

2022-2024

# Postdoctoral Fellowship: Rehabilitation Psychology

*2- year APA Specialty Accredited Program*



Psychology Service

VA Palo Alto Health Care  
System

Palo Alto, CA

## Rehabilitation Psychology Postdoctoral Fellowship Program

### Introduction

The purpose of this brochure is to describe the APA-accredited two-year Specialty Fellowship Program in **Rehabilitation Psychology (RP)** at the VA Palo Alto Health Care System. We have a multi-faceted program, which can provide many kinds of training experiences in rehabilitation settings. No postdoctoral training program is perfect for everyone; you will be seeking the best match for your own interests and needs, just as we will be seeking the best matches for our program. We hope this brochure can help you decide whether you want to submit an application to our postdoctoral training program.

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

### Training at VA Palo Alto

The VA Palo Alto Health Care System (VAPAHCS) provides a particular kind of training, based on our view of the role of Psychology in the VA system. We are committed to the scientist-practitioner model of psychology, and the postdoctoral training experience is organized accordingly. We are guided both by the original articulation of the Boulder Model (Raimy, 1950) and by the update of the scientist-practitioner model, as articulated at the Gainesville conference in 1991 and in the subsequent publication following that conference (Belar & Perry, 1992). Our training program is committed to excellence in scientific training and to using clinical science as the foundation for designing, implementing, and evaluating assessment and intervention procedures. Our program fits best with individuals who have been trained as scientist-practitioners or clinical scientists at the graduate level, and have professional interests and internship experiences consistent with Rehabilitation Psychology, Neuropsychology or Health Psychology/Behavioral Medicine.

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

Recent or selected training program and staff awards and distinctions include:

- Outstanding Training Program Award, 2000 – American Association of Behavioral Therapy (AABT, now ABCT)
- Outstanding Director of Training, 2008 – American Psychological Association, Division 18 (Veterans Affairs Section)
- Excellence in Behavioral Medicine Training Program Award, 2012 – Society of Behavioral Medicine
- Director of Training Award, 2016 – VA Psychology Training Council (VAPTC) Antonette and Robert Zeiss Award for Outstanding Contributions to VA Psychology Training
- Recent and current presidents/chairs of the VA Psychology Training Council, Association of VA Psychologist Leaders, International Society of Traumatic Stress Studies, and Society of Clinical Geropsychology (APA Division 12, Section II)
- Other leadership roles in multiple national professional organizations, including the Association of Behavioral and Cognitive Therapies, APA Division of Psychologists in Public Service (Division 18), APA Division of Rehabilitation Psychology (Division 22), Society of Clinical Geropsychology (APA Division 12, Section II), Society for the Psychology of Women (APA Division 35), Society for Clinical Neuropsychology (APA Division 40), National Academy of Neuropsychology (NAN)
- National psychology roles also include serving as APA Accreditation Site Visitors, journal editors, and editorial board members
- Multiple national trainers in VA evidence-based psychotherapies dissemination (e.g., CPT, PE, CPT-CP, CBT-I, CBT-SUD, ACT for Depression, PST) and the Motivational Interviewing Network of Trainers (MINT)
- Fellow status in the American Psychological Association and the Gerontological Society of America
- Academy of Spinal Cord Injury Professionals Rebecca “Becky” J. Adcock PhD Award for Excellence in Mentoring – Dr. Jon Rose, 2016.
- APA Division 18 (Psychologists in Public Service, VA Section) Awards – Dr. Carey Pawlowski, 2019 Outstanding Supervisor or Mentor; Dr. Tiffanie Sim Wong, 2018 Outstanding Clinician
- APA Division 22 (Rehabilitation Psychology) Mentoring Award – Dr. Carey Pawlowski, 2021.
- Attainment of Board Certification in Clinical Health Psychology, Clinical Neuropsychology, and Rehabilitation Psychology by 6 staff psychologists.

In this Introduction, we describe how the training program is organized and program procedures such as application and selection. In addition, we discuss our philosophy of training and provide additional information about expected competencies that the Fellow will acquire on clinical rotations. The Rehabilitation Psychology faculty listing includes brief biographical sketches of all the psychologists in this postdoctoral training program.

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## VA Palo Alto Health Care System Facilities

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

The Veterans Affairs Palo Alto Health Care System (VAPAHCS) is a teaching hospital, providing a full range of patient care services across 10 different hospital/clinic sites, with state-of-the-art technology as well as education and research. As of July 2019, this health care system has over 7000 employees and volunteers, is located on more than 300 acres, and operates on a large annual budget of over \$1B. Our health care facilities operate 808 inpatient beds, including three Community Living Centers (formerly known as nursing homes) and a 100-bed homeless domiciliary, and over 50 primary care and specialty outpatient clinics, serving over 67,000 enrolled Veterans. Psychology training sites are available at four campuses within the health care system (Palo Alto, Menlo Park, San Jose, and Livermore), with the great majority concentrated in the Palo Alto Division and the Menlo Park Division. The Palo Alto and Menlo Park Divisions are separated by 7 miles (15 minutes by car or shuttle).

The VAPAHCS is affiliated with the Stanford University School of Medicine and shares training programs for medical residents in psychiatry, medicine, surgery, rehabilitative medicine, and other medical specialties. In addition to these and the psychology training program, VAPAHCS also has training programs for audiology/speech pathology, dentistry, dietetics, hospital management, nursing, pharmacy, social work, recreation therapy, occupational therapy, and optometry. Over 1500 students, interns, fellows, and residents are trained each year across these multiple disciplines. Psychology operates in an interprofessional, collegial fashion with other disciplines, and Fellows 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 Blind Rehabilitation Center, the National Center for PTSD, the Men's and Women's Trauma Recovery Programs, Homeless Veterans Rehabilitation program, a Geriatric Research, Educational, and Clinical Center (GRECC), and a Mental Illness Research, Education, and Clinical Center (MIRECC). Special psychological programs are available in health psychology, geropsychology, inpatient and outpatient psychiatric care, drug and alcohol treatment, and brain injury rehabilitation. Training opportunities are available in all of these programs.

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

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

- 2013 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)<sup>™</sup> Eureka Award. The California Council for Excellence (CCE) awards the 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.
- 2020 VAPAHCS received the "Emerald Award" and "Greening the OR" award at the Palo Alto Division, and the "Partner for Change" award at the Livermore and Menlo Park Divisions from Practice Greenhealth, the nation's leading organization dedicated to environmental sustainability in health care.

## OVERVIEW OF SPECIALTY TRAINING IN REHABILITATION PSYCHOLOGY

Psychology Service at the VA Palo Alto Health Care System (VAPAHCS) will offer one (1) **two-year, APA-specialty accredited postdoctoral fellowship training position** in Rehabilitation Psychology for the 2022-2024 training years. Postdoctoral training at VA Palo Alto builds on the generalized foundation of the knowledge, skills, and proficiencies that define clinical psychology and provides general and advanced training in specialty competencies in Rehabilitation Psychology. This program is a member of the Council of Rehabilitation Psychology Postdoctoral Training Programs (CRPPTP) which helps to promote state-of-the-art education and training in Rehabilitation Psychology. Our postdoctoral fellowship program received specialty accreditation through the American Psychological Association (APA) in July 2019. The next accreditation site visit will occur in 2029.

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

## **TRAINING PHILOSOPHY AND MODEL**

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

## **MISSION STATEMENT**

The VA Palo Alto Rehabilitation Psychology Postdoctoral Training Program seeks to train Rehabilitation Psychologists for independent practice, who are prepared for ABPP specialty board certification by obtaining the knowledge, skills, and attitudes to assist individuals with disabilities achieve optimal physical, psychological and social functioning.

## **AIMS**

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

These specialty competencies include opportunities to conduct assessment activities in the following areas: a) adjustment to disability (patient and family); b) extent and nature of disability and preserved



abilities; c) educational and vocational capacities; d) personality and emotional functioning; e) cognitive abilities; f) sexual functioning; g) decision making capacity; h) pain; i) substance use/abuse identification; and j) social and behavioral functioning. Intervention opportunities include the following: a) individual therapeutic interventions related to adjustment to disability; b) family/couples therapeutic interventions related to adjustment to disability; c) behavioral management, and d) sexual counseling of populations with disabilities. The Fellow is also expected to be involved in direct consultation activities with the interdisciplinary team to enhance patient-centered care in areas such as behavioral functioning improvement, cognitive functioning, vocational and/or educational considerations, personality/emotional factors, substance abuse identification and management, and sexual functioning and disability.

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

## **PROGRAM STRUCTURE**

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 to be considered graduated from the RP 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 (11 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 clinical rotations, interest in additional training experiences, research involvement, time-effectiveness in completing paperwork and other work demands, etc. Having an open and ongoing dialogue with your supervisor about your workload, schedule, training goals, and self-care may be important. The Fellow's preceptor, Assistant Director of Training in RP, and the Director of Training in Psychology Services 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.

During the two-year training period, the Fellow will obtain clinical experience in both inpatient and outpatient rehabilitation units /services offered at VAPAHCS. The Fellow will participate in at least 50% clinical skills delivery activities to ensure appropriate skill development and eligibility for board certification. The Fellow has the opportunity to receive intensive training in brain injury rehabilitation, spinal cord injury rehabilitation, and/or geriatric rehabilitation. The Fellow dedicates 80% of the training period to clinical activities and 20% to research activities (i.e., one day of research per week). The Fellow is expected to remain on each rotation at least three to six months depending on the goals of training and rotation requirements. At minimum, the Fellow must participate in at least four major rotations to experience the breadth and depth of various medical conditions and rehabilitation settings.

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

The individualized training plan for the Fellow will be developed with the assistance of a primary preceptor who will help plan the Fellow's overall program, ensure sufficient depth and breadth of experience, and plan which of the Rehabilitation faculty will serve as supervisors during the fellowship year. The aim is to ensure attainment of general clinical and RP specialty competencies to meet board certification requirements.

### 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 year will be impacted. The information below is provided to show you the current impact of the pandemic and how we have modified training to protect your health and safety as well as meet your training goals.

**VA Palo Alto COVID-19 Current Operating Status:** <https://www.paloalto.va.gov/emergency/index.asp>. Since March 2020, we have been fortunate that we have had relatively low numbers of COVID-19 patients hospitalized in our facility. You can see current and total patient and employee cases at any VA



facility at this website, including at Palo Alto:

<https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary>. VA Palo Alto has implemented universal masking, meaning that anyone who enters our campuses is required to wear a mask, including patients who have outpatient appointments. VAPAHCS is informed by an excellent Infectious Disease and Infection Prevention and Control departments. At the time of this brochure, all screening checkpoints are ensuring that patients and their caregivers have a mask, or are provided a mask if they do not have one. Staff self-verify daily health screening questions and show their badge at entrance gates. 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 surgical masks for use at work. 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.

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

**Vaccination Status:** Effective August 13, 2021, Recertified VHA Directive 1193 requires all VHA health care personnel (HCP), including trainees, to receive a complete COVID-19 vaccine series (unless exempt from vaccination for medical or religious reasons) by October 8, 2021.

### **Modifications to Training:**

The orientation for Fellows will be a combination of virtual and in-person modalities and will include a discussion of COVID-19 including information about how health and safety are maintained at VA Palo Alto. All new Fellows will complete telehealth TMS trainings during their first week, and Psychology Service will prepare ad hoc telework agreements for each 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 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 were held 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 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.
- All trainees 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.
- Didactics and seminars are currently held in a hybrid model, to allow agility to respond to the current state of the pandemic.
- In-person team meetings or group supervision may occur with 10 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 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>

## **PRIMARY ROTATIONS**

### **Brain Injury Rehabilitation:**

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

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

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

#### **2. Polytrauma Transitional Rehabilitation Program (PTRP):**

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

PTRP is a 12 bed, CARF-accredited, post-acute, residential rehabilitation unit focused on the neurocognitive rehabilitation and re-integration back to the community, return to work, school, and/or meaningful activity for active duty service members and Veterans with a recently acquired brain injury or Polytrauma (typically ranging from 1-month to 1-year post injury). Medical and neurologic diagnosis include but are not limited to traumatic brain injury, cerebrovascular accidents (strokes), tumor resection, encephalopathy or other CNS neurological disorders, often co-morbid with complex psychiatric history including PTSD, depression, anxiety, schizophrenia, or bipolar disorder. PTRP also has

a Regional Amputation Center (RAC) track, so Fellows also work with patients who have traumatic or vascular-related amputations (primarily lower extremity).

The Fellow will have the opportunity to provide: 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 psychotherapy/rehabilitation psychology treatment; behavioral management planning and implementation; psychoeducation to the IDT, patients, and their families on the effects of neurological impairment on behavior and emotions, as well strategies for behavioral management and emotional regulation; and psychosocial adjustment and wellness group treatment. Optional clinical activities include comprehensive neuropsychological assessment with feedback to the interdisciplinary team as well as to the patient; decision making capacity evaluations; cognitive rehabilitation individual and group-based interventions; in vivo exposure and other treatment in the community; co-treatment with other therapists; and education on brain-behavior relationships to patients, family, and staff.

### **3. Polytrauma Network Site (PNS):**

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

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. PNS teams are comprised of a psychiatrist, neuropsychologist, speech pathologist, physical therapist, occupational therapist, recreational therapist, and social work case managers. Trainees with primary interests in clinical neuropsychological assessment, Traumatic Brain Injury (TBI), and/or Posttraumatic Stress Disorder (PTSD) and related disorders will be given priority. Competencies to be developed will include medical chart review and use of the VA's computerized patient record system (CPRS); learning of clinical interviewing skills appropriate for neuropsychological and mental health intake evaluations; administration, scoring, and interpretation of neuropsychological assessment procedures (especially as they relate to the assessment of mild TBI); administration, scoring, and interpretation of assessment procedures for PTSD; clinical neuropsychological report writing; and clinical management and treatment of patients with comorbid mild TBI and PTSD. Assessment will focus on neuropsychological testing procedures (administration, scoring, and interpretation) appropriate for mild TBI/concussion, clinical interviewing, neuropsychological report writing, with the possibility of psychotherapeutic interventions for TBI and PTSD. 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). 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. 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.

#### **4. Neuropsychological Assessment and Intervention Clinic**

Supervisor: John Wager, Ph.D., ABPP-CN

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. Fellows assess and treat complex patients with cognitive, medical and psychiatric comorbidities. 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. Fellows receive training in assessment and intervention delivery via primarily video tele-neuropsychology and in-person modalities. The pace is moderate to rapid pace expected. Full-time trainees will have 2-3 assessment patients per week and 1-2 psychotherapy or cognitive rehabilitation patients per week. Progress notes are required for each patient contact within 24 hours. Final assessment reports are expected to be completed within 1-2 weeks following completion of the neuropsychological evaluation.

#### **4. Livermore VA Outpatient Clinic – Neuropsychology General Consultation Clinic**

Supervisor: Joshua McKeever, Ph.D.

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. The General Consultation Clinic serves as a consultation service with an attending neuropsychologist and trainees which may include interns and practicum students. Fellows 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. Services include both brief and comprehensive neuropsychological assessment, in addition to providing feedback to veterans and family members on neuropsychological assessments (including psychoeducation on the role of non-neurological contributions to cognitive difficulties). 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. Intensive, one-to-one clinical supervision is provided on an ongoing basis by Dr. McKeever, as well as Psychology-specific group and individual supervision with Dr. McKeever. A moderate to rapid pace is to be expected. Competencies met on this rotation include: 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.

## **5. San Jose VA Outpatient Clinic – Neuropsychology General Consultation Clinic**

Supervisor: Kacey Marton, PhD

This outpatient neuropsychology clinic provides brief and comprehensive neuropsychological assessment, interdisciplinary consultation, and feedback and education to Veterans and loved ones regarding assessment findings. The patient population is broad-ranging, 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 and/or referral for psychodiagnostic differential). 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. Fellows typically complete 2-4 weekly neuropsychological assessments (including battery selection, chart review, clinical interview, informant interview as appropriate, testing, and scoring), write comprehensive reports, provide feedback to patients and loved ones, and communicate regularly with referring providers and other staff as needed. Fellows will additionally have the opportunity to learn to administrate an outpatient clinic and provide didactic training and supervision to more junior trainees (if simultaneously rotating).



## **SCI Rehabilitation:**

### **1. Spinal Cord Injury Center (SCI Center)**

Supervisors: Daniel Koehler, Psy.D., Faith Steffen-Allen, Ph.D.

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

### **2. Spinal Cord Injury and Disorders Clinic (SCI Clinic)**

Supervisor: TBD

This CARF-accredited comprehensive special care 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 90 (mean age 64), 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. Psychology is fully integrated with all other disciplines in the clinic, providing an ideal opportunity to help other staff increase their effectiveness with difficult patients in addition to providing direct care. We follow our patients at least once a year for life, so there is an opportunity to observe how people adapt to disabilities throughout adulthood, and how adult development and aging interact with disability. The Fellow provides individual brief and long-term psychotherapies, family therapy, sexuality counseling, behavioral medicine interventions, cognitive and mental health screenings, focused neuropsychological assessment and some cognitive rehabilitation. Some care is given by telephone and video conferencing to patient's homes due to the large catchment area.

## **Geriatric Rehabilitation:**

### **1. Western Blind Rehabilitation Center (WBRC)**

Supervisor: Laura Peters, Ph.D.

The Western Blind Rehabilitation (WBRC) is recognized as a leader in rehabilitation services, training, and research. WBRC is a 24-bed residential facility, which provides intensive rehabilitation to

legally blind Veterans learning to adjust to and cope with sight loss. It is staffed by 30 blind rehabilitation specialists and over 200 Veterans go through the program each year.

The typical client is approximately 75 years old and is legally blind due to a progressive, age-related disease, although the age range is from the 20's through the 90's. The individual whose vision becomes impaired often must face a variety of losses. Those with partial vision, as opposed to those who are totally blind, often must learn to live with a "hidden disability," that is a disability not readily identifiable by others. Such hidden disabilities often elicit suspicion and discomfort in others, and lead to interactions in which the visually impaired individual is "tested". Finally, many of the individuals who are admitted to WBRC, in addition to losses and changes associated directly with vision loss, face losses associated with retirement from employment and from chronic illness. Fortunately, losses and changes experienced by those with vision impairment are offset by the acquisition of adaptive skills and personal reorganization. The psychologist's role at WBRC is to facilitate the process of adaptive adjustment to sight loss through the provision of assessment, psychotherapy, and staff consultation. The orientation of the supervisor is Cognitive-Behavioral. The focus is on brief psychotherapy since Veterans are in the program for six to eight weeks on average. Both concrete actions Veterans can take to improve their lives as well as changes in thinking patterns related to how to go on in the face of a catastrophic disability are addressed. Initially Postdocs observe the supervising psychologist. Postdocs then move toward being observed while on the job and then working autonomously with supervision.

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

Supervisor: Margaret Florsheim, Ph.D.

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

### 3. Memory Clinic

Supervisor: Lisa M. Kinoshita, Ph.D.

The VA Memory Clinic is an outpatient consultation clinic at the VAPAHCS Palo Alto Division 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. The Fellow participates in direct clinical service (neuropsychological and psychological comprehensive assessment, cognitive rehabilitation; family interventions), consultation with providers, patients, family, interdisciplinary team participation, and/or case presentation. Rotation-specific opportunities may include: one-on-one training in neuroradiology, observation of neurological exams, weekly neuropsychology and geropsychology seminar, board certification and fact-finding didactics, and pertinent psychiatry, neurology and neurosurgery Grand Rounds at Stanford.

#### OPTIONAL ROTATIONS:

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

#### Examples of Rotation Schedules:

FIRST YEAR OF RP FELLOWSHIP		
	1 <sup>st</sup> Example	2 <sup>nd</sup> Example
1 <sup>st</sup> rotation	PTRP (6 months)	SCI Center (4 months)- Inpt or Outpt
2 <sup>nd</sup> rotation	PRC (6 month)	WBRC (4 months) or CLC (4 months)

3 <sup>rd</sup> rotation	-----	Elective Rotation (4 months)
Required Didactics & Seminars	Postdoctoral Seminar Series, Rehabilitation Psychology Professional Development Series, Neuropsychology Seminar, Neuropsychology/Rehabilitation Psychology Journal Club, Integrative Rehabilitation Psychotherapy for Brain Injury/Cognitive Extension for Community Healthcare Outcomes (IRP-BI/CogECHO), and multicultural workshops.	
<b>SECOND YEAR OF RP FELLOWSHIP</b>		
	<b>1<sup>st</sup> Fellow</b>	<b>2<sup>nd</sup> Fellow</b>
1 <sup>st</sup> rotation	SCI Center (4 months)- Inpt & Outpt	PTRP (6 months)
2 <sup>nd</sup> rotation	WBRC (4 months) or CLC (4 months)	PRC (6 months)
3 <sup>rd</sup> rotation	Elective Rotation (4 months)	-----
Didactics & Seminars	<u>Required:</u> Rehabilitation Psychology Professional Development Series, Neuropsychology/Rehabilitation Psychology Journal Club  <u>Optional:</u> Neuropsychology Seminar, IRP-BI/CogECHO, and multicultural workshops.	

## SEMINARS and DIDACTICS:

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

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

Three times a month, Fellows participate in a Professional Development seminar led by Jessica Lohnberg, Ph.D., the Director of Postdoctoral Training and William Faustman, Ph.D., the Postdoctoral Coordinator; a variety of topics are covered, all attending to issues of professional development, identity, and self-confidence. Fellows participate actively in determining topics and speakers for this series. In addition, part of the seminar involves training on developing a

Continuing Education conference, culminating in presentation of a CE course that has been designed and implemented by the Fellows, intended for an audience of Psychology and other interprofessional health care providers (Psychology Service at VAPAHCS is an APA-approved provider of CE credits).

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

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

For one hour each week, Fellows meet for a clinical case conference and journal club, led by Dr. Lohnberg and Dr. Faustman. Fellows rotate responsibility for presenting about their professional and clinical areas of interest, or a clinical case in which they are struggling with a particular technical, conceptual, diversity, ethical/legal, or process-related issue, and to present the situation to their peers for consultation. In addition, in the week prior to the meeting, the Fellow distributes a journal article or chapter that is relevant to the clinical case, professional area, or clinical issues. During the meeting, the Fellow leads a discussion of the topic and integrates the article into their presentation.

- Rehabilitation Psychology Professional Development Series (RPPDS): The Rehabilitation Psychology Professional Development Series is designed to ensure the advanced knowledge base of specialized topics in Rehabilitation Psychology to facilitate translation of such competency domains into clinical practice. For every topic, discussion or inclusion of cultural/diversity factors (e.g., disability, gender, ethnicity, education or family background) as well as ethical and legal issues are interwoven to increase awareness and appropriate consideration of these factors in the practice of Rehabilitation Psychology. This seminar provides training to enhance foundational competencies (i.e., reflective practice, self-assessment, integration of science and practice, individual and cultural diversity, and ethical and legal issues)

and functional competencies in assessment, intervention, consultation, research, and management and administration in the practice of Rehabilitation Psychology.

- Rehabilitation Psychology/Neuropsychology Journal Club: The Neuropsychology/Rehabilitation Psychology Journal Club is a once monthly, trainee led, one hour-long group discussion, organized by the first-year Rehabilitation Psychology Fellow in collaboration with the first-year Neuropsychology Fellow. The journal club gives the Fellow the opportunity to provide teaching and supervision and utilize organizational and management skills. Attendees often include psychology practicum students, psychology interns, other psychology postdoctoral fellows, and staff psychologists. The format of the didactic is 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 and mock oral board examination. 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. (Please see Appendix for an example of topics covered in past journal club meetings.) The journal club provides training for the Rehabilitation Psychology Fellow to enhance foundational competencies (i.e., reflective practice, self-assessment, integration of science and practice, individual and cultural diversity, and ethical and legal issues) and functional competencies in assessment, intervention, consultation, research, and management and administration in the practice of Neuropsychology and Rehabilitation Psychology.
- Neuropsychology Seminar: The Neuropsychology Seminar is a once monthly, one to one and half hour long, didactic that covers Neuropsychology-focused topics such as the basics of brain organization and assessment, syndromes such as aphasia and spatial neglect, traumatic brain injury, cognitive rehabilitation, Alzheimer's disease, Stroke, Parkinson's disease, other causes of dementia, cultural issues in assessment, neuroimaging, vision rehabilitation, and psychopharmacology. The seminar spans 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, and psychopathology. Most meetings are presented by experienced clinical/research VA staff or outside partners (e.g., UCSF, Stanford, etc.). Experts may specialize in other healthcare disciplines (e.g., neurology, physical therapy, research, optometry, vision rehabilitation). Please see Appendix for a list of topics covered in this seminar for the past several years. This seminar provides the knowledge base to enhance functional competencies in neuropsychological and psychological assessment, intervention (e.g., cognitive rehabilitation), consultation (e.g., interdisciplinary involvement and professional roles of other health-care disciplines), and research in the practice of



Neuropsychology and Rehabilitation Psychology. (Please see Appendix for list of topics covered in this seminar.) This seminar provides training to enhance foundational competencies (i.e., reflective practice, self-assessment, integration of science and practice, individual and cultural diversity, and ethical and legal issues) and functional competencies in assessment, intervention, consultation, research, and management and administration in the practice of Neuropsychology and Rehabilitation Psychology.

- CogECHO/Integrative Rehabilitation Psychotherapy for Brain Injury Seminar (IRP-BI CogECHO): The Integrative Rehabilitation Psychotherapy for Brain Injury Seminar (IRP-BI) is comprised of mental health professionals from across the country who gather via tele-conferencing capabilities to participate in didactics and clinical case discussions focused on brain injury rehabilitation. The purpose of IRP-BI is to train counselors, psychologists and other behavioral health professionals to move beyond traditional care, toward comprehensive therapy for their clients living with brain injuries. During the yearlong seminar, participants gain insight on a wide variety of topics, including how to use referral resources, motivate clients at each stage of care to successfully engage in therapy, and track client progress. The curriculum discusses three areas of intervention and eight types of cognitive, medical and behavioral interventions for persons living with brain-injury and their families. Rehabilitation Psychology fellows are expected to present one clinical case to the IRP-BI group during their first year of fellowship.

The focus of the first year is to provide structure and guidance to develop a solid foundation in the principles and practice of Rehabilitation Psychology and to prepare the Fellow for state licensure. The first year RP Fellow will also be required to organize the journal club in collaboration with the first-year neuropsychology Fellow. The format of the journal club may include advanced literature-based discussions of neurological and psychological disorders, neuroanatomy, disability, and preparation for board certification in both Neuropsychology and Rehabilitation Psychology.

During the second year, the focus will shift to preparation for board certification in Rehabilitation Psychology, refinement and mastery of advanced RP competencies and independent practice, and early career opportunities upon program completion. The Fellow will be asked to engage in training activities such as practice sample preparation and mock oral examinations. The Fellow is required to continue attending the RP Professional Development Series and the RP/NP Journal club during the second year of training; attendance at the Neuropsychology Seminar is optional.

**Optional:** The Fellow may also elect to attend the Integrative Rehabilitation Psychotherapy for Brain Injury CogECHO seminar, Neuropsychology Residency Multi-Site Didactic, Spinal Cord Injury and Disorders Grand Rounds, Stanford University Neurology Grand Rounds, the War Related Illness and Injury Study Center Neuroeducation Seminar, the Geropsychology Seminar, Stanford University Geriatric Psychiatry and Neuroscience Grand Rounds, Stanford University Department of Psychiatry and Behavioral Sciences Mental Health Continuing Education Series, and the Defense Centers of Excellence

for Psychological Health and TBI Grand Rounds. Optional seminars are encouraged as another invaluable learning opportunity to enhance specialization.

Optional seminars such as the following are encouraged as another invaluable learning opportunity to enhance specialization:

a) Neuropsychology Residency Multi-Site Didactic is a weekly, two hour long, multi-site didactic series developed in conjunction with several other VA sites through video teleconferencing for neuropsychological training. Participants may include Rehabilitation Psychology Fellows or Neuropsychology Fellows or Interns, as well as staff who will primarily observe. The seminar consists of an hour of case conference in which a Neuropsychology Fellow from one of the VA sites presents a case of his/her choice to illustrate important learning or a challenging case for consultation and discussion. The second hour of the didactic is a reading seminar led in a panel discussion formation, focused on a variety of brain-behavior and assessment topics.

b) Spinal Cord Injury and Disorders (SCI/D) Radiology Rounds is a weekly, one hour long, 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. The Rehabilitation Psychology Fellow who chooses the SCI rotation is required to attend this case conference during that training period.

c) Neuroeducation Seminar at the War Related Illness and Injury Study Center (WRIISC) is a once monthly, one hour long, seminar led by representatives of the WRIISC team who review the clinical findings of a recent WRIISC patient, including neuropsychological testing and clinical neuroimaging findings. The second portion of each seminar consists of a neuroimaging didactic, with a focus on using the clinical case as teaching point for a disorder or clinical presentation. Past clinical cases include traumatic brain injury, cerebrovascular disease, frontal-temporal dementia, developmental abnormalities, and multiple sclerosis.

d) Brain Cutting and Neuropathology Rounds is bi-monthly, 90-minute long, brain cutting educational opportunity offered through the VA Palo Alto, along with other medical trainees (primarily neurology residents) and are followed by an hour-long clinical case conference led by neurologist and neuropathologist. Only select Psychology Fellows are permitted to attend these brain cuttings due to class size limit and appropriateness of training.

e) The Geropsychology Seminar is a once monthly, 90-minute long, didactic series comprised of presentations by knowledgeable staff and invited guest speakers in areas pertaining to geropsychology

and aging. The seminar addresses a wide range of topics in geropsychology as well as topics such as dementia, substance abuse, psychopathology, and working with caregivers.

f) Stanford University Psychiatry Grand Rounds is a one-hour, weekly seminar hosted by Stanford University Department of Psychiatry and Behavioral Sciences. Invited guest speakers from strong academic and research programs deliver updates in Psychiatry on emerging clinical research, evidence-based practice guidelines, and its translation into clinical practice. The objectives of Grand Rounds include updating knowledge of diagnoses, biology and treatment of psychiatric disorders (e.g., bipolar disorders, major depression, etc.), providing the newest information of psychopharmacological therapy (both approved and investigational), and improving the ability to prescribe the most effective treatments on a monotherapy or combination basis.

g) Stanford University Geriatric Psychiatry and Neuroscience Grand Rounds provides a monthly, one-hour long, Interdisciplinary Geriatrics didactic focusing on current issues in geriatric care. This is an optional one-hour weekly seminar which may be most relevant to Fellows in the geropsychology.

Additionally, the Fellow is invited to attend other optional didactic experiences that are tailored to Psychology trainee and staff members (as described below):

a) The California Psychology licensing law requires that psychologists have specific training in Aging and Long-term Care (10 hours), Human Sexuality (10 hours), Child Abuse Assessment and Reporting (7 hours), Spousal/Partner Abuse Assessment and Treatment (15 hours), and Substance Dependence Assessment and Treatment (16 hours). Psychology Service is approved by APA to provide continuing education, and each of these classes except for Spousal/Partner Abuse are provided during the year for Fellows to attend if they have not already received the training.

b) Each year there are full-day (6 hour) Psychology Service Continuing Education conferences attended by Psychology and interprofessional staff and open to postdoctoral Fellows as approved by the Preceptor. Topics vary from year to year. Fellows may also participate in formal workshops and trainings offered throughout the year in several evidence-based psychotherapies (e.g., Motivational Interviewing, Cognitive Processing Therapy, Prolonged Exposure, or Dialectical Behavior Therapy).

## **SUPERVISION**

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

## Trainee Self-Disclosure in Training and Supervision

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

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

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

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

Feelings and the thoughts, beliefs, and circumstances that propel them cannot be simply expunged by a psychologist when it comes time to see a patient or to interact with colleagues. Learning to identify,

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

## **RESEARCH**

Consistent with scientist-practitioner training in psychology, the Fellow will dedicate one day per week to research and/or developing an educational dissemination or program evaluation project. This could be writing a grant proposal, generating an article submitted for publication or presentation at a professional meeting, developing and presenting an in-service training module, or some other marker of productivity. The Fellow may be involved with research conducted within the Polytrauma System of Care, SCI, or affiliated research program such as MIRECC. These research opportunities may include program evaluations and/or studying the effectiveness of treatments and rehabilitation for traumatic brain injuries, spinal cord injuries, posttraumatic stress disorders, or the aging population. In addition, the Fellow may be involved with research concerning direct clinical hypotheses, so some of their clinical experiences will be in the context of research programs, such that the clinical work contributes to data collection and ongoing generation of hypotheses about the area of research. Decisions about whether the Fellow in those areas will be involved in research and, if so, the level of research involvement will be determined by the Fellow with the Primary Preceptor. The Primary Preceptor will also supervise research activity throughout the training period.

Generally, the Fellow is involved in research opportunities that are already ongoing in rehabilitation settings. The Fellow can consider generating a new project during the postdoctoral fellowship, but the Fellow must find a staff member who will sponsor the research and submit a proposal to the Medical Center Research Committee and the Stanford Human Subjects Committee, with a protocol written to adapt to the VA and Stanford forms. It typically takes two months to complete the writing and review process and receive permission to proceed. The Psychology staff member identified to sponsor a Fellows' project will help obtain the approvals of the Chiefs of Service responsible for the settings needed for data collection. Obviously, this process is time-consuming and lengthy, hence the usual

course of getting involved is in an ongoing project. However, in some cases this course of action is appropriate and exciting, and we will support the Fellow as best we can if developing a new project seems warranted.

## **DIVERSITY AND MULTICULTURAL COMPETENCE**

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

Psychology Service has a strong history of retaining staff and supervisors for many years, including supervisors from diverse backgrounds, reflecting a positive working environment for all staff and trainees. We have had good success in attracting and retaining diverse staff for our RP training faculty. At this time, 35% of current supervisory staff self-identify themselves as being from ethnic minority backgrounds. Two staff members are openly lesbian, gay, or bisexual (12%). Two staff members report disabilities covered under the ADA (12%). Sixty-three percent of our psychology training staff are female, and 35% are male. The training faculty is also composed of individuals from various faiths or spiritual backgrounds.

The postdoctoral seminar devotes a significant section of the seminar series to directly addressing multicultural competence and diversity issues, as well as encouraging presenters for all topics to model critical thinking about diversity issues throughout the seminar series. Furthermore, supervisors address multicultural competence and diversity issues in each rotation and during the course of supervision. The

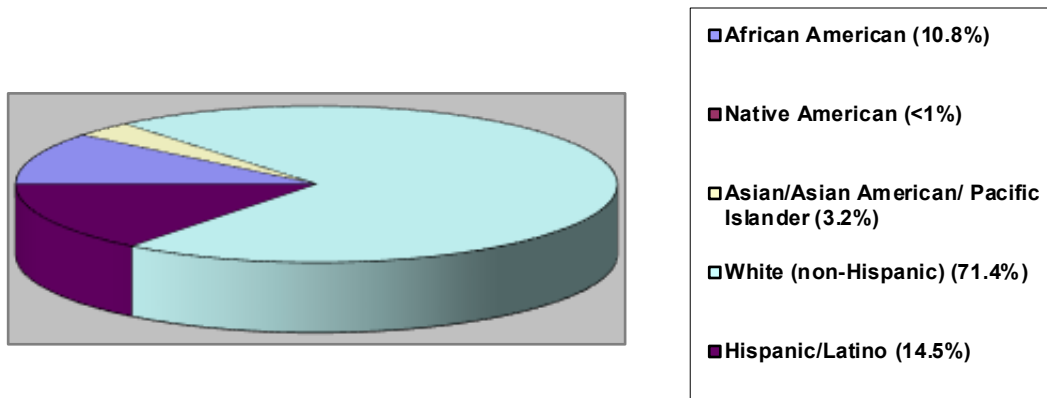


postdoctoral program also takes seriously the support of fellows' professional development with regard to ethnic identity, sexual orientation, gender, disability, and other significant identifications. Towards this goal, our diverse supervisory staff is available for mentoring of fellows from a wide range of backgrounds.

### **Opportunities to Work with Diverse Populations**

VA Palo Alto serves an ethnically diverse population of Veterans and active-duty personnel ranging in age from 19-90+, with more and more younger ages represented due to our nation's recent military conflicts. While most of the patients are cisgender male, VA Palo Alto has specific women's mental health programs drawing cisgender and transgender female Veterans and active-duty personnel from around the nation. Female patients now account for approximately 10% of the VA Palo Alto patient population. While accurate numbers of transgender Veterans are not available, VA Palo Alto has specific medical and mental health services for transgender male and female Veterans. Patients also range in socio-economic status, from high-income employees of local technology companies to low-income and/or homeless Veterans. The overall VA Palo Alto patient population reflects the distribution of self-reported ethnic/racial backgrounds in the pie chart below. There are many rotations which serve a larger proportion of patients from ethnic minority backgrounds, and several focusing specifically on women's mental health.

**VA Palo Alto Demographics**



### **Multicultural/Diversity Committee**

Psychology Service operates a Multicultural/Diversity Committee (including staff, interns and postdoctoral fellows) which discusses, evaluates, and works to improve the efforts of the training program in recruitment and retention of diverse trainees and staff and the training and education of trainees and staff in multicultural competencies. The Psychology Training Program Multicultural/Diversity Committee is an active and diverse community that enacts initiatives to address the needs of the training program and staff, including workshops, conferences, clinical consultation, and

social gatherings. In recent years, the committee has developed and implemented/co-implemented several workshops and conferences on multicultural competence in clinical supervision, competence in working with LGBT Veterans, understanding microaggressions in clinical practice and supervision, and multicultural competence for interdisciplinary teams. Recent projects include implementing a Diversity Mentoring Program for interns and postdoctoral fellows, facilitating a discussion forum with VA mental health providers on experiences of gender, sexism, and sexual harassment, and developing and distributing practical guidelines for supervisors in addressing issues of individual and cultural diversity in supervision. Multicultural competence is valuable to us and something we consider essential to ongoing professional development.

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

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

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

## EVALUATION PROCEDURES

Supervisors, the preceptor, and the Fellow are expected to exchange feedback routinely as a part of the supervisory process; other evaluation procedures are meant to formalize this continuous information flow. The Fellow is encouraged to delineate their learning goals, to evaluate their progress at mid-rotation in terms of those original goals, to modify his/her goals as appropriate, and to plan for attaining these goals during the remainder of the rotation. We have developed well-specified, measurable exit competencies in Rehabilitation Psychology based on formal postdoctoral training guidelines developed from the Baltimore Conference.

We have developed well-specified, measurable exit competencies for our training aims (i.e., to provide advanced training of specialty competencies in Rehabilitation Psychology as outlined by ABRP and to ensure integration of science and practice, diversity awareness, and ethics in service delivery). For a copy of our complete Training Manual, including evaluation processes, due process and grievance procedures, and record-keeping policies, please email the Director of Training at [Jessica.lohnberg@va.gov](mailto:Jessica.lohnberg@va.gov).

For each rotation in the Fellow's training plan, supervisors complete both mid-rotation and end-of-rotation evaluations. Mid-rotation evaluations provide an opportunity for mid-course corrections, while end-of-rotation evaluations are a chance to reflect on overall progress that was made. At the end of each rotation, the Primary preceptor evaluates the Fellow's overall progress toward reaching the advanced specialty competencies based on feedback from supervisors and on their own experience working with the Fellow. If any supervisor notes a problem that could affect successful completion of the fellowship, due process procedures are in place to work towards resolution of the problem if possible. The due process procedure is reviewed in detail with the Fellow during orientation at the start of the year.

## **REQUIREMENTS FOR COMPLETION**

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

## **APPLICATION PROCESS**

Our training is geared to individuals who will have completed their doctoral degrees from American Psychological Association (APA)- or Canadian Psychological Association (CPA)- accredited clinical, counseling, or combined psychology program or PCSAS-accredited Clinical Science program, and will have completed an APA- or CPA-accredited psychology internship program, are functioning at an advanced level, and have clinical and preferably research experience in rehabilitation psychology. Eligibility requirements for VA postdoctoral fellowships are determined nationally and we have no authority to over-ride these requirements locally. All information about VA eligibility requirements is available at [www.psychologytraining.va.gov/eligibility.asp](http://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 Director of Training for the Rehabilitation Psychology Postdoctoral Fellowship, preferably by email at [Alexandra.jouk@va.gov](mailto:Alexandra.jouk@va.gov), or at (650) 493-5000 x67949. The fellowship brochure is updated in the fall of each year and may be viewed or downloaded on the VA Palo Alto Psychology Training website at [www.paloalto.va.gov/services/mental/PsychologyTraining.asp](http://www.paloalto.va.gov/services/mental/PsychologyTraining.asp). In order to apply to our fellowship program, you must submit all the required application elements listed below via the APPA CAS system at <https://appicpostdoc.liaisoncas.com/applicant-ux/#/login> by the due date. **All application materials must be received by us on or before Friday, December 10, 2021, by 11:59PM Eastern Time (8:59PM Pacific Time).** Incomplete or late applications will not be read by the Selection Committee.

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

### **Application Requirements List:**

1) A 2-3 page cover letter that strictly describes the following:

- Your previous educational, research, and clinical experience
- Your self-assessment of your training needs in Rehabilitation Psychology.
- Specific clinical settings/experiences at VA Palo Alto that you feel would help you reach your goals.
- Research/educational project ideas you want to pursue during the Fellowship training.
- Your career goals.

2) Curriculum Vita

3) One de-identified clinical work sample, such as an assessment report, treatment summary, or other work sample, such as a published manuscript on which you are first author or other written product that highlights your work relevant to Rehabilitation Psychology.

4) Three letters of recommendation from faculty members or clinical supervisors who know your clinical as well as your research work well. Letter writers should upload an electronic copy to the APPA CAS system, and this will be considered an official “signed” copy. We encourage letter writers to submit documents as Microsoft Word or Adobe Acrobat files.

5) Official transcript from all graduate programs attended.

Following receipt and review of these materials, a select number of applicants will be invited to interview in person or by telephone, in January. We will follow APPIC Postdoctoral Selection Guidelines and plan to make **initial fellowship offers by telephone on the Uniform Notification Date of Tuesday, February 22, 2022.**

We will also consider making reciprocal offers should candidates receive verifiable postdoctoral offers from other programs prior to the Uniform 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. For the 2022-23 year, the start date will be Monday, September 12, 2022. VA provides health care benefits for interns and postdoctoral fellows as for any other VA employee. Health benefits are also available to dependents and married spouses of interns and fellows, including to legally married same-sex spouses of interns and fellows. Unmarried partners are not eligible for health benefits, even those in legal civil unions or domestic partnerships. Insurance programs can be selected from a wide array of options. More information about VA stipends and benefits are available at [www.psychologytraining.va.gov/benefits.asp](http://www.psychologytraining.va.gov/benefits.asp).

Reviewed by: Tiffanie Sim Wong (8/24/21)

Alexandra (Sasha) Jouk (9/10/21)

## APPENDIX: TRAINING FACULTY

**Kristina A. 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 in the state of California, PSY28060. On staff at the VA Palo Alto HCS since 2016. Professional Organizations: American Psychological Association (Divisions 22 and 40) and the International Neuropsychological Society. Professional and research Interests: clinical neuropsychology of mild TBI and PTSD, cognitive rehabilitation.

**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, Two-Year APA Accredited). Licensed in California, PSY30413. On staff at VA Palo Alto HCS since 09/2019. Professional memberships: American Psychological Association (Divisions 22 and 40; Rehabilitation Psychology and the Society for Clinical Neuropsychology). 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 HCS, 1983, on staff since 1984. California license PSY8777, since 1985. Faculty appointment: Clinical Professor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Professional organizations: American Psychological Association (Fellow, Division 28, Psychopharmacology and Substance Abuse), British Psychological Society (Chartered Psychologist in Great Britain, Registry #88137), American Psychological Society, Society of Biological Psychiatry, Society for Neuroscience, Western Psychological Association, Southeastern Psychological Association, Sigma Xi. Research Interests: Biological basis of schizophrenia, neuropsychological impairments in psychotic disorders, clinical drug development of atypical antipsychotic medications.

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

**Jeanette Hsu, Ph.D., ABPP** University of California, Berkeley, 1995. Internship, VA Palo Alto HCS 1994-1995. Postdoctoral fellowship, The Children's Health Council, Palo Alto, 1995-1996. VA Palo Alto HCS staff since 1996. Licensed, State of California PSY15008, since 1997. Clinical Associate Professor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. 2016 VA Psychology Training Council (VAPTC) Zeiss Award for Outstanding Contributions to VA



Psychology Training. Professional Associations: American Psychological Association (Fellow, Division 18), Association of Psychology Postdoctoral and Internship Centers (APPIC), Association for Behavioral and Cognitive Therapies, VA Psychology Training Council. Professional Interests: Psychology training administration, behavioral medicine/health psychology, addiction treatment, developmental psychopathology, teaching and supervision of multicultural competence.

**Julia Jennings, PsyD, ABPP-RP** Fuller School of Psychology, 2011. Internship VA Loma Linda Healthcare System 2010-2011. Postdoctoral Fellowship (Rehabilitation Psychology emphasis area) VA Palo Alto Health Care System (VAPAHCS) 2011-2012. Licensed in California since 2012 (PSY25167). Board-certified in Rehabilitation Psychology by the American Board of Profession Psychology (ABPP). Staff Psychologist at VAPAHCS in the Monterey Mental Health Clinic 2012-2014, and Compensation & Pension Department Neuropsychologist 2014-2019, and C&P Director 2019-present. Professional Organization Membership: Division 22 of APA – Rehabilitation Psychology. Professional Interests: Leadership, Hospital System, Rehabilitation Psychology, Neuropsychology, disability, assessment.

**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, Division 22 Council of Rehabilitation Psychology Postdoctoral Training Programs. Professional Interests: Rehabilitation after disability, aging, family support and caregiving, and training/supervision.

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

**Daniel Koehler, Psy.D.** The Wright Institute, 2017. Internship: VA North Texas Health Care System 2016-2017 (medical psychology track). Postdoctoral fellowship: VA Palo Alto Health Care System 2017-2019 (Rehabilitation Psychology emphasis area). Licensed in the 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).

**Jessica A. Lohnberg, Ph.D.** University of Iowa, 2011. Internship: VA Long Beach Healthcare System, 2010-2011. Postdoctoral Fellowship (Behavioral Medicine emphasis): VA Palo Alto Health Care System, 2011-

2012. Licensed, State of California PSY25097, since 2012. Faculty appointment: Clinical Professor (Affiliated), Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine. Professional Organizations: American Psychological Association (APA Divisions 17, 18, and 38), Society of Behavioral Medicine (SBM), Association of VA Psychologist Leaders (AVAPL). Professional and research interests: Chronic pain, posttraumatic growth after cancer, health behavior change (e.g., smoking cessation & weight loss), biofeedback, bariatric surgery, interdisciplinary program evaluation and process improvement, supervision and training, adherence, pre-surgical psychological assessment (e.g., bariatric surgery evals, transplant evals, spinal cord stimulator evals), and coping with chronic illness.

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

**Kacey Marton, Ph.D.** Pacific Graduate School of Psychology/Palo Alto University, 2018. Internship: VA Palo Alto HCS (Neuropsychology Track), 2017-2018. Postdoctoral Fellowship: VA Palo Alto HCS (Neuropsychology, APA Specialty-Accredited), 2018-2020. Licensed in California, PSY 31241. On staff at VAPAHCS 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/teleneuropsychology, 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 emphasis area). Licensed in the 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.

**Carey Pawlowski, Ph.D., ABPP-RP** University of Nebraska-Lincoln, 2002. Internship VA New Mexico HCS, 2001-2002. Postdoctoral fellowship VA Pittsburgh HCS, 2002-2003. Licensed since 2003, state of Missouri (#2003030099) and state of California since 2012 (#25268). Neurorehabilitation psychologist at The Rehabilitation Institute of Kansas City 2003 – 2008. Staff Rehabilitation psychologist with the Polytrauma Transitional Rehabilitation Program (PTRP) at the VA Palo Alto HCS since 2008. Board-certified in Rehabilitation Psychology by the American Board of Profession Psychology (ABPP). Certified

Brain Injury Specialist Trainer. Professional Organizations: American Psychological Association, Divisions 18 and 22; American Board of Rehabilitation Psychology conference committee. Clinical and research interests: rehabilitation psychology; applied clinical neuropsychology; functional outcomes after brain injury; adjustment to disability; behavioral pain management; cognitively modified, evidence-based approach to treating combat stress/PTSD.

**Laura J. Peters, Ph.D.** University of Utah 1988. VA Palo Alto HCS internship, 1986; VA staff member since 1986. Licensed State of California PSY11247 since 1989. Professional Organizations: American Psychological Association. Research Interests: Family Caregiver Stress, Cognitive Screening of Blind Veterans. Member of VAPAHCS Clinical Bioethics Committee and on WBRC Leadership Team.

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

**Faith Steffen-Allen** University of Connecticut, 2018, VAPAHCS since 2020. Licensed, State of California PSY31586 since 2020. Psychology Internship: VAPAHCS (2017-2018), Postdoctoral Fellowship (Rehabilitation Psychology emphasis area): VAPAHCS (2018-2020). Professional Organizations: American Psychological Association, Division 22 – Rehabilitation Psychology and International Society of Neuropsychology and American Academy of Spinal Cord Injury Professionals. Professional/Research Interests: Neuropsychology and Rehabilitation.

**John Wager, Ph.D., ABPP-CN** The director of the Neuropsychology Assessment and Intervention Clinic since 2019. Pacific Graduate School of Psychology, 2008. Internship (Neuropsychology Track): Baylor College of Medicine, 2007-2008. Postdoctoral fellowship (Neuropsychology): VA Palo Alto HCS 2008-2010. University of Rochester Medical School staff neuropsychologist, 2010-2012. Kaiser Foundation Rehabilitation Center staff neuropsychologist, 2012-2013. VA Palo Alto Spinal Cord Injury staff neuropsychologist from 2013 - 2019. Licensed, State of California 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.

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

\*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](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)