

2017-2019

Postdoctoral Fellowship: Clinical Neuropsychology



Department of Veterans Affairs
VA Palo Alto Health Care System
Palo Alto, CA

Clinical Neuropsychology Specialty Area

Please note this is a two-year Fellowship; we have ONE open position for the 2017-2019 Fellowship cycle.

PROGRAM PHILOSOPHY AND AIMS OF THE FELLOWSHIP

The VA Palo Alto Health Care System (VAPAHCS) offers a two-year clinical postdoctoral Fellowship in the Clinical Neuropsychology Specialty area, and recruits one Fellow per year. The program offers the first year of Clinical Neuropsychology focus area training as part of the existing APA-accredited Clinical Psychology Postdoctoral Fellowship, with the second year as an unaccredited advanced Clinical Neuropsychology-focused fellowship contingent on satisfactory completion of the first year of training. Please note that this fellowship is in the application process for APA specialty accreditation in Clinical Neuropsychology. We follow a scientist-practitioner training model that meets the requirements and standards of APA Division 40/ Houston Conference Guidelines (Hannay, 1998). Training in the Neuropsychology emphasis area will integrate the core domains of professional activity outlined in the Houston conference guidelines delineating the practice of clinical neuropsychology:

- A. Neuropsychological assessment to include:
 - a. Advanced understanding of brain-behavior relationships
 - b. Working knowledge of common neurological and related disorders, diagnostic procedures (e.g., CT, MRI, EEG), and treatments
 - c. Working knowledge of the effects of medications, laboratory test abnormalities, and other medical and psychiatric conditions on neuropsychological test performance
 - d. 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
 - e. Advanced skill in writing understandable, useful, and thorough neuropsychological reports and other clinical documentation, including completing such documentation in a timely fashion
 - f. Advanced skill in determining appropriate and practical treatment recommendations based on results of neuropsychological evaluation
- B. Intervention to include:
 - a. Advanced skill in providing specialized neuropsychological intervention techniques and/or cognitive rehabilitation to patients
 - b. Advanced skill in providing effective feedback to patients and family members
- C. Consultation to include:
 - a. Advanced skill in consultation and collaboration with team members, referral sources, and/or other services.
- D. Supervision, and teaching
- E. Scholarly inquiry and research
- F. Organization, management, program development, and program evaluation

- G. Professional issues/development
- H. Ethical, and legal issues, to include:
 - a. 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
- I. Cultural and individual diversity to include:
 - a. Consideration and appropriate integration of issues of ethnic/cultural diversity in neuropsychological assessment

The primary aims of the Fellowship are to prepare Fellows for independent practice; aid Fellows in establishing a strong knowledge-base in Neuropsychology; and to provide a solid foundation in order for Fellows to successfully complete the ABPP board certification process in Clinical Neuropsychology (ABPP-CN) following completion of Fellowship. As such, Fellows will sharpen skills relative to information gathering, history taking, and the selection and administration of tests and measures. The Fellow will continue to develop skills relative to interpretation, diagnosis, treatment planning, report writing, and the provision of feedback; be trained to identify targets for treatment intervention and to specify intervention needs; demonstrate competency relative to the formulation, development, and implementation of treatment plans, as well as monitoring and adjustment of those plans; and be able to assess treatment outcome, and recognize multicultural issues affecting treatment. While performing consultation, trainees will be evaluated relative to effective basic communication, and their ability to determine and clarify clinical and referral issues. Emphasis will be placed on the education of referral sources regarding neuropsychological services, communication of evaluation results and recommendations. Fellows will receive supervision relative to the selection of appropriate research topics, review of relevant literature, and the design and execution of research. Fellows will be supervised in the methods of effective teaching. Additionally, they will be supervised in the use of effective education technologies, and effective supervision methodologies.

STRUCTURE OF THE FELLOWSHIP TRAINING

The individualized **training plan** for the Neuropsychology Fellow will be developed with the assistance of a Primary Preceptor who will help plan the Fellow's overall program, ensure sufficient depth and breadth of experience, and plan which of the Neuropsychology faculty will serve as supervisors during the Fellowship years. The aim is to ensure attainment of general clinical competencies as well as specialty area-specific competencies. The postdoctoral Fellow may also be involved with research conducted within the VA Palo Alto research programs; these research opportunities may include program evaluations, and/or studying the effectiveness of treatments for traumatic brain injuries, cognitive decline, and memory disorders in this population of patients. The Fellow will further his/her clinical experience in both inpatient and outpatient neuropsychological units/services offered at VAPAHCS, as well as the potential during the 2nd year of the Fellowship for a General Outpatient Neuropsychology Rotation at the Stanford University College of Medicine, Department of Neurology & Neurosciences, subdivision of Neuropsychology.

In order to gain competence in the wide range of professional activities performed by clinical neuropsychologists, the Fellow will *typically* spend the first training year with inpatient rehabilitation units (i.e., PRC/CRC; PTRP; SCI inpatient), and the second year focusing on Outpatient Services (i.e., a combination of rotations selected from those available). Training plans will be developed to best match each individual's training goals, to build on current skills, strengthen areas of growth, fill any gaps in previous training, and provide diversity in training.

In addition to full time rotations, and as time allows, the opportunity for "mini" rotations (i.e., not to exceed 4 hours/week) also exist within various areas of the VA Palo Alto HCS. For example, The Fellow can participate in a mini rotation of Rapid Response Medical Evaluations to the Acute Medical Floor (4C) at the VA Palo Alto, with an emphasis on decision making capacity evaluations and consultation and liaison work within a medical team. As another example, Fellows interested in family work can participate in a mini rotation with the Family Therapy program.

WORKLOAD DISTRIBUTION

Fellows can expect to spend 60-70% of time engaged in clinical duties, 10-20% of time in didactics, and 10-20% of time in research and tiered supervision activities.

SUPERVISION, TEACHING AND ADDITIONAL OPPORTUNITIES

Fellows will receive a minimum of 2-4 hours of supervision from Psychology staff per week, with at least half of that provided as individual, face-to-face supervision and other supervision offered in group supervision, as part of team meetings, review of written reports, etc. Fellows will also have the opportunity to meet with their preceptor on a regular basis throughout their training years to ensure the training plan is being followed, and to make changes as necessary; this mentorship relationship will also include time to address professional development, preparation for board certification, as well as other issues relevant to training. The Fellow will have the opportunity to shadow Neurologists and Psychiatrists and observe clinical intakes and treatment planning during inpatient rotations if desired. The Fellow will be required to teach during the Neuropsychology Seminar (see below) at least once over the course of their Fellowship, and will be required to participate in tiered supervision of interns and practicum trainees over the course of the Fellowship.

REQUIRED DIDACTICS FOR NEUROPSYCHOLOGY FELLOW (required in year 1; optional in year 2)

Postdoctoral Fellowship General Didactic Series (Mondays 2:00-4:30PM)

As part of the general didactic series, Fellows participate in a professional development seminar, part of which 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; they participate in a seminar on developing skills as a clinical supervisor led by the Director of Training; and participate in a clinical case conference/journal club in which Fellows rotate responsibility for presenting challenging clinical cases.

Neuropsychology Seminar (4th Thursday of the month; 3:00-4:30PM)

The majority of the meetings are primarily didactic, with topics presented by knowledgeable clinical/research staff from within the VA system, or outside partners (e.g., UCSF, Stanford, etc.). The seminars will address a wide range of topics in neuropsychology, rehabilitation psychology and geropsychology, as well as many topics which overlap these connected areas of interest such as dementia, substance abuse, psychopathology, and working with caregivers. Neuropsychology-focused topics will include the basics of brain organization and assessment, syndromes such as aphasia and spatial neglect, traumatic brain injury, cognitive rehabilitation, Alzheimer's disease, Parkinson's disease, other causes of dementia, cultural issues in assessment, and a variety of other topics. *Second year Fellow will be required to present a topic of his/her choosing during the Neuropsychology Seminar.

Neuropsychology/Rehabilitation Psychology Journal Club (2nd Thursday of the month 3:00-4:30PM)

The first year neuropsychology Fellow will be required to **organize** the neuropsychology/ rehabilitation psychology journal club in collaboration with the first year rehabilitation psychology Fellow. The format of the didactic be dependent upon the interests of the trainees involved but will include more advanced literature-based discussions of neurological and psychological disorders, neuroanatomy, basic principles of neuroimaging, and preparation for board certification in both Neuropsychology and Rehabilitation Psychology, including fact-finding. The Journal Club will include trainee-led presentations of two articles (one review and one recent empirically-based article) to present to the group. The trainee will lead the discussion regarding these articles and will discuss clinical implications of the topics at hand.

Brain Cutting and Neuropathology Rounds (Bi-monthly on Fridays; 10:30AM-Noon)

Brain cuttings are offered through the VA Palo Alto, along with other medical trainees (primarily neurology Fellows), and are followed by an hour-long clinical case conference led by neurologist and neuropathologist.

Neuropsychology and Rehabilitation Psychology Group Supervision (2nd Monday of the month 1:00-2:00PM)

The Neuropsychology Fellow will be required to attend a once monthly neuropsychology/ rehabilitation psychology-specific workshop focused on the board certification process during the second year of the Fellowship. These workshops are designed to assist Fellows in the ABPP preparation and application process.

Neuropsychology Fellowship Multi-Site Didactic (Mondays 9:00-11:00AM)

This is a multi-site didactic series developed in conjunction with several other VA sites through video teleconferencing. Participants will include Fellows as well as staff who will primarily observe. The seminar will consist of an hour of case conference in which Fellows present a case of their choice to illustrate important learning or a difficult case they'd like feedback on. At times, the case conference hour will be used for fact finding, which is modeled after the ABPP fact finding requirement for board certification. The second hour of the didactic will be a reading seminar focused on a variety of topics and will be in a panel discussion format.

OPTIONAL DIDACTICS

Spinal Cord Injury and Disorders (SCI/D) Grand Rounds (Thursdays 8:15-9:00AM)

An educational interdisciplinary case conference designed to foster greater understanding of pathologies and clinical syndromes in current patients. The usual format consists of a brief case description by the treating medical provider, followed by presentation of MRI or other imaging by the radiologist, and discussion of treatment options. Fellows can expect to gain greater understanding of spinal cord and brain anatomy and the limits of diagnostic imaging. Psychology Fellows and others also have the opportunity to present diagnostic findings (e.g., neuropsychological assessment) and research related to cases that are particularly challenging to the interdisciplinary team. SCI/D Grand rounds are accredited by Stanford University School of Medicine for Category 1 CME Credit.

Stanford University Neurology Grand Rounds (Fridays 8:00-9:00AM)

Interdisciplinary conference and clinical case presentations located most often at the Li Ka Shing Center (LKSC) on the medical campus. Topics vary and list of past and future topics can be found at <http://med.stanford.edu/neurology/education/grandRounds.html>

Neuroeducation Seminar at the War Related Illness and Injury Study Center (3rd Tuesday of the month 2:00-3:00PM)

During each seminar, representatives of the WRIISC team will review the clinical findings of a recent WRIISC patient, including neuropsychological testing and clinical neuroimaging findings. The second portion of each seminar consists of a neuroimaging didactic, with a focus on using the clinical case as teaching point for a particular disorder or clinical presentation. Past clinical cases include traumatic brain injury, cerebrovascular disease, frontal-temporal dementia, and multiple sclerosis.

Rehabilitation Psychology Professional Development Series (Tuesdays Noon-1:00PM)

Held once a month, this is an opportunity for trainees interested in board certification in Rehabilitation Psychology to gather with board certified staff and discuss the process for board certification, competencies for rehabilitation psychologists, and other professional development issues related to the specialty area.

Geropsychology Seminar (3rd Thursday of the month 3:00-4:30PM)

A didactic series comprised of presentations by knowledgeable staff in areas pertaining to geropsychology and aging.

INPATIENT ROTATION SITES

Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (PRC/CRC; Building 7D, PAD)

Supervisors: Neda Raymond, Ph.D.

Tiffanie Sim Wong, Ph.D., ABPP-RP

- 1. Rotation Description and Patient Population:** The PRC/CRC is an 18-24 bed acute, inpatient rehabilitation unit within the Polytrauma System of Care (PSC). The PRC/CRC is one of 5 facilities in the country designed to provide intensive rehabilitative care to Veterans and Service Members who experienced severe injuries to more than one organ system, including all levels of severity of TBI (mild, moderate, severe, disorders of consciousness). Other neurological and physical injuries include stroke, anoxia, brain tumors, encephalitis, cardiac conditions, amputations, orthopedic injuries, or general medical deconditioning. Approximately 80% of patients are male ranging in age from 18-90s. The average length of stay is typically 4-8 weeks with variation depending upon severity and acuity of injury and patient-centered care.
- 2. Psychology's role in the setting:** Provide neuropsychological and psychological screening and comprehensive assessment, cognitive rehabilitation (with retraining and compensatory approaches), individual psychotherapy, patient and family education and training, and interdisciplinary team consultation. Develop and provide ongoing staff trainings and education. Provide training, mentorship, and supervision of junior colleagues. Conduct applied research and program evaluation. Brief couples/family interventions involving support and education. Consultation/training to other providers.
- 3. Other professionals and trainees in the setting:** Inter-professional team consisting of medicine, nursing, physical therapy, occupational therapy, audiology, speech pathology, neuropsychology/psychology, family therapy, recreational therapy, social work, vision therapy, and other disciplines. Psychology interns may also be rotating in the setting.
- 4. Nature of clinical services delivered:** Neuropsychological assessment, cognitive rehabilitation/re-training, psychotherapeutic and behavioral interventions with individuals around coping with injury/disability, acute stress reactions and/or PTSD/other comorbidities. Brief couples/family interventions including support and consultation/training to other providers.
- 5. Fellow's role in the setting:** Direct clinical service provider (assessment and intervention); consultant, interdisciplinary team member, and liaison to other services. In addition, the Fellow is expected to teach or provide training to members of other disciplines, direct a scholarly project or participate in research, or participate in program evaluation that informs clinical practice. The Fellow may also have an opportunity to supervise psychology interns though this is not guaranteed.
- 6. Amount/type of supervision:** Two hours of structured individual supervision per week and additional individual/group supervision. Observation during team meetings and consultation on research. Theoretical orientation combines neuro-rehabilitation psychology with cognitive-behavioral, psychoeducational, interpersonal, and systems approaches.

7. **Rotation-Specific Meetings and Trainings:** Monday morning huddle, Tuesday and Thursday morning interdisciplinary team meetings, monthly all-staff meetings, monthly unit-based meetings, Psychology-specific group supervision with Dr. Raymond and Dr. Sim.
8. **Pace:** Moderate to rapid pace expected
9. **Competencies Met on this Rotation:** a) neuropsychological assessment, b) intervention, c) consultation, supervision, and teaching, c) scholarly inquiry and research, d) organization, management, program development, and program evaluation, e) professional issues/development, f) ethical, and legal issues, and g) cultural and individual diversity

Reviewed by: Neda Raymond, Ph.D. & Tiffanie Sim Wong,
Ph.D., ABPP-RP

Date: June 20, 2016; July 5, 2016

Polytrauma Transitional Rehabilitation Program (Building MB2, PAD)

Supervisors: Jennifer Loughlin, Ph.D. (Neuropsychologist)
Carey Pawlowski, Ph.D., ABPP (Rehabilitation Psychologist)

1. **Rotation Description and Patient Population:** Active Duty Service Members and Veterans with a recently acquired brain injury or Polytrauma (generally 1 month to 1 year post injury). Medical and neurologic diagnosis include but are not limited to traumatic brain injury, cerebrovascular accidents (strokes), complex medical histories, amputations, tumor resection, encephalopathy or any CNS neurological disorder, and complex psychiatric history including PTSD, depression, anxiety, bipolar disorder Type I and II. Focus is on the neurocognitive rehabilitation and re-integration back to the community, return to work, school, and/or meaningful activity.
2. **Psychology's role in the setting:**

Neuropsychology's role is to serve as diagnostic consultants to interdisciplinary staff, describe patient's cognitive status, strengths and limitations, comment on short and long-term cognitive prognosis, develop and implement cognitive rehabilitation treatment plans, lead cognitive consensus, complete decision making capacity evaluations, and provide psychoeducation to patients and their families.

Rehabilitation Psychology's role is to be an integral member of the interdisciplinary team involved in diagnosis, treatment planning and implementation, behavioral management planning, providing psychoeducation to patients and families, consultation to other team members and teams, lead mental health rounds, and provide psychological care to patients who sustained a recent life-altering physical and neurological trauma.
3. **Other professionals and trainees in the setting:** Interdisciplinary team including Psychiatrist (medical specialty of physical medicine and rehabilitation), occupational therapists, physical therapists, nurses, social workers, speech and language pathologists, psychiatrist, recreation therapists, low-vision specialists, military liaisons, as well as psychology interns, fellows, and other discipline-specific trainees.

4. Nature of clinical services delivered:

Neuropsychology: Comprehensive neuropsychological assessment with feedback to the interdisciplinary team as well as to the patient; decision making capacity evaluations; cognitive rehabilitation individual and group based interventions, and psychosocial adjustment and wellness groups ; leading cognitive consensus to develop individualized plan for taught-on-PTRP compensatory strategies based on patient’s neuropsychological, speech pathology, and occupational assessment profiles; education on brain-behavior relationships to patients, family, and staff of the effects of neurological impairment on behavior and emotions. Neuropsychological assessments are typically administered at admission, mid-treatment, and at discharge.

Rehabilitation Psychology (optional and available): Individual, couples, and group psychotherapy; behavioral management planning and implementation; psychoeducation to the interdisciplinary treatment team ,patients, and their families on the effects of neurological impairment on behavior and emotions, as well strategies for behavioral management and emotional regulation; psychosocial adjustment and wellness groups and cognitive rehabilitation groups psychological assessment (rehabilitation psychology, behavioral medicine, and/or personality-based instruments as a supplement to clinical interview and behavioral observations in both clinical and community settings.

5. Fellow’s role in the setting: Fellows are full members of the interdisciplinary treatment team, working with all team members to help patients reach their rehabilitation goals. They serve as apprentices and take primary responsibility for performing all aforementioned roles of the staff neuropsychologist and/or rehabilitation psychologist under supervision and within the context of a supportive training environment. There is often opportunity for fellows to receive supervision of supervision (training of interns).

6. Amount/type of supervision: 1 hour per week individual supervision, 2 hours per week supervision in team sessions; drop-in consultation is encouraged, supervisors are available on site during the day (on the unit or via phone).

7. Rotation-Specific Meetings and Trainings: 2 hours biweekly in neuropsychology seminar, assigned by supervisor readings, educational interdisciplinary, PM&R, and psychology rounds, Polytrauma grand rounds/seminars, PTRP in-service presentation at the end of the rotation.

8. Pace:

Neuropsychology: One to two neuropsychological assessments weekly (typically 4-5 hour battery), with initial preliminary note within 24 hours following each visit and complete neuropsychological report within 5 days; co-lead cognitive rehabilitation groups); 1 case of individual psychotherapy with full admission intake, psychological assessment, treatment planning; attendance at weekly interdisciplinary meetings; participation in family meetings (1-2 over the patient’s rehabilitation course).

Rehabilitation Psychology (optional and available): One rehabilitation psychology assessment every two weeks, with preliminary note within 24 hours following each visit and complete rehabilitation psychology report within 5 days; carry a caseload of one to two individual psychotherapy patients (including treatment planning and implementation, providing individual treatment 1 to 4 x weekly per patient, consultation with staff as needed, and keeping current with all electronic charting); lead psycho-social adjustment and wellness group (2x week); co-lead cognitive rehabilitation groups (2x weeks).

- 9. Competencies Met on this Rotation:** a) neuropsychological assessment, b) intervention, c) consultation, supervision, and teaching, c) scholarly inquiry and research, d) organization, management, program development, and program evaluation, e) professional issues/development, f) ethical, and legal issues, and g) cultural and individual diversity

Reviewed by: Jennifer Loughlin, Ph.D.
Carey Pawlowski, Ph.D., ABPP

Date: 7/12/2016

Spinal Cord Injury Unit (Building 7, PAD)

Supervisors: John Wager, Ph.D.
Stephen Katz, Ph.D.

- 1. Rotation Description and Patient Population:** The Spinal Cord Injury Center is a 48-bed facility located in Building 7 at the Palo Alto Division. The SCI Center is internationally recognized for providing excellent, state-of-the-art care to newly injured veterans as well as long-term follow-up. In the VA, once one has sustained a spinal cord injury or dysfunction, the SCI service evaluates and treats any complications that occur throughout their lifespan.

Patients on the SCIU are followed for life following the spinal injury. The neuropsychologist's responsibilities are to attend to any neuropsychological needs across the adult life span. Therefore, the neuropsychology Fellow will train as the neuropsychological expert to the interdisciplinary team for evaluation, diagnosis, consultation, and developing treatment recommendations. The Fellow will assess for diagnosis of traumatic brain injury, stroke, vascular disease, frontal temporal dementias, autoimmune disorders, Alzheimer's disease, Parkinson's Disease, spinocerebellar ataxia, amyotrophic lateral sclerosis, multiple sclerosis, malingering, and comorbid neurodevelopmental impacts on functioning. In addition, the trainee monitors neuropsychological impacts of aging on independence, completing capacity evaluations as needed. They are also responsible for assessing neuropsychological functional abilities to determine if the individual's living situation and environmental demands are appropriate. When the need arises, they will assess for and monitor periods of delirium. The Fellow will contribute to medication recommendations that may enhance cognitive functioning in a variety of disorders such as MS, ALS, TBI, and dementia.

This rotation will prepare the Fellow for a career within a medical setting by addressing the entire spectrum of neuropsychological needs of a diverse neurocognitive diagnostic population with a strong emphasis on neurological based disorders while accounting for comorbid psychiatric and medical contributors. The Fellow will learn precise test selection, efficient report writing skills, and consultation with a variety of medical team members. At the end of this rotation the Fellow will be prepared to work in either inpatient or outpatient medical settings. As many of the individuals on the unit could be seen as outpatients but do to living in remote locations or difficulty with travel they are seen as inpatients.

- 2. Neuropsychology's role in the setting:** To address cognitive changes through neuropsychological evaluation, monitoring abilities with serial assessment, and provide treatment recommendations. They will lead the

psychology team in regards to neuropsychological components of treatment. They will conduct applied research and program evaluation.

3. **Other professionals and trainees in the setting:** Inter-professional team consisting of medicine, nursing, physical therapy, occupational therapy, speech pathology, psychology, recreational therapy, social work, respiratory therapy, and other disciplines. This is a training site with trainees from all disciplines including psychology interns and practicum students .
4. **Nature of clinical services delivered:** neuropsychological services of consultation, evaluation, education, and treatment.
5. **Fellows role:** The Fellow will take the lead to triage and define potential consults. In addition, they will attend interdisciplinary meetings to provide guidance and consultation as the expert for neuropsychological impacts on the rehabilitation process and functional independence. Once it is determined that a neuropsychological evaluation is indicated, the trainee will generate an appropriate battery considering barriers of physical abilities, time, fatigue, and inpatient systems in order to answer the referral question as efficiently as possible. The battery length may range from an hour up to four hours. The testing may be completed in one day or over the course of the week. Once the testing is completed, preliminary results are expected to be communicated to the team within the IDT meeting and preliminary findings notes as soon as possible. Turnaround time is imperative on this rotation as treatment decision are being made daily. The full report should be completed within a week from completion of testing. If the results indicate intervention, the trainee will be expected to formulate a neuropsychological treatment plan, educate team members, and execute the plan. The Fellow will be expected to participate and potentially lead the weekly neuropsychological case conference meetings.
6. **Supervision:** 1 hour per week individual supervision, 2 hours per week supervision in team sessions; drop-in consultation is encouraged, supervisors are available on site during the day (on the unit or via phone).
7. **Rotation-Specific Meetings and Trainings:** Monday morning huddle, Tuesday interdisciplinary team meeting, Wednesday morning huddle and admissions meeting, Thursday morning psychosocial huddle, family and team meetings, Thursday neuroradiology rounds, weekly Neuropsychology case conference, and Psychology-specific group supervision.
8. **Pace:** Moderate to Rapid.
9. **Competencies Met on this Rotation:** a) neuropsychological assessment, b) intervention, c) consultation, supervision, and teaching, c) scholarly inquiry and research, d) organization, management, program development, and program evaluation, e) professional issues/development, f) ethical, and legal issues, and g) cultural and individual diversity

Reviewed by: John Wager, Ph.D.

Date: 6/28/2016

OUTPATIENT ROTATION SITES

Memory Clinic (Building 5, 4th floor, PAD)

Supervisor: Lisa M. Kinoshita, Ph.D.

1. **Rotation Description and Patient population:** The VA Memory Clinic is an outpatient consultation clinic at the VAPAHCS which receives referrals from the General Medicine Clinic, Home Based Primary Care, Mental Health Clinic, GRECC, Neurology, Oncology, Hematology, and other specialty medicine clinics throughout the medical center. The Memory Clinic focuses on assessment and differential diagnosis of complex cognitive and memory disorders. Common disorders include major and mild neurocognitive disorders, stroke syndromes, neurological sequelae related to TBI, movement disorders, seizure disorder, neurotoxin exposure, and Gulf War Illness. The clinic patient population primarily includes veterans from Vietnam War, Korean War and World War II eras who have cognitive complaints related to memory loss and other cognitive function changes. Clinicians make recommendations to providers and provide feedback to the patient and caregivers. The patient population includes medical and psychiatric outpatients and medical inpatients, age 18-100+, primarily older adults with medical and psychiatric co-morbidities and changes in cognitive functioning, memory concerns, or dementia. Trainee will also work with the patient's family and caregivers.
2. **Neuropsychology's role in the setting:** Provide direct clinical service (neuropsychological and psychological comprehensive assessment, cognitive rehabilitation; family interventions), consultation with providers, patients, family, interdisciplinary team participation, case presentation. Conduct research.
3. **Other professionals and trainees:** The Clinic's staff consists of an interprofessional clinical team, including psychologists and neurologists. Practicum students, interns, and postdoctoral fellows in clinical psychology, psychiatry and neurology.
4. **Nature of clinical services delivered:** Clinical interview; neuropsychological screening; comprehensive neuropsychological and psychological assessments; feedback to interdisciplinary team members, referral sources, patient, and caregivers; cognitive rehabilitation; individual, couples and family psychotherapy and interprofessional consultation.
5. **Fellow's role in the setting:** Direct clinical service provider, consultant, interdisciplinary team member, liaison with other services. Administration, scoring, interpretation and report writing of neuropsychological screening and comprehensive neuropsychological and psychological assessment batteries, provide feedback to interdisciplinary team members, referral sources, patient and caregivers regarding outcome of evaluation, provide cognitive rehabilitation to patients and caregivers, provide psychotherapy to patients and family, work within an interdisciplinary team.
6. **Amount/type of Supervision:** A minimum of 1 hour of individual supervision per week, 1.5 hours of group supervision per week and additional supervision as needed. Supervisor will observe fellow during sessions with patients (live supervision) as well as review verbal and written reports and case presentations. Fellow can also gain experience supervising practicum students and receive supervision of their supervision. Fellow may also receive training in clinic administration, coordination and management.
7. **Rotation-Specific Meetings and Trainings:** One-on-one training in neuroradiology, observation of neurological exams, weekly neuropsychology and geropsychology seminar, board certification and fact finding didactics, pertinent psychiatry, neurology and neurosurgery Grand Rounds at Stanford.
8. **Pace:** Moderate to rapid pace expected. Fellows will have 2-3 neuropsychological assessment patients per week and 1-2 psychotherapy or cognitive rehabilitation patients per week. Progress notes are required for each patient contact within 24 hours. Final assessment reports are expected to be completed within 1-2 weeks following completion of evaluation.

- 9. Competencies Met on this Rotation:** a) neuropsychological assessment b) intervention, c) consultation, supervision, and teaching, c) scholarly inquiry and research, d) organization, management, program development, and program evaluation, e) professional issues/development, f) ethical, and legal issues, and g) cultural and individual diversity

Reviewed by: Lisa Kinoshita, Ph.D.

Date: 8/8/2016

Neuropsychological Assessment and Intervention Clinic (Building 6, PAD)

Supervisor: Harriet Katz Zeiner, Ph.D

James Moses, Ph.D., ABPP-CN

- 1. Rotation Description and Patient population:** The Neuropsychological Assessment and Intervention Clinic provides diagnostic psychological and neuropsychological testing and treatment services to the VA Palo Alto by consultation. Referrals are primarily from the General Medicine Clinics, primary care physicians, staff psychologists, psychiatrists, medical and psychiatric Fellows and staff, and other health care professionals. Medical patients, aged 18 to 65, with neurological impairments, sometimes with psychiatric co-morbidities, usually PTSD, or depression. The patient population is diagnostically and demographically diverse, and is living in the community. About 20% are women.
- 2. Neuropsychology's role in the setting:** We serve as diagnostic and treatment consultants to interdisciplinary staff throughout the medical center, and provide neuropsychological assessment, psychoeducation, cognitive retraining and individual psychotherapy (CRATER Therapy) to patients with neurological impairments and their families.
- 3. Other professionals and trainees in the setting:** Neuropsychology practicum students, interns and Fellows.
- 4. Nature of clinical services delivered:** Differential diagnoses through neuropsychological assessment, recommendations and treatment of individuals as well as families. Treatment is focused on cognitive remediation for difficulties with memory, attention, spatial abilities, speed of information processing, ability to multitask, impose order on the environment, or be socially appropriate. C.R.A.T.E.R. Therapy (developed by Dr. Zeiner) is taught for the treatment of patients with neurological impairment.
- 5. Fellow's role:** Fellows take primary responsibility for diagnostic evaluation of cases that they choose from referrals made to the clinic. They select, administer, score, and interpret a battery of tests that is appropriate to address the referral question. Fellows write reports and provide feedback. Some patients are seen for cognitive retraining and individual and/or family psychotherapy (CRATER Therapy) and training with software and electronic prosthetic devices. Fellows also supervise practicum students, and learn to run an outpatient consulting clinic. One on-call consultation day/month is expected for neuropsychological consultation services to the acute medical units (i.e. Rapid Response clinic).
- 6. Amount and type of supervision:** Individual supervision (1 hour) is provided on a weekly basis, additional drop-in consultation is encouraged. Group supervision over cognitive retraining/psychotherapy is given for an additional 1 hour per week.

7. **Rotation-Specific Meetings and Didactics:** There is a significant didactic element in the clinic; Fellows are expected to do a considerable amount of reading and teaching. The emphasis area is on Rehabilitation psychology and Neuropsychology, both assessment and treatment. A 1.5 hour per week didactic and group supervision meeting is required.
8. **Pace:** Moderate to rapid pace. Fellows typically carry 4 cases at a time to evaluate. Time to test a patient and do the write-up optimally would be 30-45 working days. Fellows are expected to provide up to 4 hours per week of psychotherapy with neurologically impaired individuals or individuals and their family members. Cognitive retraining is often embedded in the psychotherapy (CRATER Therapy).
9. **Competencies Met on This Rotation:** a) neuropsychological assessment, b) consultation c) scholarly inquiry and research, d) organization, management, program development, and program evaluation, e) professional issues/development, f) ethical, and legal issues, and g) cultural and individual diversity

Reviewed by: Neda Raymond, Ph.D.
Date: 7/5/2016

Spinal Cord Injury Clinic (Building 7, F wing, PAD)

Supervisor: Jon Rose, Ph.D.

1. **Rotation Description and Patient Population:** This comprehensive specialty outpatient program serves outpatients in Northern California, Hawaii, Pacific Territories and parts of Nevada. Persons served have spinal cord injury or dysfunction (M.S., A.L.S., spinal stroke, tumors, etc.), ages 18 to 98 (mean age 61), with duration of injury from a few days to 60 years. All SCI/D Veterans are eligible regardless of when they were injured, so our patients are extremely diverse in culture, income, education and achievement. Many patients have concomitant or subsequent TBI. Despite their disabilities, people often become more functional and socially active as a result of their rehabilitation experience. We follow our patients at least once a year for life, so there is an opportunity to observe how people adapt to disabilities throughout adulthood, and how adult development and aging interact with disability. Psychology Fellows see many different problems, yet most of our patients do not see themselves as mental health patients, even when receiving psychological interventions. Clinic hours are Mondays and Fridays 10:00 to 4:00, and Tuesdays from 8:00 to 4:00. Further psychological interventions and assessment are done at times convenient to the Fellow. The rotation requires 14 hours per week.
2. **Psychology's role in the setting:** Provide cognitive and mental health screenings, brief and long-term psychotherapies, adult family therapy, sexuality counseling, behavioral medicine interventions (obesity, pain, etc.), substance abuse treatment, consultation with other disciplines, psychological education of staff and trainees, and participation in the management of team dynamics. Provide Neuropsychological assessment of identified problems including: learning styles, functional decline, capacity (e.g., to manage care, decisions, finances or driving), mood and personality disorders, and behavioral and social problems. Some care is given by telephone and video conferencing to patient's homes due to the large catchment area.

3. **Other professionals and trainees:** Inter-professional team of Medicine, Nursing, Occupational Therapy, Physical Therapy, Recreation Therapy, Vocational Rehabilitation and Social Work. Most disciplines consist of both staff and trainees.
4. **Nature of clinical services delivered:** (See #2, above).
5. **Fellow's role in the setting:** The major goal of the rotation is to learn how to function in a medical setting as a fully integrated member of an interdisciplinary team, providing assessment, consultation, teaching, prevention, and treatment. Fellows also provide supplemental supervision of two practicum students.
6. **Amount/type of supervision:** Live supervision of new skills, 1-hour each of individual supervision, group supervision and psychology rounds. Level of autonomy is individually negotiated according to training goals. Therapy orientations: behavioral, cognitive, person-centered, psychodynamic, motivational interviewing, and systems approaches. Fellows are supervised in a developmental model of supervision for their two students. Fellows are encouraged to become active in the interdisciplinary Academy of SCI Professionals, The Society of Clinical Geropsychology, and/or Division 22 (Rehabilitation Psychology) of The American Psychological Association, and provided appropriate mentorship in professional development.
7. **Rotation-Specific Meetings and Trainings:** SCI Grand Rounds Thursdays from 8:15 – 9:00 typically consist of reviewing spinal cord and some brain MRIs related to current treatment decisions. Fellows have the opportunity to become more familiar with neuroanatomy and the limits of imaging techniques. Occasionally staff will present special topics of interest to all disciplines. Fellows may present assessment findings with suggestions to improve care of difficult patients. Fellows may present in patient education classes offered the first and third Wednesday of each month at noon. Tuesday psychology rounds teach concise record review and assessment planning, with an emphasis on what psychology can offer each patient. Group supervision initially provides orientation to the clinic and SCI/D, then covers a variety of topics chosen by trainees including specific disorders, specific tests, psychotherapy orientations, biofeedback, clinical hypnosis, and professional development. Fellows schedule individual supervision weekly with Dr. Rose and with each of their own trainees.
8. **Pace:** Frequently fast and demanding in clinic, with plenty of time for writing reports and notes on other days. Progress notes should be drafted on the day of patient contact. Assessment reports should be written within a week of completing the exam. The supervisor reviews all notes and reports via e-mail. Workload can be managed within the allotted time.
9. **Competencies Met on this Rotation:** a) neuropsychological assessment, b) intervention, c) consultation, supervision, and teaching, d) scholarly inquiry and research, e) program evaluation, f) professional issues/development, g) ethical, and legal issues, and h) cultural and individual diversity.

Reviewed by: Jon Rose, Ph.D.

Date: 7/5/2016

Stanford Outpatient Neuropsychology (Stanford Health Care/ Stanford University School of Medicine, Department of Neurology and Neurological Sciences; **open to 2nd year, LICENSED Fellows only**)

Supervisors:

Maya Yutsis, Ph.D., ABPP-CN, Concussion Clinic, Memory and Movement Disorders, Pathwell Cancer Clinics

Lauren Drag, Ph.D., ABPP-CN, Stroke Clinic, Memory Disorders, Movement Disorders

Penelope Zeifert, Ph.D., Moya Moya Clinic, Inpatient Psychiatry, Memory Disorders

1. **Rotation Description and Patient population:** The Stanford Neuropsychology lab is a general outpatient clinic within Stanford University School of Medicine's Department of Neurology and Neurological Sciences. Clinic serves a wide range of adult populations including those with memory disorders, rare neurodegenerative conditions, cancer, multiple sclerosis, Moya Moya pre- and post-surgical patients, traumatic brain injury, stroke, Parkinson's disease, pre and post DBS evaluations, epilepsy, and other neurologic, autoimmune, medical, and psychiatric diagnoses. We also provide pre- and post-epilepsy surgery evaluations, including WADA testing to both pediatric and adult populations. In order to participate in WADA testing specifically, prior experience with epilepsy population is required.
2. **Psychology's role in the setting:** Provide comprehensive and brief neuropsychological evaluations with a flexible battery approach based on the referral question, personality assessments, decision making capacity evaluations for the inpatient psychiatric unit (may occur once every 2 months), feedback with patients and their families, and consultation with the referral sources. Develop and provide ongoing staff training and education to other medical school department.
3. **Other professionals and trainees in the setting:** The Stanford Neuropsychology Service is part of Neurology and Neurosurgery, and as such we work closely with other medical professionals including medicine, psychiatry, social work, neurology, neurosurgery, speech pathology, oncology, neuropsychiatry, and cardiology. Our team members are part of the Memory Disorders Center, Movement Disorders Center, Concussion Clinic, Multi-disciplinary Stroke Clinic, Pathwell Care Center (part of Stanford Cancer Center), and Comprehensive Epilepsy Program. Psychology Fellows are expected to work in a consultation liaison role only based on the primary preceptor's team membership in one of the aforementioned centers.
4. **Nature of clinical services delivered:** Neuropsychological and personality assessments are conducted to answer a range of referral questions and provide information regarding differential diagnosis, surgical candidacy, treatment planning, and longitudinal monitoring. The majority of assessments are conducted on an outpatient basis although some inpatient consultation is provided.
5. **Fellow's role in the setting:** Direct clinical service provider (assessment, feedback, liaison/consultation with referral sources). In addition, the Fellow is expected to develop and teach a lecture to members of Neuropsychology Lab and other medical professionals at the end of the rotation. Content is open but should focus on clinical applicability of the taught material. There are opportunities to become involved in a research project through the Stanford Concussion and Brain Performance Center, but this is not a required component of this rotation.

6. **Amount/type of supervision:** One hour of structured individual supervision per week (half time rotation) and additional individual supervision as needed. Live observations of evaluations are available. Theoretical orientation: hypothesis driven neuropsychological assessment.
7. **Rotation-Specific Meetings and Trainings:** Stanford Neurology Grand Rounds Fridays 7:30-8:30-(schedule developed yearly), Stroke Clinic Meetings (Friday 12-1pm, 4th Friday of the month), Concussion Clinic Meeting every Wednesday 12-1pm. Attendance of specialty clinic meetings only required when working in each specific clinic. There are numerous didactic offerings through Stanford, including Psychiatry Grand Rounds and interdisciplinary clinic meetings that are recommended but not required to attend.
8. **Pace:** Moderate to rapid pace; 4-day turn-around time for final report following final day of assessment.
9. **Competencies Met on This Rotation:** a) neuropsychological assessment, b) consultation c) scholarly inquiry and research, d) organization, management, program development, and program evaluation, e) professional issues/development, f) ethical, and legal issues, and g) cultural and individual diversity

Reviewed by: Maya Yutsis, Ph.D., ABPP-CN

Date: 7/5/2016

Polytrauma Network Site/General Consultation Clinic (Livermore Clinic)

Supervisors: Daniel Chatel, Ph.D., ABPP-CP, Polytrauma Network Site (PNS)

Vincent Gong, Ph.D. , General Consultation Clinic

1. **Rotation Description and Patient Population:** The Polytrauma Network Site (PNS) training rotation at the Livermore Division of the VA Palo Alto Health Care System is an interdisciplinary outpatient traumatic brain injury evaluation and treatment clinic. The patient population includes veterans with a history of traumatic brain injury (often with comorbid psychiatric conditions such as PTSD and/or depression). The General Consultation Clinic provides training in outpatient neuropsychological assessment to a diverse range of veterans with psychiatric, neurological, and/or medical conditions at the Livermore Division of the VA Palo Alto Health Care System.
2. **Psychology's Role in the Setting:**
 - PNS:** Provide neuropsychological and psychological screening and/or comprehensive assessment, individual psychotherapy, patient and family education, and interdisciplinary team consultation.
 - General Consultation Clinic:** Provide consultations in response to referrals encompassing differential diagnosis, characterizing patterns of cognitive deficits, monitoring change over time, and assessing decisional capacity. Typical services include learning disability and ADHD evaluations, dementia screening, and psychodiagnostic evaluations.
3. **Other Professionals and Trainees in the setting:** The Livermore PNS is comprised of a physiatrist, neuropsychologist, speech pathologist, physical therapist, occupational therapist, recreational therapist, a health coach, and social work case managers. The General Consultation Clinic serves as a consultation service with an attending neuropsychologist and trainees which may include interns and practicum students.
4. **Nature of Clinical Services Delivered:** Brief and comprehensive neuropsychological assessment, providing feedback to veterans and family members on neuropsychological assessments (including psychoeducation on the

role of non-neurological contributions to cognitive difficulties). Working closely with the treatment team during comprehensive TBI evaluations (CBTIEs) to determine when a referral to neuropsychology is appropriate. Supervision of practicum students.

5. **Fellow's Role in the Setting:** Competencies to be developed will include medical chart review and use of the VA's computerized patient record system (CPRS); learning of clinical interviewing skills appropriate for neuropsychological and mental health intake evaluations; administration, scoring, and interpretation of neuropsychological assessment procedures (especially as they relate to the assessment of mild TBI); administration, scoring, and interpretation of assessment procedures for PTSD; clinical neuropsychological report writing; and clinical management and treatment of patients with comorbid mild TBI and PTSD. Assessment will focus on neuropsychological testing procedures (administration, scoring, and interpretation) appropriate for mild TBI/concussion, clinical interviewing, neuropsychological report writing, with the possibility of psychotherapeutic interventions for TBI and PTSD.
6. **Amount/Type of Supervision:** Intensive, one-to-one clinical supervision is provided on an ongoing basis by Dr. Chatel and Dr. Gong.
7. **Rotation-Specific Meetings and Trainings:** Wednesday morning huddle, Tuesday and Thursday morning interdisciplinary team meetings, monthly all-staff meetings, Psychology-specific group and individual supervision with Dr. Chatel and Dr. Gong.
8. **Pace:** A moderate to rapid pace is to be expected
9. **Competencies Met on this Rotation:** a) neuropsychological assessment, b) intervention, c) consultation, supervision, and teaching, c) scholarly inquiry and research, d) organization, management, program development, and program evaluation, e) professional issues/development, f) ethical, and legal issues, and g) cultural and individual diversity

Reviewed by: Dan Chatel, Ph.D., ABPP-CP
Erin Green, Ph.D., Neuropsychology Fellow
Date: 7/5/2016

Polytrauma Network Site (Building 7, PAD)

Supervisor: Kristina Agbayani, Ph.D.

1. **Rotation Description and Patient Population:** The Polytrauma Network Site (PNS) training rotation in Palo Alto Division is an interdisciplinary outpatient traumatic brain injury evaluation and treatment clinic. The patient population includes veterans with a history of traumatic brain injury (often with comorbid psychiatric conditions such as PTSD and/or depression).
2. **Psychology's Role in the Setting:** Provide neuropsychological and psychological screening and/or comprehensive assessment, individual psychotherapy, patient and family education, and interdisciplinary team consultation. The psychologist functions on a large interdisciplinary team of MDs, PTs, OTs, Vision Specialists, Social Workers, Case Managers, Health coaches and other providers.

3. **Other Professionals and Trainees in the Setting:** PNS is comprised of a physiatrist, neuropsychologist, speech pathologist, physical therapist, occupational therapist, recreational therapist, a health coach, and social work case managers.
4. **Nature of Clinical Services Delivered:** Brief and comprehensive neuropsychological assessment, providing feedback to veterans and family members on neuropsychological assessments (including psychoeducation on the role of non-neurological contributions to cognitive difficulties). Working closely with the treatment team during comprehensive TBI evaluations (CBTIEs) to determine when a referral to neuropsychology is appropriate. Supervision of interns.
5. **Fellow's Role in the Setting:** Competencies to be developed will include medical chart review and use of the VA's computerized patient record system (CPRS); learning of clinical interviewing skills appropriate for neuropsychological and mental health intake evaluations; administration, scoring, and interpretation of neuropsychological assessment procedures (especially as they relate to the assessment of mild TBI); administration, scoring, and interpretation of assessment procedures for PTSD; clinical neuropsychological report writing; and clinical management and treatment of patients with comorbid mild TBI and PTSD. Assessment will focus on neuropsychological testing procedures (administration, scoring, and interpretation) appropriate for mild TBI/concussion, clinical interviewing, neuropsychological report writing, with the possibility of psychotherapeutic interventions for TBI and PTSD.
6. **Amount/Type of Supervision:** At least two hours of individual supervision per week, in addition to ongoing supervision during IDT meetings; group supervision with other trainees as appropriate.
7. **Rotation-Specific Meetings and Trainings:** Tuesday morning interdisciplinary team meetings, monthly all-staff meetings
8. **Pace:** A moderate to rapid pace is to be expected
9. **Competencies Met on this Rotation:** a) neuropsychological assessment, b) intervention, c) consultation, supervision, and teaching, c) scholarly inquiry and research, d) organization, management, program development, and program evaluation, e) professional issues/development, f) ethical, and legal issues, and g) cultural and individual diversity

Reviewed by: Neda Raymond, Ph.D.

Date: 7/5/2016

Neuropsychology General Consultation Clinic (80 Great Oaks Blvd, San Jose Division)

Supervisor: Gary Miles, Ph.D.

- 1. Rotation Description and Patient Population:** The San Jose VA Outpatient Clinic is a part of the Palo Alto VA Health Care System, located 30 miles south of Palo Alto in San Jose. Referrals come from the various divisions of the Health Care System, county health systems, and from our own outreach efforts into the community. Staff is multidisciplinary, including psychologists, psychiatrists, social workers, nurse practitioners, nurse-clinical specialists, recreation therapists and an occupational therapist. The patient population spans ages 18-98, men and women, varied ethnic groups, and varied diagnoses.
- 2. Psychology's Role in the Setting:** Provide neuropsychological and psychological screening and/or comprehensive assessment, individual psychotherapy, patient and family education, and interdisciplinary team consultation.
- 3. Other Professionals and Trainees in the Setting:** This is an outpatient consultation clinic, therefore, consultation is primarily with referring providers.
- 4. Nature of Clinical Services Delivered:** Brief and comprehensive neuropsychological assessment, providing feedback to veterans and family members on neuropsychological assessments (including psychoeducation on the role of non-neurological contributions to cognitive difficulties).
- 5. Fellow's Role in the Setting:** Fellows will complete 3-4 weekly neuropsychological assessments, will write comprehensive reports and provide feedback to patients and families, as well as referring providers. Fellows will have an opportunity to learn to administrate an outpatient clinic, will provide didactic training and supervision to practicum students and will have the opportunity to conduct individual therapy if this is an interest.
- 6. Amount/Type of Supervision:** At least two hours of individual supervision per week, in addition to tiered supervision with other trainees, and participation in professional development lunches with other staff.
- 7. Rotation-Specific Meetings and Trainings:** Group didactic training with practicum students on a weekly basis
Pace: A moderate to rapid pace is to be expected
Competencies Met on this Rotation: a) neuropsychological assessment, b) intervention, c) consultation, supervision, and teaching, c) scholarly inquiry and research, d) organization, management, program development, and program evaluation, e) professional issues/development, f) ethical, and legal issues, and g) cultural and individual diversity

Reviewed by: Neda Raymond, Ph.D.

Date: 7/5/2016

ADDITIONAL FELLOWSHIP INFORMATION

EVALUATION PROCEDURES

The Fellow, the preceptor, and supervisors are expected to exchange feedback routinely as part of the supervisory process; other evaluation procedures are meant to formalize this continuous information flow. Fellows along with their preceptor, will delineate their goals for learning and training using the training plan at the beginning of their Fellowship. This training plan will continue to be updated and modified across the training years to best reflect ongoing training goals. Fellows will engage in formal evaluation processes at the beginning, mid-point, and end of each rotation, and will continue to modify their goals as appropriate and aim for attainment of goals by the end of each rotation. Fellows will also provide evaluations of each supervisor, rotation, and preceptor at these same time points. Evaluations are based on well-specified and measurable exit competencies based on formal specialty area postdoctoral training guidelines outlined in the Houston conference. For each rotation 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 advanced specialty 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

REQUIREMENTS FOR COMPLETION

To ensure advanced specialty training in competencies in Neuropsychology and readiness to practice independently, the Fellow must complete the two-year training period. By the end of the training period, the Fellow will have the full range of experiences and training required to meet eligibility requirements for ABPP in Neuropsychology through the American Board of Clinical Neuropsychology.

APPLICATION PROCESS

Our training is geared to individuals who will have completed their doctoral degrees from 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 clinical neuropsychology. 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 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.liaisoncas.com/applicant-ux/#/login> by the due date. **All application materials must be received by us on or before Tuesday, January 3, 2017. However, we strongly encourage applicants to submit all application materials by December 16, 2016.** Incomplete applications will not be read by the Selection Committee. Application elements from you should be submitted via the APPA CAS system by you. Letters from your recommendation letter writers should also be submitted by your letter writers via the APPA CAS system. We recommend that all files be 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 describes the following:
 - Your previous educational, research, and clinical experience
 - Your self-assessment of your training needs in Neuropsychology
 - 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 Fellowship training
 - Your career goals

- 2) 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.

- 3) Curriculum Vita

- 4) One de-identified clinical work sample, such as a neuropsychological assessment report, treatment summary, 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 Clinical Neuropsychology.

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 early February. Of note, we are an independent program that does NOT

participate in APPCN or the Neuropsychology Match; however, in order to allow applicants ample opportunity to select a fellowship site, we will make offers prior to the APPCN-sanctioned final date for withdrawal from the Match. This date is generally in early February. We will also consider making reciprocal offers should candidates receive verifiable postdoctoral offers from other programs prior to the common notification date.

Stipend, 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 per year for two years. This stipend requires a full calendar year of training each year. 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.

APPENDIX A: Neuropsychology Faculty

Kristina Agbayani, Ph.D. University of Houston, 2014. Internship: VA Boston Healthcare System 2013-2014 (rehabilitation psychology and neuropsychology). Postdoctoral fellowship: VA Northern California Health Care System 2014-2016 (clinical neuropsychology). Licensed in the state of California, PSY28060. On staff at the VA Palo Alto HCS since 2016. Professional Organizations: American Psychological Association (Divisions 22 and 40) and the International Neuropsychological Society. Professional and research Interests: clinical neuropsychology of mild TBI and PTSD, cognitive rehabilitation.

Daniel M. Chatel, Ph.D., ABPP-CP University of Arizona 1991, predoctoral internship focused in clinical neuropsychology at the West Haven VA Medical Center in West Haven, Connecticut 1990-91. Postdoctoral fellowship in clinical neuropsychology at the University of Michigan Medical Center 1991-93. Licensed in state of California since 2003. On staff of VA Palo Alto HCS since 2002. Professional/research interests: clinical neuropathology of mild TBI (concussion) and PTSD.

Lauren Drag, Ph.D., ABPP-CN University of Arizona, 2008. Internship VA Ann Arbor Medical Center, 2007. Postdoctoral fellowship (Neuropsychology) University of Michigan Healthcare System. Currently Clinical Instructor (Affiliated) in the Department of Neurology and Neurological Sciences at Stanford University School of Medicine. Professional/Research Interests: cognitive aging and traumatic brain injury.

William O. Faustman, Ph.D. University of Mississippi, 1983. Internship: VA Palo Alto HCS, 1983, on staff since 1984. California license PSY8777, since 1985. Faculty appointment: Clinical Professor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Professional organizations: American Psychological Association (Fellow, Division 28, Psychopharmacology and Substance Abuse), British Psychological Society (Chartered Psychologist in Great Britain, Registry #88137), American Psychological Society, Society of Biological Psychiatry, Society for Neuroscience, Western Psychological Association, Southeastern Psychological Association, Sigma Xi. Research Interests: Biological basis of schizophrenia, neuropsychological impairments in psychotic disorders, clinical drug development of atypical antipsychotic medications.

Jeanette Hsu, Ph.D. University of California, Berkeley, 1995. Internship, VA Palo Alto HCS 1994-1995. Postdoctoral fellowship, The Children's Health Council, Palo Alto, 1995-1996. VA Palo Alto HCS staff since 1996. Licensed, State of California PSY15008, since 1997. Clinical Associate Professor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. 2016 VA Psychology Training Council (VAPTC) Zeiss Award for Outstanding Contributions to VA Psychology Training. Professional Associations: American Psychological Association (Fellow, Division 18), Association of Psychology Postdoctoral and Internship Centers (APPIC), Association for Behavioral and Cognitive Therapies, VA Psychology Training Council. Professional Interests: Psychology training administration, behavioral medicine/health psychology, addiction treatment, developmental psychopathology, teaching and supervision of multicultural competence.

Lisa Kinoshita, Ph.D. Pacific Graduate School of Psychology, 2001. Internship: VA Palo Alto Health Care System, 1999-2000. Postdoctoral Fellowship: Mental Illness Research, Education and Clinical Center, Dementia Research Emphasis, 2001-2003. Licensed, State of California, PSY21916. Professional Organizations: Asian American Psychological Association, American Psychological Association, International Neuropsychological Society. Professional and Research Interests: neuropsychology, geropsychology, Asian American psychology, predictors of cognitive decline, cognitive disorders, dementia, posttraumatic stress disorder, sleep disorders.

Jennifer Loughlin, Ph.D. Palo Alto University, 2012. Internship: Minneapolis VA, 2010-2011. Postdoctoral fellowship (neuropsychology emphasis): Barrow Neurological Institute (Phoenix), 2012-2014. Neuropsychologist at the Barrow Neurological Institute from 2014-2016. On staff at the Palo Alto VA since 2016. Licensed, State of Arizona since 2014. Professional Organizations: American Psychological Association (Divisions 22 and 40) and the National Academy of Neuropsychology. Professional and Research Interests: post-TBI adjustment, neurorehabilitation, community reintegration, and outcomes.

Gary Miles, Ph.D. Pennsylvania State University, 1988. VA Palo Alto HCS internship 1987, Postdoctoral year 1988, on staff since. Licensed, State of California PSY12101 since 1990. Professional Organizations: American Psychological Association, National Academy of Neuropsychology, Santa Clara Psychological Association. Professional Interests: Ethnic minority issues, neuropsychology, AIDS-Behavioral Medicine.

James Moses, Ph.D., ABPP-CN. University of Colorado, Boulder, 1974. Dual internship at Fort Miley (San Francisco) VAMC and Palo Alto VAMC, 1973-74; VA Palo Alto HCS since 1974. Licensed California PSY4428 since 1975. Licensed New Mexico #1053, since 2008. Diplomate, American Board of Professional Psychology in Clinical Psychology (2003) and Clinical Neuropsychology (2006). Diplomate, American Board of Professional Neuropsychology, 1990. Adjunct Clinical Professor Emeritus of Psychiatry and Behavioral Sciences, Stanford University School of Medicine (since 2005). Editorial Board Member, Archives of Clinical Neuropsychology. Professional Organizations: American Psychological Association, American Association for the Advancement of Science, Society for Personality Assessment, International Neuropsychological Society, National Academy of Neuropsychology. Research Interests: Diagnostic clinical neuropsychology, cognitive psychology, psychopathology of depression, schizophrenia.

Carey Pawlowski, Ph.D., ABPP-RP University of Nebraska-Lincoln, 2002. Internship VA New Mexico HCS, 2001-2002. Postdoctoral fellowship VA Pittsburgh HCS, 2002-2003. Licensed since 2003, state of Missouri (#2003030099) and state of California since 2012 (#25268). Neurorehabilitation psychologist at The Rehabilitation Institute of Kansas City 2003 – 2008. Staff Rehabilitation psychologist with the Polytrauma Transitional Rehabilitation Program (PTRP) at the VA Palo Alto HCS since 2008. Certified Brain Injury Specialist Trainer (CBIST #11633). Professional Organizations: National Academy of Neuropsychology; American Association of Spinal Cord Injury Psychologists and Social Workers; American Psychological Association, Divisions 18, 22, and 40. Clinical and research interests: rehabilitation psychology; clinical neuropsychology; functional outcomes after brain injury; adjustment to disability; behavioral pain management; cognitively modified, evidence-based approach to treating combat stress/PTSD.

Neda Raymond, Ph.D. University of Nevada, Las Vegas, 2011. Internship: North Texas (Dallas) VAMC, 2010-2011. Postdoctoral fellowship (Neuropsychology emphasis): VA Palo Alto HCS 2011-2012, on staff since 2013. Licensed, State of California since 2013. Professional Organizations: American Psychological Association (Division 40 & 22); International Neuropsychological Society; National Academy of Neuropsychology. Professional and Research Interests: Clinical neuropsychology and rehabilitation psychology in veteran populations, cognitive rehabilitation, posttraumatic stress and TBI, adjustment to disability, supervision/teaching.

Jon Rose, Ph.D. Northwestern University, 1989. VA Palo Alto HCS internship 1985-06, on staff since. Licensed, State of California PSY12143 since 1990. 2011 Essie Morgan Excellence Award, Academy of Spinal Cord Injury Professionals. 2007 Certificate of Appreciation, Bay Area and Western Paralyzed Veterans of America; 2015 Co-author of *The Standards for Psychologists, Social Workers, and Counselors in SCI Rehabilitation*; Former member, Council of Ethnogeriatric Advisors, Geriatric Education Center, Department of Family Medicine, Stanford University School of Medicine. Professional Organizations: American Psychological Association (past pFellow of Society of Clinical Geropsychology section), Academy of Spinal Cord Injury Professionals, Association for the Development of the Person-Centered Approach (former Editor-In-Chief, *The Person-Centered Journal*), Association of VA Psychology Leaders, American Federation of Government Employees (former Legislative Action spokesperson). Research Interests: Adult personality development, stress and coping in older adults, rehabilitation.

John Wager, Ph.D. Pacific Graduate School of Psychology, 2008. Internship (Neuropsychology Track): Baylor College of Medicine, 2007-2008. Postdoctoral fellowship (Neuropsychology): VA Palo Alto HCS 2008-2010. University of Rochester Medical School staff neuropsychologist, 2010-2012. Kaiser Foundation Rehabilitation Center staff neuropsychologist, 2012-2013. VA Palo Alto Spinal Cord Injury staff neuropsychologist since 2013. Licensed, State of California since 2009. Professional Organizations: American Psychological Association (Divisions 40, 53, 54); International Neuropsychological Society; National Academy of Neuropsychology; Northern California Neuropsychology Forum. Professional and Research Interests: Clinical neuropsychology and rehabilitation psychology in individuals with Spinal Cord Injury, Multiple Sclerosis, and Amyotrophic Lateral Sclerosis.

Tiffanie Sim Wong, Ph.D., ABPP-RP University of Maryland, Baltimore County, 2007, VAPAHCS since 2008. Licensed, State of California PSY22759 since 2009. Psychology Internship: VAPAHCS (2006-2007), Postdoctoral Fellowship (Rehabilitation Psychology emphasis area): VAPAHCS (2007-2008). Professional Organizations: American Psychological Association, Division 22 – Rehabilitation Psychology and National Academy of Neuropsychology. Professional/Research Interests: Neuropsychology and Rehabilitation, including TBI, PTSD, Substance Use Disorders, and cognitive adaptations to treatment.

Maya Yutsis, Ph.D., ABPP-CN Pacific Graduate School of Psychology, 2009. Internship Minneapolis VA Medical Center, 2009. Postdoctoral fellowship (Neuropsychology) Mayo Clinic Rochester, 2011. Currently Clinical Assistant Professor (Affiliated) in the Department of Neurology and Neurological Sciences at the Stanford University School of Medicine. Professional/Research interests: Currently a Newsletter Editor of the Society for Clinical

Neuropsychology, APA Division 40 and is a member of Publications and Research Committee for the National Academy of Neuropsychology (NAN). She is involved in collaborative research with the Palo Alto VA Polytrauma Center and Mayo Clinic and her research interests focus on computerized cognitive rehabilitation interventions for persons with acquired brain injury and mild cognitive impairment (MCI).

Penelope Zeifert, Ph.D. CA School of Prof Psychology, 1990. Internship McAuley Neuropsychiatric Institute, St. Mary's Hospital, Clinical Psychology, 1988. Post-doctoral fellowship at San Francisco General Hospital (SFGH) and a second year at University of California at San Francisco (UCSF) School of Medicine. Currently Clinical Associate Professor (Affiliated) in the Department of Neurology and Neurological Sciences; Chief of the Neuropsychology Service at Stanford Hospital and Clinics, and Co-Director of the Stanford Center for Memory Disorders at Stanford University Medical Center. Professional/Research Interests: She has served as PFellow of the Northern California Neuropsychology Forum, and is currently conducting research on aging and on moyamoya disease. Other research interests include the cognitive consequences of encephalitis and HIV.

Harriet Katz Zeiner, Ph.D. University of California, Berkeley, 1975. VA Palo Alto HCS since 1988. California Licensure PSY11310 since 1989. Professional Organizations: American Psychological Association, Western Psychological Association, California Psychological Association, International Neurological Society, Society for Neurosciences, Oklahoma Psychological Association, Society for Research into Hydrocephalus and Spina Bifida, National Head Injury Foundation. Research Interests: Cognitive Retraining, Neuropsychological deficits in schizophrenia, Outcome of rehabilitation with various organic-injured groups, CRATER Therapy Outcome research.

Neuropsychology Fellow Sample Schedule (Year 1; First 6 months)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00 – 9:00AM PRC/CRC Huddle @8:30	8:00 – 9:00AM Interdisciplinary Team Meeting (PRC/CRC)	8:00 – 9:00AM Clinical/Rotation Duties	8:00 – 9:00AM Interdisciplinary Team Meeting (PRC/CRC)	8:00 – 9:00AM Stanford University Neurology Grand Rounds or Research
9:00 – 10:00AM Multi-site Didactic Seminar	9:00 – 10:00AM Clinical/Rotation Duties	9:00 – 10:00AM Clinical/Rotation Duties	9:00 – 10:00AM Clinical/Rotation Duties	9:00 – 10:00AM (travel time from Stanford) or Research
10:00 – 11:00AM Multi-site Didactic Seminar	10:00 – 11:00AM Clinical/Rotation Duties	10:00 – 11:00AM Clinical/Rotation Duties	10:00 – 11:00AM Clinical/Rotation Duties	10:00 – 11:00AM Brain Cuttings or Research
11 - Noon Research	11 – Noon Clinical/Rotation Duties	11 – Noon Clinical/Rotation Duties	11 – Noon Clinical/Rotation Duties	11 – Noon Neuropathology Conference or Research
Noon – 1:00PM	Noon – 1:00PM	Noon – 1:00PM	Noon – 1:00PM	Noon – 1:00PM
1:00 – 2:00PM Neuropsych/ Rehabilitation Psych Group Supervision or Research	1:00 – 2:00PM Clinical/ Rotation Duties	1:00 – 2:00PM Clinical/ Rotation Duties	1:00 – 2:00PM Clinical/ Rotation Duties	1:00 – 2:00PM Research
2:00 – 3:00PM General Postdoc Seminar	2:00 – 3:00PM WRIISC Neuroeducation Seminar	2:00 – 3:00PM Clinical/ Rotation Duties	2:00 – 3:00PM Clinical/ Rotation Duties	2:00 – 3:00PM Research
3:00 – 4:00PM General Postdoc Seminar	3:00 – 4:00PM Clinical/ Rotation Duties	3:00 – 4:00PM Clinical/ Rotation Duties	3:00 – 4:00PM Neuropsych Seminar or Journal Club or Geropsych Seminar	3:00 – 4:00PM Research
4:00 – 4:30PM General Postdoc Seminar	4:00 – 4:30PM Clinical/Rotation Duties	4:00 – 4:30PM Clinical/Rotation Duties	4:00 – 4:30PM Neuropsych Seminar or Journal Club or Geropsych Seminar	4:00 – 4:30PM Research

