Psychology
Postdoctoral
Training Program

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

2021 - 2022
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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 (due to the COVID-19 pandemic, the next accreditation site visit was postponed until 2021). 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 (VAPAHC S) 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 (Rainy, 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. Supervision at Palo Alto emphasizes a developmental approach, evidence-based practice, and overall professional development within a supportive, training-focused environment. Palo Alto supervisors represent a range of theoretical orientations, with a preponderance of CBT, “third-wave,” and integrative approaches. Supervisors are highly invested in Fellows’ professional development and provide a supportive yet challenging training environment. We are committed to providing training that values connection and relationships between supervisors and Fellow, among team members, and within the postdoctoral class.

Recent or selected 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

"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
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- 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 Psychology 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), and the VA Psychology Training Council (VAPTC)
- National psychology roles also include serving as APA Accreditation Site Visitors, 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
- Recent APA Division 18 (Psychologists in Public Service, VA Section) Awards – Dr. Carey Pawlowski, 2019 Outstanding Supervisor or Mentor; Dr. Tiffanie Sim Wong, 2018 Outstanding Clinician
- Attainment of new Board Certification in Clinical Psychology, Clinical Health Psychology, Clinical Geropsychology, Clinical Neuropsychology, and Rehabilitation Psychology by 11 staff psychologists in since 2014

The overall aim of the VAPAHCS Psychology Postdoctoral Training Program is to train psychologists who meet advanced general profession-wide competencies in psychology and can function effectively and independently 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 aim of the postdoctoral program is for Fellows to develop the full range of professional skills required for independent functioning as a psychologist, including skills involved in science-practice integration; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional skills.

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). The Psychology Postdoctoral Training Program includes seven focus areas: Behavioral Medicine, Geropsychology, Palliative Care, Psychosocial Rehabilitation, PTSD, Continuum of Care for Addictive Behaviors, Trauma, and Co-Occurring Disorders, and Couples/Family Systems. Through the professional activities in these focus areas, Fellows receive training that facilitates their development of the core advanced general professional competencies required for independent

"My two years of training as a general track 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 intern/postdoctoral fellow
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). Note that we have separately accredited, 2-year specialty postdoctoral fellowship programs in Clinical Neuropsychology and Rehabilitation Psychology, which share some structure and training resources with the general Psychology Postdoctoral Training Program. More information about postdoctoral training in these specialty areas are available on the Training Program website.

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. As of July 2019, this health care system has over 7000 employees and volunteers, is located on more than 300 acres, and operates on a large annual budget of over $1B. 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 67,000 enrolled Veterans. Psychology 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 maintains one of the top three research programs in VA and is a national leader in research. VA Palo Alto encompasses extensive research centers in geriatrics (GRECC), mental health (MIRECC), Alzheimer's disease (Stanford/VA Alzheimer's Research Center), spinal cord regeneration, schizophrenia, and post-traumatic stress disorder (National Center for PTSD). VAPAHCS also manages several centers supported by the VHA Office of Research and Development, including the Rehabilitation Research and Development Service, Health Services Research and Development (HSR&D) Center for Innovation to Implementation (Ci2i), Program Evaluation and 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)™ 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 $56,084. This stipend requires a full calendar year of training. For the 2021-22 year, the start date will be Monday, September 13, 2021. 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 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](http://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 override these requirements locally. All information about VA eligibility requirements is available at [www.psychologytraining.va.gov/eligibility.asp](http://www.psychologytraining.va.gov/eligibility.asp) and [www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf](http://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf); please read these eligibility requirements carefully prior to applying to make sure you are eligible for a VA internship, including U.S. citizenship, health requirements, background investigations, and Selective Service registration. In order to be eligible to begin the Fellowship, the selected applicant must also 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, or have not met all pre-employment requirements for hiring.

The number of postdoctoral positions in the general Psychology Postdoctoral Training Program at VA is expected to be 9 in the 2021-2022 training year. One position will be offered in each of the following focus areas: Behavioral Medicine, Geropsychology, Palliative Care, Continuum of Care for Addictive...
Behaviors, Trauma, and Co-Occurring Disorders, and Couples/Family Systems; two positions each will be offered in the Psychosocial Rehabilitation and PTSD focus areas. Note that one position will be offered in each of the separately accredited specialty 2-year fellowship programs in Clinical Neuropsychology and Rehabilitation Psychology for the 2021-2023 training years.

**Fellowship Structure at VA Palo Alto**

The Fellowship consists of a calendar year of full-time supervised training; for the 2021-2022 year, the start date will be Monday, September 13, 2021. Fellows must complete the full year of training in order to be considered graduated from the fellowship program. 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 (8:00am – 4:30pm Monday through Friday), 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, plus unplanned holidays, e.g., national day of mourning), 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 Director of Training 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.

**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., one of the Postdoctoral Co-Coordinators; 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
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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 Jessica Lohnberg, Ph.D., one of the Postdoctoral Co-Coordinators, 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 about their professional and clinical areas of interest, or a clinical case in which they are struggling with a particular technical, conceptual, diversity, ethical/legal, 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, professional area, or clinical issues. During the meeting, the Fellow leads a discussion of the topic and integrates the article into their presentation.

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 internship seminar series; 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 and/or program evaluation (Behavioral Medicine, Geropsychology, PTSD, Continuum of Care for Addictive Behaviors, Trauma, and Co-Occurring Disorders, and Couples/Family Systems focus areas), development of an educational project
(Psychosocial Rehabilitation focus area), or can choose to do research/program evaluation 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. It typically takes 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 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.
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Training Aims and Competencies for the Fellowship Year

As noted above, we have two overarching aims 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, PTSD, Continuum of Care for Addictive Behaviors, Trauma, and Co-Occurring Disorders, Couples/Family Systems).

Competencies for our first aim are defined by the profession-wide competency domains identified by APA’s Commission on Accreditation. Specifically, Fellows are expected to demonstrate, by the end of the year, competence at an independent level in the following areas:

- Science-practice integration
- Ethical and legal standards
- Individual and cultural diversity
- Professional values, attitudes, and behaviors
- Communication and interpersonal skills
- Assessment
- Intervention
- Supervision
- Consultation and interprofessional skills

The competency domains for our second aim are defined as much as possible by national accepted or emerging criteria defining expertise in the specific focus area. Each of the focus area competency domains are outlined below. These competency domains encompass knowledge and skill areas important to each focus area and are used to provide Fellows with breadth and depth of training experience within the focus area. The advanced general professional competencies as applied to each focus area are used to evaluate Fellow’s performance since these domains are less behaviorally-specific than the competencies in each profession-wide competency domain above.

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 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

“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

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Clinical Geropsychology has been recognized as a specialty area by the American Psychological Association and the American Board of Professional Psychology (ABPP). This focus area involves training in the thirteen areas of Geropsychological competency consistent with the Pikes Peak Model for Training in Professional Geropsychology:

- 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:

- Psychological, sociocultural, spiritual and interpersonal factors in chronic disease and life-limiting or terminal illness
- Biological aspects of illness and the dying process
- Socioeconomic and health services issues in palliative and end-of-life care
- Normative and non-normative grief and bereavement
- 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.
- Treatment of family systems
- Interface with other disciplines through interprofessional teams and consultation in medical teams
- End-of-life decision making and ethical issues in providing palliative care and hospice services
- Professional self-care
- A focus also is placed on developing skills in teaching, supervision and scholarship in palliative care and end-of-life issues
**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 (IAPRSRS) 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
- Understanding vocational rehabilitation strategies
- Understanding residential treatment strategies
- Understanding housing intervention strategies
- Understanding strategies for substance use interventions

**Posttraumatic 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 the needs of Veterans with PTSD and co-occurring Substance Use Disorders (SUDs) (PTSD-SUD focus) or that pertaining to military sexual trauma, complex PTSD, and gender specific treatment issues (women’s focus)
- Empirically validated and supported treatments for PTSD with commonly occurring co-morbid disorders and conditions, specifically substance use disorders, 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, and personality disorders, and assessment of therapeutic and programmatic efficacy

"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
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*Continuum of Care for Addictive Behaviors, Trauma, and Co-Occurring Disorders* 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 areas of addictive behaviors, trauma, substance use disorders (SUDs), homelessness and related psychosocial problems, and conducting a research project within these areas
- Biological aspects of substance use and substance-related disorders and co-occurring problems (e.g., traumatic stress)
- 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 SUDs, PTSD, homelessness, and related problems (e.g. motivational enhancement, CBT for relapse prevention, community reinforcement approach, CPT, DBT, 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 a 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. 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 use 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
Commitment to Diversity and to Developing Multicultural Competence

Our Psychology Training Program emphasizes the development of multicultural competence through both required and infused curricula, as well as a wide range of clinical experiences with diverse populations (see below for demographics of the VA Palo Alto patient population). Psychology Service also demonstrates its commitment in a number of ways to promoting a professional environment that is positive and supportive of cultural and individual differences and in which diversity is acknowledged and respected. Psychology Service and the Psychology Training Program are committed to promoting a professional environment that is positive and supportive of individual and cultural differences and in which diversity is acknowledged and respected. We are fortunate to live in a very diverse geographical region that is commonly regarded as open and accepting of diverse ethnic and racial backgrounds, religious/spiritual practices, gender identities, and sexual orientations. We aim to reflect that level of respect and acceptance in the work environment. Specifically, Psychology Service and the Psychology Training Program actively seeks to maximize representation of different backgrounds on all committees or other professional subgroups, and to ensure that staff from different backgrounds are in visible leadership positions, participate in training-related activities, and involved in the hiring process. We believe that such visibility demonstrates to Psychology trainees, and to current and prospective staff, that the Service actively supports the professional development of staff and trainees from diverse backgrounds. Finally, Psychology Service expects staff to be dedicated to the ongoing process of maintaining multicultural competence across their professional activities. Psychology Service supports such continuing education by sponsoring and organizing several recent CE conferences and workshops on various diversity topics as well as on issues in multicultural supervision.

Psychology Service has a strong history of retaining staff and supervisors for many years, including supervisors from diverse backgrounds, reflecting a positive working environment for all staff and trainees. Currently, 34% of Psychology postdoctoral supervisory staff self-identify themselves as being from ethnic minority backgrounds; 75% are cisgender female and 25% are cisgender male. In addition, 10% of supervisory staff are openly gay, lesbian, or bisexual. Of the postdoctoral fellows training in the Psychology Postdoctoral Fellowship Program in the last 10 years (N=96), 40.6% self-identify as coming from ethnic minority backgrounds and 5.2% self-identify as lesbian, gay, bisexual, and/or queer. The majority of recent fellows have been cisgender female (87.5%), with a smaller number of individuals identifying as cisgender male (12.5%) and transgender male (1.1%).

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.

Opportunities to Work with Diverse Populations
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 recent military conflicts. While most of the patients are cisgender male, VA Palo Alto has specific women’s mental health programs drawing cisgender and transgender female Veterans and active-duty personnel from around the nation. Female patients now account for approximately 10% of the VA Palo Alto patient population. While accurate numbers of transgender Veterans are not available, VA Palo Alto has specific medical and mental health services for transgender male and female Veterans. 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/racial 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**

- African American (10.8%)
- Native American (<1%)
- Asian/Asian American/ Pacific Islander (3.2%)
- White (non-Hispanic) (71.4%)
- Hispanic/Latino (14.5%)

**Multicultural/Diversity Committee**

Psychology Service operates a Multicultural/Diversity Committee (including staff, interns and postdoctoral fellows) which discusses, evaluates, and works to improve the efforts of the training program in recruitment and retention of diverse trainees and staff and the training and education of trainees and staff in multicultural competencies. The Psychology Training Program Multicultural/Diversity Committee is an active and diverse community that enacts initiatives to address the needs of the training program and staff, including workshops, conferences, clinical consultation, and social gatherings. In recent years, the committee has developed and implemented/co-implemented several workshops and conferences on multicultural competence in clinical supervision, competence in working with LGBT Veterans, understanding microaggressions in clinical practice and supervision, and multicultural competence for interdisciplinary teams. Recent projects include implementing a Diversity Mentoring Program for interns and postdoctoral fellows, facilitating a discussion forum with VA mental health providers on experiences of gender, sexism, and sexual harassment, and developing and distributing practical guidelines for supervisors in addressing issues of individual and cultural diversity in supervision. Multicultural competence is valuable to us and something we consider essential to ongoing professional development.

The **Diversity Mentoring Program** offers interns and fellows the opportunity to discuss diversity-related issues with established VA Palo Alto staff psychologists and training alumni. Potential mentors include current psychology staff members and VA Palo Alto psychology alumni currently working in clinical or research staff positions at other institutions. Participation in this program is optional, private, and non-evaluative. The purpose of this program is to provide a safe, non-judgmental place for interns and fellows to discuss diversity-related issues including topics such as:

- adjusting to working with Veterans
- managing/responding to micro-aggressions
- discussing aspects of identity and intersectionality (e.g., race, ethnicity, gender, sexual orientation, etc.)
- managing work-life balance, including personal choices impacting career decisions
- professional development related to diversity concerns
- experiences of working in the VA, including environment, political climate, and other concerns

The arrangement between the mentor and fellow is meant to be informal and flexible and structured according to the needs and interests of the fellow. The mentor match is made at the start of training. Mentor-mentees are expected to meet (by phone or in person) at least once per month throughout the training year(s).
Trainee Self-Disclosure in Training and Supervision

In 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 reaffirm 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.
Introduction and Program Overview

Training Considerations During the COVID-19 Pandemic

In the San Francisco Bay Area, there has been some form of a shelter-in-place order since 3/17/2020 with an indefinite end date; health care workers (including VA Palo Alto interns and fellows) are considered “essential workers” and allowed to travel to work. You can see the VA Palo Alto COVID updates and details of our county shelter-in-place order at links below. Given the uncertain and dynamic nature of the COVID-19 pandemic, we do not know whether and how the 2021-2022 year will be impacted. The information below is provided to show you the current impact of the pandemic and how we have modified training to protect your health and safety as well as meet your training goals.

VA Palo Alto COVID-19 Current Operating Status:
https://www.paloalto.va.gov/emergency/index.asp. Since March 2020, we have been fortunate that we have had relatively low numbers of COVID-19 patients hospitalized in our facility. You can see current and total patient and employee cases at any VA facility at this website, including at Palo Alto:
https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary. VA Palo Alto has implemented universal masking, meaning that anyone who enters our campuses is required to wear a mask, including patients who have outpatient appointments. All screening checkpoints are ensuring that patients and their caregivers have a mask, or are provided a mask if they do not have one. You will be asked health screening questions at the entrance checkpoints. VA Palo Alto is committed to providing all necessary PPE for its employees and trainees, as well as providing a hygienic work environment. You will also be provided masks for use at work; these are cloth masks for non-clinical use, and medical procedure masks for clinical settings where in-person patient contact is expected (one per day). You will also be issued a plastic face shield for your use, if needed in your training setting. Training settings will also provide cleaning supplies to sanitize your work areas. Finally, under shelter-in-place orders, you are required to have your PIV ID badge when traveling to and from work to verify your standing as an essential government healthcare worker.

Santa Clara County COVID-19 Website: https://www.sccgov.org/sites/covid19/Pages/home.aspx

Modifications to Training:

The orientation of interns and fellows will be a combination of virtual and in-person orientation and will include a discussion of COVID-19 including information about how health and safety are maintained at VA Palo Alto. All new interns and fellows will complete telehealth TMS trainings during their first week, and Psychology Service will prepare ad hoc telework agreements for each intern and fellow to allow the training program the most flexibility in arranging training during the year. Trainees will not be providing services to patients with known COVID; these patients are treated in two separate, isolated medical units on the Palo Alto campus. Please note the following:

- The VA campuses have strict restrictions on patients or other members of the public visiting (only for urgent patient care or limited specialty care). All employees and visitors must wear a mask in all public areas on campus as part of our universal masking policy, and are expected to follow social distancing guidelines (6-foot distance from others).
- All outpatient clinics stopped seeing patients in person in March 2020, providing services only via telehealth (telephone or video when possible). Starting at the end of June 2020, outpatient clinics were permitted to increase to 20% in-person capacity for the near future; other increases have been placed on hold at this time (August 2020). For most outpatient settings at the onset of the 2020-21 training year, all or nearly all psychology trainee patient encounters will be by phone or video. As these restrictions change, we will continue to have collaborative discussions with trainees regarding these matters. As much as possible, sites will work to limit in-person patient contact and will take into account individual trainee circumstances and preferences in returning to in-person patient care.
- In residential or inpatient settings, nearly all patient contacts are done through telephone or video visits. The exceptions are in the Polytrauma System of Care and the Spinal Cord Injury Center.
Introduction and Program Overview

where they are practicing extra vigilant hand hygiene and social distancing, are using a
gown/mask/glove protocol when appropriate, and have a no visitor policy to the units. In
addition, inpatient psychiatry units have recently been conducting group therapy with small
numbers of patients in outdoor courtyards with appropriate social distancing. The SCI Center will
require COVID testing for trainees in SCI rotations.

- Some inpatient medical units with very vulnerable patients (e.g., CLC/nursing homes, hospice
  unit) are operating with limited in-person staff and trainee contact with patients. At this time,
  psychology trainees will be allowed on the CLC units (but not the Hospice unit) with restrictions,
  including required COVID testing, as well as use of telehealth (phone, video) with in-person staff
  support as needed to provide services to CLC patients.
- Some of the residential treatment units (e.g., PTSD and SUD residential programs) currently have
  very few residential patients. Current services in these programs have included intensive
  outpatient formats, via telehealth, as the programs consider and plan for limited new admissions.
- All students will continue to receive the required hours of weekly supervision (individual and
  group in-person or video is preferable, telephone only when needed). Psychology trainees should
  expect routine supervisory observation using in-person or telehealth modalities, as well as co-
  treatment with supervisors and other licensed mental health staff.
- All didactics and seminars are currently held remotely. Any future in-person seminars will be
  planned with appropriate social distancing.
- Currently, in-person team meetings or group supervision may occur with 6 or fewer people and
  only with appropriate social distancing; otherwise, video or telephone conferencing is being used.

The training program will develop an individualized plan for each intern and fellow which may range
from full-time on-site work, part-time telework, or full-time telework with remote access from home which
can include telehealth, didactics, individual and group supervision, team meetings, clinical documentation,
and other projects in line with their training goals. Telehealth from VA or from home will occur with
 supervision and provision of clinical services as appropriate to clinical setting, supervision plan, and
 trainee’s level of training. Telework plans will to be made collaboratively with supervisors with discussion
of the pros/cons of different arrangements, the range of what is possible, and how other trainees and staff
 have made these decisions. Note that these arrangements will differ by training setting and trainee
circumstances, and can change over time.

All psychology trainees are be expected to communicate with their supervisors regularly regarding health
and safety concerns and issues. Trainees with exposure to a person with COVID and/or experiencing
potential COVID symptoms or should not report to work and follow CDC guidelines for self-quarantine or
self-isolation. All trainees should inform Occupational Health if they are diagnosed or tested positive for
COVID-19, or who are exposed to a person with COVID, to allow for contact tracing of all potentially
exposed staff and patients at VA. If possible, we ask that the trainee gets promptly tested and does not
return to work until a confirmed negative test, or what the current CDC guidelines recommend at that time.
See below for the current (August 2020) guidance from the CDC:


See the website below for multiple free COVID-19 testing sites in Santa Clara County:

https://www.sccgov.org/sites/covid19/Pages/covid19-testing.aspx
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 Director of Training, 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.

We have developed well-specified, measurable exit competencies for our two overarching training aims (i.e., general professional competencies, focus area 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 professional competencies and the focus area 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 Training Manual, including evaluation processes, due process and grievance procedures, and record-keeping policies, please email the Director of Training at Jeanette.Hsu@va.gov.

“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
Application and Selection Process

Selection of Fellows is done by the Postdoctoral Committee (consisting of the Director of Training, the Postdoctoral Co-Coordinators, 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 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 training and professional goals and the resources of the training program and medical center
- 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 one of the Postdoctoral Co-Coordinators, 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.liaisoncas.com/applicant-ux/#/login by the due date. All application materials must be received by us on or before Tuesday, December 29, 2020. 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 2-3 page cover letter that follows these instructions. Please review this Psychology Postdoctoral Training Program Brochure which describes the aims of postdoctoral training at Palo Alto, training opportunities, and the advanced general professional competency domains and the competency 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 include:
   - A summary of your previous educational, research, and clinical experience with attention to the advanced general professional competency domains and the specific competency domains for the focus area to which you are applying.
   - Your training needs and goals related to 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. We plan to make initial fellowship offers by telephone on the Uniform Notification Date of Monday, February 22, 2021. We will also consider making reciprocal offers should candidates receive verifiable postdoctoral offers from other programs prior to the Uniform Notification Date.
Postdoctoral Admissions, Support, and Initial Placement Data Tables

Postdoctoral Program Admissions

Date Program Tables are updated: 10/5/2020

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on postdoctoral selection and practicum, internship, and academic preparation requirements:

The VA Palo Alto Health Care System provides training consistent with 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. The mission of the VAPAHCS Psychology Postdoctoral Training Program is to train psychologists who meet advanced general profession-wide 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 aim of the postdoctoral program is for Fellows to develop the full range of professional skills required for independent functioning as a psychologist, including skills involved in science-practice integration; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional skills.

Describe any other required minimum criteria used to screen applicants:

Our program fits best with postdoctoral fellows who have been trained as scientist-practitioners or clinical scientists at the graduate level, and have professional interests and internship experiences consistent with the focus or specialty area to which they are applying.
## Financial and Other Benefit Support for Upcoming Training Year*

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Residents</td>
<td>$56,084</td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Residents</td>
<td>N/A</td>
</tr>
<tr>
<td>Program provides access to medical insurance for resident?</td>
<td>Yes</td>
</tr>
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### If access to medical insurance is provided:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>No</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td>184</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>104</td>
</tr>
</tbody>
</table>

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? Yes

Other Benefits (please describe): With satisfactory progress toward training goals, professional leave consistent with psychology staff may be approved for attendance at, and travel for, educational activities outside the medical center, including conferences, workshops, and professional meetings; relevant clinical research opportunities; job talks and interviews; and military leave. Up to $1000 per year can be approved for reimbursement of conference attendance registration and other educational course fees. Basic life insurance, free parking, and available public transit subsidy benefit. For more details on VA benefits, see [https://www.psychologytraining.va.gov/benefits.asp](https://www.psychologytraining.va.gov/benefits.asp).

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.*
### Initial Post-Fellowship Positions

<table>
<thead>
<tr>
<th></th>
<th>2017-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of fellows who were in the 3 cohorts</td>
<td>30</td>
</tr>
<tr>
<td>Total # of fellows who remain in training in the fellowship program</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Setting</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>University counseling center</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Military health center</td>
<td></td>
<td></td>
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<tr>
<td>Academic health center</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
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<td></td>
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<tr>
<td>Psychiatric hospital</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Academic university/department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td></td>
<td></td>
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<tr>
<td>Independent research institution</td>
<td></td>
<td></td>
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<tr>
<td>Correctional facility</td>
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<td></td>
</tr>
<tr>
<td>School district/system</td>
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<td></td>
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<tr>
<td>Independent practice setting</td>
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</tr>
<tr>
<td>Not currently employed</td>
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</tr>
<tr>
<td>Changed to another field</td>
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</tr>
<tr>
<td>Other</td>
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<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.
Professional Outcomes for Former Postdoctoral Fellows

Where do VA Palo Alto Fellows Go?
VA Palo Alto postdoctoral fellows choose a wide range of professional positions and work settings. Consistent with the table above, 69% of postdoctoral fellows over the past 10 years have gone on to professional positions within medical centers. The majority of these are working in the VA health care system (74%) and 26% are working in academically-affiliated medical centers, medical schools, or other medical centers. See below for additional information about professional employment outcomes for former fellows. Ninety-six percent of the fellows from the 2010-2018 graduating years have obtained professional state licensure. Several former fellows have attained ABPP Board Certification in a specialty area of practice (6.5%; Clinical Health, Clinical Geropsychology, Clinical Neuropsychology, Rehabilitation Psychology) and several more are in the process of board certification.

Types of Settings and Positions (2019, N=77)

*Other Clinical Positions include community mental health and clinical contracting services. The Other category includes digital health, program development/evaluation, and consultation.
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, Nest, 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 fifth 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-eight percent of the people living in Santa Clara County were born outside the U.S. There are 55,763 Veterans living in Santa Clara County. See pie charts below for specifics on state and county demographics from U.S. Census data (retrieved August 18, 2020, from https://www.census.gov/quickfacts/fact/table/santaclaracountycalifornia/PST045216 and https://www.census.gov/quickfacts/fact/table/CA/PST045216).

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).

Given the great weather, abundance of natural beauty, strong academic and business environment, cultural diversity, and lots of high-paying jobs, many people want to live in the Bay Area but can find it challenging to afford living here. The cost of living is much higher than most of the rest of the country, with some estimates of between 60-90% higher than anywhere excluding other expensive urban areas such as New York, Boston, Washington DC, Los Angeles, or Seattle. While many essentials such as groceries, clothing, gas, and utilities can be only slightly to somewhat higher, the biggest difference is the cost of housing (renting and buying). In considering moving to the Bay Area, you can explore a useful resource to compare the cost of living at: http://www.bankrate.com/calculators/savings/moving-cost-of-living-calculator.aspx. Interns and postdoc fellows living in the Bay Area have used the following strategies to cope with the high cost of living: careful budgeting, living with others to reduce the cost of housing (e.g., sharing housing with friend, partner, family member, or housemate), or utilizing savings, and (to lesser extents) accessing family financial resources or taking out additional loans.

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

- **Palo Alto**
  - [www.cityofpaloalto.org/](http://www.cityofpaloalto.org/)

- **Stanford University**
  - [www.stanford.edu/dept/visitorinfo/](http://www.stanford.edu/dept/visitorinfo/)

- **Monterey Bay National Marine Sanctuary**
  - [www.montereybay.noaa.gov/](http://www.montereybay.noaa.gov/)

- **California travel; click on San Francisco Bay Area**
  - [www.visitcalifornia.com/](http://www.visitcalifornia.com/)

- **Bay Area news and information**
  - [www.sfgate.com/](http://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: Jeanette.Hsu@va.gov (Director of Training)
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 Co-Coordinators William.Faustman@va.gov and Jessica.Lohnberg@va.gov and/or the Director of Training if you have additional questions.

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., ABPP
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