



**Clinical Psychology Post Doctoral Fellowship Emphasis Areas:  
Integrated Care and Behavioral Medicine  
Substance Use Disorder and PTSD**

VA Northern California Health Care System  
150 Muir Road  
Martinez California, 94553  
(925) 372-2102

<http://www.northerncalifornia.va.gov/>

**Accreditation Status**

The Clinical Psychology Post-Doctoral Fellowship is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be in 2020.

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

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

Phone: (202) 336-5979

Email: [apaaccred@apa.org](mailto:apaaccred@apa.org).

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

**Application & Selection Procedures**

The training year begins the last week of August, though this can be negotiated considering the incoming resident's internship completion date. It is a one year, full-time program with VA benefits. The current annual salary is \$50,006. We will be selecting one resident in each of the two emphasis areas for the 2016-2017 training year.

**Eligibility**

Applicants must be U.S. citizens who are candidates in (or have completed) an APA-accredited doctoral program in clinical or counseling psychology. They must have completed an APA accredited internship program and have completed all requirements for a Ph.D. or Psy.D. degree prior to the start of the residency. Written verification of program completion from the program must be submitted prior to the start of the program.

Applicants who match with our site must also be aware of the following Federal Government requirements:

The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. Residents will have to complete a Certification of Citizenship in the United States prior to beginning the fellowship. VA conducts drug screening exams on randomly selected personnel as well as new employees. Thus, it is likely that selected residents will have to complete drug testing as part of a pre-employment medical screening. Interns and residents are also subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens. **You do not need to submit any documentation related to these issues at this stage.**

## Application Materials

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

Please be sure to select the correct “program” in the APPA CAS. There is one for the Integrated Care emphasis area, and one for the Substance Use Disorders and Neurocognitive Rehab emphasis area. Applicants should use [APPA CAS](#) to submit the following:

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

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

## Application Process

All required application materials must be uploaded to [APPA CAS](#) by **December 18, 2015.**

Please contact us at [VANorCalPsychResidency@va.gov](mailto:VANorCalPsychResidency@va.gov) or 925-372-2102 with any questions about the application process.

## Selection Procedures

We have a two-part selection procedure. First, application materials will be reviewed for basic eligibility, strength of training and experience, and goodness of fit with our program. A pool of applicants will be selected for interviews. Interviewing will generally be conducted by telephone unless the applicant is in the local area and would like to attend an in-person interview. Interviewing on the phone or in-person will be based on the applicant's preference but applicants will not be at a competitive disadvantage if they interview by phone.

## Selection Criteria

Applicants are evaluated based on a number of criteria, including breadth and quality of clinical training experience, academic performance and preparation, scholarship and contributions to the profession (e.g., publications, presentations, participation in professional organizations), quality of written expression, progress on dissertation or final project, attributes outlined in recommendation letters, and compatibility of training preparation and interests with the program's goals and resources. Given the Integrated Care/ Behavioral Medicine program's emphasis area, a demonstrated history of interest and experience in behavioral medicine and/or primary care will be a strong selection factor. Similarly, previous experiences and specific interest will be considered in selection for the Substance Use Disorder and PTSD position.

The VA Northern California Psychology training program strongly seeks and values diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, veteran status, and political affiliation. Residents are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. The program seeks to admit trainees from diverse backgrounds while

selecting the most qualified candidates. As such, individuals from diverse backgrounds are particularly encouraged to apply. The VA is an Equal Opportunity Employer and the training program follows institutional guidelines in this regard.

## Training Setting

The fellowship training occurs at the Martinez and Oakland sites of the VA Northern California Health Care System (VA NCHCS). VA Northern California Health Care System forms a network of health care services for Veterans comprising outpatient clinics and inpatient services organized to provide a continuum of coordinated and comprehensive health care for eligible Veterans throughout a vast expanse of Northern California. [VA Northern California Health Care System](#) includes outpatient clinics in Oakland, Martinez, Travis Air Force Base in Fairfield, Mare Island, Sacramento, Chico, Redding, Yreka, and Yuba City that are staffed and equipped to provide a comprehensive range of outpatient health care services.

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

**Martinez Clinic**



Across VA NCHCS, a total of 92,023 Veterans were treated in Fiscal Year 2014 and 21,622 were treated in Mental Health. VA NCHCS has a uniquely diverse range of settings, from an urban intercity clinic in a multiethnic neighborhood (Oakland) to rural communities far removed from population centers (Redding, Chico, Yreka, Yuba City). Telehealth initiatives are now underway to provide specialized services to the more rural locations within our system. The program's settings provide experience with a very diverse range of patient backgrounds and presenting problems. As such, developing competency in the provision of culturally sensitive care is a major training component.

**Oakland Clinic**



## Integrated Care and Behavioral Medicine Emphasis Area

The Integrated Care and Behavioral Medicine fellowship is predominantly located in the Primary Care Clinics at the Oakland and Martinez facilities. In addition to general primary care services, these sites offer a number of specialty services, such as women's health, neurology, pain medicine, nutrition, GI, physical therapy, pharmacy, urology, and ophthalmology. Both sites collaborate closely with each other and other VA NCHCS sites, providing access to a comprehensive range of inpatient and outpatient services. The Oakland site has an integrated Primary Care/Mental Health team consisting of a full-time psychologist and psychiatrist. These professionals provide immediate, interprofessional consultation and assessment as well as specialized behavioral medicine services (e.g., pain management, weight management, habit control). The Oakland Clinic has been on the forefront as a pilot site for implementing the Patient Aligned Care Team (PACT) model in Primary Care that is being rolled out to all VA facilities nationwide. The Oakland Clinic is also a pilot site for a specialized Homeless PACT, specifically designed to treat and provide outreach to Homeless Veterans. The Martinez site also has a team of clinicians working in primary care on a rotating basis as well as providing specialized behavioral medicine services. Dr. Matthew Cordova, Associate Training Director, serves as the primary supervisor for the Martinez site and is joined by Dr. Crystelle Egan in providing behavioral medicine training. Dr. Lisa Johnson-Wright, the Oakland Primary Care Psychologist, is the primary supervisor for the Oakland facility.

### **Substance Use Disorder and PTSD Emphasis Area**

The Substance Use Disorder (SUD) and PTSD emphasis fellowship is located in the Martinez Behavioral Health Clinic, the Community Living Center (CLC), and the Oakland Behavioral Health Clinic. The Resident will be involved in the provision of clinical services to Veterans with complex conditions, including substance use disorders and post-traumatic stress disorder. The Resident will be involved in specialized treatment, including evidence based psychotherapies for both SUD and PTSD and the Opioid Replacement Program in Oakland. Dr. Pam Planthara is the supervisory psychologist in the Oakland PTSD program and additional PTSD supervision will be provided by Drs. Laura Wiedeman and Tanya Aaen (both in the Martinez program). Drs. Mike Potoczniak (Martinez) and Andreas Bollinger (Oakland) will provide primary supervision in the SUD treatment programs.

### **Psychology Training in VA NCHCS**

The VA NCHCS has had an APA-accredited predoctoral psychology internship program since 1977. Currently, we have five full-time funded interns. The internship training occurs primarily at the Martinez and Oakland facilities as well as other sites, including David Grant Medical Center in Fairfield.

**Sacramento VA Medical Center**



The VA NCHCS Neuropsychology postdoctoral fellowship has been in existence for many years and received initial APA accreditation with a seven year review cycle in 2009. There are four postdoctoral residents funded through VA Central Office. Two residents are based primarily in Martinez and two are based primarily in Sacramento. Additional training sites include the Oakland Clinic, and David Grant Medical Center. Over \$15 million worth of federally funded neuropsychological research occurs on the Martinez campus and this is an integral part of the scientist-practitioner training program. The program has a unique strength in cognitive rehabilitation training. Jay Uomoto, Ph.D., is the Director of the Neuropsychology Postdoctoral Residency Program.

There are graduate student practicum programs at the Oakland, Martinez, and Sacramento sites. These programs are based on formal training agreements with local Psychology graduate programs. The students work in several different settings, including general Mental Health, Cognitive Rehabilitation, inpatient psychiatry, and Neuropsychology. The resident will have the opportunity to work with and to provide clinical supervision to predoctoral psychology interns and practicum students.

There are currently 19 core members of the Psychology Training Committee and a large number of ancillary staff members from several different disciplines actively involved in training.

### **Training Model, Program Philosophy and Training Competencies**

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

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

Program objectives involve competency development in six broad areas:

1. Assessment and Diagnosis
2. Psychological Intervention Including Empirically Based/Supported Treatments
3. Consultation and Interprofessional Collaboration
4. Scholarly Inquiry, Program Evaluation, and Management of Professional Psychological Services
5. Ethical and Professional Development, Including Supervision and Teaching
6. Cultural and Individual Differences

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

### **Fellowship Structure and Clinical Activities**

The fellowship generally starts the last week of August and lasts for a full calendar year. Residents work from 8:00 a.m. - 4:30 p.m., Monday through Friday. The fellowship is designed to involve 40 hours per week though occasionally additional time might be necessary to complete clinical tasks. Residents will be engaged in multiple activities in both the Oakland and Martinez facilities. Residents will function on a variety of interprofessional teams in a variety of specific roles. Each resident will spend approximately 20-25 hours per week engaged in providing professional psychological services. The program's settings provide experience with a very diverse range of patient backgrounds and presenting problems. As such, developing competency in the provision of culturally sensitive care is a major training component.

### **Integrated Care and Behavioral Medicine Emphasis Area**

Both the Oakland and Martinez facilities provide behavioral health services integrated into primary care but the structure of integration at each site is reflective of the underlying needs and culture of the facility. As such, the resident will gain experience with different forms of care delivery, based on the needs of each clinical setting. In both clinical settings, the resident will be involved in providing both same-day access to mental health services for Veterans seen in Primary Care and specialized behavioral medicine interventions that are critical to the mission of prevention, health promotion, and chronic disease management.

Specific activities include:

- Behavioral health consultation according to the Co-located, Collaborative Care Model.
- Provision of same-day/as needed access to mental health assessment and treatment services for Veterans in Primary Care.
- Consultation to primary care providers and other specialists related to management of behavioral health concerns in a medical setting, chronic disease management, and utilization of behavior change strategies related to improving medical outcomes.
- Implementation of evidence-based/supported individual intervention practices, such as CBT, ACT, Motivational Interviewing, and skills based approaches (e.g., stress management, pain management, CBT for insomnia) targeting behavior change to promote physical and mental health.
- Co-facilitation of interdisciplinary group programs for chronic health conditions, such as diabetes, chronic pain, smoking cessation, and the MOVE! weight management program.
- Participation in the Codisciplinary Pain Clinic, a twice-monthly interprofessional assessment and intervention setting staffed by a Pain Medicine physician, a physical therapist, and a Behavioral Medicine psychologist. Same-day co-assessments are also conducted with the Pain Medicine physician on request.
- Pre-surgery psychosocial assessments for transplant (e.g., lung, kidney, liver, stem-cell) and bariatric surgery.
- Psychoeducational lectures to specific groups of care providers and patients (e.g., stress management education for patients with diabetes, managing PTSD in a medical setting for nurses).

- Collaboration and consultation with a variety of other disciplines related to implementation and evaluation associated with the Patient Aligned Care Teams.
- Development of an independent project related to improving clinical care, such as implementation and evaluation of a clinical program, interdisciplinary trainings, development of a treatment manual, etc.
- Provision of supervision and didactic presentations to other psychology trainees.

### **Substance Use Disorder and PTSD Emphasis Area**

The resident will be engaged in multiple activities in both the Oakland and Martinez VA clinical settings. The Oakland site has an outpatient Mental Health/SUD interdisciplinary team consisting of psychologists, psychiatrists, addiction therapists, social workers, and occupational therapists. These professionals provide immediate, interprofessional consultation and assessment as well as specialized substance use disorder interventions (e.g., early interventions, sobriety maintenance/recovery, and opioid replacement using methadone or buprenorphine). The Martinez site also has an outpatient multidisciplinary team made up of psychologists, social workers, and addiction therapists. In both settings, the resident will be involved in providing SUD services to complex patients and working with interprofessional teams. Both facilities also have specialized PTSD teams and the resident will be involved in assessment, treatment, and staff consultation related to trauma-related conditions.

Specific activities include:

- SUD consultation to mental health, CLC, Post-Deployment/TBI team, and primary care teams.
- Provision of same-day/as needed access to SUD assessment and treatment services for Veterans.
- Consultation to mental health, CLC, and primary care providers and other specialists related to management of SUD and PTSD and utilization of behavior change strategies related to improving recovery outcomes.
- Implementation of evidence-based/supported individual intervention practices, such as CBT, PE, CPT, ACT, Motivational Interviewing, and cognitive rehabilitation strategies/approaches.
- Co-facilitation of interdisciplinary group classes and psychotherapy for SUD and/or PTSD.
- Assessments for higher levels of care (detox, residential treatment, psychiatric inpatient care).
- Psychoeducational lectures to specific groups of care providers and patients (e.g., stress management education for patients with SUD, managing SUD in a medical setting for nurses; PTSD coping skills).
- Collaboration and consultation with a variety of other disciplines related to implementation and evaluation associated with managing SUD and PTSD.
- Development of an independent project related to improving clinical care, such as implementation and evaluation of a clinical program, interdisciplinary trainings, development of a treatment manual, etc.
- Provision of supervision and didactic presentations to other psychology trainees.

### **Additional Clinical Experiences**

Depending on specific training needs and interests, residents may have the opportunity to engage in clinical activities in ancillary programs complimentary to the core fellowship training, such as the PTSD or Substance Abuse treatment Programs, Behavioral Medicine, General Mental Health, Neuropsychology, or the CLC. However, this ancillary training must not be at the expense of the core fellowship activities and is contingent upon availability of training resources.

### **Supervision**

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



## Didactic Instruction

The resident participates in training based on an individualized didactic training plan, developed at the beginning of the training year with the resident, primary supervisors, and the training director. The schedule includes a weekly journal club/seminar series attended by the resident, the primary supervisors, and other staff and trainees. The resident attends specific seminars with the predoctoral interns and Neuropsychology residents as indicated by the didactic training plan. This includes seminars on specific clinical topics, as well as seminars on cultural diversity, ethics, professional development, and other topics associated with general practice in professional psychology. Supervision includes didactic instruction regarding psychosocial aspects of various medical conditions and intervention approaches, philosophy and specific skills related to working in interprofessional medical and/or substance use disorder clinical teams and ethical/legal and professional development issues specific the emphasis area setting. The resident is also invited to attend monthly interdisciplinary case conferences open to all mental health staff throughout VA NCHCS. Local continuing education seminars are also available and the program's location in the San Francisco Bay Area allows for a wealth of additional available educational opportunities, including programs at the San Francisco and Palo Alto VA facilities.

## Opportunities for Research/Program Evaluation/Program Management

While the program emphasizes professional training consistent with the Scholar-Practitioner model, the resident receives training in quantitative techniques for developing and evaluating programs. The resident is required to engage in data collection and analysis related to the psychological intervention services they provide. An administrative project related to program development or evaluation is required; planning and implementation of this project are guided by the resident's interests and training goals, in consultation with the primary supervisors and training director. Examples include implementation and evaluation of a clinical program, development of an interdisciplinary training, or development of a treatment manual. Residents also have opportunities to gain experience in systems and management issues (e.g., managing patient flow, adherence to performance measures).

## Training in Supervision

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

## Teaching

The resident is provided with multiple supervised teaching experiences. This includes presentations to staff members in different multidisciplinary clinical teams, during the seminar, and during continuing education workshops. The resident also presents to practicum students and interns at the Oakland Behavioral Health Clinic and/ or Martinez CLC.

## Location Information

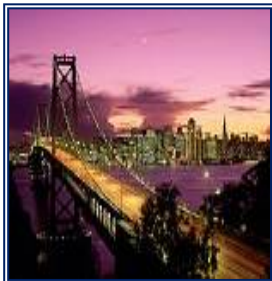
The primary training sites for the fellowship program are in Oakland and Martinez, two communities in the East Bay region of the San Francisco Bay Area. The Bay Area offers a vast array of world class cultural and recreational opportunities, comfortable weather, and a rich multicultural environment. Northern California is home to Yosemite National Park, Lake Tahoe, the Sierra Nevada Mountain Range, Pacific beaches, and the wine country of Sonoma and Napa Counties. The cost of living in the region is high, but VA Northern California psychology trainees have been able to find affordable housing in communities convenient to the training sites.

Recent trainees have often elected to live in either the Oakland/Berkeley area or the Walnut Creek/Martinez area.



## Facility and Training Resources

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



## Training Staff

### ***Joel Schmidt, Ph.D.***

Director of Psychology Training  
Chair, VA Psychology Training Council  
Staff Psychologist, Oakland Behavioral Health Clinic

Psychology training; professional development; cognitive and behavioral therapies; brief therapy; coping skills acquisition; habit and behavior change; motivational interviewing.

Ph.D., Clinical Psychology, University of Arkansas, 1994  
Internship: American Lake VAMC, Tacoma, WA



## Primary Supervisors - Integrated Care and Behavioral Medicine

### ***Matthew Cordova, Ph.D.***

Associate Training Director  
Clinical Psychologist, Behavioral Medicine/Primary Care, Martinez Outpatient Clinic  
Associate Professor, Palo Alto University

Behavioral medicine; primary care psychology; behavioral pain management; psychosocial oncology; traumatic stress; positive psychology; interpersonal process.

Ph.D., Clinical Psychology, University of Kentucky, 1999  
Internship: VA Palo Alto Health Care System, Palo Alto, CA

### ***Crystelle Egan, Ph.D.***

Clinical Psychologist, Behavioral Medicine, Martinez Outpatient Clinic

Behavioral medicine; integrated care; behavioral pain management; health behavior change; Chronic Kidney Disease; older adult substance misuse and abuse; program development and evaluation.

Ph.D., Clinical Psychology, University of Rhode Island, 2010  
Internship: VA Northern California Health Care System, Martinez, CA

### ***Lisa Johnson-Wright, Ph.D.***

Clinical Psychologist, Primary Care-Mental Health Integration Clinic, Oakland Outpatient Clinic

Behavioral medicine; primary care psychology; behavioral pain management; behavioral weight management; cognitive and behavioral therapies; acceptance and mindfulness-based approaches; brief therapy.

Ph.D., Clinical Psychology, Arizona State University, 2008  
Internship: UCSD/VA San Diego Health Care System, San Diego, CA



## **Primary Supervisors - Substance Use Disorder and PTSD**

### ***Tanya Aaen, Ph.D.***

Staff Psychologist, Martinez PTSD Team  
Program Director, PTSD Services

Individual and group psychotherapy; PTSD and traumatic stress; CBT; Gestalt Therapy; adjustment disorders; post-deployment stress; and chronic and terminal illness.

Ph.D., Clinical Psychology, Loma Linda University, 2005

Internship: Salem VAMC, Salem, VA

### ***Andreas R. Bollinger, Ph.D.***

Staff Psychologist, Oakland Behavioral Health Clinic  
Assistant Professor, Department of Counseling Psychology, Dominican University of California

Individual and group psychotherapy; CBT; PTSD and traumatic stress; coping skills; substance abuse/relapse prevention; motivational interviewing; diagnostic interviewing; manual- and evidence-based treatments.

Ph.D., Clinical Psychology, Pacific Graduate School of Psychology, 1997

Internship: Boston VA Consortium, Boston, MA

### ***Pamela Planthara, Psy.D.***

Staff Psychologist, Oakland PTSD team, Oakland Behavioral Health Clinic

Individual and group psychotherapy; CBT; PTSD and traumatic stress; coping skills; combat/deployment stress; Critical Incident Stress Management; military psychology; bereavement; psychopharmacology.

Post-doctoral Masters in Psychopharmacology, Alliant International University, 2005

Psy.D., Clinical Psychology, Nova Southeastern University, 2001

Internship: USAF – Malcolm Grow Medical Center, Joint Base Andrews, MD

### ***Michael Potoczniak, Ph.D.***

Staff Psychologist, Martinez Outpatient Clinic, Substance Abuse Treatment Services

Cognitive Processing Therapy, Prolonged Exposure with Response Prevention, Motivational Enhancement Therapy, Advanced Clinical Hypnosis, and Eye Movement Desensitization Reprocessing

Ph.D.: University of Miami, FL

Internship: University of California, Irvine

### ***Laurie Wiedeman, Psy.D.***

Staff Psychologist, Martinez PTSD Team

Individual, couple, and group psychotherapy; PTSD, traumatic stress, and substance use; CBT; telemental health; evidence-based therapies; military psychology

Psy.D., Clinical Psychology, Pepperdine University, 2012

Internship: Hines VA Hospital, Hines, IL

## **Additional Supervisors**

### ***Rita Hargrave, M.D., F.A.P.A.***

Geriatric Psychiatrist, Martinez Outpatient Clinic

Consultant to UC Davis Alzheimer's Disease Center

Assistant Professor, Department of Psychiatry, University of California at Davis

Geriatric psychiatry; cross-cultural; psychiatry; psychopharmacology; consultation-liaison; neuropsychiatry.

M.D., Howard University Medical Center, 1979  
Board Certified in Adult and Geriatric Psychiatry

**James P. Howard, J.D., Ph.D.**

Staff Psychologist, Oakland Behavioral Health Clinic

Individual; Group; substance abuse/recovery; spirituality and psychotherapy; multicultural Issues; smoking cessation; substance abuse; staff support/development.

J.D., University of Michigan 1976

Ph.D., Clinical Psychology, University of Massachusetts, Amherst, 1988

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

**Jeff Kixmiller, Ph.D.**

Director, Neurocognitive Rehabilitation Program, Center for Rehabilitation and Extended Care, Martinez  
Associate Professor, Department of Neurology, University of California at Davis

Cognitive rehabilitation in neurological dysfunction; ecological validity of neuropsychological measures; functional assessment of neurologically impaired patients; social skills training.

Ph.D., Counseling Psychology, Ball State University, 1992

Internship: Highland Drive VA Medical Center, Pittsburgh, PA

**James J. Muir, Ph.D.**

Clinical Psychologist

Martinez Outpatient Clinic, Center for Rehabilitation and Extended Care, Martinez

Neuropsychology and assessment; cognitive rehabilitation in neurological dysfunction; psychotherapy and behavioral management; consultation-liaison; traumatic brain injury; PTSD; adjustment to disability; degenerative disorders of aging.

Ph.D., Clinical Psychology, Georgia State University, 2002.

Internship: University of Arizona, Tucson, AZ

**Brigid Rose, Ph.D.**

Clinical Psychologist, Center for Rehabilitation and Extended Care (CREC/CLC), Martinez.

Geriatric and rehabilitation psychology; consultation-liaison; neuropsychological assessment and capacity determination; adjustment to disability; dementia care; hospice/end of life care; management of challenging behavior.

Ph.D., Clinical Psychology, Loyola University Chicago, 2005

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

**Donna Sorensen, Ph.D.**

Lead Psychologist, VA Northern California Health Care System

Director, TBI/Polytrauma Program

Associate Clinical Professor, Department of Neurology, University of California, Davis

Neuropsychology; traumatic brain injury; subcortical dementia; neuropsychology of HIV; substance abuse and PTSD; consultation-liaison; forensic neuropsychology; inpatient psychiatry.

Ph.D., Clinical Psychology, University of Houston, 1992.

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

**Shauna Springer, Ph.D.**

Staff Psychologist, Martinez Outpatient Clinic

Individual, couples, and group psychotherapy; interpersonal process therapy; exposure treatments; traumatic stress; effects of deployment on military marriage and family functioning; mood disorders; assertiveness; post-deployment life planning.

Ph.D., Counseling Psychology, University of Florida, 2006.

Internship: University of Florida, Gainesville, FL

**Bill D. Steh, Ph.D.**

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

Neuropsychological and psychodiagnostic assessment; psychology training; inpatient psychiatry; effects of mood and personality disturbances on cognitive functioning; forensic neuropsychology; dementia; neuro-oncology; Adult ADHD.

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

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

**Kristi Steh, Ph.D.**

Staff Clinical Neuropsychologist at Martinez Outpatient Mental Health Clinic

Neuropsychological assessment; geriatric neuropsychology and issues of aging; dementia; traumatic brain injury; PTSD.

Ph.D., Clinical Psychology, California School of Professional Psychology, Fresno, 2002.

Internship: Federal Medical Center, Rochester, MN

**Jay M. Uomoto, Ph.D.**

Neuropsychology Post-Doctoral Fellowship Training Director

Clinical Neuropsychologist, Martinez Outpatient Clinic, Center for Neurorehabilitation Services

Neuropsychological evaluation, rehabilitation psychology, interpersonal diagnosis and aprosodia after brain injury, clinical ethics, interpersonal and behavioral therapy.

Ph.D., Clinical Psychology, Fuller Theological Seminary Graduate School of Psychology, 1985

Internship: University of Washington School of Medicine, Department of Psychiatry and Behavioral Sciences, Seattle, WA

**Requirements for Completion**

Residents will be continually evaluated on the competencies listed above. Mastery ratings of specific skills related to these competencies are completed during midyear and end-of-year evaluations. Residents must obtain adequate mastery levels in order to complete the fellowship. Progress is assessed frequently and residents will be provided with continual feedback (and opportunities for remediation, if needed) in order to help shape successful development. The training program has established policies and procedures designed to ensure a quality training environment.

**Administrative Policies and Procedures**

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

**Policy on Psychology Trainee Self Disclosure**

Consistent with the [Ethical Code of the American Psychological Association](#), psychology trainees in the VA Northern California Health Care System are generally not required to self-disclose sensitive topics (e.g., sexual history, history of abuse and neglect, psychological treatment or conditions, and relationships with parents/family members, peers, and spouses or significant others) during application to the program or during the course of training. The primary exception is in situations in which a trainee's personal problems or condition could reasonably be judged to put patient care, the trainee, or clinical and educational operations at risk. This policy is designed to balance the importance of trust and personal

privacy in the supervisory relationship with the supervisor's responsibility for care of the patient and for the safety of all staff members and trainees. In cases when self-disclosure of personal information is necessary, the required disclosure is limited to circumscribed information related to managing the specific clinical, safety, or patient care concern. It should also be noted that disclosure might be included as an optional exercise in a learning experience. For example, trainees maybe invited to complete a genogram exercise as part of the Cultural Diversity Seminar.

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

### **Resident Evaluation & Minimal Requirements**

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

### **Remediation, Due Process, and Resident Termination**

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

If remediation is required, a formal remediation plan is developed with clear and specific expectations and is agreed upon by the resident, supervisors, and Training Director. The Training Director is responsible to the Associate Chief of Staff for Mental Health (ACOS/MH) for carrying out the provisions of this policy as described below:

### **Process**

- A. Supervisors are responsible for monitoring resident's progress in achieving the specific training objectives, providing timely feedback to residents, and developing and implementing specific training activities for ensuring professional growth and development. Supervisors are responsible for communicating about resident's performance to the Training Director and other primary supervisors.
- B. Residents are responsible for adhering to training plans.
- C. Progress and performance within the fellowship program is monitored continuously using both informal and formal evaluation processes. Supervisors provide the first line of feedback to residents about performance and identify areas requiring additional growth. Supervisors and residents agree on training opportunities and experiences to meet the program's and resident's objectives.
- D. The resident's progress is tracked monthly by the primary supervisors, who discuss the resident's progress as a group during a monthly conference call.
- E. When specific training competencies do not seem to be adequately developing as a result of the routine and ongoing supervisory feedback, the supervisor consults with the Training Director and other training staff to develop a specific remediation plan. This plan includes specific learning tasks and timelines for completion. The timelines are developed such that the adequacy of task completion can be assessed rapidly. The remediation plan is discussed with the resident, who has opportunities for input. The plan is provided in written form to the resident.

- F. Performance on the remedial plan items is assessed frequently. If performance is not adequately improving after one month, the resident may be placed on academic probation for a period of one to three months. During this time, heightened oversight and assessment of the resident's performance occurs and significant effort is made to help the resident remediate. The resident is provided with written feedback regarding whether the remediation plan items have been adequately resolved.
- G. If the resident has progressed satisfactorily after the probationary period, the resident will be formally re-instated. If performance has not sufficiently improved, but the resident is making progress, the probationary period may be extended. If the resident fails to progress, termination from the program may be considered. The resident is provided with written feedback regarding his/her performance as it relates to probationary decisions.
- H. Formal actions (academic probation or dismissal) must be agreed upon by a majority of a body that includes the Training Director, Associate Training Director, both primary supervisors, and at least two consultants selected from the VA Northern California Psychology training staff. Prior to any vote on formal actions, the resident is afforded the opportunity to present his/her case before the training body that will be deciding the resident's status (see also Grievance Policy, section F above). The resident may invite a staff member of his/her choice to provide advocacy and emotional support.
- I. Concerns of sufficient magnitude to warrant formal action include but are not limited to: incompetence to perform typical psychological services in a clinical setting; violations of the ethical standards for psychologists; illegal acts; or behavior that hampers the resident's professional performance.

### **Resident Feedback**

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

### **Resident Grievance Process**

It is the training program's policy to be responsive to our residents and their concerns. Therefore, residents may use the process described below for the resolution or clarification of his/her grievances. The Director of Training is responsible to the Associate Chief of Staff for Mental Health (ACOS/MH) for carrying out the provisions of this policy.

### **Process**

- A. All training staff and residents are responsible for attempting to resolve grievances at the lowest possible level to the satisfaction of all parties involved.
- B. Residents should attempt to resolve minor grievances directly with the individual involved utilizing existing program structure (e.g., the supervision process).
- C. In the event that residents do not feel comfortable addressing issues within the supervisory process, they may appeal directly to the Training Director for assistance in resolution. Minor grievances processed in this manner are considered informal.
- D. A resident may choose to file a formal grievance at any point. The grievance must be presented in writing to the Training Director. The submission of the formal grievance should include (if applicable):
  - 1. The grievance and the date when the incident occurred



2. Suggestions on ways to resolve the problem
  3. Information regarding any previous meetings to attempt to resolve the grievance
- E. If the grievance is against the Training Director, the resident can file the grievance with the Associate Training Director, the Training Director for the Neuropsychology Fellowship and/or the ACOS/MH.

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

- F. Formal grievances will be presented to a body of Psychology training staff, including the Training Director, Associate Training Director, the two primary supervisors, and at least two other consultants from the Psychology Training Staff. Residents may present their grievance directly to this body. The resident may invite a staff member of his/her choice to provide advocacy and emotional support. The body to hear the formal grievance will be assembled as soon as possible and in all cases within three weeks from the presentation of the formal grievance. If the grievance is against the Training Director or another individual normally assigned to this body, that individual is not involved in the body's deliberation and may only attend to provide testimony, as indicated.
- G. Any formal grievance and its resolution will be documented.
- H. If adequate resolution cannot be achieved through this process, or residents wish to take the grievance outside of the existing training program structure, they may appeal directly to the ACOS/MH for resolution. The ACOS/MH will review the grievance as soon as possible and in all cases within three weeks from the presentation of the formal grievance. The program administrative assistant or any of the training faculty members can assist the resident in communicating with the ACOS/MH.
- I. Residents may appeal any formal action taken against their program status. Residents appeal first to the body itself (see item F above). This appeal is made directly by the resident (in association with any counsel he or she may choose). The body to hear the appeal will be assembled as soon as possible and in all cases within three weeks from the written notification of appeal.
- J. If the resident is not satisfied with the result of their appeal, the resident may appeal directly to the ACOS/MH. After consideration, the ACOS/MH has the discretion to uphold, or overrule formal action taken by the body. Should the ACOS/MH overrule the decision of the body, the decision is binding, and the Training Director, the resident, and supervisors shall negotiate an acceptable training plan. Should the ACOS/MH uphold the decision of the committee, the resident may appeal this decision to the Chief of Staff, VA Northern California Health Care System who will appoint a board of three psychologists in the system not involved in the training program. The decision of this panel is binding.
- K. Specific questions regarding this policy should be directed to the Training Director.

### **Statement of Nondiscrimination**

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

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

Thank you for your interest in our program. Please feel free to send any questions to the Training Director, Primary Supervisors, or the Program Support Assistant at the contact information below.

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