

VASDHS Neuropsychology Postdoctoral Residency Program

VA San Diego Healthcare System
3350 La Jolla Village Drive (116-B)
San Diego, California 92161

VA



**U.S. Department
of Veterans Affairs**

VA San Diego
Healthcare System

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INTRODUCTION

The Neuropsychology Postdoctoral Residency Training Program at VA San Diego Healthcare System (VASDHS) with its affiliate academic institution University of California, San Diego (UCSD), Department of Psychiatry offers early career psychologists advanced training in professional clinical psychology with a specialty emphasis in Clinical Neuropsychology. Within this manual is an overview of the training facilities, training process, core competencies, program structure, evaluation procedure, grievance process, and other policies and procedures. All residents develop an individualized training plan to support the resident's development as an independent neuropsychologist.

The Neuropsychology Postdoctoral Residency at VASDHS is a full-time, two-year, adult clinical neuropsychology training program. Using the *Taxonomy for Education and Training in Clinical Neuropsychology* definition (see Sperling et al., 2017, *The Clinical Neuropsychologist*, 31, 817-28, for review), our postdoctoral residency offers a "Major Area of Study" in clinical neuropsychology, which includes didactics, clinical experiences, and research activities. The training program is uniquely positioned to prepare residents for a scientific and/or clinical neuropsychology career within VA and/or academic medical center settings, although the training is generalizable to a range of independent practice settings in adult clinical neuropsychology.

The primary goals of the Neuropsychology Postdoctoral Residency program are: 1) To develop advanced skills the neuropsychological evaluation, treatment and consultation to patients and professionals sufficient to practice on an independent basis; 2) To further the develop of advanced clinical practice and clinical research competencies in brain-behavior relationships, and 3) To prepare residents for eligibility for board certification in clinical neuropsychology by the American Board of Professional Psychology. Residents are trained in advanced clinical neuropsychology service delivery, clinical research, education, and program administration and evaluation in an interdisciplinary setting preparing them for leadership positions in VA or academic medical centers, public sector and academic settings.

Our program employs a scientist-practitioner model of training, offering advanced training and didactic opportunities to develop residents' clinical, research, consultation, administrative, and teaching skills. Both experiential and didactic training are provided at the advanced level of knowledge and practice for ethical principles and legal guidelines that govern the profession of clinical psychology, as well as cultural diversity and individual differences in the practice of neuropsychology.

Accreditation Status

The program has received "accreditation, with contingency", a status given to developing programs who are awaiting distal outcome data, from APA Commission on Accreditation, as a neuropsychology specialty practice area. Questions related to the program's accredited status should be directed to the Commission on Accreditation:

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

Positions Offered

The Neuropsychology Postdoctoral Residency Program features positions in two emphasis areas: Aging and Neurodegenerative Disorders (Aging/AD) and TBI and Cognitive Rehabilitation (TBI/Cog Rehab): The Aging/AD emphasis area have one position available every year, while the TBI/Cog Rehab position is available every other year. This year we are recruiting only for the Aging/AD position.

1. The research focus for the study of **aging and neurodegenerative disorders, including Alzheimer's disease** (AD), utilizes multiple study cohorts—including the UC San Diego Alzheimer's Disease Research Center (ADRC) and multiple NIA-, VA- and private foundation-funded longitudinal studies of aging, Mild Cognitive Impairment, and AD. Neuropsychological, biomarker, genetic and neuroimaging data pervade these studies and centers, in addition to detailed lifestyle, psychosocial and medical histories. Our neuropsychology Residents will have opportunities to interact with our existing VASDHS and UC San Diego research centers (e.g., UCSD Alzheimer's Disease Research Center; VA Center of Excellence for Stress and Mental Health; VA Mental Illness Research, Education, and Clinical Center; Vietnam Era Twin Study of Aging) and didactic resources (e.g., postdoctoral residency-wide seminar; postdoctoral clinical neuropsychology seminar; ADRC neurodegeneration seminar; Departments of Psychiatry and Neurology grand rounds and colloquia, Department of Pathology brain cuttings).
2. The research focus for the study of **traumatic brain injury and related disorders** utilizes numerous existing data sources and ongoing research studies including multiple DoD and VA funded studies examining neuroimaging and neuropsychology following TBI as well as investigations of interventions (including cognitive rehabilitation and mental health treatments) for cognitive and other TBI sequelae. There is also an established archival database of TBI clinical neuropsychological assessments over the last nine years that can be accessed to answer clinically relevant research questions. **Additionally, there are opportunities to work within the VA's Million Veteran Program to examine the influence of genetic factors and neuroendocrine abnormalities on cognitive and psychiatric outcomes in Veterans with TBI histories.** The TBI-focused neuropsychology Resident will have opportunities to interact with our TBI Cognitive Rehabilitation Clinic, the TBI/Polytrauma Team, and Aspire Center, Center of Excellence for Stress and Mental Health, and the Chronic Effects of Neurotrauma Consortium (CENC).

Our website is located at: http://www.sandiego.va.gov/careers/psychology_training.asp.

APPLICATIONS & ADMISSIONS

Requirements for consideration of admittance to the VASDHS Neuropsychology Residency Program include:

1. Completion of an APA-accredited doctoral degree in clinical psychology with neuropsychology specialty training at both the graduate school and internship level.
2. US citizenship (as required by VA). VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All Residents must complete a Certification of Citizenship in the United States prior to beginning VA training.
3. Federal law requires that most males living in the US between ages 18 and 26 register with the Selective Service System. This includes individuals who are US citizens, non-US citizens, and dual nationals regardless of their immigration status. Male for this purpose is defined as those individuals born male on their birth certificates regardless of current gender. Males required to register but who fail to do so by their 26th birthday, are **barred from any position in any Executive Agency**. Visit <https://www.sss.gov> to register, print proof of registration, or apply for a Status Information Letter.
4. Residents are subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens. Please see the Executive Order, section 8 for more information: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. VA conducts drug screening exams on randomly selected personnel, as well as new employees. Residents are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees.

The Aging/AD-focused Resident should already have some experience in neuropsychological and neuroimaging changes in aging and dementia during their graduate/internship training, and the TBI/Cog Rehab-focused Resident should have comparable experience in TBI/Polytrauma. The positions are ideally suited for candidates wishing to integrate cutting-edge research opportunities with advanced clinical neuropsychological assessment services and who envision a clinical-research oriented career. Desirable qualifications include career goals involving clinical-research, clinical care, and leadership activities in the VA or an academic medical center setting. Recruitment of men, women, and gender minorities from diverse demographic groups (e.g. social, economic, and cultural) is a high priority.

Application Submission Procedures

Each applicant is asked to submit the following materials via the APPA CAS portal (<https://app>):

1. A brief statement of interest (maximum 2 pages), with the following:
 - a. the special emphasis (Aging/Dementia or TBI/CogRehab) you are applying to and why
 - b. a brief summary of educational, clinical, and research experiences relevant to the specific area of interest
 - c. a summary of your training needs and goals for the residency
 - d. a statement of your career goals

2. A current curriculum vitae or resume.
3. Two letters of reference, including at least one from a past clinical supervisor in neuropsychology and at least one from a past research supervisor

****If applying to multiple tracks, please submit a separate letter of interest for each area.**

Application Due Date

Materials should be submitted via the APPA CAS by **11:59 PM EST (8:59 PST) on December 1, 2021**. Late applications will be considered only for positions that are not filled by applicants who applied by the deadline. We will conduct a virtual informational meeting in the fall of 2021. An invitation will be sent to all emails entered in APPA CAS at that time. Late applications will be considered only for positions are not filled by applicants who applied by the deadline.

Interview Date

Interviews will be conducted virtually at a date to be determined in January 2022.

Selection Procedures

Selection of residents is done by our Neuropsychology Postdoctoral Residency Selection Committee (consisting of the training director, programs directors, and supervisors for each emphasis area) with input from other psychologists in each emphasis area using the following criteria (not in order of priority):

- 1) breadth and quality of previous general clinical training experience
- 2) breadth, depth, and quality of training experience in the specific content area
- 3) quality and scope of scholarship, as indicated partially by research, conference presentations, and publications
- 4) relationship between clinical and research interests/experience of the applicant
- 5) evidence of accomplishments
- 6) evidence of commitment to diversity, equity and inclusion in clinical, teaching and/or research capacity
- 7) goodness of fit between the applicant's stated objectives and the training program and medical center's resources
- 8) thoughtfulness of information provided in the cover letter
- 9) strength of letters of recommendation from professionals who know the applicant well.

The top applicants in each emphasis area are invited to interview with the track director, program directors, primary supervisor, and other faculty.

The applicants are reassessed based on their interviews using similar criteria to those stated above, with the opportunity to obtain further and clarifying information as needed, as well as an assessment of interpersonal skills. Final admission and hiring of residents is dependent on VASDHS Human Resources

Service approval, which includes a federal background check, physical examination (which may include drug testing), and education/credential verification.

The program 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. We provide a supportive and encouraging learning environment for students, regardless of ethnic background or physical needs, and applicants from diverse backgrounds are encouraged to apply.

Financial & Other Benefit Support

All Residents are funded through postdoctoral stipends from the Office of Academic Affiliations (OAA) Department of Veterans Affairs. Stipends are currently \$51,856 (for first year fellows) with health benefits. Funds from VASDHS Psychology, Psychiatry, and Education Service budgets are often used to cover program needs (e.g., office and testing supplies, computers, copying educational materials, publication of program brochures, etc.).

Initial Placement Data

Placement Setting	2018 – 2021 (Total residents: 7)
Veterans Affairs Healthcare System	2
Academic Medical Center	1
University	1
Private Practice	1
Currently in Program	3

RESIDENCY SETTING

Facilities

Postdoctoral residents are located within the VA San Diego Healthcare System (VASDHS), which is a teaching hospital adjacent to the University of California, San Diego (UCSD) campus. VASDHS provides a full range of patient care services including inpatient and outpatient care, with state-of-the-art technology and high quality educational and research experience. Outpatient services are also available at seven Community Based Outpatient Clinics (CBOC's) located in Mission Valley, Mission Gorge, Oceanside, Escondido, Sorrento Valley, Imperial Valley, and Chula Vista. The VASDHS Mental Health Care Line serves Veterans who reside in San Diego and Imperial counties and provides general and specialized inpatient and outpatient psychiatric services. Neuropsychology residents currently provide services at the main/La Jolla hospital.

VASDHS has one of the most active research programs in the nation. The VASDHS's Research & Development Service is one of the largest research programs in the Department of Veterans Affairs with over \$44 million in research funding, over 250 principal investigators, and nearly 700 research projects. It is home to nine special research programs, which include Center of Excellence for Stress & Mental Health (CESAMH); Mental Illness Rehabilitation, Education, and Clinical Centers (MIRECC); Million Veterans Program; Chronic Effects of Neurotrauma Consortium (CENC). Most faculty in these programs have joint appointments at UCSD. VASDHS's Research & Development Service is also affiliated with the Veterans Medical Research Foundation (VMRF), a non-profit corporation that administers additional funds for research studies and has a budget of over \$18 million. VMRF partially funds over 100 VA researchers and is one of the largest of the 84 active VA Foundations in the nation.

The psychologists at the VASDHS represent one of the most academically oriented in the Department of Veterans Affairs Healthcare Systems. Currently, fully accessible by the postdoctoral residents, are 100 staff psychologists. The majority of the Ph.D. clinical psychologists hold joint academic appointments in the UCSD Department of Psychiatry.

UCSD is one of ten campuses of the University of California. UCSD curricula and programs have been highlighted for top rankings in national surveys at both undergraduate and graduate levels. In terms of federal research and developmental funding, it is currently in the top five. The UCSD Department of Psychiatry recently celebrated its 50th anniversary and today has over 400 full-time faculty members. A primary objective of the Department of Psychiatry at UCSD is to offer an eclectic program of training that emphasizes the integration of relevant biological, psychological, family and preventive medicine, and sociological variables in the understanding of human behavior. The UCSD Department of Psychiatry is strongly integrated within the VASDHS, and together they offer a rich clinical and research environment. Many successful joint programs are currently in operation under the umbrella of an inter-agency sharing agreement. Noteworthy among these programs is an APA-accredited Joint Doctoral Program in Clinical Psychology; an APA-accredited predoctoral internship in clinical psychology; numerous APA-accredited one-year clinical psychology postdoctoral residency positions; four APA-accredited two-year clinical research psychology postdoctoral residency programs; a four-year residency in general psychiatry; a

two-year fellowship in child psychiatry; and psychiatric fellowships in geropsychiatry and psychosomatic medicine. The mission of both UCSD and VASDHS include a strong emphasis on clinical care, professional training, and research; and both are nationally renowned for strong clinical, teaching, and research programs.

Diverse Patient Populations & Multicultural Competence

VASDHS neuropsychology residents gain competencies working with patients presenting with neurocognitive and/or psychiatric concerns. The program is organized and administered in such a way that respect for and understanding of cultural and individual diversity of faculty, staff, residents and consumers is fundamental and a core part of training at the VASDHS.

San Diego County is ethnically diverse as can be seen [here](#). Less than half of the San Diego population self identifies as White non-Hispanic (46%). The largest minority group is Hispanic or Latino (33.5%), and 23.5% of Residents indicated they were foreign born. Women represent 49.7% of the population. VASDHS serves all adult age groups, Veteran cohorts, and ethnic/racial/cultural backgrounds, as well as both females and males. The Veteran population, itself, also represents a unique cultural group within our community. Thus, Residents receive training and experience working with this culture, as well as how the Veterans culture interacts with other aspects of diversity. There are 261,009 Veterans in San Diego and Imperial County, and in fiscal Year 2021, VASDHS served 84,572 Veterans. More than 25,000 of those Veterans were seen in mental health clinics for a total of about 200,000 mental health visits. Veterans served within VASDHS mental health clinics were 81% male. With respect to age, 2% were under age 25, and 21% were age 65 or older. 45% were White non-Hispanic, 19% Hispanic, 17% African American, 9% Asian, 2% Hawaiian/Pacific Islander, and 1% American Indian. With respect to Veteran culture, the Navy represents the most frequent branch of service, and Persian Gulf Era Veterans (which includes Iraq and Afghanistan Veterans) is the largest cohort at 74%.

Additionally, each resident will receive training regarding sensitivity to issues of cultural and individual diversity, through the 10-12-week seminar dedicated to such topics, as they are discussed when appropriate in other seminars, and through ongoing consultation with research mentors and clinical supervisors. Supervisors are encouraged to make discussion of such issues an integral part of case conceptualization and development of recommendations, and this competence is part of the formal evaluation of residents and supervisors. Each resident completes the *California Brief Multicultural Competence Scale* at the beginning and the end of the training period to assess the change in their level of cultural competence.

The program has nondiscriminatory policies and operating conditions and avoids any actions that would restrict program access and participation. In recent years, California state law and University of California policy have prohibited the specific inclusion of race/ethnicity factors in the recruitment of staff and faculty. More recently, however, the University has initiated an Equal Opportunity/Affirmative Action Program to increase faculty and staff diversity with some success. There is no discrimination in faculty hiring and retention practices, Resident recruitment and selection processes, or patient eligibility criteria concerning access to the various evaluation and treatment programs.

TRAINING PROGRAM

Overview

Residents in the VASDHS Neuropsychology Postdoctoral Residency Training Program will spend 100% of their time at the VASDHS or one of its affiliated clinics/units/centers, and their residency activities will be apportioned in accordance with the Houston conference guidelines and the American Board of Clinical Neuropsychology's postdoctoral training requirements in preparation for board certification in clinical neuropsychology. These requirements suggest at least a half-time equivalent experience in supervised comprehensive clinical neuropsychological assessment activities, with the remaining balance of time in research and scholarly activities along with didactics and leadership activities. Supervision from our board-certified clinical neuropsychologists is provided in both group and individual settings and will include training in supervision. Residents will be assigned both a primary individual supervisor as well as attend group supervisions of cases twice weekly. Neuropsychology residents will also have opportunities through 6-month elective minor rotations in innovative settings where neuropsychological services are increasingly provided, including the Cognitive Rehabilitation Clinic, Inpatient Psychiatry, and Polytrauma Clinic. Finally, we envision many opportunities to integrate research with clinical activities within our neuropsychology residency as well as with affiliated research projects conducted by our primary supervisors.

The VASDHS Neuropsychology Postdoctoral Residency Training Program requires a 2-year commitment from about September 1 of the first year to about August 31 of the second year. Residents work a 40-hour week thereby completing 2,080 hours of supervised training per year, which is well above the minimum of 1,500 postdoctoral Supervised Professional Experience (SPE) hours required for Psychology licensure in California. The VASDHS is a Business and Professions Code (BPC) Section 2910 exempt setting whereby all hours related to clinical care including clinical research can be counted as SPE for licensure in California. General office hours are 8:00am through 4:30pm, Monday through Friday; any deviation from this schedule must be approved by the primary supervisor and Director of Training. There are 10 federal holidays, 13 sick leave days, and 13 annual leave days per year. There are no part-time residents.

Each resident is assigned to work with a primary clinical neuropsychology supervisor who will work with the resident, the training director, and delegated clinical supervisor(s) in developing, implementing, and overseeing of the resident's training plan.

The training program begins with an orientation week in which residents are oriented to the VASDHS and receive an introduction to their clinical practice and clinical research placements. Orientation includes overview of policy and procedures, competency objectives and evaluation procedures. VASDHS requires residents to participate in New Employee Orientation (NEO). Trainees must also complete a 90-minute online training that is intended to take the place of all the hospital annual mandatory training modules. The site can be accessed through the VA Intranet at: <http://vaww.va.gov/oa/mandatory.asp>.

During the orientation period, the supervisors and residents evaluate the trainee's strengths and weaknesses and develop an individualized training plan for the residency year. This plan outlines the resident's responsibilities, including the proportion of time devoted to each training activity. Every resident must have a training plan approved by the Program Training Director by the end of the first month of training.

The Neuropsychology Residency Program is one of three postdoctoral training programs in psychology at VASDHS. The other programs include an APA-accredited clinically-oriented postdoctoral fellowship and an APA-accredited research-oriented postdoctoral fellowship. Additionally, there is an VASDHS/UCSD APA-accredited predoctoral internship training program in clinical psychology, which includes 20 trainees, four of which are dedicated neuropsychology track positions. Further, VASDHS is a large training hospital, hosting trainees from numerous disciplines, which produces a vibrant learning atmosphere and opportunities to engage in collaborative learning activities.

Clinical Training

The clinical training model for the neuropsychology residency program derives from the prevailing model within the field of clinical neuropsychology that has been outlined by the Houston Conference Guidelines. Consistent with these guidelines, residents will spend 50% of their week dedicated to supervised clinical training and didactic experiences. In accordance with the Houston Conference Guidelines, residents will achieve advanced understanding of brain-behavior relations and advanced skills in neuropsychological evaluation, treatment, and consultation to patients and professional sufficient to practice on an independent basis. Residents will also develop skills needed to teach and supervise trainees in clinical neuropsychology, program administration and management, knowledge and skills related to integration of diversity considerations in the practice of clinical neuropsychology, and understanding of and adherence to ethical principles and legal obligations related to the practice of clinical neuropsychology.

Research Training

Residents will receive 16 hours per week of dedicated time for research or scholarly activities, including performance improvement projects. For neuropsychology residents, the content-specific supervisor will work with the trainee to develop and oversee a project, optimally in collaboration with other interprofessional trainees and team members. The project will be limited in scope so that it may be achieved within the training programs' timelines and will be expected to support the trainee's primary clinical area of interest. One example might include performing secondary analyses of existing datasets to address clinical aging-related questions or writing a critical review article or clinical case study for publication. Our clinician investigators have numerous resources from multiple projects (e.g., our national Alzheimer's Disease Research Center funded continuously since 1984; VASDHS CESAMH and MIRECC; individual DoD- NIH- and VA-funded research, etc.). For example, a trainee might choose to evaluate the broader role of type II diabetes on the prevalence of major neurocognitive disorder diagnoses where they provide clinical services, relative to those a matched sample from the same clinic without diabetes. Given the longevity of the placement for the neuropsychology resident, their research or scholarly projects will be more expansive, may involve longitudinal study designs, and will generally

be geared towards the development of focused preliminary data in the service of future career development award applications.

Supervision

The VASDHS/UCSD Neuropsychology Postdoctoral Training Program also allows an opportunity for “supervised supervision” of psychology interns, practicum students, and graduate and undergraduate students; formal presentations and lectures to academic, medical, and community audiences; and program administration and leadership training.

Residents receive at least four hours of supervision per week, and at least two of these hours are individual supervision with a qualified psychologist. At least one hour of weekly individual supervision comes from the primary clinical supervisor, and one from the primary clinical research mentor. Additional individual supervision comes from secondary supervisors, who may be selected for individual cases or projects or to provide regular supervision throughout the year and may include group supervision. Individual supervision involves direct observation of clinical care or use of video/audio recording. Supervision assignments are documented in each resident’s individualized training plan.

Residents also have an opportunity for training in providing supervision by spending one hour per week supervising the clinical work of a psychiatry resident, clinical psychology intern, clinical psychology practicum student or other trainee, in order to gain experience supervising others. The clinical psychology resident’s primary supervisor will supervise this supervision experience. We offer 6 hours of training in “Supervision in Clinical Psychology” during the sixth month of the training year (approximately February) that will meet the California, Board of Psychology requirement for training in supervision.

All training venues have on-site supervision provided by a licensed mental health professional. Primary supervisors are required to be available to trainees 100% of the time that they are providing clinical services. All supervisors listed above are licensed psychologists, provide clinical services in the clinics in which trainees operate, and are readily available to model assessments, interventions, and team interactions. Individual supervision includes direct observation, co-led treatment/assessment, review of audio or videotaped sessions, and/or review of cases. Group supervision includes case presentation and discussion, treatment planning, and interdisciplinary care coordination.

Seminars

Fellows are expected to achieve competence in multiple domains of clinical and research training. The following seminars are offered to assist in building competence in several of these domains and can be incorporated as needed into each fellow's individual training plan. Note that some seminars also fulfill CA licensing requirements.

All Residents are required to attend the **Postdoctoral Residency Professional Development Seminar** in their 1st year. This is a combined seminar that includes the one-year clinical postdoctoral Residents. It

meets the first Wednesday for 60 minutes (Tuesday from 2-3pm) for the entire training year and focuses on professional development issues. It is led by It is led by Natalie Castriotta, PhD and Autumn Backhaus, Ph.D.

All Residents are required to attend a Clinical Mental Health Research **Seminar**. This seminar meets the third Wednesday for 60 minutes (Wednesdays from 8:30-9:30 am) for the entire training year and focuses on track-specific issues and is organized by Laurie Lindamer, Ph.D. and John Correa, Ph.D.

All Residents are also required to attend a **Laws and Ethics Seminar**. The 2-hour ethics portion of the seminar covers: 1) code of conduct, 2) avoiding ethical complaints, 3) patient-therapist relationship issues, 4) record keeping guidelines, 5) forensic issues, and 6) research ethics. The 2-hour legal portion of the seminar covers: 1) informed consent, 2) HIPPA, 3) confidentiality, 4) reporting laws, and 5) an individual's access to their own medical record. It is organized by the VA psychology training directors, including Amy Jak, Ph.D., ABPP, Natalie Castriotta, Ph.D., Autumn Backhaus, Ph.D., and Laurie Lindamer, Ph.D.

All Residents are required to attend the **Substance Use Disorders Seminar** (unless they already have fulfilled this California licensure requirement). This seminar meets weekly for 60 minutes for a total of 15 meetings (Wednesdays @ 1pm). The content of the seminar covers the areas to meet the California Board of Psychology licensure requirement on the evaluation and treatment of alcohol and substance use disorders. It is organized by Ryan Trim, Ph.D.

All Residents are required to attend a **Cultural Diversity Seminar** that meets monthly for 60 minutes on the second Tuesday. It incorporates didactic presentations with case presentations by Residents. Potential topics are decided by the seminar leader with input from the Residents and include: cultural competence in psychotherapy, assessment and treatment of lesbian, bisexual gay, transsexual (LBGT) clients, assessment and treatment of persons with disabilities, acculturation models for various ethnic minority groups, and diversity issues in the supervisory relationship. It is organized by Natalie Castriotta, Ph.D., Autumn Backhaus, Ph.D. and is led by Clarice Wang, Ph.D.

VA/UCSD Clinical Neuropsychology Seminar (Tuesday @ 4pm): This seminar is a weekly academic-year-long series designed to meet the American Board of Professional Psychology (ABPP), American Board of Clinical Neuropsychology (ABCN), and Houston Guidelines recommendations regarding postdoctoral residency training in clinical neuropsychology. This seminar will provide advanced training in brain-behavior relationships and neuropsychological evaluation, treatment, and consulting. Areas of concentration include: the neurosciences (neuroanatomy), neurodevelopment, psychopharmacology, neuropsychological conditions, clinical neurology, ancillary neurodiagnostic procedures (e.g., neuroimaging, fluid biomarkers), psychometrics and experimental design, forensic neuropsychology, and ethics in neuropsychology.

Clinical Neuropsychology Diversity Seminar (approximately monthly)

This past year, we initiated a Neuropsychology Diversity Series in collaboration with the California Psychological Association Division of Neuropsychology (Div. VIII). About one session per month, we will have a talk that specifically addresses diversity in the field of psychology or neuropsychology from regional and national experts. In addition, “as part of the Relevance 2050 Initiative and AACN’s commitment to making structural changes towards racial progress and mitigating healthcare disparities,” *starting in 2020, every speaker in the Clinical Neuropsychology Seminar will be asked to specifically address diversity.* “That is, at least one objective will address how the material being presented is relevant in the context of our culturally, ethnically, racially, and linguistically diverse patient population.

In addition, the following seminars are optionally available:

V-Tel Core Didactic Series Seminar (1st & 3rd Wednesdays from 10am-12pm): This seminar serves as the primary seminar for the MIRECC and CESAMH fellows and is optional for Neuropsychology Residents. Fellows are linked to other sites participating in the VA Advanced Fellowship Program in Mental Illness Research and Treatment by means of a monthly Video Teleconference (V-Tel) seminar hosted by the Fellowship Hub Site (Palo Alto VA). This seminar provides an in-depth overview of key topics in mental health research and clinical practice by experts in the field. Additional supplemental V-Tel seminars are also offered by the Advanced Fellowship Program in Mental Illness Research and Treatment in biostatistics, grant preparation, and manuscript writing, which are optional for all Residents.

UCSD Psychiatry Department Grand Rounds (4th Tuesday @ 8am): Range of topics from molecular biological approaches for psychiatric disorders to public policy implications of psychiatry.

UCSD Biological Psychiatry and Neuroscience Fellowship Seminar (Thursdays @ 1pm): Recent advances in biological psychiatry and neurosciences and professional development topics.

PROGRAM AIMS & OUTCOMES

Core Competencies

The VASDHS Clinical Neuropsychology Residency Program has adopted the core competencies developed by the Clinical Neuropsychology Synarchy (CNS), a workgroup composed of training directors selected from currently APA-accredited postdoctoral programs in clinical neuropsychology and from a broad representation of clinical settings (e.g., VA- and DoD-based, and academic medical centers), that was coordinated by the Council of Specialties in Professional Psychology (CoS). The committee determined that the following 10 competencies were relevant to the CNS's charge:

- Integration of Science and Practice (Level 1)
- Ethical and Legal Standards/Policy (Level 1)
- Individual and Cultural Diversity (Level 1)
- Professional Identity & Relationships/Self-Reflective Practice (Level 3)
- Interdisciplinary Systems/Consultation (Level 3)
- Assessment (Level 3)
- Intervention (Level 3)
- Research (Level 3)
- Teaching/Supervision/Mentoring (Level 3)
- Management/Administration (Level 3)

Therefore, our VASDHS Neuropsychology Postdoctoral Residency Program has selected the above competencies (Level 1 and Level 3) ensuring consistency with the recommendations of the Houston Conference guidelines and the suggestions of the CNS committee convened in response to the CoA and CoS request.

Integration of Science and Practice (Level 1):

Residents will maintain currency of knowledge and skills in clinical neuropsychology practice, using scientific literature, didactics, and/or other evidence-based resources; demonstrate and utilize knowledge in foundational areas of clinical neuropsychology (neuropsychology of behavior, neuroanatomy, and other brain-related topics) and in key areas of clinical neuropsychology (psychometrics, assessment, relevant diseases and disorders symptoms and their functional implications); and apply key components of evidence-based practice (i.e., best evidence, clinical expertise, and patient characteristics/culture/values) when engaging in consultation with other disciplines.

Ethical and Legal Standards/Policy (Level 1)

Residents are knowledgeable of, and consistently act in accordance with, the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, statutes, regulations, rules, and policies governing the practice of clinical neuropsychology; and relevant professional standards and guidelines. They are conversant with ethical and legal issues relevant to psychologists and neuropsychologists' activities across settings and recognize ethical dilemmas, apply ethical decision-making processes, and utilize professional and legal consultation as appropriate.

Individual and Cultural Diversity (Level 1)

Residents demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect their interactions with others; integrate current theoretical and empirical knowledge of diversity issues in neuropsychological assessment, research, treatment, and consultation; and demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).

Professional Identity & Relationships/Self-Reflective Practice (Level 3)

Residents possess knowledge of the varying roles of clinical neuropsychologists across settings and assessment/intervention contexts; demonstrate professional behavior and comportsment that reflects the values and attitudes of clinical neuropsychology; engage in reflective self-assessment regarding limits of competence; and exhibit awareness of personal and professional problems and demonstrate positive coping strategies when needed.

Interdisciplinary Systems/Consultation (Level 3)

Residents understand the key issues, concepts, and roles in related disciplines and other health professions, communicate effectively with other professionals, and integrate their perspectives into case conceptualizations. They function effectively in consulting roles across settings (e.g., clinical, legal, public policy, research), clarifying referral questions, applying knowledge appropriate to each setting, and communicating results to referral sources both verbally and in writing.

Assessment (Level 3)

Residents effectively gather information essential to addressing assessment questions, utilizing using a variety of methods, and interpret assessment results to produce integrated conceptualizations, accurate diagnostic classifications, and useful recommendations. They accurately discern and clarify assessment questions and communicate both orally and in written reports the results and conclusions of assessments in an accurate, helpful, and understandable manner, sensitive to a range of audiences. Residents also address issues related to specific patient populations by referring to providers with specialized competence when appropriate, obtaining consultation, utilizing appropriate normative data, and describing limitations in assessment interpretation.

Intervention (Level 3)

Residents employ assessment and provision of feedback for therapeutic benefit and understand evidenced-based intervention practices to address cognitive and behavioral problems present in different clinical populations.

Research (Level 3)

Residents apply knowledge of existing neuropsychological literature and the scientific method to generate appropriate research questions and determine effective research design and appropriate analysis. They accurately and effectively perform neuropsychological research activities, monitor progress, evaluate outcome, and communicate research findings.

Teaching/Supervision/Mentoring (Level 3)

Residents demonstrate knowledge of teaching, supervision, and mentoring theories, methods, and practices relevant to clinical neuropsychology to teach, supervise, and mentor effectively and appropriately.

Management/Administration (Level 3)

Residents possess knowledge of common administrative and business practices in neuropsychology practice and manage responsibility for key patient care tasks and contacts with effective documentation in a timely manner.

Minimum Levels of Achievement

Exit criteria for the VASDHS residency are as follows:

1. Successful completion (via formal evaluation with supervisors) of assigned clinical placements and clinical research
2. Scores of "W" (Progressing Well) or higher on all General Clinical Competency and Emphasis Area skills evaluated in year 1; Scores of "C" (Competency Achieved) on all skills in each domain evaluated by completion of year 2. Attained an "A" (Advanced Competency) in at least two additional competencies at end of year 2.
3. At least one publication by completion of program.
4. Successful completion of required didactics (via formal evaluation of clinical supervisor)
5. Maintenance of consistently professional and ethical conduct in professional setting throughout duration of training (via formal evaluation with supervisors).

Evaluation Procedures

Supervisors and Residents are expected to exchange feedback routinely as a part of the supervisory process; the evaluation procedures are meant to formalize this continuous information flow. It is the responsibility of the Program Directors and supervisors to ensure that evaluation occurs in a timely and constructive fashion, but Residents are encouraged and expected to take an active role. To that end, it is essential that Residents understand the philosophy and logistics of evaluation as they begin training. The Program Directors review the overall evaluation process with each Resident and each individual supervisor reviews exit competencies for the specific track at the beginning of the training period.

Residents complete a self-assessment of their own skills and knowledge for each core competency at the beginning of the training year. Strengths and weaknesses that emerge from this self-assessment, as well as the Resident's application materials, are discussed with supervisors and are considered in the development of the Resident's individualized training plan. Residents complete additional self-assessments and supervisors complete competency-based evaluations of Residents at mid-year and end-of-year for each of the two years. The mid-point evaluations are intended to serve as a progress report for Residents to increase self-awareness and awareness of supervisor's perceptions, discrepancies between self-ratings and supervisor ratings, and to help Residents focus on specific goals and areas of needed improvement as training progresses. We use a developmental rating scale to

evaluate resident competencies. The minimum threshold expected of residents in order to graduate from the program is a rating of “competent” in all skills with at least a rating of “advanced competency” in three skills of their choice by the end of the training program. In the event that a supervisor suspects that a Resident is not meeting critical competencies, Due Process procedures are in place to work towards resolution of the problem. The Due Process procedure is reviewed in detail with Residents at the beginning of the Fellowship.

Residents will also be asked to provide a written evaluation of each supervisor (including primary clinical supervisor, research mentor, and other supervisors when applicable) at the end of the program.

As part of a continual quality improvement plan, the Program Directors conduct a self-study with Residents at mid-year and at the conclusion of each training year. The areas reviewed are balance of activities (clinical, teaching, research), amount and quality of supervision, adequacy of facility resources, and professional relationships between the Residents and other healthcare professionals. The findings and minutes are distributed to the entire faculty for review and action when appropriate.

TRAINING & AFFILIATED STAFF



Mark W. Bondi, Ph.D., ABPP-CN received his Ph.D. in Clinical Psychology from the University of Arizona in 1991 after completing a Predoctoral Internship in Clinical Psychology and Neuropsychology at the Veterans Affairs San Diego Healthcare System (VASDHS) and the University of California, San Diego (UCSD) School of Medicine (1990-1991). He then completed an NIH Postdoctoral Fellowship at UCSD with Dr. Nelson Butters from 1991-1993 prior to joining UCSD's faculty. Dr. Bondi is currently a Professor of Psychiatry at UCSD and Director of the Neuropsychological Assessment Unit at the VASDHS. He is a Diplomat of the American Board of Professional Psychology – Clinical Neuropsychology subspecialty – and Fellow of APA Division 40 (Clinical Neuropsychology) and the National Academy of Neuropsychology. He has served as President of the Society for Clinical Neuropsychology (Division 40 of the American Psychological Association), on the Board of Governors of the International Neuropsychological Society and on the Board of Directors for the American Board of Clinical Neuropsychology. Dr. Bondi was the recipient of a Mid-Career Investigator Award in Patient-Oriented Research from the National Institute on Aging from 2007-17, and he is principal investigator of additional NIH and Alzheimer's Association grants. His research interests center on the cognitive and brain changes of individuals at risk for dementia. He has published two books and over 230 articles, reviews and book chapters, serves as a reviewer for a number of journals and grant agencies, and he is Associate Editor for the *Journal of Alzheimer's Disease*.



Lisa Delano-Wood, Ph.D. is an Associate Professor of Psychiatry within the School of Medicine at UCSD, Clinic Director of the UCSD Memory, Aging and Resilience Center (MARc), and Staff Neuropsychologist at the Veterans Affairs San Diego Healthcare System. She received her doctorate in Clinical Psychology with a specialization in Neuropsychology from Michigan State University in 2005. She then completed a postdoctoral fellowship in Neuropsychology at the San Diego VA Healthcare System/UCSD from 2005-2006 and a National Institutes of Mental Health fellowship in Geropsychiatry at UCSD from 2006-2008.



J. Vincent Filoteo, Ph.D. received his Ph.D. in Clinical Psychology in 1994 from the Joint Doctoral Program in Clinical Psychology at the University of California, San Diego, and San Diego State University. He completed his internship at the University of California, San Diego and the Veterans Administration Hospital in San Diego, where he specialized in adult neuropsychology. Dr. Filoteo is a Professor, In Residence, in the Department of Psychiatry at the University of California, San Diego. His research interests are in the cognitive neuroscience of learning, memory, and attention, as well as the neuropsychology of dementia (Alzheimer's disease, Dementia with Lewy Bodies) and basal ganglia disorders (Parkinson's disease). His clinical interests include dementia and neurocognitive dysfunction in rehabilitation medicine.



Karen L. Hanson, Ph.D. earned her Ph.D. in Clinical Psychology at the University of Minnesota and completed her internship at University of California San Diego (UCSD) and the San Diego VA Healthcare System with a specialization in Clinical Neuropsychology. She is currently a Clinical Neuropsychologist at the San Diego VA, providing cognitive assessments, cognitive rehabilitation therapy, and supervision in the Traumatic Brain Injury - Cognitive Rehabilitation (TBI-Cog Rehab) Clinic. She is an Associate Clinical Professor in the Department of Psychiatry in the UCSD School of Medicine, practicing neuropsychology through the Memory, Aging, and Resilience Clinic (MARC). Her research interests include the influence of alcohol and other drug use on cognition and behavior, especially within the veteran TBI population and during adolescence and young adulthood.



Mark W. Jacobson, Ph.D. received his Ph.D. in Clinical Psychology from Wayne State University in 1999 after completing a predoctoral internship in clinical psychology at the VASDHS and UCSD. He completed a postdoctoral fellowship in neuropsychology at the VASDHS/Veteran's Medical Research Foundation. Dr. Jacobson is an Associate Clinical Professor of Psychiatry, UCSD School of Medicine, and Staff Neuropsychologist at VASDHS. Dr. Jacobson's research interests include integrating neuropsychology and psychological assessment, and neuroimaging of neurocognitive disorders.



Amy J. Jak, Ph.D. received her Ph.D. in Clinical Psychology from the University of Cincinnati in 2004 after completing a predoctoral internship in clinical psychology at the VASDHS and UCSD. She completed a postdoctoral fellowship in neuropsychology at the VASDHS/Veteran's Medical Research Foundation. Dr. Jak is an Associate Professor of Psychiatry, UCSD School of Medicine, Staff Neuropsychologist and Director of the Traumatic Brain Injury Cognitive Rehabilitation Clinic at the VASDHS, and the Co-Director of Internship Training. She is the Secretary of APA Division 40, Society for Clinical Neuropsychology and on the Editorial Board of the Journal of Clinical and Experimental Neuropsychology. Dr. Jak's research interests include integrating neuropsychology, neuroimaging, behavioral variables, and genetics to better understand traumatic brain injury as well as disorders of aging with funding from the DoD, VA, and Alzheimer's Association.

CONTACTING US

The VASDHS Psychology Service is open for business Monday through Friday, 8AM-4:30PM Pacific Standard Time, except on Federal holidays. The Psychology Training Program can be reached at the following address and contact information:

Psychology Postdoctoral Residency Program (116B)
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Phone: (858) 552-8585 x2649
Fax: (858) 552-7414
Email: vafellowship@ucsd.edu

COVID-19 PROGRAM MODIFICATIONS

Current facility information and guidance can be found at the VA San Diego Healthcare System (VASDHS) COVID-19 link:

<https://dvagov.sharepoint.com/sites/VHAVASDDirector/c19/SitePages/Home.aspx>.

Information regarding the Mental Health Care Line (MHCL) can be accessed at:

<https://dvagov.sharepoint.com/sites/VHAVASDOMH/default.aspx>

Training policies and processes are made in conjunction with VASDHS and MHCL guidance, as well as information from OAA, APA, APICC, CA Board of Psychology, and current best practices from national training programs. All didactics have been changed to a virtual format and most team meetings occur online