aged and older veterans who frequently have complex, co-morbid medical, psychiatric, substance abuse, and social problems. Rehabilitation goals include strengthening after illness-related debility or injury (e.g., post-fall), adjustment to prosthetics, post-stroke recovery and rehabilitation, household or community mobility, and other personalized goals. Psychology services within the CLC include (1) Diagnostic, intervention, and prevention-oriented mental health services to veterans residing at the CLC; (2) Neuropsychological assessment and dementia evaluations with an emphasis on using test results to inform interventions and care planning; (3) Consultation and education regarding psychological, neuropsychological, and behavioral health issues to the interdisciplinary team; and (4) Individual, couples, and family psychotherapy. Fellows serve as primary mental health consultants to the interdisciplinary team and work in close collaboration with team members from medicine, nursing, rehabilitation therapy, pharmacy, dietetics, recreation therapy, social work, and psychiatry.

Women’s Mental Health (WMH) and Trauma Special Emphasis Area
Supervisors: Linda Baggett, Ph.D., Gretchen Sholty, Ph.D., and Camila R. Williams, Ph.D.

Founded in January 2005 through a VA Special Needs Grant. The Women’s Mental Health Center (WMHC) serves women Veterans by providing gender-specific and sensitive services. The WMHC is unique in that 1) it is one of only a few dedicated women’s mental health centers in the VA nationally, and, 2) it affords the opportunity for training as both a generalist and a specialist (trauma). Our treatment philosophy follows a holistic and evidence-based approach, which influences our conceptualization of patients as well as the types of interventions that we use. The WMHC is comprised of three (soon to be 4) psychologists (for a total of 2.5 FTE) listed above), two licensed marriage and family therapists, certified yoga therapist, licensed clinical social worker, and a program support assistant. The Psychology Postdoctoral Fellow will work closely with the psychologists during the training year, choosing one as her or his primary supervisor for the year and the remaining two for six-month rotations each. The WMHC offers a wide variety of evidence-based groups addressing topics such as sexuality, mood and...
stress management, substance use, PTSD, healthy eating, coping skills, and relationships. The Psychology Postdoctoral Fellow in the WMHC Special Emphasis, supervising Psychology interns, and facilitating intakes and psychological assessment. There is a great deal of flexibility for the WMHC fellow to choose cases and groups that suit his or her training goals, as well as opportunities for group development and program evaluation.

**Training Opportunities**

1. Trauma focused outpatient psychotherapy (group and individual)
2. Generalist outpatient psychotherapy (group and individual)
3. Program development and evaluation (if desired)
4. Collaboration with interdisciplinary team (LMFTs, LCSW, and yoga therapist)
5. Participation in the department-wide Dialectical Behavior Therapy program (team consultation, phone coaching, individual and group)

The Women’s Mental Health Center provides individual and group psychotherapy to women Veterans who present with a wide range of presenting problems. We offer a variety of evidence-based treatments such as Cognitive Behavioral Therapy, Prolonged Exposure, Cognitive Processing Therapy, Dialectical Behavioral Therapy, Acceptance and Commitment Therapy, Psychodynamic/Interpersonal Process Psychotherapy, Interpersonal Therapy for Depression, and Seeking Safety.

We also offer a variety of outpatient groups exclusively for women that change depending on current staff/volunteers and interest level of the women Veterans. Some of the groups we have offered are the following:

- Trauma Skills Group
- Mood Group (CBT and ACT for depression)
- Cognitive Processing Therapy for PTSD
- Women’s Combat Support Group
- Dialectical Behavioral Skills Group
- Managing Behavior and Affect Group
- Relationships Skills
- Food for Thought (developing a healthy relationship with food)
- Intimacy Recovery
- Seeking Safety (PTSD and Substance Use Disorders)
- Relaxation/Mindfulness group
- Yoga
- Mantram Repetition
- Cognitive Behavioral Therapy for Insomnia (CBT-I)
- Anger Management

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**Requirements for Completion of Postdoctoral Fellowship**

Before Fellows start the program, their prior training experiences are carefully reviewed to identify areas of strength and needed growth. This process facilitates the development of an individualized training program to meet the specific training needs of each Psychology Postdoctoral fellow. Fellows are encouraged to expand their areas of clinical competence by using new treatment techniques from various theoretical orientations, and perhaps working with new patient populations, such as the severely mentally ill, dually diagnosed patients or primarily women.

*It is expected that upon completion of the program, all Fellows will demonstrate competence as defined by the APA Commission on Accreditation.*

At the beginning of the training year, each Fellow will receive a Handbook for Psychology Postdoctoral Fellows that specifies the required competency elements within each domain. The Fellow is rated four times per year on all competency domains. Although many of the core competencies will be the same for Fellows in all Special Emphasis areas, some competencies will apply only to Fellows in a specific Special Emphasis area.
Facility and Training Resources

All Psychology Postdoctoral Fellows are provided with office space and secure networked computers necessary for patient care and administrative responsibilities. They have access to the VA Medical Library services, including text databases such as Ovid, as well as VA Intranet and Internet resources for clinical work and research. Within the Psychology Department, there is a comprehensive Psychology Assessment Lab that has a wide variety of psychological assessment instruments and test scoring programs.

Administrative Policies and Procedures

The leave policy of the Psychology Postdoctoral Fellowship Program is consistent with the national standard. Trainees accrue four hours of Annual Leave (AL) per pay period (about 13 days per year) and four hours of Sick Leave (SL) per pay period (about 13 days per year). Trainees must accrue these hours, as they will not be available during the first two weeks of training. Applicants are welcome to discuss this issue with the Director of Postdoctoral Training.

Authorized Absence (AA): Authorized absence for training may be requested for off-site educational workshops/seminars, conferences, other approved training activities, and license examination. Up to 10 days can be requested by the Fellow throughout the training year.

Due Process: All Fellows are afforded the right to due process in matters of problem behavior and grievances. Due process procedures are outlined in the Handbook for Psychology Postdoctoral Fellows and reviewed with all fellows during their first week at VA Long Beach Healthcare System. 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 Fellows to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting the Fellow's performance and such information is necessary in order to address these difficulties.
Training Staff

Psychology Postdoctoral Training Faculty

**BAGGETT, Linda R.**
Current VA Position: Staff Psychologist, Director of Women’s Mental Health Center  
Area of Specialization: Counseling Psychology  
Degree: Ph.D., University of Memphis, 2012  
VA hire: 2013  
E-mail address: linda.baggett@va.gov  
Licensure: California (2013)  
Theoretical Orientation: Integrative (e.g., Interpersonal/Psychodynamic psychotherapy, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT)).  
Areas of Clinical Specialization: Women’s Mental Health, Military Sexual Trauma (MST), Trauma, Sexual Health, LGBTQ community, diversity.  
Publications/Research Interests: sexual health, body image, and diversity  
Professional Organizations: APA  
Teaching/Training Interests: Women’s Mental Health, Military Sexual Trauma, sexuality, and professional development

**BENEDICT, Henry C.**
Current VA Position: Staff Psychologist, Substance Abuse Treatment Clinic  
Area of Specialization: Clinical Psychology  
Degree: Ph.D., Washington University, 1967  
VA Hire: 1967  
E-mail address: henry.benedict@va.gov  
Licensure: California (1969)  
Theoretical Orientation: Integrative  
Areas of Clinical Specialization: Psychodiagnostic evaluations; Chemical dependence including alcoholism, dual addiction and dual diagnosis; Individual and group psychotherapy  
Publications/Research Interests: Cognitive dissonance, clinical exchange, dual diagnosis, Substance abuse; Posttraumatic Stress Disorder; ADHD with CSULB  
Academic Appointments: Fuller Graduate School of Psychology  
Professional Organizations: APA  
Teaching/Training Interests: All aspects of clinical psychology, therapy and diagnosis

**BRINDLE, Sarah S.**
Current VA Position: Staff Psychologist, Spinal Cord Injury/Disorder  
Area of Specialization: Counseling Psychology; Spinal Cord Injury (Fellowship at Rancho Los Amigos)  
Degree: Ph.D., University of Iowa, 2004  
VA hire: 2005; (transferred to VALBHCS in 11/2009)  
E-mail address: sarah.fraley@va.gov  
Licensure: California (2005)  
Theoretical Orientation: Integrative, Cognitive-Behavioral  
Areas of Clinical Specialization: Rehabilitation Psychology, Spinal Cord Injury  
Publications/Research Interests: Women’s health psychology; sexual coercion, sexuality and disability  
Professional Organizations: APA  
Teaching/Training Interests: Rehabilitation Psychology; vicarious traumatization/burnout; issues relevant to new graduates (licensure, job seeking strategies)

**CROSBY, Shelly M.**
Current VA Position: Staff Psychologist, Combat PTSD program; LGBTQ Clinical Coordinator  
Area of Specialization: Clinical Psychology  
Degree: Psy.D., Pepperdine University 2013  
VA Hire: January 2015  
E-mail address: shelly.crosby2@va.gov
**GANZ, Michael**  
Current VA Position: Staff Psychologist  
Area of specialization: Clinical Psychology  
Degree: Ph.D., Biola University/Rosemead School of Psychology, 2008  
VA hire: December 2014  
E-mail address: michael.ganz@va.gov  
Theoretical orientation: Presentation specific: EFCT, CBCT-PTSD, CBT, CPT, ACT, Psychodynamic  
Areas of Clinical Specialization: Couples Therapy, Clinical Military Psychology  
Publications/Research interests: Combat-specific coping and implications for treatment; Implementation of conjoint therapies to treat refractory PTSD symptoms; Connectedness as a modulator for resiliency  
Teaching/training interests: Focus on EFCT, CBCT-PTSD, CBT, ACT, EMDR, and PE

**GEREN, Jennifer L.**  
Current VA Position: Staff Psychologist, Community Living Center  
Are of Specialization: Clinical Psychology  
Degree: Ph.D., University of Southern California, 2013  
VA hire: 2015  
E-mail address: Jennifer.Geren@va.gov  
Licensure: California (2014)  
Theoretical orientation: Behavioral, Cognitive-Behavioral including 3rd wave therapies, Family Systems  
Areas of Clinical Specialization: Geropsychology, Health Psychology/Behavioral Medicine, Hospice and Palliative Care  
Publications/Research Interests: Aging and emotion, couples coping with chronic health problems, psychotherapy with older adults  
Teaching/Training Interests: Evidence-based psychotherapy with older adults, neuropsychological assessment, end-of-life care, interdisciplinary team consultation and integration, ethical issues concerning older adult care.

**GOMEZ, Megan E.**  
Current VA Position: Staff Psychologist, Behavioral Health Interdisciplinary Program (BHIP)  
Area of Specialization: Clinical Psychology, emphasis in neuropsychology  
Degree: Ph.D., Fuller Theological Seminary, Pasadena, CA 2014  
VA hire: 2015  
E-mail address: megan.gomez@va.gov  
Licensure: California (2016)  
Theoretical Orientation: Integrative: Interpersonal/Psychodynamic psychotherapy, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT).  
Areas of clinical specialization: Geropsychology, Neuropsychology  
Publications: Pre-clinical Alzheimer’s disease, Cognition in Parkinson’s disease, Impulse Control Behaviors in Parkinson’s disease, Complementary and Integrative Therapies for Mental Health and Aging  
Teaching/Training interests: neurodegenerative diseases, cognition, aging, lifestyle factors, professional development

**HAWKINS, Nathanial B.**  
Current VA Position: Staff Psychologist  
Area of Specialization: Clinical Psychology  
Degree: Ph.D, Pacific Graduate School of Psychology at Palo Alto University, 2014  
VA hire: 2012  
E-mail address: Nathanial.Hawkins@va.gov
Licensure: California (2016)
Theoretical orientation: cognitive-behavioral
Areas of Clinical Specialization: Trauma, PTSD, Substance Use Disorders, Transgender Care
Publications/Research interests: Trauma and substance use
Teaching/Training Interests: treatment of other trauma related disorders, military and childhood sexual trauma, posttraumatic resilience, PTSD family support, substance use disorders, transgender care, and LGBT issues

HORIN, Elizabeth V.
Current VA Position: Staff Psychologist, Blind Rehabilitation Center
Area of Specialization: Clinical Psychology; Community Psychology; Rehabilitation Psychology
Degree: Ph.D., DePaul University, 2008
ABPP: Rehabilitation Psychology, 2014
VA Hire: 2009 (transferred to VALBHC in 1/2012)
E-mail address: elizabeth.horin@va.gov
Theoretical Orientation: Integrative; Cognitive-Behavioral
Areas of Clinical Specialization: Rehabilitation and adjustment to disability and/or chronic health conditions; multicultural assessment; clinical psychology in medical and rehabilitation settings; geropsychology; health psychology; neuropsychology; behavioral sleep medicine and cognitive-behavioral treatment for insomnia (CBT-I)
Publications/Research Interests: Multicultural assessment; disability issues and vocational rehabilitation; CBT-I
Professional Organizations: APA (Divisions 18 and 22) and ABPP
Teaching/Training Interests: Rehabilitation and coping with and adjustment to disability and/or chronic health conditions; visual impairment and blindness; multicultural assessment; issues relevant to new graduates/early career psychologists

HOUSE, Adrienne I.
Current VA Position: Staff Psychologist, HIV/Oncology, Hospice, Dialysis
Area of Specialization: Clinical Psychology
Degree: Ph.D., Washington University in St. Louis, 1985
VA hire: 1992
E-mail address: adrienne.house@va.gov
Licensure: California (1989)
Theoretical Orientation: Cognitive-behavioral; humanistic
Areas of Clinical Specialization: Health Psychology; coping with HIV disease, cancer and other chronic illnesses
Professional Organizations: Divisions 38 and 45 of APA
Teaching/Training Interests: Psychological adjustment to chronic and life threatening illness, psychological work with the terminally ill, Buddhism and its application to psychology

HUANG, John S.
Current VA Position: Staff Psychologist, PTSD Program, EBP Seminar Coordinator
Area of Specialization: Clinical Psychology
Degree: Ph.D., University of California, Santa Barbara, 2003
VA hire: 2006
E-mail address: john.huang2@va.gov
Licensure: California (2005)
Theoretical Orientation: Eclectic, Cognitive-Behavioral; Interpersonal Process; Acceptance and Commitment Therapy
Areas of Clinical Specialization: Diversity issues; PTSD; meditation/relaxation
Publications: Diversity and mental health
Research Interests: Diversity and mental health
Professional Organizations: APA
Teaching/Training Interests: Diversity; Buddhism, Christianity, Hinduism and Native American spirituality

KERNER, David N.
Current VA Position: Staff Psychologist, Spinal Cord Injury/Disorder
Area of Specialization: Clinical Psychology
Degree: Ph.D., Joint Doctoral Program, UC San Diego/San Diego State University, 1998
VA hire: 2001
E-mail address: david.kerner2@va.gov
Theoretical Orientation: Cognitive-Behavioral
Areas of Clinical Specialization: Medical Psychology; Rehabilitation Psychology; chronic pain management
Publications/Research interests: Outcome Methodology; Health Psychology
Professional Organizations: APA
Teaching/Training Interests: Medical/Health Psychology; Rehabilitation Psychology; Physiological psychology; pain management.

LOPEZ, Deirdre
Current VA Position: Staff Psychologist
Area of Specialization: Clinical Psychology
Degree: Ph.D, University of Missouri-Columbia, 1996
VA hire: 2009
E-mail address: deirdre.lopez2@va.gov
Licensure: California (2002) (prior licensure in Missouri)
Theoretical orientation: Humanistic, cognitive-behavioral, psychodynamic
Areas of Clinical Specialization: Trauma and PTSD
Publications/Research interests: Trauma and attachment, moral injury, somatic trauma processing, narrative therapy for PTSD
Teaching/Training Interests: moral injury

LOVATO JACKSON, Lauren
Current VA Position: Staff Psychologist
Area of Specialization: Clinical Psychology
Degree: Psy.D., Pepperdine University, 2010
VA hire: 2015
E-mail Address: lauren.lovatojackson@va.gov
Licensure: California (2012)
Theoretical Orientation: Cognitive-Behavioral
Areas of Clinical Specialization: Trauma-focused treatments including Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE); treatment of Borderline Personality Disorder using Dialectical Behavior Therapy (DBT); treatment of chronic depression using Cognitive Behavioral Analysis System of Psychotherapy (CBASP)
Publications/Research interests: Treatment of individuals with co-occurring Posttraumatic Stress Disorder and Borderline Personality Disorder; Clinician implementation of exposure-based treatments for PTSD.
Teaching/Training Interests: Case-conceptualization driven approach to CBT, PE, for PTSD, DBT for Borderline Personality Disorder, and treatment of chronic depression using the CBASP treatment model

MCDougall, Tatiana V.
Current VA Position: Staff Psychologist; Couples and Family Therapy
Area of specialization: Clinical/Community and Applied Social Psychology
Degree: Ph.D., University of Maryland, Baltimore County, 2014
VA hire: 2015
E-mail address: tatiana.mcdougall@va.gov
Licensure: Maryland (2015), California (2016)
Theoretical orientation: Integrative with focus on interpersonal, attachment-based, and experiential approaches.
Areas of clinical specialization: Couples Therapy, Dialectical Behavior Therapy, Diversity and multicultural psychology, Supervision of Supervision
Publications/Research interests: Attachment style and stress in intimate relationships, impact of family factors on psychological health, minority student development
Teaching/training interests: Integrative case-conceptualization, clinical supervision, attachment-based approaches (EFCT), and mindfulness-based approaches

MONA, Linda R.
Current VA Position: Staff Psychologist, Spinal Cord Injury/Disorder
Area of Specialization: Clinical Psychology
Degree: Ph.D., Georgia State University, 1998
VA hire: 2002
E-mail address: linda.mona@va.gov
Licensure: California (2000)
Theoretical Orientation: Integrative; Cognitive-Behavioral
Areas of Clinical Specialization: Rehabilitation psychology; couples therapy; sex therapy; Disability Affirmative Therapy
Publications/Research interests: Sexuality and Disability, Disability Policy, Diversity/Multiculturalism and Disability
Professional Organizations: APA (Divisions 22 and 18); Society for the Scientific Study of Sexuality; American Association of Sex Educators, Counselors, and Therapists
Teaching/Training Interests: Psychology of disability; Rehabilitation Psychology; sexual expression and sex therapy; diversity issues and multicultural psychology

NAUGHTON, Jessica
Current VA Position: Staff Psychologist
Area of Specialization: Clinical Psychology
Degree: Ph.D, Syracuse University (2012)
VA hire: 2017
E-mail address: jessica.naughton@va.gov
Licensure: California (2013)
Theoretical orientation: integrative (psychodynamic, cognitive-behavioral, mindfulness/acceptance approaches)
Areas of Clinical Specialization: Trauma and PTSD
Publications/Research interests: therapeutic relationship within trauma work, integrative therapy for trauma, attrition reduction and systems improvement in treatment
Teaching/Training Interests: integrative therapy, exposure therapies, PTSD/SUD

REGER, Stacy L.
Current VA Position: Staff Psychologist, Spinal Cord Injury/Disorder
Area of Specialization: Clinical Psychology; Geropsychology
Degree: Ph.D., University of Nevada Las Vegas, 2014
VA Hire: 2015
E-mail address: stacy.reger@va.gov
Licensure: California (2015)
Theoretical Orientation: Integrative; Interpersonal Process
Areas of Clinical Specialization: Adjustment to disability and/or chronic health conditions; geropsychology; clinical psychology in medical settings; neuropsychological assessment; end-of-life and serious illness
Publications/Research Interests: Post-traumatic stress disorder and aging; physical pain, trauma, and aging; resilience; end-of-life issues; grief; aging and cognition
Professional Organizations: APA, CPA
Teaching/Training Interests: Aging; coping with and adjustment to disability and/or chronic health conditions; grief; practicing psychology in a medical setting; diversity; professional development; neuropsychological assessment

SCOTT, Andrea C.
Present VA Position: Staff Psychologist, Director of Postdoctoral Training
Area of specialization: Clinical Psychology
Degree: PhD, Palo Alto University, 2013
VA hire: 2014
E-mail address: andrea.scott@va.gov
Licensure: California (2015)
Theoretical orientation: Integrative (cognitive-behavioral; psychodynamic; motivational interviewing)
Areas of clinical specialization: Health psychology
Publications/Research interests: CIM (Complementary and Integrative Medicine)
Teaching/training interests: Tobacco Cessation, CBT-I, MOVE!, mental health readiness evaluations, biofeedback, MI

SHOLTY, Gretchen L.
Current VA Position: Staff Psychologist, Women’s Mental Health Center; Director- Psychology Training Program
Area of Specialization: Clinical Psychology
Degree: Ph.D., University of California, Los Angeles (UCLA) 2012
VA hire: 2013  
E-mail address: gretchen.sholty@va.gov  
Licensure: California (2014)  
Theoretical Orientation: Integrative (e.g., Interpersonal/Psychodynamic psychotherapy, Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), VA Certified in Dialectical Behavioral Therapy (DBT) and Cognitive Processing Therapy (CPT).  
Areas of Clinical Specialization: Women’s Mental Health, Military Sexual Trauma (MST), Trauma and Sexual Health, LGBTQ community, Serious Mental Illness (SMI), Recovery-oriented treatment  
Publications/Research interests: schizophrenia, recovery-oriented programming, ACT for psychosis, sexual health  
Professional Organizations: Association for Contextual Behavioral Science  
Teaching/Training Interests: Women’s Mental Health, Military Sexual Trauma, DBT, Recovery-oriented programming, professional development

TINGEY, Richard C.  
Current VA Position: Staff Psychologist; Director, Pathways Recovery Center  
Area of Specialization: Clinical Psychology  
Degree: Ph.D., Brigham Young University, 1989  
VA hire: 1995  
E-mail address: richard.tingey@va.gov  
Licensure: California (1991)  
Theoretical Orientation: Acceptance & Commitment Therapy (ACT), Psychodynamic, Object Relations, Dialectical Behavioral Therapy (DBT)  
Areas of Clinical Specialization: Severe chronic mental illness; addictive disorders  
Publications/Research interests: Psychotherapy outcome, outcome methodology, therapy outcome, brief treatment, treatment efficacy, ACT, substance abuse  
Professional Organizations: Association for Contextual Behavioral Science, American Psychological Association  
Teaching/Training Interests: Group psychotherapy, ACT, DBT, Psychodynamic Tx, SA treatment, Recovery from Severe Mental Illness

WELSH, Elizabeth  
Current VA Position: Staff Psychologist  
Area of Specialization: Clinical Psychology  
Degree: Ph.D., Fuller Graduate School of Psychology, 2011  
VA hire: 2012  
E-mail Address: Elizabeth.Welsh@va.gov  
Licensure: California (2013)  
Theoretical Orientation: DBT, CBT  
Areas of Clinical Specialization: Treatment of Borderline Personality Disorder (BPD) using Dialectical Behavior Therapy (DBT); CBT-E and DBT for eating disorders; biofeedback for anxiety and stress disorders; trauma-focused treatment including Prolonged Exposure (PE); transgender mental health care (evaluations for readiness to start cross-sex hormone therapy, undergo sexual reassignment surgery, and psychotherapy for gender transition)  
Publications/Research interests: Women’s mental health treatment models, transgender mental health  
Teaching/training interests: DBT, transgender mental health, eating disorders

WILLIAMS, Camila R.  
Current VA Position: Staff Psychologist, Women’s Mental Health Center  
Area of Specialization: Clinical Psychology  
Degree: Ph.D., University of Utah, Salt Lake City 2014  
VA hire: October 2015  
E-mail address: camila.williams@va.gov  
Licensure: California (2016)  
Areas of clinical specialization: Combat PTSD; Evidence-based treatment of PTSD, Depression, Anxiety, and Substance Abuse disorders; mindfulness/relaxation.
Publications: Interpersonal processes in anxiety disorders; coping processes in combat PTSD; martial satisfaction and psychological functioning among spouses of combat Veterans with PTSD; spouses’ perceptions of Veteran’s PTSD; post deployment adjustment.

Professional Organizations: International Society for Traumatic Stress Studies (ISTSS), Association for Behavioral and Cognitive Therapies (ABCT)

Teaching/Training Interests: Evidence-based therapies (CBT/CPT/PE), trauma, substance use disorders

**YADAVAIA, James E.**
Current Position: Staff Psychologist, BHIP  
Area of Specialization: Clinical Psychology  
Degree: Ph.D., University of Nevada, Reno, 2013  
VA hire: 2014  
E-mail address: james.yadavaia@va.gov  
Licensure: California (2014)  
Theoretical Orientation: Third wave cognitive-behavioral  
Areas of Clinical Specialization: Individual and group psychotherapy, especially ACT, DBT, and mindfulness. Also traditional CBT (including CPT) and motivational interviewing.  
Publications/Research Interests: Self-compassion, LGB concerns, self-stigma, mental health recovery movement  
Teaching/Training Interests: Individual and group psychotherapy, issues of diversity in clinical work and supervision

**YAMINI-BENJAMIN, Yasmeen**
Current VA Position: Staff Psychologist, Diversity Seminar Coordinator  
Area of specialization: Counseling Psychology  
Degree: Ph.D., University of California, Santa Barbara, 2006  
VA hire: 2009  
E-mail address: Yasmeen.yamini-benjamin@va.gov  
Theoretical orientation: Integrative (Cognitive Behavioral Therapy, Interpersonal Process, and Gestalt)  
Areas of Clinical Specialization: PTSD, Depression, and General Anxiety Disorders  
Research interests: Work Adjustment, Impacts of Perceived Discrimination, and Social Status  
Teaching/Training Interests: Professional Development, Diversity, Depression, PTSD, and General Anxiety Disorders

**ZIZAK, Vanessa S.**
Current VA Position: Neuropsychologist  
Area of Specialization: Clinical Neuropsychology  
Degree: Ph.D.: Palo Alto University, 2010  
VA hire: 2012  
E-mail address: Vanessa.Zizak@va.gov  
Licensure: California (2014)  
Theoretical Orientation: Biopsychosocial model  
Areas of Clinical Specialization: Neuropsychological Assessment across the life-span  
Publications: Cognition and emotion in patients with Alzheimer’s, Parkinson’s, and Huntington’s disease; MCI; depression and psychotic major depression; PTSD and TBI; and in pre and post bariatric surgery patients.  
Research Interests: Aging, neurodegenerative illness, depression, and traumatic brain injury  
Professional Organizations: APA Divisions 20 and 40, INS and NAN  
Teaching/training Interests: Screening and Comprehensive Neuropsychological Assessment of both young and older adults (MCI, Dementia evaluation), TBI research and improving clinical assessments with empirical research

**ZUEHLKE, Jessica B.**
Current VA Position: Assistant Chief of Psychology; Local Recovery Coordinator  
Area of Specialization: Psychosocial Rehabilitation (PSR) and Recovery/Mental Health Administration and Leadership/Clinical Psychology  
Degree: Psy.D. University of Hartford, CT, 2008  
VA hire: 2009 (transferred to VALBHCS in 7/2012)  
E-mail address: jessica.zuehlke@va.gov  
Licensure: Rhode Island (2009)
Theoretical Orientation: Recovery-oriented; Interpersonal; Mindfulness; Solution-Focused
Areas of Clinical Specialization: Psychosocial Rehabilitation and Recovery
Publications: Mental Health Recovery, System Redesign, Patient-Centered Care, Post-partum depression
Other Interests: System Redesign (trained as a SR Facilitator), Patient-Centered Care (Planetree model)
Fellows

2017-2018 Postdoctoral Fellows:

Melissa Matos, Ph.D., Alliant International University, Los Angeles (Rehabilitation Psychology-2nd year)
Nina Tilka, Ph.D., Biola University (Rehabilitation Psychology)
Erin Hansell, Psy.D., Pepperdine University (Interprofessional)
Nicholas Brown, Ph.D., University of Missouri - Saint Louis (Interprofessional)
Dominika Swistun, Ph.D., University of Wisconsin - Madison (Liver Disease and HIV)
Leanne Taylor, Psy.D., Florida Institute of Technology (Neuropsychology-2nd year)
Arezou Mortazavi, Ph.D., Pennsylvania State University (PTSD)
Tayor Hartman, Psy.D., George Fox University (Psychosocial Recovery for Severe Mental Health Conditions)
Sara Gonzalez-Rivas, Ph.D., University of Missouri - Saint Louis (Women’s Mental Health Center)

2016-2017 Postdoctoral Fellows:

Zyanya Mendoza, Psy.D., Azusa Pacific University (Rehabilitation Psychology-2nd year)
Melissa Matos, Ph.D., Alliant International University, Los Angeles (Rehabilitation Psychology)
Kay Schwader, PhD, Suffolk University Clinical Respecialization Certificate Program (Interprofessional)
Shannon Bates, Psy.D., Pepperdine University (Interprofessional)
Jennefer Ho, Ph.D., San Diego State University/University of California San Diego (Liver Disease and HIV)
Leanne Taylor, Psy.D., Florida Institute of Technology (Neuropsychology)
Hannah Jones, Ph.D., Fuller Theological Seminary (PTSD)
Edward Tadros, Psy.D., The Wright Institute (Psychosocial Recovery for Severe Mental Health Conditions)
Ashley Bauer, Psy.D., Indiana State University (Women’s Mental Health Center)

2015-2016 Postdoctoral Fellows:

Kimberly Baerresen, Ph.D., Loma Linda University (Neuropsychology-2nd year)
Zemed Berhe, Ph.D., Seton Hall University (Interprofessional)
Vita Felix, Ph.D., Arizona State University (PTSD)
Laura Northrop, Ph.D., Rosemead School of Psychology (Psychosocial Recovery for Severe Mental Health Conditions)
Zyanya Mendoza, Psy.D., Azusa Pacific University (Rehabilitation Psychology)
Marissa Rudolph, Ph.D., Seattle Pacific University (Women’s Mental Health Center)
Kulwinder (Karan) Singh, Ph.D., University of Southern CA (Liver Disease and HIV)
Margaret (Molly) Tartter, Ph.D., University of California, Los Angeles (Interprofessional)

2014-2015 Postdoctoral Fellows:

Sarah-Hae Andreski, Ph.D., Palo Alto University (Rehabilitation Psychology)
Kimberly Baerresen, Ph.D., Loma Linda University (Neuropsychology)
Elizabeth Cherjeji, Ph.D., University of Southern CA (HCV/HIV)
Marc Flores, Psy.D., University of Hartford (Interprofessional)
Tatiana McDougall, Ph.D., University of Maryland, Baltimore County (Interprofessional)
Jessica Valluzzi, Psy.D., Pepperdine University (Psychosocial Recovery for Severe Mental Health Conditions)
Camila Williams, Ph.D., University of Utah (PTSD)

2013-2014 Postdoctoral Fellows:

Elisha Carcieri, Ph.D., St. Louis University (Rehabilitation Psychology)
Shelly Crosby, Psy.D., Pepperdine University (PTSD)
Thomas Hanson, Psy.D., Pepperdine University (Interprofessional)
Corina Lopez, Ph.D., University of Miami (HCV/HIV)
Michelle Medanic, Psy.D., George Fox University (Interprofessional)
Timothy O’Brien, Ph.D., University of Alabama at Birmingham (Neuropsychology – 2nd year)
James Yadavaia, Ph.D. University of Nevada, Reno (Psychosocial Recovery for Severe Mental Health Conditions)
2012-2013 Postdoctoral Fellows:

Jessica Naughton, Ph.D., Syracuse University (PTSD)
Timothy O’Brien, Ph.D., University of Alabama at Birmingham (Neuropsychology)
Gretchen Sholty, Ph.D., University of California, Los Angeles (Psychosocial Recovery for Severe Mental Health Conditions)
Michelle Sonnenberg, Psy.D., Adelphi University (PTSD)

2011-2012 Postdoctoral Fellows:

Lauren Glamb, Psy.D., Pepperdine University (PTSD)
Anitha Iyer, Ph.D., Columbia University (Women's Mental Health Center)
Pearl McGee-Vincent, Psy.D., JFK University (Psychosocial Recovery for Severe Mental Health Conditions)
Vanessa Zizak, Ph.D., University of Palo Alto (Neuropsychology – 2nd year)

2010-2011 Postdoctoral Fellows:

Amber Baker, Ph.D., University of California, Santa Barbara (PTSD)
Velma Barrios, Ph.D., State University of New York at Albany (Women's Mental Health Center)
John Williams, Ph.D., State University of New York at Binghamton (Psychosocial Recovery for Severe Mental Health Conditions)
Vanessa Zizak, Ph.D., University of Palo Alto (Neuropsychology)

2009-2010 Postdoctoral Fellows:

Emily Fine, Ph.D., University of Southern California (Neuropsychology)
Adria Pearson, Ph.D., University of Nevada, Reno (Psychosocial Recovery for Severe Mental Health Conditions)
Rachel Robertson, Ph.D., Washington State University (Women's Mental Health Center)
Marya Schulte, Ph.D., San Diego State University/University of California San Diego (PTSD)

2008-2009 Postdoctoral Fellows:

Jessica Lambert, Ph.D., State University of New York at Albany (Women's Mental Health Center)
Kirsten Lowry, Ph.D., University of Nevada, Reno (Psychosocial Recovery for Severe Mental Health Conditions)
Shanna Murray, Ph.D., Bowling Green University (PTSD)
Jennifer Predolin, Psy.D., Pepperdine University (Neuropsychology)

Local Information

VA Long Beach Healthcare System is a part of the Veterans Integrated Service Network (VISN) 22, which also includes the San Diego VA, Loma Linda VA, Las Vegas VA and the Greater Los Angeles Healthcare System consisting of the West Los Angeles VA, Sepulveda VA, the Los Angeles Ambulatory Care Center, and outlying clinics. The VA Long Beach Healthcare System includes the main medical center complex in Long Beach, as well as five community-based healthcare clinics located in West Long Beach ( Cabrillo Villages), Whittier, Anaheim, Santa Ana, and Laguna Hills.

Our Medical Center complex is located adjacent to California State University at Long Beach, and is approximately 30 miles south of UCLA and 20 miles north of the University of California at Irvine (UCI). The city of Long Beach is located along the California coast in southern Los Angeles County, next to the border of Orange County. The city is named for its miles of sandy beaches. Originally becoming popular as a seaside resort in the late 19th century, Long Beach is the fifth largest city in California, with an ethnically diverse population of almost a half million people. Its harbor is the home of the famous luxury liner the Queen Mary and the Port of Long Beach, which is the busiest closed container-shipping center in the United States. A large number of recreational, entertainment, cultural and sporting facilities are available in the greater Long Beach area.
Directions to the Tibor Rubin VA Medical Center and Psychology Department

The Tibor Rubin VA Medical Center is located on the corner of Bellflower Boulevard and Seventh Street in Long Beach. It is adjacent to California State University at Long Beach, and is just northeast of where Pacific Coast Highway intersects with Bellflower Blvd. and Seventh Street. For more information on orienting yourself to VA Long Beach, please check the VA Long Beach Website. www.longbeach.va.gov

To find out more about events and attractions in the greater Los Angeles area, go to:

http://www.discoverlosangeles.com/