

Clinical Neuropsychology Postdoctoral Fellowship Training

INTRODUCTION

The purpose of this brochure is to describe the APA-accredited two-year Clinical Neuropsychology Postdoctoral Fellowship Program at the VA Palo Alto Health Care System. Our postdoctoral fellowship program received initial specialty accreditation through the American Psychological Association (APA) in July 2019. The next accreditation site visit will occur in 2029. **The Neuropsychology fellowship meets the requirements and standards of Division 40 and the Houston Conference.**

We accept one new fellow each year and have ONE open position for the 2022-2024 Fellowship cycle.

TRAINING AT VA PALO ALTO

VA Palo Alto is part of a national network of hospitals and clinics operated by the Department of Veterans Affairs to provide comprehensive health care to men and women who have served in the armed forces. This health care system is responding to many national changes in the health care field; our training program changes in concert with the changing organization and emphases of health care. We are committed to providing training in a supportive environment that values connection and relationships between supervisors and fellow, among team members, and within the postdoctoral class.

The Veterans Affairs Palo Alto Health Care System ([VAPAHCS](#)) is a teaching hospital, providing a full range of patient care services across 10 different hospital/clinic sites, with state-of-the-art technology as well as education and research. As of July 2019, this health care system has over 7000 employees and volunteers, is located on more than 300 acres, and operates on a large annual budget of over \$1B. Our health care facilities operate 808 inpatient beds, including three Community Living Centers (formerly known as nursing homes) and a 100-bed homeless domiciliary, and over 50 primary care and specialty outpatient clinics, serving over 67,000 enrolled Veterans. Psychology training sites are available at four campuses within the health care system (Palo Alto, Menlo Park, San Jose, and Livermore), with the great majority concentrated in the Palo Alto Division and the Menlo Park Division. The Palo Alto and Menlo Park Divisions are separated by 7 miles (20 minutes by car or shuttle).

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

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

VAPAHCS maintains one of the top three research programs in VA and is a national leader in research. VA Palo Alto encompasses extensive research centers in geriatrics (GRECC), mental health (MIRECC), Alzheimer's disease (Stanford/VA Alzheimer's Research Center), spinal cord regeneration, schizophrenia, and posttraumatic stress disorder (National Center for PTSD). VAPAHCS also manages several centers supported by the VHA Office of Research and Development, including the Rehabilitation Research and Development Service, Health Services Research and Development (HSR&D) Center for Innovation to Implementation (Ci2i), Program Evaluation and Resource Center (PERC), and Health Economics Resource Center (HERC). Training resources are available for research or consultation at these and other programs.

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

- **2013 "Leadership in Excellence" Secretary of Veterans Affairs' Robert W. Carey Performance Excellence Award.** VA Palo Alto HCS was awarded the Secretary of Veterans Affairs 2013 "Leadership in Excellence" Robert W. Carey Performance Excellence Award for implemented management approaches that resulted in sustained high levels of performance.
- **2014 California Awards for Performance Excellence (CAPE)™ Eureka Award.** The California Council for Excellence (CCE) awards the 2014 California Awards for Performance Excellence (CAPE) Eureka Award, the highest recognition for performance excellence in the state, to VA Palo Alto HCS for the silver level.
- **2014 Most Wired.** VAPAHCS was named "Most Wired" and is listed among HealthCare's 2014 Most Wired hospitals, by Hospitals and Health Networks.

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. We follow a scientist-practitioner training model that follows APA Division 40/Houston Conference Guidelines (Hannay, 1998). Training in the Neuropsychology Fellowship will integrate the core domains of professional activity outlined in the Houston Conference guidelines delineating the practice of clinical neuropsychology, while also ensuring general advanced and specialty area competencies are met:

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 and Interprofessional Skills to include:
 - a. Advanced skill in consultation and collaboration with team members, referral sources, and/or other services.
- D. Supervision, to include:
 - a. Advanced skill in the supervision of neuropsychological assessment
- E. Science-Practice Integration (scholarly inquiry)
- F. Professional Attitudes, Values and Behaviors (professional development)
- G. Ethical and Legal Standards, 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.
- H. Individual and Cultural Diversity to include:
 - a. Consideration and appropriate integration of issues of ethnic/cultural diversity in neuropsychological assessment.
- I. Communication and Interpersonal Skills

The primary aims of the Fellowship are to prepare fellows for independent practice 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 Fellowship consists of two calendar years of full-time supervised training; for the 2022-2024 year, the start date will be **Monday, September 12, 2022**. Fellows must complete the full two years of training in order to be considered graduated from the fellowship program. The training provided meets the requirements for licensure in California and meets or exceeds licensure requirements in every other state at this time.

Training is based on a 40-hour work week (8:00am – 4:30pm Monday through Friday), so the total hours over a year come to 2,080. Out of those 2,080 hours, there is time off for vacation (13 days), illness (up to 13 days), Federal holidays (10 days), and authorized absence for professional activity. Like staff, Fellows are paid for 40 hours per week, no matter how much time is spent. Most staff do not get their work done in the allotted 40 hours, and we suspect that most Fellows will not either. A key notion in VA is that we are a "Service," not a department. To serve

patients we must be available, and Fellows will see considerable emphasis on being available, especially during working hours. On the other hand, this is not a 60-hour per week or more Fellowship. Each Fellow will work at least 40 hours intensively each week. How much more than a Fellow works depends on many factors, including interest in additional training experiences, research involvement, time-effectiveness in completing documentation and other work demands, etc. The Fellow's preceptor, Assistant Director of Training for Neuropsychology, and the Director of Training in Psychology Service will help plan a realistic program that balances taking advantage of training and professional development opportunities with time for a full, rich life outside of work. Regardless of the specific training plan, Postdoctoral Fellows will receive at least 4 hours per week of clinical supervision, with at least half of that in individual, face-to-face supervision. In addition, Fellows will have at least two different supervisors during the year.

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 advanced clinical competencies as well as specialty area-specific competencies. The postdoctoral fellow will also be involved with research conducted within the VA Palo Alto research programs (i.e., MIRECC, GRECC, HSR&D). Research opportunities include program evaluation, and/or studying the effectiveness of treatments, cognitive decline, and memory disorders in various patient populations. The fellow will further his/her clinical experience in both inpatient and outpatient neuropsychological units/services at VAPAHCS, as well as the potential during the 2nd year of the fellowship for an University-based Outpatient Neuropsychology Rotation at the University of California at San Francisco (UCSF). The UCSF rotation has been approved for the 2020-2022 training years, but must be approved by the Office of Academic Affiliations for the 2022-2024 training years.

In order to gain competence in the wide range of professional activities performed by clinical neuropsychologists, the fellow will train in inpatient rehabilitation units (i.e., PRC/CRC; PTRP; SCI inpatient) and Neuropsychological Outpatient Services throughout their 2-year fellowship. 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 (see Mini-Rotations section below). For example, the fellow can participate in a mini rotation of Inpatient Medical Evaluations to the Acute Medical Floor at the VA Palo Alto, with an emphasis on decision making capacity evaluations and discharge planning within an inpatient medical team. As another example, fellows interested in observing neurological evaluations can shadow one of our Neurologists in a weekly 4-hour Neurology Clinic.

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 participate in tiered supervision of interns and practicum trainees over the course of the fellowship.

REQUIRED DIDACTICS (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: 3:00-4:00PM)

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). 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.

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

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 will 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 a neurologist and neuropathologist.

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

This is a 2-year 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 particularly difficult case. 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 fellow is required to participate as the examinee for one fact finding case. 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. The fellow is required to lead the panel discussion at least once during the course of the series.

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>

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 (1st and 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. Geropsychology Seminar is a required didactic for the Memory Clinic rotation.

RESEARCH OPPORTUNITIES AND MENTORING

There are many research opportunities at VA Palo Alto. A number of training sites are excellent models of scientist-practitioner functioning, in which clinical work continually guides ongoing research, and in turn the research findings inform the clinical work. The fellow is encouraged to become involved in research opportunities within the MIRECC, GRECC, HSR&D, Stanford, UCSF, or clinical rotation settings. The primary preceptor works with the fellow to determine a combination of rotations that will provide optimal opportunities for clinical immersion and clinical research consistent with the fellow's training goals and the fellowship program's overall goals.

Recent and ongoing studies at the MIRECC and GRECC:

Evidence-Based Treatments

- Brief Behavioral Interventions, especially Problem Solving Therapy for Suicide Prevention and for Treating Late-Life Mental Health Disorders: Sherry Beaudreau
- Physical Exercise and Cognitive Training for Persons with Mild Cognitive Impairment: Kaci Fairchild
- Physical Exercise and Caregiver Skills Training for Caregivers: Kaci Fairchild

- Biological, Psychological, and Cognitive Mediators of Treatment Response: Kaci Fairchild & Sherry Beaudreau
- Innovative Statistical and Methodological Techniques for Clinical Aging Research including Randomized Control Trials: Kaci Fairchild & Sherry Beaudreau
- A Novel CBT-Based Treatment to Increasing Positive Airway Pressure Adherence in Veterans with Obstructive Sleep Apnea and PTSD: Lisa Kinoshita
- Using Technology to Deliver Treatments to Older Adults with Anxiety and Depression: Christine Gould

Neuroscientific Methods and Neurocognitive Outcomes

- Predictors of Cognitive Decline in Aging Veterans with PTSD: Lisa Kinoshita
- Cognitive Impact of Chronic Untreated Obstructive Sleep Apnea: Lisa Kinoshita
- The Application of Neuroimaging Techniques to the Study of Cognitive Decline in Individuals with MCI and Dementia: Allyson Rosen
- Long-term Neurocognitive Sequelae of Subclinical Microembolization During Carotid Interventions: Allyson Rosen
- Genetic Moderators of Cognitive Impairment: Sherry Beaudreau & Kaci Fairchild
- Neurocognitive Markers of Late-Life Psychiatric Symptoms and Suicidal Ideation in Older Adults: Sherry Beaudreau

Reviewed by: Sherry Beaudreau, Ph.D.
Date: 08/25/2020

TRAINING CONSIDERATIONS DURING THE COVID-19 PANDEMIC

In the San Francisco Bay Area, there has been some form of a shelter-in-place order since 3/17/2020 with an indefinite end date; health care workers (including VA Palo Alto interns and fellows) are considered “essential workers” and allowed to travel to work. You can see the VA Palo Alto COVID updates and details of our county shelter-in-place order at links below. Given the uncertain and dynamic nature of the COVID-19 pandemic, we do not know whether and how the 2022-2024 years will be impacted. The information below is provided to show you the current impact of the pandemic and how we have modified training to protect your health and safety as well as meet your training goals.

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

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

Modifications to Training:

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

- The VA campuses have strict restrictions on patients or other members of the public visiting (only for urgent patient care or limited specialty care). All employees and visitors must wear a mask in all public areas on campus as part of our universal masking policy, and are expected to follow social distancing guidelines (6-foot distance from others).
- All outpatient clinics stopped seeing patients in person in March 2020, providing services only via telehealth (telephone or video when possible). Starting at the end of June 2020, outpatient clinics were permitted to increase to 20% in-person capacity for the near future; other increases have been placed on hold at this time (August 2020). For most outpatient settings at the onset of the 2020-21 training year, all or nearly all psychology trainee patient encounters will be by phone or video. As these restrictions change, we will continue to have collaborative discussions with trainees regarding these matters. As much as possible, sites will work to limit in-person patient contact and will take into account individual trainee circumstances and preferences in returning to in-person patient care.
- In residential or inpatient settings, nearly all patient contacts are done through telephone or video visits. The exceptions are in the Polytrauma System of Care and the Spinal Cord Injury Center where they are practicing extra vigilant hand hygiene and social distancing, are using a gown/mask/glove protocol when appropriate, and have a no visitor policy to the units. In addition, inpatient psychiatry units have recently been conducting group therapy with small numbers of patients in outdoor courtyards with appropriate social distancing. The SCI Center will require COVID testing for trainees in SCI rotations.
- Some inpatient medical units with very vulnerable patients (e.g., CLC/nursing homes, hospice unit) are operating with limited in-person staff and trainee contact with patients. At this time, psychology trainees will be allowed on the CLC units (but not the Hospice unit) with restrictions, including required COVID testing, as well as use of telehealth (phone, video) with in-person staff support as needed to provide services to CLC patients.
- Some of the residential treatment units (e.g., PTSD and SUD residential programs) currently have very few residential patients. Current services in these programs have included intensive outpatient formats, via telehealth, as the programs consider and plan for limited new admissions.
- All students will continue to receive the required hours of weekly supervision (individual and group in-person or video is preferable, telephone only when needed). Psychology trainees should expect routine supervisory observation using in-person or telehealth modalities, as well as co-treatment with supervisors and other licensed mental health staff.
- All didactics and seminars are currently held remotely. Any future in-person seminars will be planned with appropriate social distancing.
- Currently, in-person team meetings or group supervision may occur with 6 or fewer people and only with appropriate social distancing; otherwise, video or telephone conferencing is being used.

The training program will develop an individualized plan for each intern and fellow which may range from full-time on-site work, part-time telework, or full-time telework with remote access from home which can include telehealth, didactics, individual and group supervision, team meetings, clinical documentation, and other projects in line with

their training goals. Telehealth from VA or from home will occur with supervision and provision of clinical services as appropriate to clinical setting, supervision plan, and trainee's level of training. Telework plans will to be made collaboratively with supervisors with discussion of the pros/cons of different arrangements, the range of what is possible, and how other trainees and staff have made these decisions. Note that these arrangements will differ by training setting and trainee circumstances, and can change over time.

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

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html#:~:text=You%20should%20stay%20home%20for,after%20exposure%20to%20the%20virus>.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

See the website below for multiple free COVID-19 testing sites in Santa Clara County:
<https://www.sccgov.org/sites/covid19/Pages/covid19-testing.aspx>

INPATIENT ROTATION SITES

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

**Supervisors: Tiffanie Sim Wong, Ph.D., ABPP-RP
Alexandra (Sasha) Jouk, Ph.D.**

1. **Rotation Description and Patient Population:** The PRC/CRC is an 18 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 18-90. The average length of stay is typically 4-10 weeks with variation depending upon severity and acuity of injury and patient-centered care.
2. **Neuropsychology's role in the setting:** Provide neuropsychological and psychological screening and comprehensive assessment, cognitive rehabilitation (with retraining and compensatory approaches using ACRM evidence-based guidelines), 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. Brief couples/family interventions involving support and education. Consultation/training to other providers. (Optional: 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, 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 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. Jouk and Dr. Sim.
8. **Use of Digital Mental Health tools:** None
9. **Pace:** Moderate to rapid pace expected
10. **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: Tiffanie Sim Wong, Ph.D.
Date: 09/13/21

Polytrauma Transitional Rehabilitation Program (Building MB2, PAD)

Supervisors: Jennifer Loughlin, Ph.D. (Neuropsychologist)

Carey Pawlowski, Ph.D., ABPP-RP (Rehabilitation Psychologist)

- 1. Rotation Description and Patient Population:** PTRP is a 12-bed post-acute residential treatment program for Active Duty Service Members and Veterans with a recently acquired brain injury or Polytrauma (generally one month to one 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 and treatment 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, complete decision-making capacity evaluations, provide psychoeducation to patients and their families, and co-treat with other rehabilitation staff, as needed.

Rehabilitation Psychology's role is to be an integral member of the interdisciplinary team involved in diagnosis, treatment planning and implementation, behavioral management implementation, psychoeducation to patients and families, consultation to other team members and teams, and providing rehabilitation psychology treatment to patients who sustained a recent life-altering physical and neurological trauma.
- 3. Other professionals and trainees in the setting:** Interdisciplinary team including Physiatrist (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 patient and family members (as available), as well as to the interdisciplinary team; provide cognitive rehabilitation in individual sessions; psychoeducation on brain-behavior relationships to patients, family, and staff of the effects of neurological impairment on behavior and emotions; and provide consultation to staff as the "cognitive lead." Neuropsychological assessments are typically administered at admission and/or at discharge, depending on the recency of the patient's last evaluation and/or clinical need.

Rehabilitation Psychology (optional and available): 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); 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 as strategies for behavioral management and emotional regulation; and psychosocial adjustment and wellness groups.
- 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 tiered supervision of interns.

6. **Amount/type of supervision:** 1 hour per week individual supervision, 2 hours per week supervision in team sessions; and 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, and PTRP in-service presentation at the end of the rotation.
8. **Use of Digital Mental Health tools:** (enter info or type None)
9. **Pace:**
 - Neuropsychology:** Number of neuropsychological assessments (typically 4-5 hour battery) completed over the course of the rotation varies based on census and the patient's rehabilitation process, but typically are done at admission and/or discharge from PTRP. Fellows typically carry 3-4 cases of individual cognitive rehabilitation (typically 2x weekly per patient); 1 optional case of individual psychotherapy with full admission intake, psychological assessment, and treatment planning; attendance at weekly interdisciplinary meetings; and 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).
10. **Competencies Met on this Rotation:** a) neuropsychological assessment; b) intervention, c) consultation, supervision, and teaching; d) scholarly inquiry and research; e) organization, management, program development, and program evaluation; f) professional issues/development; g) ethical, and legal issues; and h) cultural and individual diversity.

Reviewed by: Lisa Kinoshita, Ph.D.
Date: 09/24/2021

Spinal Cord Injury Unit (Building 7, PAD)

**Supervisors: Daniel Koehler, Psy.D.
Faith Steffen-Allen, 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 with 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 trainee 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. **Use of Digital Mental Health tools:** None
9. **Pace:** Moderate to Rapid.
10. **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: 09/24/2021

OUTPATIENT ROTATION SITES

Memory Clinic (Building 6, PAD)

Supervisor: Lisa 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; comprehensive neuropsychological and psychological assessments (in-person, hybrid and telehealth testing modalities); 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:** Training in neuroradiology and functional neuroanatomy, 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. **Use of Digital Mental Health tools:** Laptop, Tablet and Smart Phone apps are used in cognitive rehabilitation.
9. **Pace:** Moderate to rapid pace expected. Fellows completing a full-time rotation will have 2-3 neuropsychological assessment patients per week and 1 psychotherapy or cognitive rehabilitation patients per week. Fellows completing a part-time rotation will have 1-2 neuropsychological assessment patients and 1 psychotherapy or

cognitive rehabilitation patient 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.

- 10. 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: 09/01/2021

**Neuropsychological Assessment and Intervention Clinic (Building 6, PAD)
 Supervisor: John Wager, Ph.D, ABPP-CN**

1. **Rotation Description and Patient population:** The VA Neuropsychology Assessment and Intervention Clinic (NAIC) is an outpatient consultation clinic at the VAPAHCS which receives referrals from the General Medicine Clinic, Home Based Primary Care, Mental Health Clinic, Neurology, Oncology, Hematology, and other specialty medicine clinics. The NAIC focuses on assessment and differential diagnosis of complex cognitive and psychiatric disorders. Common disorders include dementia, mild cognitive impairment, stroke syndromes, age-associated cognitive impairment, neurodevelopmental disorders, sequelae related to neurodegenerative disorders, TBI, movement disorders, autoimmune disorders, and vascular disorders. The clinic patient population primarily includes Veterans from Gulf War I, Vietnam War, Korean War and World War II eras who have cognitive complaints related to memory loss and other cognitive function changes. Trainees provide diagnostic impressions and treatment recommendations to providers and provide feedback to the patient and family. Interns in the NAIC assess and treat complex patients with cognitive, medical and psychiatric co-morbidities. Trainees learn neuropsychological and psychological assessment and treatment using a scientist-practitioner model in which the empirical literature and clinical experience guide case conceptualization. Furthermore, the training rotation is embedded in a bio-psycho-social model of case conceptualization. Interns receive training in assessment and intervention delivery via primarily video tele-neuropsychology and in-person modalities. Trainees gain experience with medical, financial, and legal capacity evaluations and conservatorship evaluations. All assessments provide referring clinicians with differential diagnosis and treatment recommendations that impact the patient's quality of life and future planning.
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 cognitive rehabilitation to patients with mild neurological impairments.
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 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.

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:** Trainings include a variety of opportunities within the clinic and the larger neuropsychology didactics and journal clubs, occurring monthly.
8. **Use of Digital Mental Health tools:** Smart phones and electronic tablets are used when available in cognitive rehabilitation.
9. **Pace:** Moderate to rapid pace. Full-time fellows typically evaluate 2-3 cases per week. Time to test a patient and do the write-up optimally would be within a week.
10. **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., ABPP
Date: 09/07/2021

Psychological Assessment Unit (Building 6, PAD)
Supervisor: James A. Moses Jr., Ph.D., ABPP-CN

1. **Rotation Description and Patient population:** The Psychological Assessment Unit provides diagnostic psychological testing services to the Palo Alto Division by consultation. Staff psychologists, psychiatrists, medical and psychiatric residents and staff, and other health care professionals send referrals for evaluation of patients who present complex diagnostic problems.

A very diverse range of patients with neurological and/or psychiatric disorders are routinely assessed to evaluate their intellectual, memorial, mental status, personality, and neuropsychological functioning. Our clinical role is primarily differential diagnosis and evaluation of the patient's unique pattern of cognitive strengths and weaknesses. The goal is to provide comprehensive behavioral and cognitive assessment services, which can aid treatment team personnel to plan an individualized program for each patient we evaluate.

Fellows who choose this training assignment may conduct assessments of cases from the Psychological Assessment Unit or from their own treatment caseload from other training sites. The number of cases seen depends on the fellow's schedule, motivation, experience, and case complexity. We emphasize quality over quantity of experience in skill building and professional service delivery. Basic assessment of intellectual functioning, memorial functions, neuropsychological screening and personality/mental status assessment are the core skill areas to be mastered. The tests used to achieve these goals will vary with the assets and limitations of the patient. Goals for training will be set individually for each fellow in consultation with the supervisor at the outset of the training period and are modified as is necessary.

We provide the fellow with exposure to a wider range of clinical experience than is available at a university clinic. Experiences with psychotic, brain damaged, geriatric, and physically impaired patients usually are new to fellows who train on this unit. Training in assessment on the Psychological Assessment Unit is typically provided on a part-time basis. Mixed neuropsychiatric and medical patients. Most patients are multiply-diagnosed with medical, psychiatric, and substance abuse problems. Neuropsychiatric diagnosis often is uncertain at time of referral. The patient population is diagnostically and demographically diverse.
2. **Neuropsychology's role in the setting:** We serve as diagnostic consultants to interdisciplinary staff throughout the medical center.

3. **Other professionals and trainees in the setting:** Psychology Practicum Students, Psychology Interns, and Fellows.
4. **Nature of clinical services delivered:** We 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 when appropriate.
5. **Fellow's role:** Fellows take primary responsibility for diagnostic evaluation of cases that they choose from referrals made to the unit. They select, administer, score, and interpret a battery of tests that is appropriate to address the referral question. Reports are written for the referring clinician based on the test results, the history, and interview data. Very occasionally a fellow with a well-defined question may choose to collaborate with Dr. Moses to formulate a psychometric research study that makes use of extensive archival psychometric data. Every attempt is made to integrate new developments in empirically based assessment with clinical practice. We evaluate our clinical procedures empirically on an ongoing basis. Research results are the basis of our clinical guidelines.
6. **Amount and type of supervision:** Individual supervision is provided on a weekly basis by the supervising neuropsychologist, drop-in consultation is encouraged.
7. **Rotation-Specific Meetings and Didactics:** In addition to Neuropsychology Seminar and Journal Club, attendance at Grand Rounds in psychiatry, neurology and/or neurosurgery is encouraged.
8. **Use of Digital Mental Health tools:** Automated test scoring for almost all assessment procedures is used to optimize valid test scoring and to minimize clerical workload.
9. **Pace:** Fellows typically take one case at a time to evaluate. Time to test a patient and do the write-up optimally would be 5-7 working days, but more time may be required for complex cases. Cases that require only actuarial assessment may be done in less time. Preliminary feedback notes to the referral source are encouraged. Rate of writing is adjusted to optimize the quality of the analysis and to conform to the experience level of the fellow.
10. **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: 9/24/2021

San Jose Outpatient Neuropsychology Clinic (San Jose Division)
Supervisor: Kacey Marton, Ph.D.

1. **Patient population:** Broad-ranging, general outpatient population consisting of community-dwelling Veterans aged 18 to 90+ with suspected cognitive concerns/complaints, often with neurological conditions, psychiatric co-morbidities (particularly anxiety, depression, PTSD), and considerable medical complexity. The majority of patients are older adults, but younger Veterans are also seen (often with concerns related to educational/occupational functioning). A small minority of patients are women. Veterans are seen at the San Jose Community-Based Outpatient Clinic to allow for Veterans living further South to more easily access care.
2. **Psychology's role:** Provision of neuropsychological and psychological comprehensive and/or brief assessment/screening, patient and family feedback and education, and interdisciplinary team consultation.
3. **Other professionals and trainees:** Neuropsychology/Psychology practicum students, interns, and postdoctoral fellows may rotate in this setting. Interdisciplinary consultation involves communication with a range of disciplines, most typically physicians (particularly neurologists, psychiatrists, geriatricians, primary care MDs), psychologists, nurse practitioners, and social workers.

4. **Nature of clinical services delivered:** Brief and comprehensive neuropsychological and psychological assessment, provision of feedback to referral sources, patients, and caregivers (including psychoeducation on the role of non-neurological contributions to cognitive difficulties), and interdisciplinary consultation and collaboration.
5. **Fellow's role:** Trainees conduct clinical interviews and select, administer, score, and interpret test batteries appropriate to address the referral question. Reports are written for the patient and referring clinician based on the test results, history, chart review, and interview data with patients and (if applicable) collateral informants. Feedback is given to patients and/or their loved ones. Trainees will likely communicate regularly with referring providers and other relevant providers as needed. If practicum students are simultaneously on rotation, fellows will have the opportunity to supervise practicum students. Opportunities for clinical encounters via telehealth will almost certainly be available. If desired, fellows may also have the opportunity to observe and participate in clinic administration activities, such as consult management/triage across all outpatient Neuropsychology services at VAPAHCS.
6. **Amount and type of supervision:** Minimum 1-2 hours of individual supervision is provided on a weekly basis (minimum 1 hour if the number of rotating trainees facilitates group supervision or virtual group supervision across VA campuses is simultaneously available; minimum 2 hours if exclusively individual), with additional drop-in consultation encouraged as needed.
7. **Didactics:** Trainees are strongly encouraged to attend biweekly VAPAHCS Neuropsychology didactics (discussing a wide range of topics) and Neuropsychology/Rehabilitation Psychology journal clubs, as well as monthly Geropsychology seminars if an area of interest. Additional group-based didactic trainings may be available if facilitated by the number of trainees rotating at a given time.
8. **Pace:** Moderate to rapid; trainees will typically evaluate 1-3 cases weekly. Report turn-around is targeted at one week. Preliminary feedback reports to the referral source are standard. Rate of writing is adjusted to optimize the quality of the analysis and to conform to the experience level of the trainee.
9. **Use of Digital Mental Health tools:** Evaluations may occur via telehealth (both video teleconferencing and brief screens via telephone), and trainees may facilitate provision of VA-provided "digital divide" tablets to increase accessibility to care, as needed (particularly in regards to COVID).
10. **Competencies Met on this Rotation:** a) neuropsychological assessment, b) consultation and interprofessional skills, c) scholarly inquiry and research, d) supervision (if appropriate/other trainees rotating), e) organization, management, program development, and program evaluation, f) professional issues/development, g) ethical and legal issues, and h) cultural and individual diversity

Reviewed by: Kacey Marton, Ph.D.
Date: 08/26/2021

Neuropsychology General Consultation Clinic (Livermore Clinic)

Supervisors: Joshua McKeever, Ph.D.

1. **Rotation Description and Patient Population:** 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:** 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 ADHD evaluations, dementia screening, and psychodiagnostic evaluations.
3. **Other Professionals and Trainees in the setting:** 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).

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; clinical neuropsychological report writing.
6. **Amount/Type of Supervision:** Intensive, one-to-one clinical supervision is provided on an ongoing basis by Dr. McKeever.
7. **Rotation-Specific Meetings and Trainings:** Psychology-specific group and individual supervision with Dr. McKeever.
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: Lisa Kinoshita, Ph.D.
Date: 09/24/2021

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

Supervisor: To be determined

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 96 (mean age 63), 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. Integrated Care 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, cognitive rehabilitation, 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, 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:** Fellows function as junior members of the professional staff, while still enjoying the benefits of regularly scheduled supervision. The Fellow works as a fully integrated member of an interdisciplinary team, providing assessment, consultation, teaching, prevention, and treatment.

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, ACT, and systems approaches have all been used successfully here. Specific orientations will depend on the background of the new staff psychologist following Dr. Rose's retirement. 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 Neurology Rounds Mondays from noon to 1PM 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. Tuesday 9:00 to 10:00 psychology rounds teach concise record review and assessment planning, with an emphasis on what psychology can offer each patient. Psychology didactics have provided orientation to the clinic and SCI/D, then covered a variety of topics chosen by trainees including specific disorders, specific tests, psychotherapy orientations, biofeedback, clinical hypnosis, and professional development. Optional 8:15 to 9:00 Friday "huddle" includes team building, and program administration. Fellows schedule individual supervision weekly with the staff psychologist.
8. **Use of Digital Mental Health tools:** We often offer smartphone apps to help patients with relaxation, suicide prevention, and coping with mental health disorders. We also train patients to use smartphones to compensate for cognitive disability.
9. **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.
10. **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: 09/02/2021

Polytrauma Network Site

Supervisors: Kristina Agbayani, Ph.D., ABPP-CN (Palo Alto)
Joelle Broffman, Psy.D. (Livermore & Palo Alto)

1. **Rotation Description and Patient Population:** The PNS training rotation is a CARF-accredited, transdisciplinary outpatient traumatic brain injury evaluation and treatment clinic. There are PNS teams at both Palo Alto and Livermore (East Bay) divisions of VAPAHCS, and fellows can choose to train in a particular location consistent with their traveling preferences. Patient populations and assessment services provided are very similar across PNS clinics. The patient population includes veterans with a history of traumatic brain injury and stroke often with comorbid psychiatric conditions (e.g., PTSD, depression) and medical conditions (e.g., chronic pain, migraines, insomnia). Additionally, within PNS is the Headache Center of Excellence (HCoE) that focuses on an interdisciplinary behavioral approach toward headache management. Fellows with interests in outpatient rehabilitation intervention can also inquire about opportunities to facilitate virtual cognitive rehabilitation and adjustment/response to injury groups, and individual interventions, as available at the time of their rotation.

- 2. Neuropsychology's Role in the Setting:** Provide neuropsychological and psychological screening and/or comprehensive assessment, individual psychotherapy and/or cognitive rehabilitation, patient and family education, and interdisciplinary team consultation.
- 3. Other Professionals and Trainees in the Setting:** PNS is comprised of psychiatrists, neuropsychologist, speech pathologist, physical therapists, occupational therapist, recreational therapists, 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), and individual, time-limited psychotherapy and cognitive rehabilitation in group and individual settings. The PNS Clinic at Palo Alto also houses VAPAHCS' newly launched Headache Center of Excellence (HCoE). Fellows with interests in evidence-based behavioral health may also choose to supplement a PNS Neuropsychology assessment rotation with time in the HCoE, performing psychodiagnostic intake evaluations of goodness of fit for interdisciplinary management of chronic headaches, and providing evidence-based interventions to Veterans with chronic headaches (an 8-week CBT-based protocol for headache is the primary treatment offered in the clinic at present).
- 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 mood disorders; clinical neuropsychological report writing; and clinical management and treatment of patients with comorbid mild TBI and mood disorders. 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 mood disorders. Fellows will also have the opportunity to supervise predoctoral interns during this rotation. HCoE neuropsychologists are actively involved in program development and evaluation with PNS program director, other PNS clinicians, and Polytrauma System of Care leadership. Fellows with interests in developing new clinical programs or coordinating process improvement/quality improvement projects may also enjoy HCoE training opportunities.
- 6. Amount/Type of Supervision:** At least two hours of individual supervision per week. Group supervision, Co-treatment, shadowing, and observation during team meetings.
- 7. Rotation-Specific Meetings and Trainings:** Tuesday morning interdisciplinary team meetings, monthly all-staff meetings.
- 8. Use of Digital Mental Health tools:** Fellows will have the opportunity to conduct neuropsychological intakes and feedback sessions, psychodiagnostics interviews, and psychotherapeutic interventions via Telehealth/VA Video Connect.
- 9. Pace:** A moderate to rapid pace is to be expected.
- 10. 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: Joelle Broffman, Psy.D.
Date: 09/02/2021

POTENTIAL ADDITIONAL ROTATIONS*

Outpatient Neuropsychology (Memory and Aging Center at the University of California at San Francisco) Supervisors: Neuropsychology Staff at UCSF

- 1. Rotation Description and Patient population:** The Memory and Aging Center is an outpatient clinic within UCSF's Department of Neurology. Under the direction of Dr. Bruce Miller, Neurologist, the clinic includes specialists from neurology, neuropsychology, geriatrics, geropsychiatry, pharmacy, nursing, social work and speech pathology who participate in the patient's evaluation. Clinic serves a wide range of adult populations including those with memory concerns, Alzheimer's disease, frontotemporal dementia, progressive supranuclear palsy, corticobasal syndrome, rapidly progressive dementia, dementia with Lewy Bodies and Huntington's disease.
- 2. Neuropsychology's role in the setting:** The fellow provides neuropsychological evaluations based on the referral question, feedback with patients and their families, and consultation with the referral sources.
- 3. Other professionals and trainees in the setting:** The Memory and Aging Center is part of the UCSF Department of Neurology. Other professionals include specialists from neurology, neuropsychology, geriatrics, geropsychiatry, pharmacy, nursing, social work and speech pathology who participate in the patient's evaluation. The fellow is expected to work in a consultation liaison role.
- 4. Nature of clinical services delivered:** Neuropsychological 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.
- 5. Fellow's role in the setting:** Direct clinical service provider (assessment, feedback, liaison/consultation with referral sources).
- 6. Amount/type of supervision:** One hour of structured individual supervision per week and additional individual supervision as needed.
- 7. Rotation-Specific Meetings and Trainings:** Interdisciplinary team meeting attendance of specialty clinic required. There are numerous didactic offerings through UCSF.
- 8. Use of Digital Mental Health tools:** Fellows may have the opportunity to conduct neuropsychological intakes, neuropsychological assessment, and feedback sessions via Telehealth/VA Video Connect.
- 9. Pace:** Moderate to rapid pace.
- 10. Competencies Met on This Rotation:** a) neuropsychological assessment, b) consultation c) scholarly inquiry and research (optional for fellow), d) organization, management, program development, and program evaluation, e) professional issues/development, f) ethical, and legal issues, and g) cultural and individual diversity.

*This rotation must be approved by the Office of Academic Affiliation for the 2022-2024 training years.

Reviewed by: Lisa Kinoshita, Ph.D.
Date: 09/24/2021

MINI-ROTATIONS

Mini-rotations are designed to provide the fellow with additional training in specialized settings or across related disciplines (i.e., Neurology).

Neurology Clinic Observation

Supervisors: Neurology and Neuropsychology Staff

The fellow will have the opportunity to observe one of our Staff Neurologists perform neurological exams in a 4-hour neurodegenerative disorders clinic. The fellow will learn diagnostic interviewing, differential diagnosis and case conceptualization from a neurological perspective. The Neurology Clinic Observation mini-rotation is 4 hours per week.

Inpatient Psychiatry

Supervisors: Inpatient Psychiatry and Outpatient Neuropsychology Supervisors

The fellow will be the neuropsychology consultant to the Inpatient Psychiatry Units in Building 520. The fellow will conduct neuropsychological and capacity evaluations with patients admitted to inpatient psychiatry. These patients are involuntarily or voluntarily admitted to the unit. The fellow will round with the inpatient psychiatry teams to learn about the teams' plans for treatment and discharge. The fellow will provide feedback to the psychiatry teams, other VA providers, the patient and family members.

Inpatient Medicine

Supervisors: Outpatient Neuropsychology Supervisors

The fellow will be the neuropsychology consultant to the inpatient medicine units in Building 100, conducting neuropsychological and capacity evaluations with patients admitted to the medicine units. The fellow will round with the medical teams and attend the Complex Medical Patient team meeting on Wednesdays at 2-3pm. The fellow will collaborate with the medical teams to determine cognitive diagnosis, treatment plan and will be integral to the discharge planning process.

Reviewed by: Lisa Kinoshita, Ph.D.

Date: 09/24/2021

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 Director of Postdoctoral Psychology Training at Jessica.Lohnberg@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 Assistant Training Director for the Neuropsychology Fellowship Program, Lisa Kinoshita, Ph.D., at Lisa.Kinoshita@va.gov. 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 [Internships And Fellowships | VA Palo Alto Health Care | Veterans Affairs](#). 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 Friday, November 12, 2021.** 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 *required* de-identified clinical work sample, specifically, a neuropsychological assessment report, that highlights your work relevant to Clinical Neuropsychology.

5) Official transcript from all graduate level institutions.

Following receipt and review of these materials, a select number of applicants will be invited to interview by telephone or videoconferencing, in December. 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 January. We will also consider making reciprocal offers should candidates receive verifiable postdoctoral offers from other programs prior to our expected offer 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 postdoctoral fellowship stipend at VA Palo Alto is \$56,519 for the first year and \$59,575 for the second year. 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., ABPP-CN. 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, State of California, PSY28060. Board Certified in Clinical Neuropsychology (2019) through the American Board of Professional Psychology/American Board of Clinical Neuropsychology. VA Palo Alto Health Care System staff since 2016. Professional Organizations: American Academy of Clinical Neuropsychology, 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.

Joelle Broffman, Psy.D. Pepperdine University, 2017. Internship: VA Loma Linda Healthcare System 2016-2017. Postdoctoral Fellowship: VA Palo Alto Health Care System 2017-2019 (Clinical Neuropsychology). Licensed, State of California, PSY30413. VA Palo Alto Health Care System staff since 2019. Professional Organizations: American Psychological Association (Divisions 22 and 40). Professional and research interests: Evaluation and treatment of traumatic brain injury and other acquired brain injury; psychological interventions including mindfulness and acceptance-based approaches; clinical supervision; program development and evaluation.

William O. Faustman, Ph.D. University of Mississippi, 1983. Internship: VA Palo Alto Health Care System 1983-1984. Licensed, State of California, PSY8777 since 1985. VA Palo Alto Health Care System staff since 1984. 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. Professional and research Interests: Biological basis of schizophrenia, neuropsychological impairments in psychotic disorders, clinical drug development of atypical antipsychotic medications.

Jeanette Hsu, Ph.D., ABPP University of California, Berkeley, 1995. Internship: VA Palo Alto Health Care System 1994-1995. Postdoctoral fellowship: The Children's Health Council, Palo Alto 1995-1996. VA Palo Alto Health Care System staff since 1996. Licensed, State of California PSY15008, since 1997. Board Certified in Clinical Psychology (2020) through the American Board of Professional Psychology/American Board of Clinical Psychology. Clinical 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 Organizations: American Psychological Association (Fellow, Division 18; former Executive Committee member, Division 35), Association of Psychology Postdoctoral and Internship Centers (APPIC; former Board Member), Association for Behavioral and Cognitive Therapies, VAPsychology Training Council (former Chair). Professional and research Interests: Psychology training administration, behavioral medicine/health psychology, addiction treatment, developmental psychopathology, teaching and supervision of multicultural competence.

Alexandra (Sasha) Jouk, Ph.D. University of Victoria, British Columbia, Canada, 2015 (Clinical Neuropsychology). Internship (Geropsychology emphasis area): VA West Los Angeles Healthcare System, 2014-2015. Postdoctoral Fellowship (Rehabilitation Psychology emphasis area): VA Palo Alto Healthcare System, 2015-2017. Licensed in the State of California PSY29275 since 2017. Professional Organizations: American Psychological Association, Division 22 – Rehabilitation Psychology. Professional Interests: Rehabilitation after disability, aging, family support and caregiving, and training/supervision.

Lisa Kinoshita, Ph.D. Pacific Graduate School of Psychology/Palo Alto University, 2001. Internship: VA Palo Alto Health Care System 1999-2000. Postdoctoral Fellowship: MIRECC/Stanford University School of Medicine 2001-2003. VA Palo Alto Health Care System staff since 2008. Licensed, State of California PSY21916, since 2008. Professional Organizations: American Psychological Association, APA Division 19, 20 and 40, International Neuropsychological Society, Asian American Psychological Association. Professional and Research Interests: Predictors of cognitive decline, cognitive disorders, dementia, posttraumatic stress disorder, sleep disorders.

Dan Koehler, Psy.D. The Wright Institute, 2017. Internship: VA North Texas Health Care System 2016-2017 (Medical Psychology). Postdoctoral Fellowship: VA Palo Alto Health Care System 2017-2019 (Rehabilitation Psychology Fellow). Licensed, State of California PSY30854 since 2019. Professional Organizations: American Psychological Association (Divisions 22 and 40). Professional and Research Interests: Neurorehabilitation, adjustment to disability, and community reintegration following stroke, TBI, and SCI/D (including MS and ALS).

Jennifer Loughlin, Ph.D. Pacific Graduate School of Psychology/Palo Alto University, 2012. Internship: Minneapolis VA 2010-2011. Postdoctoral Fellowship: Barrow Neurological Institute (Phoenix) 2012-2014 (Neurorehabilitation). Neuropsychologist at the Barrow Neurological Institute from 2014-2016. VA Palo Alto Health Care System staff 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: neurorehabilitation, post-TBI adjustment, community reintegration, and outcomes.

Kacey Marton, Ph.D. Pacific Graduate School of Psychology/Palo Alto University, 2018. Internship: VA Palo Alto Health Care System 2017-2018 (Neuropsychology Track), 2017-2018. Postdoctoral Fellowship: VA Palo Alto Health Care System 2018-2020 (Neuropsychology). Licensed, State of California, PSY 31241 since 2019. VA Palo Alto Health Care System staff since 2020. Professional Organizations: American Psychological Association (Divisions 40 and 22), International Neuropsychological Society, National Academy of Neuropsychology, Northern California Neuropsychology Forum. Professional and Research Interests: neurorehabilitation, functional assessment and ecological validity, use of technology to increase access to care/telerehabilitation, program development.

Joshua McKeever, Ph.D. Drexel University, 2014. Internship: University of Washington 2013-2014 (Behavioral Medicine/Neuropsychology track). Postdoctoral Fellowship: VA Palo Alto Health Care System 2014-2016 (Rehabilitation Psychology Fellow). Licensed, State of California PSY28168 since 2016. Professional Organizations: American Psychological Association (Divisions 22 and 40), Northern California Neuropsychology Forum, International Neuropsychological Society. Professional and Research Interests: Memory disorders, neurocognitive rehabilitation, adjustment to disability following neurological and physical illness and injury, post-traumatic growth, primary and specialty care integration.

James Moses, Ph.D., ABPP-CN. University of Colorado, Boulder, 1974. Dual internship at Fort Miley (San Francisco) VA Medical Center and VA Palo Alto Health Care System 1973-74. VA Palo Alto Health Care System staff since 1974. Licensed, State of California PSY4428 since 1975. Licensed, State of 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. Professional and 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 Health Care System 2001-2002. Postdoctoral Fellowship: VA Pittsburgh Health Care System 2002-2003. Licensed, State of Missouri (#2003030099) since 2003 and State of California PSY25268 since 2012. 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 Health Care System 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. Professional 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.

Jon Rose, Ph.D. Northwestern University, 1989. VA Palo Alto HCS internship 1985-86, on staff since 1986. Licensed, State of California PSY12143 since 1990. 2016 Rebecca Adcock Award for Excellence in Mentoring. Academy of Spinal Cord Injury Professionals. 2011 Essie Morgan Excellence Award, Academy of Spinal Cord Injury Professionals. 2014 & 2007 Certificates 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 (Board member, Psychologists, Social Workers and Professional Counselors Section; former Chair, Psychologists, Social Workers & Counselors Professional Practice Committee), Association for the Development of the Person-Centered Approach (former Editor-In-Chief, *The Person-Centered Journal*), American Federation of Government Employees (Local Legislative Action Co-Chair). Research Interests: Adult personality development, stress and coping in older adults, rehabilitation.

Faith Steffen-Allen, Ph.D. University of Connecticut, 2018. Internship: VA Palo Alto Health Care System, 2017-2018. Postdoctoral Fellowship: VA Palo Alto Health Care System, 2018-2020 (Rehabilitation Psychology Fellow). VA Palo Alto Health Care System staff since 2020. Licensed, State of California PSY31586, since 2020. Professional Organizations: American Psychological Association, Divisions 22 and 40, International Neuropsychological Society, American Academy of Clinical Neuropsychology, Society for Neuroscience. Professional and Research Interests: Predictors of cognitive decline, cognitive performance in patients with schizophrenia.

John Wager, Ph.D., ABPP-CN Pacific Graduate School of Psychology/Palo Alto University, 2008. Internship: Baylor College of Medicine 2007-2008 (Neuropsychology Track). Postdoctoral Fellowship: VA Palo Alto Health Care System 2008-2010 (Neuropsychology). University of Rochester Medical School staff neuropsychologist 2010-2012. Kaiser Foundation Rehabilitation Center staff neuropsychologist 2012-2013. VA Palo Alto Health Care System staff since 2013. Licensed, State of California PSY23086 since 2009. Professional Organizations: American Psychological Association; International Neuropsychological Society; National Academy of Neuropsychology The American Academy of Clinical Neuropsychology, American Board of Professional Psychology, Professional and Research Interests: Cognitive rehabilitation.

Tiffany Sim Wong, Ph.D., ABPP-RP University of Maryland, Baltimore County, 2007. Internship: VA Palo Alto Health Care System 2006-2007. Postdoctoral Fellowship: VA Palo Alto Health Care System 2007-2008 (Rehabilitation Psychology Fellow). VA Palo Alto Health Care System staff since 2008. Licensed, State of California PSY22759 since 2009. Professional Organizations: American Psychological Association, Division 22 – Rehabilitation

Psychology and National Academy of Neuropsychology. Professional and research interests: Neuropsychology and Rehabilitation, including TBI, PTSD, Substance Use Disorders, and cognitive adaptations to treatment.

APPENDIX B: Research Faculty

Sherry A. Beaudreau, Ph.D., ABPP-Gero Washington University in St. Louis, 2005. Internship: VA Palo Alto Health Care System 2004-2005. Postdoctoral Fellowship: MIRECC/Stanford University School of Medicine, 2005-2008. VA Palo Alto Health Care System staff since 2008. Licensed, State of California PSY21414 since 2007. Faculty Appointment: Clinical Professor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Honorary Associate Professor, University of Queensland, Brisbane, Australia. Fellow, Gerontological Society of America. Journal Editorial Boards: Clinical Gerontologist, Clinical Psychology: Science and Practice. Professional Organizations: American Psychological Association Divisions 12 and 20, Society of Clinical Geropsychology (12 Section II) and Gerontological Society of America. Professional interests: Interventions for late-life suicide prevention, anxiety, depression, and stress reduction during life transitions, cognitive moderators of treatment outcome, reciprocal relationship between psychiatric symptoms and cognitive functioning in older adults.

J. Kaci Fairchild, Ph.D., ABPP-Gero University of Alabama, 2007. Internship: VA Palo Alto Health Care System 2006-2007. Postdoctoral Fellowship: MIRECC/Stanford University School of Medicine, 2007-2009. VA Palo Alto Health Care System staff since 2009. Licensed, State of California PSY23116 since 2010. Faculty Appointment: Clinical Instructor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Professional Organizations: American Psychological Association, Gerontological Society of America. Professional interests: establishment of efficacious treatments for cognitive impairment; identification of demographic, cognitive, psychosocial and biological moderators and mediators of treatment response.

Christine E. Gould, Ph.D., ABPP-Gero West Virginia University, 2011. Internship: VA Palo Alto Health Care System 2010-2011. Postdoctoral Fellowship: VA Fellowship Program in Advanced Geriatrics, 2011-2014 and Stanford Postdoctoral Research Fellow in Psychiatry & Behavioral Sciences, 2012-2014. Licensed, State of California PSY25502 since 2013. VA Palo Alto Health Care System staff since 2014. Faculty Appointment: Instructor (affiliated), Stanford University Department of Psychiatry & Behavioral Sciences. Professional Organizations: American Psychological Association Divisions 20 and 12, Section II, American Association of Geriatric Psychiatry, Gerontological Society of America, Psychologists in Long-term Care. Professional Interests: Behavioral interventions for late-life anxiety, medical and psychiatric comorbidity, technology use in older adults.

Lisa Kinoshita, Ph.D. (See APPENDIX A)

Allyson C. Rosen, Ph.D., ABPP-CN. Case Western Reserve University, 1993. Internship: Long Island Jewish-Hillside Hospital 1993-1994. Clinical Postdoctoral Fellowship: Medical College of Wisconsin 1994-1997 (Clinical Neuropsychology Fellow; Research Postdoctoral Fellowships: National Institute on Aging 1998-1999 (Neuroimaging), Stanford University (F32: 1999-2002). Mentored fellowship brain stimulation (K01: 2006-2011). VA Palo Alto Health Care System staff since 2002. Licensed, State of California PSY17777 since 2001, Wisconsin #1975 since 1996, Massachusetts #7083 since 1996. Professional Organizations: Society for Neuroscience, International Neuropsychological Society, Cognitive Neuroscience Society. Cognitive neuroscience of aging and dementia. Functional and structural MRI. Vascular cognitive impairment related surgical interventions. Brain stimulation including transcranial magnetic stimulation (TMS) and transcranial direct current stimulation (tDCS).

| Neuropsychology Fellow Sample Schedule | | | | |
|--|---|---|--|--|
| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| 8:00 – 9:00AM Clinical/Rotation Duties | 8:00 – 9:00AM Clinical/Rotation Duties | 8:00 – 9:00AM Clinical/Rotation Duties | 8:00 – 9:00AM Clinical/Rotation Duties | 8:00 – 9:00AM Stanford 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 Clinical/Rotation Duties | 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 Clinical/Rotation Duties | 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 Clinical/Rotation Duties | 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 |

*Questions related to the program's accredited status should be directed to the APA Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation