

2017-2019

Postdoctoral Fellowship: Rehabilitation Psychology



Psychology Service

VA Palo Alto Health Care
System

Palo Alto, CA

OVERVIEW

Psychology Service at the VA Palo Alto Health Care System (VAPAHCS) will offer one **two-year postdoctoral fellowship training position** with a Rehabilitation Psychology (RP) focus for the 2017-2019 training years. Postdoctoral training at VA Palo Alto builds on the generalized foundation of the knowledge, skills, and proficiencies that define clinical psychology. The program offers the first year of Rehabilitation Psychology focus area training as part of the existing APA-accredited Clinical Psychology Postdoctoral Fellowship, with the second year as an unaccredited advanced Rehabilitation Psychology-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 Rehabilitation Psychology.

Specialty training in Rehabilitation Psychology will focus on advanced practice competencies in rehabilitation psychology, neuropsychological assessment, and interventions for individuals with a variety of injuries, disabilities, and chronic health conditions. These may include traumatic brain injury, polytrauma, stroke, tumor resection, encephalopathy, motor disorders, neuromuscular and autoimmune disorders, other CNS neurological disorders, knee or hip replacements or general deconditioning, multiple sclerosis, spinal cord and related disorders, impairments in sensory functioning such as deafness and hearing loss and/or blindness and vision loss, burns and/or disfigurement, psychiatric disability, substance abuse, and impairments that may be compounded by cultural, educational and/or other disadvantages. In addition, given the prevalence of neurologic conditions in our rehabilitation settings, the Fellow will also receive strong exposure to neuropsychological practice.

TRAINING PHILOSOPHY AND MODEL

The VAPAHCS postdoctoral training provides a particular kind of training, based on our view of the role of Psychology in the VA system. We are committed to the scientist-practitioner model of psychology, and the postdoctoral training experience is organized accordingly. We are guided both by the original articulation of the Boulder Model (Raimy, 1950) and by the update of the scientist-practitioner model, as articulated at the Gainesville conference in 1991 and in the subsequent publication following that conference (Belar & Perry, 1992). Our training program is committed to excellence in scientific training and to using clinical science as the foundation for designing, implementing, and evaluating assessment and intervention procedures. The integration of science and practice is embedded into the core competencies. The Fellow is required to demonstrate applied knowledge of scientific and evidence-based theory and research in the clinical practice of Rehabilitation Psychology as well as to demonstrate awareness of clinically driven research in the rehabilitation setting. The Fellow will also be expected to apply knowledge of individual and cultural diversity, and ethical and legal issues in assessment, intervention, consultation, supervision, teaching, administrative and scholarly activities within rehabilitation settings.

The fellowship has been developed in accordance with the Division 22 – Rehabilitation Psychology training guidelines, the 2011 Baltimore Conference on Rehabilitation Psychology Postdoctoral Training, and the APA guidelines from the National Conference on Postdoctoral Training in Professional Psychology. The program will provide trainees with the experiences required to meet eligibility requirements for the American Board of Professional Psychology (ABPP) certification in Rehabilitation Psychology through the American Board of Rehabilitation Psychology (ABRP).

AIMS

This fellowship is designed to enhance clinical knowledge and skills based on a biopsychosocial framework in order to improve health and function, improve psychological adjustment, maximize self-care, develop adaptive and compensatory behaviors, enhance caregiver functioning, effectively use assistive technology and personal assistance services, increase independence and social participation, and reduce secondary health complications. The aims of the fellowship are to provide advanced training of specialty competencies in Rehabilitation Psychology as outlined by ABRP and to ensure integration of science and practice, diversity awareness, and ethics in service delivery.

These specialty competencies include opportunities to conduct assessment activities in the following areas: a) adjustment to disability (patient and family); b) extent and nature of disability and preserved abilities; c) educational and vocational capacities; d) personality and emotional functioning; e) cognitive abilities; f) sexual functioning; g) decision making capacity; h) pain; i) substance use/abuse identification; and j) social and behavioral functioning.

Intervention opportunities include the following: a) individual therapeutic interventions related to adjustment to disability; b) family/couples therapeutic interventions related to adjustment to disability; c) behavioral management, and d) sexual counseling of populations with disabilities.

The Fellow is also expected to be involved in direct consultation activities with the interdisciplinary team to enhance patient-centered care in areas such as behavioral functioning improvement, cognitive functioning, vocational and/or educational considerations, personality/emotional factors, substance abuse identification and management, and sexual functioning and disability.

Other specialized training will involve teaching and supervision opportunities and scholarly inquiry and research activities, and incorporates organizational, management and administration in Rehabilitation Psychology. The Fellow will also receive advanced training in ethics and legal issues and individual and cultural diversity within rehabilitation settings.

PROGRAM STRUCTURE

During the two-year training period, the Fellow will obtain clinical experience in both inpatient and outpatient rehabilitation units /services offered at VAPAHCS. The Fellow has the opportunity to receive

intensive training in brain injury rehabilitation, spinal cord injury rehabilitation, and/or geriatric rehabilitation. The Fellow dedicates 80% of the training period to clinical activities and 20% to research activities (i.e., one day of research per week). The Fellow is expected to remain on each rotation at least three to six months depending on the goals of training and rotation requirements. At minimum, the Fellow must participate in at least four major rotations to experience the breadth and depth of various medical conditions and rehabilitation settings.

The individualized training plan for the 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 Rehabilitation faculty will serve as supervisors during the fellowship year. The aim is to ensure attainment of general clinical and RP specialty competencies to meet board certification requirements.

PRIMARY ROTATIONS

Brain Injury Rehabilitation:

1. Polytrauma Rehabilitation Center/Comprehensive Rehabilitation Center (PRC/CRC):

Supervisors: Neda Raymond, Ph.D., Tiffanie Sim Wong, Ph.D., ABPP(RP)

PRC/CRC is an 18-24 bed acute, inpatient rehabilitation unit within the Polytrauma System of Care (PSC). The PRC/CRC is one of five facilities in the country designed to provide intensive rehabilitative care to active duty service members and veterans who experienced severe injuries to more than one organ system, including all levels of severity of TBI (mild, moderate, severe, and disorders of consciousness). Other neurological and physical injuries include stroke, anoxia, brain tumors, encephalitis, cardiac conditions, amputations, orthopedic injuries, or general medical deconditioning. The Fellow functions as a primary member of an interdisciplinary team and participates in neuropsychological and psychological screening and comprehensive assessment (including decision making capacity evaluations), cognitive rehabilitation (with retraining and compensatory approaches), individual psychotherapy for adjustment to disability, patient and family education and training, and interdisciplinary team consultation. The training will also focus on the assessment and treatment of sleep problems, pain, and sexual functioning. The Fellow will have opportunities to learn and demonstrate all aspects of assessment, intervention, and consultation activities in acute brain injury rehabilitation where issues of disability/accommodations, diversity, and ethics often arise.

2. Polytrauma Transitional Rehabilitation Program (PTRP):

Supervisors: Carey Pawlowski, Ph.D., ABPP(RP), Jennifer Loughlin, Ph.D.

PTRP is a 12 bed, residential rehabilitation unit focused on the neurocognitive rehabilitation and re-integration back to the community, return to work, school, and/or meaningful activity for active duty

service members and veterans with a recently acquired brain injury or Polytrauma (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 and non-traumatic amputations, tumor resection, encephalopathy or any CNS neurological disorder, motor-neuron disorders (Parkinson's, MS, ALS), and complex psychiatric history including PTSD, depression, anxiety, schizophrenia, and bipolar disorder. The Fellow will provide individual, couples, and group psychotherapy; behavioral management planning and implementation; psychoeducation to the IDT, 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. Optional clinical activities include comprehensive neuropsychological and personality assessment with feedback to the interdisciplinary team as well as to the patient; decision making capacity evaluations; cognitive rehabilitation individual and group based interventions; in vivo exposure co-treatment in the community; and education on brain-behavior relationships to patients, family, and staff.

3. Polytrauma Network Site (PNS):

Supervisors: Daniel Chatel, Ph.D., ABPP, Kristina Agbayani, Ph.D.

The PNS training rotation is a transdisciplinary outpatient traumatic brain injury evaluation and treatment clinic. The team is comprised of a physiatrist, neuropsychologist, speech pathologist, physical therapist, occupational therapist, recreational therapist, a health coach, and social work case managers. Trainees with primary interests in clinical neuropsychological assessment, acquired Traumatic Brain Injury (TBI), and/or Posttraumatic Stress Disorder (PTSD) and related disorders will be given priority. 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.

4. Neuropsychological Assessment and Intervention Clinic / Fast Neuropsychological Response Consultation Service

Supervisor: Harriet Zeiner, Ph.D.

This outpatient neuropsychology clinic provides diagnostic and treatment consultation to interdisciplinary staff throughout the medical center, and provides psychoeducation, cognitive retraining embedded in individual psychotherapy to patients with neurological impairments and their families. The Fellow will evaluate patients' cognitive and mental status strengths and deficits, to make differential diagnoses between neurologic and psychiatric components of cognitive deficit or psychiatric disorder, and to make recommendations for management and treatment. Feedback is given to patients and/or their families. The Fellow is expected to treat some of the patients in individual therapy, after the initial assessment. C.R.A.T.E.R. Therapy is taught for the treatment of patients with neurological impairment and training in software and prosthetic electronic devices will be provided. Cognitive deficits treated include difficulties with memory, attention, spatial abilities, speed of information processing, ability to multitask, impose order on the environment, or be socially appropriate. Modified Prolonged exposure therapy is sometimes embedded in the CRATER Therapy framework for patients with co-morbid cognitive impairment and PTSD. The Fellow also supervises practicum students and learns to run an outpatient consulting neuropsychological clinic. The Fellow is also expected to participate in the Fast Neuropsychological Response Consultation Service where the Fellow will be "on-call" one day every month where assessments are completed with a quick same-day service turn-around time on acute medical inpatient units.

SCI Rehabilitation:

1. Spinal Cord Injury Center (SCI Center)

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

The SCI Center is a 48-bed facility, internationally recognized for providing excellent, state-of-the-art care to newly injured veterans as well as long-term follow-up. SCI rehabilitation patients are often hospitalized for a number of months, and the staff has an opportunity to get to know them and their families quite well. The major goal of the rotation is to learn how to function in an inpatient medical/surgical setting as a member of an interdisciplinary team, providing services in individual, group, and family therapy, sex therapy, social skills training, system consultation, staff training, pain management, patient education, psychological rehabilitation, and psychological and neuropsychological evaluation.

2. Spinal Cord Injury Clinic (SCI Clinic)

Supervisor: Jon Rose, Ph.D.

This comprehensive special care program serves outpatients in Northern California, Hawaii, Pacific Territories and parts of Nevada. Home care is also provided to assist in the transition from inpatient to outpatient care. 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. The Fellow provides individual brief and long-term psychotherapies, family therapy, sexuality counseling, behavioral medicine interventions, cognitive and mental health screenings and focused neuropsychological assessment using a wide variety of tests and observation. Most psychology interventions are related to the treatment of psychological antecedents and sequelae of medical/surgical problems, as well as diagnosis and treatment of depression, alcoholism and cognitive deficits in older adults. Some care is given by telephone and video conferencing to patient's homes due to the large catchment area.

Geriatric Rehabilitation:

1. Western Blind Rehabilitation Center (WBRC)

Supervisor: Laura Peters, Ph.D.

The Western Blind Rehabilitation (WBRC) is recognized internationally as a leader in rehabilitation services, training, and research. WBRC is a 32 bed residential facility, which provides intensive rehabilitation to legally blind veterans learning to adjust to and manage sight loss. The typical client is approximately 75 years old and is legally blind due to some progressive, age-related disease, although the age range is from the 20's through the 90's. The individual whose vision becomes impaired often must face a variety of losses. Those with partial sight, as opposed to those who are totally blind, often must learn to live with a "hidden disability" -one, which is not readily identifiable by others. Such hidden disabilities often elicit suspicion and discomfort in others, and lead to interactions in which the visually impaired individual is "tested". Finally, many of the individuals who are admitted to WBRC, in addition to losses and changes associated directly with vision loss, face losses associated with retirement from employment and from chronic illness. The Fellow's role at WBRC is to facilitate the process of adaptive adjustment to sight loss through the provision of assessment, psychotherapy, and staff consultation. The orientation of the supervisor is Cognitive-Behavioral with a focus is on brief psychotherapy since veterans are in the program for six to eight weeks on average. Initially, the Fellow will observe the supervising psychologist. The Fellow will then move toward being observed while on the job and then working independently with supervision.

2. Community Living Center (CLC) Short-Stay Rehabilitation Care Unit

Supervisor: Margaret Florsheim, Ph.D.

The CLC Short Stay/Transitional Care unit is skilled nursing unit designed for individuals (often in their 60-70's) who no longer need hospitalization in the acute care setting but still require additional medical, nursing, rehabilitative and/or supportive services that cannot be provided in the home (average length of stay is one month). The goal is to assist patients to function more independently at home and in the community. The unit is comprised primarily of patients with dementia, stroke, other neurological conditions (e.g., multiple sclerosis and spinal cord injury), cancer and complex medical, psychiatric and social concerns such as active substance abuse, homelessness and untreated PTSD. Psychological services include assessment of cognitive status and mood, psychotherapy (individual, family and/or group) and consultation to other team members on interventions. The Fellow participates in clinical activities such as assessment of cognitive status (including decision-making capacity) and mood, behavioral management, brief psychotherapy to address negative emotions associated with health concerns and institutionalization, and consultation with other team members to address problematic behavior, including problems with medical care compliance. Opportunities exist to work with the CLC staff and members of the Palliative Care Consult team to address end-of-life concerns with veterans receiving supportive care during cancer treatments.

OPTIONAL ROTATIONS:

The Fellow may also elect to complete mini-rotations at the Family Therapy Program, Acceptance and Commitment Therapy, Compensation and Pension Department, or Veterans Recovery Center (e.g., severe mental illness/substance use disorders). Exposure to inpatient psychiatric unit may also be available for training purposes and exposure to psychosocial rehabilitation.

SEMINARS and DIDACTICS:

Required: During the first year, the Fellow is required to attend the following trainings:

- Psychology Postdoctoral Fellowship seminar series
- Rehabilitation Psychology Professional Development Series
- Rehabilitation Psychology/Neuropsychology Journal Club
- Neuropsychology/Rehabilitation Psychology Group Supervision
- Neuropsychology Seminar series

Fellows may also elect to continue these didactic components during the second year. The focus of the first year is to provide structure and guidance to develop a solid foundation in the principles and practice of Rehabilitation Psychology and to prepare the Fellow for state licensure. The first year rehabilitation psychology fellow will also be required to organize the journal club in collaboration with

the first year neuropsychology fellow. The format of the journal club may include advanced literature-based discussions of neurological and psychological disorders, neuroanatomy, disability, and preparation for board certification in both Neuropsychology and Rehabilitation Psychology.

During the second year, the focus will shift to preparation for board certification in Rehabilitation Psychology, refinement and mastery of advanced RP competencies and independent practice, and early career opportunities upon program completion. The Fellow will be asked to engage in training activities such as practice sample preparation and mock oral examinations.

Optional: The Fellow may also elect to attend Defense Centers of Excellence for Psychological Health and TBI Grand Rounds, Spinal Cord Injury and Disorders Grand Rounds, Stanford University Neurology Grand Rounds, the War Related Illness and Injury Study Center Neuroeducation Seminar, the Geropsychology Seminar, and the Stanford University Department of Psychiatry and Behavioral Sciences Mental Health Continuing Education Series. Optional seminars are encouraged as another invaluable learning opportunity to enhance specialization.

SUPERVISION

Fellows will receive a minimum of four hours of supervision from Psychology staff per week, with at least two hours provided as individual, face-to-face supervision and other supervision offered in group supervision or as part of team meetings, review of written reports, and the journal club or seminars. Supervision is provided by California licensed psychologists who are credentialed staff members with medical privileges at VAPAHCS. Additional consultation with other rehabilitation psychologists in Psychology Service is always available in emergency situations.

RESEARCH

Consistent with scientist-practitioner training in psychology, the Fellow will dedicate one day per week to research and/or developing an educational dissemination or program evaluation project. The Fellow may be involved with research conducted within the Polytrauma System of Care, SCI, or affiliated research program such as MIRECC. These research opportunities may include program evaluations and/or studying the effectiveness of treatments and rehabilitation for traumatic brain injuries, spinal cord injuries, posttraumatic stress disorders, or the aging population. The preceptor will also supervise research activity throughout the training period.

EVALUATION PROCEDURES

Supervisors, the preceptor, and the Fellow are expected to exchange feedback routinely as a part of the supervisory process; other evaluation procedures are meant to formalize this continuous information flow. The Fellow is encouraged to delineate their learning goals, to evaluate their progress at mid-rotation in terms of those original goals, to modify his/her goals as appropriate, and to plan for attaining

these goals during the remainder of the rotation. We have developed well-specified, measurable exit competencies in Rehabilitation Psychology based on formal postdoctoral training guidelines developed from the Baltimore 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 the Fellow during orientation at the start of the year.

REQUIREMENTS FOR COMPLETION

To ensure advanced specialty training in the foundational and functional competencies in Rehabilitation Psychology, 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 Rehabilitation Psychology through the American Board of Rehabilitation Psychology.

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

Application Requirements List:

1) A cover letter that strictly describes the following:

- Your previous educational, research, and clinical experience
- Your self-assessment of your training needs in Rehabilitation Psychology.
- 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 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 an 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 Rehabilitation Psychology.

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. Initial offers will be made in early February.

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. This stipend requires a full calendar year of training. VA provides health care benefits for interns and postdoctoral fellows as for any other VA employee. Health benefits are also available to dependents and married spouses of interns and fellows, including to legally married same-sex spouses of interns and fellows. Unmarried partners of either sex are not eligible for health benefits, even those in legal civil unions or domestic partnerships. Insurance programs can be selected from a wide array of options. More information about VA stipends and benefits are available at www.psychologytraining.va.gov/benefits.asp.

APPENDIX: TRAINING FACULTY

Kristina A. Agbayani, Ph.D. University of Houston, 2014. Postdoctoral Fellowship in Clinical Neuropsychology at VA Northern California Health Care System, Martinez. Internship with emphasis in Rehabilitation Psychology and Neuropsychology: VA Boston Healthcare System, 2014. California license PSY28060. Staff psychologist with the Polytrauma Network Site (PNS) at the VA Palo Alto HCS since 2016.

Daniel M. Chatel, Ph.D., ABPP 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. Board-certified in Clinical Psychology by the American Board of Profession Psychology (ABPP). Professional/research interests; clinical neuropathology of mild TBI (concussion) and PTSD.

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.

Margaret Florsheim, Ph.D. Wayne State University, 1988. VA Palo Alto HCS Internship, 1987. Licensed, California PSY11727 since 1990. Professional Organizations: Gerontological Society of America. Research Interests: Older Adult Neuropsychological Functioning, Caregiver stress.

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.

Julia Jennings, PsyD, ABPP(RP) Fuller School of Psychology, 2011. Internship VA Loma Linda Healthcare System 2010-2011. Postdoctoral Fellowship (Rehabilitation Psychology emphasis area) VA Palo Alto Health Care System (VAPAHCS) 2011-2012. Licensed in California since 2012 (PSY25167). Board-certified in Rehabilitation Psychology by the American Board of Profession Psychology (ABPP). Staff Psychologist at VAPAHCS in the Monterey Mental Health Clinic 2012-2014, and Compensation & Pension Department 2014-present. Professional Organization Membership: Division 22 of APA – Rehabilitation Psychology. Professional Interests: Rehabilitation Psychology, Neuropsychology, disability, assessment.

Stephen Katz, Ph.D. Louisiana State University, 1978. VA Palo Alto HCS since 1978. Licensed, State of California PSY6266 since 1980. Professional Organizations: American Psychological Association. American Association of Spinal Cord Injury Psychologists and Social Workers. Clinical and Research interests: Suicidality among spinal cord injured individuals; Management of Axis II patients in the rehabilitation setting; The integration of virtual reality in the rehabilitation of spinal cord injured individuals.

Jennifer Loughlin, Ph.D. Palo Alto University, 2012. Internship: Minneapolis VA, 2010-2011. Postdoctoral fellowship (neurorehabilitation 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.

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. Board-certified in Rehabilitation Psychology by the American Board of Profession Psychology (ABPP). Certified Brain Injury Specialist Trainer (CBIST #11633). Professional Organizations: National Academy of Neuropsychology; American Psychological Association, Divisions 18, 22, and 40; American Board of Rehabilitation Psychology conference committee. Clinical and research interests: rehabilitation psychology; applied clinical neuropsychology; functional outcomes after brain injury; adjustment to disability; behavioral pain management; cognitively modified, evidence-based approach to treating combat stress/PTSD.

Laura J. Peters, Ph.D. University of Utah 1988. VA Palo Alto HCS internship, 1986; VA staff member since 1986. Licensed State of California PSY11247 since 1989. Professional Organizations: American Psychological Association. Research Interests: Family Caregiver Stress, Cognitive Screening of Blind Veterans. Member of VAPAHCS Clinical Bioethics Committee and Patient Education Committee. Mediator with VAPAHCS Alternative Dispute Resolution Program.

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 president 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.

Jon 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.

Tiffany 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). Board-certified in Rehabilitation Psychology by the American Board of Profession Psychology (ABPP). 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.

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.