
Psychology Postdoctoral Training Program

VA Palo Alto Health Care System
3801 Miranda Avenue
Palo Alto, California 94304



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Introduction

The purpose of this brochure is to describe the APA-accredited Clinical Postdoctoral Fellowship Program at the VA Palo Alto Health Care System. Our postdoctoral fellowship program has been continually accredited by the [American Psychological Association](#) (APA) since 2001 (the next accreditation site visit will occur in 2020). We have a multi-faceted program, which can provide many kinds of training experiences, but we also have specific areas of focus and do not provide funded postdoctoral training in any other areas than those described in this brochure. No postdoctoral training program is perfect for everyone; you will be seeking the best match for your own interests and needs, just as we will be seeking the best matches for our program. We hope this brochure can help you decide whether you want to submit an application to our postdoctoral training program at VA Palo Alto.

The national training mission of VA is broad and explicitly includes training of health care professionals for the nation, as well as for the VA system. We train Fellows who go on to VA jobs, and we train others who go on to work in academia, other medical centers, the private sector, etc. The profession of Psychology and the whole health care system in this country are served by having well-trained, enthusiastic, creative professionals. We strive to support VA's training mission, for VA's specific goals and for the nation.

Training at VA Palo Alto

The VA Palo Alto Health Care System (VAPAHCS) provides a particular kind of training, based on our view of the role of Psychology in the VA system. We are committed to the scientist-practitioner model of psychology, and the postdoctoral training experience is organized accordingly. We are guided both by the original articulation of the Boulder Model (Raimy, 1950) and by the update of the scientist-practitioner model, as articulated at the Gainesville conference in 1991 and in the subsequent publication following that conference (Belar & Perry, 1992). Our training program is committed to excellence in scientific training and to using clinical science as the foundation for designing, implementing, and evaluating assessment and intervention procedures.

Palo Alto has broad strengths in training. We have a large staff of distinguished psychologists who represent a broad range of areas of expertise and are dedicated to training and supervision of our future psychology colleagues. Recent training program and staff awards and distinctions include:

- Outstanding Training Program Award, 2000 – American Association of Behavioral Therapy (AABT, now ABCT)
- Outstanding Director of Training, 2008 – American Psychological Association, Division 18 (Veterans Affairs Section)
- Excellence in Behavioral Medicine Training Program Award, 2012 – Society of Behavioral Medicine
- Director of Training Award, 2016 – VA Psychology Training Council (VAPTC) Antonette and Robert Zeiss Award for Outstanding Contributions to VA Psychology Training
- Recent and current presidents/chairs of the VA Psychology Training Council, Association of VA Psychologist Leaders, International Society of Traumatic Stress Studies, and Society of Clinical Geropsychology (APA Division 12, Section II)
- Other leadership roles in multiple national professional organizations, including the Association of Behavioral and Cognitive Therapies, APA Division of Psychologists in Public Service (Division 18), APA Division of Rehabilitation Psychology (Division 22), Society of Clinical Geropsychology (APA Division 12, Section II), Society for the Psychology of Women (APA Division 35), Society for Clinical Neuropsychology (APA Division 40), National Academy of Neuropsychology (NAN)

*"I am deeply appreciative of the opportunity to complete a fellowship at VA Palo Alto. I consider it to have been a confidence-boosting and life-changing experience which spurred my transition from being a student to a professional."
~Recent postdoctoral fellow*

- National psychology roles also include serving as APA Accreditation Site Visitors and journal editors and editorial board members
- Multiple national trainers in VA evidence-based psychotherapies dissemination (e.g., CPT, PE, CPT-CP, CBT-I, CBT-SUD, ACT for Depression, PST) and the Motivational Interviewing Network of Trainers (MINT)
- Fellow status in the American Psychological Association and the Gerontological Society of America
- Attainment of new Board Certification in Clinical Geropsychology, Clinical Neuropsychology, and Rehabilitation Psychology by 8 staff psychologists in since 2014

The mission of the VAPAHCS Psychology Postdoctoral 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 settings. Prior to beginning the postdoctoral experience, Fellows are expected to have attained a high level of accomplishment in generalist training. The primary goal of the postdoctoral program is for Fellows to develop the full range of skills required for independent functioning as a psychologist, including skills involved in clinical assessment and intervention; consultation, supervision, and teaching; scholarly inquiry; organization, administration, management, and program evaluation activities; and awareness of and sensitivity to professional, ethical, legal, and diversity issues.

Complementing our goal of preparing Fellows to function as independent psychologists, we also aim to prepare Fellows for practice in high priority areas of health care for veterans. VA's national training goals are listed as primary care, geriatrics, mental health and rehabilitation (Associated Health Professions Review Subcommittee, 1997).

*"My two years of training as a general track predoctoral intern and clinical postdoctoral fellow in the PTSD focus area at VAPAHCS were formative both professionally and personally. Not only did I apply what I had learned theoretically to my clinical practice, particularly with evidence-based treatments, I also grew in strength, confidence, and compassion as a developing psychologist serving a diverse population of Veterans. Graduate school and clinical training did their part in my development, but my relationships with warm, bright, and competent supervisors at VAPAHCS were integral to refining and shaping my professional values. I am definitely grateful for what I consider to have been my clinical training home and would recommend internship and fellowship there to future trainees."
~Recent postdoctoral fellow*

The Psychology Postdoctoral Training Program includes nine focus areas: Behavioral Medicine, Geropsychology, Palliative care, Rehabilitation Psychology, Neuropsychology, Psychosocial Rehabilitation, PTSD, Substance Use/Homeless Rehabilitation, and Couples/Family Systems. Through the professional activities in these focus areas, Fellows receive training that facilitates their development of the core general advanced practice competencies required for independent functioning as a psychologist. In addition, Fellows develop depth of knowledge and advanced skills in working with specific populations/settings (i.e., the aging, medically ill, terminally ill and/or dying, seriously mentally ill, rehabilitation, trauma, substance using and/or homeless, couples and families).

In this Introduction we describe how the training program is organized and program procedures such as application and selection. In addition, we discuss our philosophy of training and provide additional information about expected competencies that postdoctoral Fellows will acquire. Look on the Training Program website for sections describing different focus areas and training sites, including specific details on program structure, patient population, theoretical orientation, and the nature of supervision for each training site. The Psychology Staff listing includes brief biographical sketches of all the psychologists in the postdoctoral training program.

VA Palo Alto Health Care System Facilities

VA Palo Alto is part of a national network of hospitals and clinics operated by the Department of Veterans Affairs to provide comprehensive health care to men and women who have served in the armed forces. This health care system is responding to many national changes in the health care field; our training program changes in concert with the changing organization and emphases of health care.

The Veterans Affairs Palo Alto Health Care System ([VAPAHCS](#)) is a teaching hospital, providing a full range of patient care services across 10 different hospital/clinic sites, with state-of-the-art technology as well as education and research. Internship training sites are available in four of these locations (Palo Alto, Menlo Park, San Jose, and Livermore), with the great majority concentrated in the Palo Alto Division and the Menlo Park Division. As of June 2016, this health care system has over 4000 employees, is located on more than 300 acres, and operates on an annual budget of over \$891 million in Fiscal Year 16 (FY16). Our health care facilities operate 808 inpatient beds, including three Community Living Centers (formerly known as nursing homes) and a 100-bed homeless domiciliary, and over 50 primary care and specialty outpatient clinics, serving over 68,000 unique patients per year. Fellowship training sites are available at four campuses within the health care system (Palo Alto, Menlo Park, San Jose, and Livermore), with the great majority concentrated in the Palo Alto Division and the Menlo Park Division. The Palo Alto and Menlo Park Divisions are separated by 7 miles (15 minutes by car or shuttle).

The VAPAHCS is affiliated with the [Stanford University School of Medicine](#) and shares training programs for medical residents in psychiatry, medicine, surgery, rehabilitative medicine, and other medical specialties. In addition to these and the psychology training program, VAPAHCS also has training programs for audiology/speech pathology, dentistry, dietetics, hospital management, nursing, pharmacy, social work, recreation therapy, occupational therapy, and optometry. Over 1500 students, interns, fellows, and residents are trained each year across these multiple disciplines. Psychology operates in an interprofessional, collegial fashion with other disciplines, and interns obtain training and clinical experience in interprofessional work. The Psychology Postdoctoral Fellowship Program is operated by Psychology Service, which reports to the Associate Chief of Staff for Mental Health Services. Psychology Service is a voting member of the Executive Review Board, and Psychology Service professional staff members have medical center privileges.

In addition to basic medical and mental health care programs, this VA has a variety of specialized regional programs, including a Polytrauma Rehabilitation Center, a Spinal Cord Injury Center, the Western Region Blind Rehabilitation Center, the National Center for PTSD, the Men's and Women's Trauma Recovery Programs, Homeless Veterans Rehabilitation program, a Geriatric Research, Educational, and Clinical Center (GRECC), and a Mental Illness Research, Education, and Clinical Center (MIRECC). Special psychological programs are available in health psychology, geropsychology, inpatient and outpatient psychiatric care, drug and alcohol treatment, and brain injury rehabilitation. Training opportunities are available in all of these programs.

VAPAHCS has the second largest research program in VA with annual funding of \$58M. VA Palo Alto encompasses extensive research centers in geriatrics (GRECC), mental health (MIRECC), Alzheimer's disease, spinal cord regeneration, schizophrenia, and post-traumatic stress disorder. VAPAHCS also manages several centers supported by the VHA Office of Research and Development, including the Rehabilitation Research and Development Bone and Joint Center of Excellence, Health Services Research and Development (HSR&D) Center for Innovation to Implementation (Ci2i), Program Evaluation Resource Center (PERC), and Health Economics Resource Center (HERC). Training resources are available for research or consultation at these and other programs.

VA Palo Alto has received numerous awards in recent years, including the following:

- **2013 "Leadership in Excellence" Secretary of Veterans Affairs' Robert W. Carey Performance Excellence Award.** VA Palo Alto HCS was awarded the Secretary of Veterans Affairs 2013

“Leadership in Excellence” Robert W. Carey Performance Excellence Award for implemented management approaches that resulted in sustained high levels of performance.

- **2014 California Awards for Performance Excellence (CAPE)TM Eureka Award.** The California Council for Excellence (CCE) awards the 2014 California Awards for Performance Excellence (CAPE) Eureka Award, the highest recognition for performance excellence in the state, to VA Palo Alto HCS for the silver level.
- **2014 Most Wired.** VAPAHCS was named "Most Wired" and is listed among HealthCare's 2014 Most Wired hospitals, by Hospitals and Health Networks.

Psychology Postdoctoral Funding, Benefits, and Eligibility

The Psychology Postdoctoral Program is funded by the Office of Academic Affiliations of the Department of Veterans Affairs Central Office as an annual, earmarked allocation to the medical center. The current annual internship stipend at VA Palo Alto is \$50,228. This stipend requires a full calendar year of training. VA provides health care benefits for interns and postdoctoral fellows as for any other VA employee. Health benefits are also available to dependents and married spouses of interns and fellows, including to legally married same-sex spouses of interns and fellows. Unmarried partners of either sex are not eligible for health benefits, even those in legal civil unions or domestic partnerships. Insurance programs can be selected from a wide array of options. More information about VA stipends and benefits are available at www.psychologytraining.va.gov/benefits.asp.

Our training is geared to individuals who will have completed their doctoral degrees from an American Psychological Association (APA)- or Canadian Psychological Association (CPA)-accredited clinical, counseling, or combined psychology program or PCSAS-accredited Clinical Science program, and will have completed an APA- or CPA-accredited psychology internship program, are functioning at an advanced level, and have clinical and preferably research experience in the focus area of interest. Eligibility requirements for VA postdoctoral fellowships are determined nationally and we have no authority to over-ride these requirements locally. All information about VA eligibility requirements is available at www.psychologytraining.va.gov/eligibility.asp. In order to be eligible to begin the Fellowship, the selected applicant must have completed the dissertation and all other doctoral degree requirements before September 1. The training program may rescind offers of postdoctoral positions for applicants selected for the postdoctoral fellowship, but who have not completed all doctoral degree requirements by September 1.

The number of postdoctoral positions at VA Palo Alto has varied in the past, but is expected to be 11 in the 2017-2018 training year. One position will be offered in each of the following focus areas: behavioral medicine, geropsychology, palliative care, neuropsychology, rehabilitation psychology, substance use/homeless rehabilitation, and couples and family systems; two positions each will be offered in the psychosocial rehabilitation and PTSD focus areas.

Fellowship Structure at VA Palo Alto

The Fellowship consists of a calendar year of full-time supervised training; our start date can be somewhat variable, depending on the Fellow's date of graduation and other needs. Generally, Fellows start around September 1 each year, but we have had Fellows start in August or later in September, up to October 1. A later start date than October 1 would not usually be considered. The Fellowship ending date will be determined based on the specific start date of each fellow. Fellows must complete the full year of training, so a start date should be determined with consideration of hopes for availability for future employment. The training provided meets the requirements for licensure in California and meets or exceeds licensure requirements in every other state at this time.

Training is based on a 40-hour work week, so the total hours over a year come to 2,080. Out of those 2,080 hours, there is time off for vacation (13 days), illness (up to 13 days), Federal holidays (10 days), and authorized absence for professional activity. Like staff, Fellows are paid for 40 hours per week, no matter how much time is spent. Most staff do not get their work done in the allotted 40 hours, and we suspect that most Fellows will not either. A key notion in VA is that we are a "Service," not a department. To serve patients we must be available, and Fellows will see considerable emphasis on being available, especially during working hours. On the other hand, this is not a 60-hour per week or more Fellowship. Each Fellow will work at least 40 hours intensively each week. How much more than a Fellow works depends on many factors, including interest in additional training experiences, research involvement, time-effectiveness in completing paper work and other work demands, etc. The Fellow's focus area preceptor and the Training Director will help plan a realistic program that balances taking advantage of training and professional development opportunities with time for a full, rich life outside of work. Regardless of the specific training plan, Postdoctoral Fellows will receive at least 4 hours per week of clinical supervision, with at least half of that in individual, face-to-face supervision. In addition, Fellows will have at least two different supervisors during the year.

"What a full and exciting two years these have been! I cannot tell you how much I enjoyed my time at the VA and what wonderful training I received. I feel that I have grown so much, both personally and professionally. I will miss the VA, all of the extraordinary people, and the lovely California weather!"
~Recent intern/postdoctoral fellow

Rotations

Each Fellow has a chance to participate in decisions about rotations within the relevant focus area. Each experience is crafted to fit the Fellow's training needs and interests, within the expectations and resources of the program. Discussion of this process will be emphasized during your visit or in phone interviews, if you are invited for an interview. The second part of this brochure has detailed information about the sites available for clinical rotations in each focus area. We affirm collaborative decision-making between Fellows and training staff regarding each Fellow's development and thus the design of each Fellow's program. In addition, evaluation is a mutual process among Fellows, supervisors, and the training program as a whole. We believe this is necessary to insure continued growth for each Fellow and for the training program.

Fellow Seminars

Postdoctoral seminars are scheduled on Monday afternoons from 2:00-4:30pm. The seminar experiences are required for Fellows in the Psychology Service APA-accredited postdoctoral program, and some of the seminars are open to other Psychology Fellows in the VAPAHCS system.

Three times a month, Fellows participate in a Professional Development seminar led by William Faustman, Ph.D., the Postdoctoral Coordinator; a variety of topics are covered, all attending to issues of professional development, identity, and self-confidence. Fellows participate actively in determining topics and speakers for this series. In addition, part of the seminar involves training on developing a Continuing Education conference, culminating in presentation of a CE course that has been designed and

implemented by the Fellows, intended for an audience of Psychology and other interprofessional health care providers (Psychology Service at VAPAHCS is an APA-approved provider of CE credits).

Once a month, Fellows participate in a seminar on developing skills as a clinical supervisor. This seminar is led by Jeanette Hsu, Ph.D., the Director of Training, and complements experience within rotations acting as case supervisors for interns or practicum students and receiving supervision on that supervision. The seminar provides an opportunity for Fellows to compare and discuss experiences as supervisors. In addition to the seminar, all fellows are expected to supervise at least two cases seen by an intern or practicum student, while receiving supervision on that supervision, from the intern or practicum student's primary staff supervisor.

We strongly encourage but do not require Fellows to prepare for and attain California licensure during their Fellowship year and we include information and discussion about the licensure process in the seminar series throughout the year. Fellows typically participate in an optional licensing preparation group, led by the Fellows themselves. More information about licensure in California can be found at www.psychboard.ca.gov. The program also provides recent licensure study materials to assist Fellows in their licensure preparation.

For one hour each week, Fellows meet for a clinical case conference and journal club, led by Jeanette Hsu, Ph.D., and William Faustman, Ph.D. Fellows rotate responsibility for presenting a clinical case – they are encouraged to select cases in which they are struggling with a particular technical, conceptual, ethical/legal, diversity, or process-related issue, and to present the situation to their peers for consultation. In addition, in the week prior to the meeting, the Fellow distributes a journal article or chapter that is relevant to the clinical case. During the meeting, the Fellow leads a discussion of the selection and integrates it into their presentation of the case.

Other Educational Opportunities for Postdoctoral Fellows

California Psychology licensing law requires that psychologists have specific training in Human Sexuality, Child Abuse Assessment and Reporting, Partner/Spousal Abuse Assessment and Treatment, Aging and Long-term Care, and Substance Dependence Assessment and Treatment. With the exception of Partner/Spousal Abuse training (requiring 15 hours), we provide each of these classes during the year as part of the predoctoral internship seminar; Fellows who have not already received training in any of these areas are welcome to attend when the topics are covered for the interns.

Licensed psychologists in California are required to have continuing education; we are approved by APA to provide that training, and most CE training for staff is open to interns and postdoctoral fellows. Each year there are several full-day CE conferences at the VA Palo Alto Health Care System attended by interdisciplinary staff and open to interns and postdoctoral fellows; topics vary from year to year though typically include topics such as supervision and legal/ethical issues in the practice of psychology. There is a year-long seminar series sponsored by the MIRECC fellowship program focusing primarily on research design, statistics, and research career development. Fellows may attend if they wish and it fits into their overall training plan. Fellows also have access, without cost, to some courses offered through the Stanford University School of Medicine, including a seminar series on biostatistics that Fellows are encouraged to attend. Several VA clinical research centers (GRECC, HSR&D, National Center for PTSD, MIRECC), as well as Stanford Department of Psychiatry, offer regular seminars or grand rounds which are open to Fellows.

Research and Educational Project Opportunities and Expectations

Fellows in every focus area are expected to participate in research (Behavioral Medicine, Geropsychology, Rehabilitation Psychology, Neuropsychology, PTSD, Substance Use/Homeless Rehabilitation, and Couples/Family Systems focus areas), development of an educational project (Psychosocial Rehabilitation focus area), or can choose to do research or develop an educational project (Palliative care focus area). Fellows are expected to complete a meaningful aspect of the project during

the year. This could be writing a grant proposal, generating an article submitted for publication or presentation at a professional meeting, developing and presenting an in-service training module, or some other marker of productivity. Fellows have one day a week of protected time for such research and educational activity. In addition, many Fellows are involved with research concerning direct clinical hypotheses, so some of their clinical experiences will be in the context of research programs, such that the clinical work contributes to data collection and ongoing generation of hypotheses about the area of research.

There are many research opportunities here. Most training sites are excellent models of scientist-practitioner functioning, in which clinical work guides ongoing research, and in turn the research findings inform the clinical work. Areas of ongoing research should be discussed with supervisors in the various focus areas since new projects are developed continuously. Fellows in any focus area can get involved in research in relevant settings. As noted above, Fellows in seven focus areas will be expected to participate in research; Fellows in the other two areas also can participate in research. Decisions about whether the Fellow in those areas will be involved in research and, if so, the level of research involvement will be determined by the Fellow with the Primary Preceptor.

Generally, Fellows are involved in research opportunities that are already ongoing in their focus areas. Fellows can consider generating a new project within their focus area during the postdoctoral fellowship, but the Fellow must find a staff member who will sponsor the research and submit a proposal to the Medical Center Research Committee and the Stanford Human Subjects Committee, with a protocol written to adapt to the VA and Stanford forms. Typically this will take two months to complete the writing and review process and receive permission to proceed. The Psychology staff member identified to sponsor a Fellows' project will help obtain the approvals of the Chiefs of Service responsible for the settings needed for data collection. Obviously this process is time-consuming and lengthy, hence the usual course of getting involved in an ongoing project. However, in some cases this course of action is appropriate and exciting, and we will support Fellows as best we can if developing a new project seems warranted.

There also are many opportunities for involvement in educational projects. Staff in all sites are involved in local training for Psychology and Interprofessional staff, and many staff are involved in national-level educational projects for the VA system. The Palliative care/Hospice focus area particularly emphasizes involvement in an educational project because of the lack of widespread understanding of these models of care and Psychology's roles within them. Staff in this area can offer excellent mentoring in designing and implementing a relevant educational project. As with research, Fellows in other focus areas can participate in educational projects; decisions about whether a Fellow in one of those focus areas will be involved and, if so, the level of involvement will be determined by the Fellow with the primary Preceptor.

Training Objectives for the Fellowship Year

*"The breadth and depth of experience I received during my postdoctoral year has given me the confidence and sense of professional identity necessary to function at a high level in my current position."
~Recent postdoctoral fellow*

As noted above, we have two overarching goals for our postdoctoral training program:

1. Fellows will develop the full range of skills required for independent functioning as a psychologist.
2. Fellows will develop skills required to function effectively as a psychologist in a high priority area of health care for veterans (e.g., Behavioral Medicine, Geropsychology, Palliative care, Psychosocial Rehabilitation, Rehabilitation Psychology, Neuropsychology, PTSD, Substance Abuse/Homeless Rehabilitation, Couples/Family Systems).

Competencies for our first goal are defined by the general advanced practice competence domains identified by APA's Commission on Accreditation. Specifically, Fellows are expected to demonstrate, by the end of the year, competence in the following areas:

- Clinical assessment, diagnosis, and intervention
- Consultation, supervision, and teaching
- Scholarly inquiry
- Organization, administration, management, and program evaluation
- Professional, ethical, and legal issues
- Cultural and individual diversity

The competencies for our second goal are defined as much as possible by national accepted or emerging criteria defining expertise in the specific focus area. In addition, many of the specific competencies for each focus area are consistent with the general advanced practice competencies described above. The specific focus area competencies are outlined below:

Behavioral Medicine focus area competencies are consistent with standards first articulated at the National Working Conference on Education and Training in Health Psychology (Stone, 1983), re-stated in terms of expectations for post-doctoral training in Health Psychology (Sheridan et al., 1988), and updated by Belar and Deardorff (1995). Definitions for the APA Specialty in Clinical Health Psychology (established August, 1997) draw heavily on these documents as well. This focus area involves training in six overall areas of Behavioral Medicine competency:

- Assessment of specific medical populations (pain, HCV, oncology, obesity, sleep, transplant, primary care, sexual dysfunction, cardiac, etc)
- Behavioral Medicine intervention techniques (relaxation/hypnosis, motivational interviewing, smoking cessation, treatment of insomnia, obesity, areas above)
- Psychotherapy (depression, anxiety)
- Consultation and Liaison skills
- Teaching/Supervision skills
- Behavioral Medicine research

*"The Behavioral Medicine focus area is an exceptional training program that allows a fellow to develop clinical competencies across a wide range of Behavioral Medicine specialty areas, something that is rare to find in other Behavioral Medicine Fellowships around the country."
~Recent postdoctoral fellow*

Clinical Geropsychology has been recognized as a proficiency area by the American Psychological Association and the related guidelines for competence have been approved by APA Council in 2003; they appear on the APA website. This focus area involves training in the thirteen areas of Geropsychological competency:

- Research and theory in aging
- Cognitive psychology and change
- Social/psychological aspects of aging

- Biological aspects of aging
- Psychopathology and aging
- Problems in daily living
- Sociocultural and socioeconomic factors
- Special issues in assessment of older adults
- Treatment of older adults
- Prevention and Crisis intervention Services with older adults
- Consultation
- Interface with other disciplines
- Special ethical issues in providing services to older adults.

Palliative Care/Hospice focus area competencies are evolving and not as clearly defined, but we have established expectancies based on a combination of concepts drawn from a training program on end-of-life care funded by the Robert Wood Johnson Foundation, a course developed by the End of Life Nursing Education Consortium, and the American Psychological Association workgroup report on end-of-life care. The domains of competence defined for expertise in palliative care and hospice work include:

The domains of competence defined for expertise in palliative care include:

- Psychological, sociocultural, spiritual and interpersonal factors in chronic disease and life-threatening or terminal illness
- Biological aspects of illness and the dying process
- Normative and non-normative grief and bereavement
- Communication and facilitation of advance care planning
- Assessment of common physical and mental health conditions (e.g. suffering, existential distress, psychopathology, pain/other physical symptoms, interpersonal difficulties, grief)
- Treatment of individuals with chronic, life-limiting or terminal illness, families and involved social systems. Interface with other disciplines through interprofessional teams and consultation
- End-of-life decision making and ethical issues in providing palliative care and hospice services
- Socioeconomic and health services issues in palliative and end-of-life care
- Professional self-care
- An focus also is placed on developing skills in teaching, supervision and scholarship.

Psychosocial Rehabilitation focus area competencies are based on the “Practice Guidelines for the Psychiatric Rehabilitation of Persons with Severe and Persistent Mental Illness in a Managed Care Environment.” These guidelines were established in 1997 drawing on a task force convened by the Joint Commission on the Accreditation of Health Care Organizations and the work of the International Association of Psychosocial Rehabilitation Services (IAPSR) Managed Care Committee. This focus area involves training in multiple domains of competence relevant to interprofessional psychosocial rehabilitation models of care. These domains include:

- Understanding severe and persistent mental illness
- Knowledge of psychosocial rehabilitation
- Integration of PSR principles in practice
- Practitioner’s professional and self development
- Multicultural clinical competence
- Understanding consumer initiatives
- Understanding systems issues and strategies for advocacy and systems change
- PSR assessment skills
- Understanding PSR intervention strategies
- PSR intervention skills: Goals development
- PSR intervention skills: Selected interventions
- Understanding community engagement issues and practice

"The fellowship training in PSR is an excellent way to learn about ways of encouraging recovery and providing hope that our severely mentally ill (SMI) veterans can lead a life that truly matches their life's goals and values. The fellowship not only teaches the fellow about PSR principles and techniques, but it inspires hope, respect, and dignity for our SMI population." ~Recent postdoctoral fellow

- Understanding vocational rehabilitation strategies
- Understanding residential treatment strategies
- Understanding housing intervention strategies
- Understanding strategies for substance abuse interventions

Rehabilitation Psychology focus area competencies are based on the APA Division 22 definition of Rehabilitation Psychology. The two-year sequence of training in this focus area involves training in the following competency areas:

- Assessment of neurocognitive status, mood/emotions, desired level of independence/interdependence, mobility/freedom of movement, self-esteem and self-determination, subjective view of capabilities and quality of life as well as satisfaction with multiple life areas such as work and social relationships. Includes competency to administer a battery of assessments to determine cognitive, emotional, and personality functioning and recommending a treatment plan to address the patient's needs.
- Assessment of individuals' environmental barriers to their participation and activity performance and the means to address these barriers including accommodations/adaptations in existing structures or materials, the use of assistive technology, and the use of personal assistance services.
- Clinical services assisting individuals in coping with, and adjusting to, chronic, traumatic or congenital injuries or illnesses that may result in a wide variety of physical, sensory, neurocognitive, emotional, and/or developmental disabilities. Interventions can include psychotherapy, psychoeducation, and cognitive re-training.
- Provision of services with the goal of increasing function and reducing disability, activity limitations, and societal participation restrictions.
- Provision of services to families and primary caregivers as well as other significant people in the individual's social/community circle. Services can include family or couples therapy, psychoeducation, and communicating neuropsychological assessment findings and recommendations to family members.
- Developing a holistic view of persons and facilitating opportunities for maximum individual functioning.
- Understanding and incorporating the influences of culture (including military culture), ethnicity, gender, sexual orientation, religion, socioeconomic background, physical and cognitive ability levels, residence and geographic location, when planning and implementing services and interventions.
- Supervision of other trainees in the areas of patient assessment, psychotherapy, family treatment and interdisciplinary team dynamics.
- Understanding and involvement in program accreditation processes, clinical outcome evaluation, and program policy revisions.

Neuropsychology focus area competencies are based on the guidelines from the Houston Conference on Specialty Education and Training in Clinical Neuropsychology (1997), and are consistent with review of core competencies from other APA-accredited programs in Clinical Neuropsychology. The two-year sequence of training in this focus area will integrate these core domains of professional activity:

- Neuropsychological assessment:
 - Advanced understanding of brain-behavior relationships
 - Working knowledge of common neurological and related disorders, diagnostic procedures (e.g., CT, MRI, EEG), and treatments
 - Working knowledge of the effects of medications, laboratory test abnormalities, and other medical and psychiatric conditions on neuropsychological test performance
 - Advanced skill in development of rapport with patients with a wide range of ability levels and cultural backgrounds, the ability to independently conduct full clinical interviews, and the ability to independently select, administer, score, and interpret neuropsychological tests appropriate to the patient characteristics and referral question

- Advanced skill in writing understandable, useful, and thorough neuropsychological reports and other clinical documentation, including completing such documentation in a timely fashion
- Advanced skill in determining appropriate and practical treatment recommendations based on results of neuropsychological evaluation
- Intervention:
 - Advanced skill in providing specialized neuropsychological intervention techniques and/or cognitive rehabilitation to patients
 - Advanced skill in providing effective feedback to patients and family members
- Consultation:
 - Advanced skill in consultation and collaboration with team members, referral sources, and/or other services
- Supervision, and teaching
- Scholarly inquiry and research
- Organization, management, program development, and program evaluation
- Professional issues/development
- Ethical and legal issues:
 - Understanding of professional issues in neuropsychology and adherence to all ethical and legal obligations regarding the integrity and security of test data, test materials, and assessment techniques consistent with state law and the APA Ethics Code
- Cultural and individual diversity:
 - Consideration and appropriate integration of issues of ethnic/cultural diversity in neuropsychological assessment

Post Traumatic Stress Disorder focus area competencies are derived from a review of number of relevant and respected sources (for example, the NCPTSD website and the website of the APA Division 56 Trauma Psychology), as well as from review of existing core competencies in other PTSD postdoctoral fellowships, since national standards defining competency in the treatment of PTSD are still evolving.

This focus area involves training in the following competency areas:

- Empirically validated and supported treatments for PTSD across the full continuum of care
- PTSD research and theory, particularly that pertaining to combat-related PTSD in Vietnam and post Vietnam era veterans, active duty military personnel, military reservists, and National Guard members (for OEF/OIF/OND focus) or that pertaining to military sexual trauma, complex PTSD, and gender specific treatment issues (for women's focus)
- Empirically validated and supported treatments for PTSD with commonly occurring co-morbid disorders and conditions, specifically substance use disorders, mild to moderate traumatic brain injury, and personality disorders
- Military culture and gender-specific cultural issues, and their impact on the course and treatment of PTSD
- Therapist self care
- Assessment of core PTSD assessment modalities, assessment modalities pertaining to diagnoses and conditions commonly co-morbid with PTSD, specifically substance use disorders, mild to moderate traumatic brain injury, personality disorders, and anxiety disorders other than PTSD, and assessment of therapeutic and programmatic efficacy

Substance Abuse/Homeless Rehabilitation focus area competencies closely follow the VA/DoD Clinical Practice Guidelines for Substance Abuse Treatment, developed with the Substance Abuse and Mental Health Services Administration and the Center for Substance Abuse Treatment. This focus area involves training in the following competency areas:

- Research, including understanding the research literature in the area of homelessness and substance use disorders (SUDs) and conducting a research project in the area of homelessness and/or SUDs

- Biological aspects of substance use and substance-related disorders
- Comprehensive biopsychosocial assessments, referral to appropriate treatment, and assessment of therapeutic and programmatic efficacy
- Assessment of therapeutic and programmatic efficacy
- Supervision of trainees
- Interface and collaboration with other disciplines through participation on interdisciplinary teams, consultation in a variety of venues, and making appropriate referrals
- Didactic training in homeless and SUD issues and appropriate treatment interventions
- Evidence-based treatments for homelessness and SUDs (e.g. motivational enhancement, CBT for relapse prevention, community reinforcement approach, housing first, critical time interventions, etc.)
- Pharmacotherapies for SUDs, including methadone, suboxone, naltrexone, acamprosate, disulfiram
- Unique concerns of special populations (e.g. OIF/OEF, women, serious mental illness, dual diagnosis, etc)
- The role of multiple identities in formation of worldview, therapeutic alliance, and choice of appropriate intervention for veterans who are homeless and/or have an SUD (i.e., multicultural competence)
- Program management/leadership
- Resources and services available for disenfranchised veterans
- Special ethical and legal issues working with homeless and SUD populations

"I had an amazing experience on postdoc here at the VAPAHCS. I worked in unique treatment settings, got individualized supervision, and was supported in working independently while still engaging in training opportunities. I would recommend the Homeless/SUD focus area fellowship to anyone interested in this population. The population is diverse in many respects and the settings are unique, unlike many in the private sector. There are opportunities to practice in various residential programs as well as the outpatient program, which provides a well-rounded training year. With this largely dually diagnosed population, you not only strengthen your skills in substance abuse treatment and homeless rehabilitation, but also evidence-based practices for many co-morbid conditions." ~Recent postdoctoral fellow

Couples/Family Systems focus area competencies are derived from competencies developed and described by APA Division 43 – Society for Family Psychology. This focus area involves training in the following competency areas:

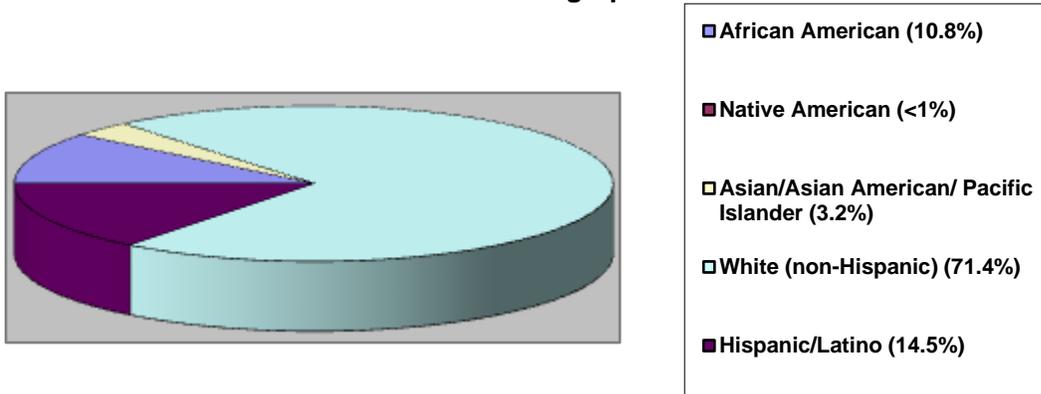
- Natural systems theories
- Methodology of assessment of couples and family systems, including family dynamics, relationship patterns, and family strengths
- Empirically-supported and evidence-based treatments in marital/couples therapy and parenting skills training; family therapies and family psychoeducation
- Other treatment interventions such as specific psychotherapy interventions for couples and families and other treatment considerations such as issues providing services to family members in specific settings
- Prevention and crisis intervention
- Impact of family violence and trauma on individual and system functioning
- Special ethical and legal issues related to family functioning and couple/family treatments
- Outcome and process research relevant to clinical practice, such as assessment of therapeutic and programmatic efficacy
- Interface with other disciplines, including referrals, consultation, and participation on teams

My experience as a postdoctoral fellow at VA Palo Alto was truly enriching. I received the clinical, research, and teaching opportunities I needed to facilitate my professional growth, which ultimately led me to accept a tenure-track faculty position that allows me to function in all three capacities. Throughout the training year, I was progressively given more freedom to take on a leadership role in the supervision team, which helped prepare me to supervise students in my role as faculty in a doctoral program." ~Recent postdoctoral fellow

Opportunities for Working with Diverse Patient Populations and for Developing Multicultural Competence

VA Palo Alto serves an ethnically diverse population of veterans and active-duty personnel ranging in age from 19-90+, with more and more younger ages represented due to our nation’s current military conflicts. While most of the patients are male, VA Palo Alto has specific women’s mental health programs drawing female veterans and active-duty personnel from around the nation. Female patients now account for approximately 10% of the VA Palo Alto patient population. Patients also range in socio-economic status, from high-income employees of local technology companies to low-income and/or homeless veterans. The overall VA Palo Alto patient population reflects the distribution of self-reported ethnic backgrounds in the pie chart below. There are many rotations which serve a larger proportion of patients from ethnic minority backgrounds, and several focusing specifically on women’s mental health.

VA Palo Alto Demographics



The postdoctoral seminar devotes a significant section of the seminar series to directly addressing multicultural competence and diversity issues, as well as encouraging presenters for all topics to model critical thinking about diversity issues throughout the seminar series. Furthermore, supervisors address multicultural competence and diversity issues in each rotation and during the course of supervision. The postdoctoral program also takes seriously the support of fellows’ professional development with regard to ethnic identity, sexual orientation, gender, disability, and other significant identifications. Towards this goal, our diverse supervisory staff is available for mentoring of fellows from a wide range of backgrounds. Multicultural competence is valuable to us and something we consider essential to ongoing professional development.

Training Objectives and Trainee Self-Disclosure in Training and Supervision

In the most recent version of the APA Code of Ethics (2010), APA described what a program can reasonably expect of students in training regarding personal disclosure. Because this clause is particularly relevant for clinical training programs, such as our internship and postdoctoral programs, we have reproduced this ethics clause and discuss how we approach this issue in our training program:

7.04 Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

We fully endorse the spirit of the clause, believing that trainees should not be forced to reveal more personal information than they feel ready to process, until they feel some comfort with the supervisory situation, and feel safety regarding how shared information will be handled. At the same time, self-disclosure is an important part of the training experience and serves at least two important purposes. First, the supervisor is ultimately legally and ethically responsible for the welfare of any patient seen by the trainee; thus, any important information about the trainee's internal experience that may affect the conduct of assessment or therapy is expected to be a part of the supervision process. Second, the general competencies expected in our program, especially those described under the category of Professionalism, include some particularly relevant to this new ethics clause, e.g.:

- Shows emotional maturity in professional contexts by tolerating ambiguity and anxiety and considering the views of others, even in charged situations.
- Accurately evaluates level of competency and considers own limitations when working with patients; knows when own level of expertise is exceeded; seeks appropriate consultation when needed.
- Demonstrates knowledge of self and the impact of self on the conduct of therapy, within the theoretical perspective being utilized.

Feelings and the thoughts, beliefs, and circumstances that propel them cannot be simply expunged by a psychologist when it comes time to see a patient or to interact with colleagues. Learning to identify, utilize, and control feelings, attitudes, and actions in the consulting room and all other professional interactions is a lifelong process for all psychologists. We believe it is important that supervision be a place where the Fellow (or other trainee) is assisted to explore and understand the qualities and experiences that he or she brings to every aspect of professional work and how these facilitate or hinder effective interactions. We intend that Fellows and other trainees will recognize, improve, and employ those personal qualities that will assist in forming effective working relationships with patients, peers, other Psychology staff, staff and trainees of other professions with whom they work in the health care system, etc. – all professional work is influenced by the personal qualities of the trainee, and these are appropriately included in the supervisory process. At the same time, we re-affirm that this needs to be done in a sensitive way, in which the Fellow is given time to develop a safe and effective working relationship with the supervisor. This work should occur such that the underlying APA philosophy is respected. Fellows should not be required or forced to divulge information that is not relevant to the work they are doing or in a way that is not designed to promote and enhance professional development.

Evaluation Process

Supervisors, Preceptors, and Fellows are expected to exchange feedback routinely as a part of the supervisory process; other evaluation procedures are meant to formalize this continuous information flow. It is the responsibility of the Training Director, Preceptor, and supervisors to ensure that formal evaluation occurs in a timely and constructive fashion, but Fellows are encouraged and expected to take an active role. Evaluation is a mutual process between Fellows, supervisors, Preceptors, and the training program as a whole. Fellows are encouraged to delineate their learning goals, to evaluate their progress at mid-rotation in terms of those original goals, to modify their goals as appropriate, and to plan for attaining these goals during the remainder of the rotation.

"My training experiences at the VA Palo Alto have been amazing experiences that I will treasure for years to come. Supervisors are exceptionally skilled clinicians and researchers who served as wonderful models of what psychologists and supervisors should be. My training experiences formed a solid and nurturing foundation which supported my launch into my career." ~Recent postdoctoral fellow

We have developed well-specified, measurable exit competencies for our two overarching training goals (i.e., general advanced practice competencies, focus area specific competencies). For each clinical setting/experience in the Fellow's training plan, supervisors complete both mid-rotation and end-of-rotation evaluations. Mid-rotation evaluations provide an opportunity for mid-course corrections, while end-of-rotation evaluations are a chance to reflect on overall progress that was made. At the end of each rotation, the Primary preceptor evaluates the Fellow's overall progress toward reaching the general advanced practice competencies and the focus area specific competencies, based on feedback from supervisors and on their own experience working with the Fellow. If any supervisor notes a problem that could affect successful completion of the Fellowship, Due Process procedures are in place to work towards resolution of the problem if possible. The Due Process procedure is reviewed in detail with Fellows during orientation at the start of the year. For a copy of our complete evaluation and due process guidelines, please email the Training Director at Jeanette.Hsu@va.gov.

Application and Selection Process

Selection of Fellows is done by the Postdoctoral Committee (consisting of the Director of Training, the Postdoctoral Coordinator, and the Preceptor from each focus area), with input from the staff in each focus area, using the following criteria (not in priority order):

- Breadth and quality of previous general clinical or counseling training experience
- Breadth, depth, and quality of training experience in the specific area of focus area
- Quality and scope of scholarship, as indicated partially by research, convention papers, and publications
- Relationship between clinical and research interests/experience of the applicant
- Evidence of personal maturity and accomplishments
- Thoughtfulness of answers to the application questions
- Goodness of fit between the applicant's stated objectives and the training program and medical center's resources
- Strength of letters of recommendation from professionals who know the applicant well

The 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.

Information about required application materials and the selection process can be obtained by contacting the Postdoctoral Coordinator, William Faustman, Ph.D., preferably by email at William.Faustman@va.gov or at (650) 493-5000 x64950. The fellowship brochure is updated in the fall of each year and may be viewed or downloaded on the VA Palo Alto Psychology Training website at www.paloalto.va.gov/services/mental/PsychologyTraining.asp. In order to apply to our fellowship program, you must submit all the required application elements listed below via the APPA CAS system at <https://appicpostdoc.liasoncas.com/applicant-ux/#/login> by the due date. **All application materials must be received by us on or before Tuesday, January 3, 2017.** Applicants for the Clinical Neuropsychology and Rehabilitation Psychology focus areas are strongly encouraged to submit all application materials by December 16, 2016. Incomplete applications will not be read by the Selection Committee.

Application elements from you (#1-3) should be submitted via the APPA CAS system by you. Letters from your recommendation letter writers (#4) should also be submitted by your letter writers via the APPA CAS system. We recommend that all files uploaded as Microsoft Word or Adobe Acrobat files. Please do not email any application materials or mail any materials in hard copy form.

Application Requirements List:

1. A cover letter that strictly follows the following instructions. Please review this Psychology Postdoctoral Training Program Brochure which describes our program's training goals and opportunities and lists the general advanced practice competence domains and the competence domains for each focus area. **If you are applying in more than one focus area, you may submit separate cover letters.** In your letter, please describe:
 - Your previous educational, research, and clinical experience in each of the general advanced practice competence domains and the specific competence domains for the focus area to which you are applying.
 - Your self-assessment of your training needs in each of these general and focus area domains.
 - Specific clinical settings/experiences at VA Palo Alto that you feel would help you reach your goals.

- Research/educational project ideas you want to pursue during the Fellowship year.
 - Your career goals.
2. Curriculum Vita
 3. One de-identified clinical work sample, such as a treatment summary or an assessment report, or other work sample, such as a published manuscript on which you are first author or other written product that highlights your work relevant to the focus area.
 4. Three letters of recommendation from faculty members or clinical supervisors who know your clinical as well as your research work well. Letter writers should upload an electronic copy to the APPA CAS system, and this will be considered an official “signed” copy. We encourage letter writers to submit documents as Microsoft Word or Adobe Acrobat files.

Following receipt and review of these materials, a select number of applicants will be invited to interview in person or by telephone, in January and February. We will follow APPIC Postdoctoral Selection Guidelines for making fellowship offers for all focus areas except for Clinical Neuropsychology and Rehabilitation Psychology. We plan to make **initial fellowship offers by telephone on the common notification date of Monday, February 27, 2017**. We will also consider making reciprocal offers should candidates receive verifiable postdoctoral offers from other programs prior to the common notification date.

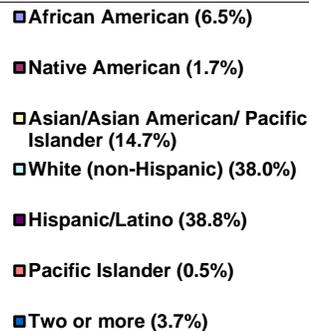
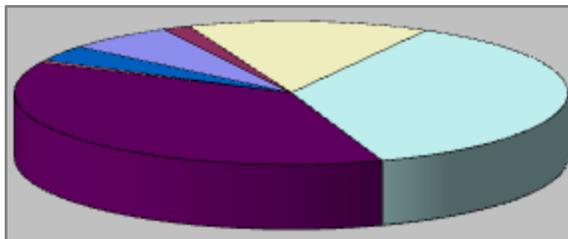
Living in the San Francisco Bay Area

The San Francisco Bay Area is a geographically and ethnically diverse area surrounding the San Francisco Bay in Northern California. Home to world-class universities such as Stanford University, UC San Francisco, and UC Berkeley as well as the headquarters of leading Silicon Valley high-tech companies such as Google, Yahoo!, Apple, LinkedIn, Hewlett-Packard, Intel, Facebook, Twitter, Uber, Netflix, eBay, Houzz, and YouTube, the Bay Area is one of the most culturally, intellectually, and economically dynamic areas of the country. Palo Alto is located on the San Francisco Peninsula about 35 miles south of San Francisco, which is referred to as “The City” and is the cultural center of the Bay Area.

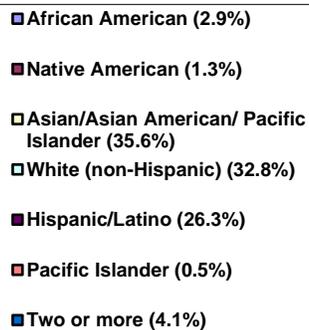
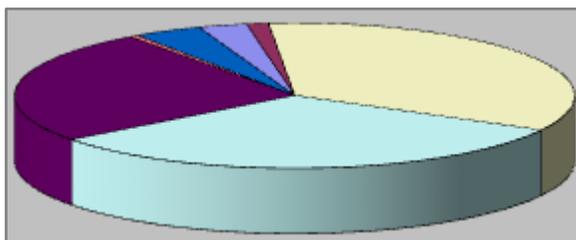
The Bay Area has three major airports (San Francisco International, San Jose Mineta International, and Oakland), as well as an extensive freeway system. Public transportation on BART (Bay Area Rapid Transit) and local bus systems connect the cities and suburbs of the Bay Area, though most residents drive themselves. Housing for renters and homebuyers is one of the most expensive in the country.

The Bay Area is the sixth most populous metropolitan area in the United States, with high levels of international immigration. Palo Alto is part of Santa Clara County which has slightly different demographics than the Bay Area and the state overall, with greater numbers of Asians and Asian Americans and fewer numbers of African Americans. Also, thirty-seven percent of the people living in Santa Clara County were born outside the U.S. There are 64,275 Veterans living in Santa Clara County. See pie charts below for specifics on state and county demographics from U.S. Census data (retrieved July 20, 2016, from <http://quickfacts.census.gov/qfd/states/06/06085.html>).

California Demographics



Santa Clara County Demographics



The region has a lot to offer, making the Bay Area one of the most desirable places to live in the country – mild weather, beaches, mountains, and open space perfect for outdoors enthusiasts, a thriving business and technology sector, and excellent universities and academically-affiliated medical centers providing resources for intellectual and scholarly activities. Visitors and residents alike can enjoy the diversity of social and cultural attractions, such as museums, cultural events, top-rated restaurants, and

wineries in the Napa and Sonoma Valleys. In addition to easily accessible outdoor recreation areas for skiing, surfing, hiking, and biking, sports fans can follow the many Bay Area professional sports teams (SF Giants, SF 49ers, Oakland A's, Golden State Warriors, San Jose Sharks) and college teams (Stanford, UC Berkeley).



Please see the below websites for more information about the local area:

Palo Alto

www.city.palo-alto.ca.us/

Stanford University

www.stanford.edu/dept/visitorinfo/

Monterey Bay National Marine Sanctuary

www.montereybay.noaa.gov/

California travel; click on San Francisco Bay Area

www.visitcalifornia.com/

Bay Area news and information

www.sfgate.com/



The VA Palo Alto Postdoctoral Fellowship program values practicing balance in one's professional and personal life, which our supervisors strive for and hope to be good models for our fellows. If you come to VA Palo Alto for fellowship, we hope you will have many opportunities to explore and enjoy living in this great area!

Contacting Psychology Service

Psychology Service is open for business Monday through Friday, 8AM - 4:30PM Pacific Time, except on Federal holidays. The Psychology Training Program can be reached at the following address and contact information:

Psychology Training Program (116B)
Palo Alto VA Health Care System
3801 Miranda Avenue
Palo Alto, CA 94304
Telephone: (650) 493-5000, x65476
Fax: (650) 852-3445
Email: Dana.Iller@va.gov (Psychology Service Program Support Assistant)
Website: www.paloalto.va.gov/services/mental/PsychologyTraining.asp

Thank you for your interest in our program. Feel free to be in touch with the Postdoctoral Coordinator at William.Faustman@va.gov and/or the Psychology Service Program Support Assistant if you have additional questions.



William Faustman, Ph.D.
Postdoctoral Coordinator

Jeanette Hsu, Ph.D.
Director of Training, Psychology Service

The VA Palo Alto Health Care System Psychology Service has an APA-accredited internship program and an APA-accredited postdoctoral program. The [APA Office of Program Consultation and Accreditation](#) can be reached at the American Psychological Association, 750 First St. NE, Washington DC 20002; phone number (202) 336-5979; email apaaccred@apa.org; website www.apa.org/ed/accreditation.

Reviewed by: Jeanette Hsu, Ph.D.
Date: 10/12/16