Clinical Neuropsychology Postdoctoral Residency Program

*Application deadline:* Dec. 5, 2022  
*Positions available:* One (1) full-time postdoctoral resident

**Neuropsychology service mission statement**

The neuropsychology service at VA Bedford Healthcare System receives referrals from every area, including primary care, psychiatry, and neurology, to name a few. The service provides care to both outpatient and inpatient Veterans and their family members.

VA Bedford’s neuropsychology service has four main goals:

1. To provide state-of-the-art clinical evaluation to Veterans with neurocognitive disorders.
2. To provide the most up to date treatments for Veterans with neurocognitive disorders and their families.
3. To provide students with comprehensive professional training in clinical neuropsychology.
4. To provide non-neuropsychology focused students (e.g.: psychology students, medical students, medical residents, geriatric fellows) exposure to clinical neuropsychology to help increase understanding about neuropsychological services to guide referral and utilization of results.

The above mission is accomplished through clinical, didactic, and research activities, as outlined in the following pages.

**Training model and program philosophy**

The educational philosophy of the neuropsychology program is scientist-practitioner. It follows guidelines in clinical neuropsychology established by the Houston Conference, APA Division 40 (Clinical Neuropsychology), and the International Neuropsychological Society. The neuropsychology program prepares residents for the professional practice of neuropsychology, with eventual board certification by the American Board of Professional Psychology – Clinical Neuropsychology (ABPP-CN).
Program goals & objectives

The overall goal of the neuropsychology residency program is to assist in the development and further refinement of a broad range of professional skills specific to the field of clinical neuropsychology which will enable the graduating student to function effectively across the range of professional contexts in which contemporary neuropsychologist practices. The residency prepares neuropsychologists to function independently and flexibly within professional settings and to assume the diverse roles of clinician, researcher, consultant, teacher and program developer with a particular appreciation of the special needs of the VA population and the nature of service in the public sector.

The program offers full-time training in clinical neuropsychology, required and optional didactic activities specific to clinical neuropsychology, and research training relevant to the field. The long-term outcomes of the program are to produce trainees that can successfully obtain licensure in the state they are working in, obtain a position as a Neuropsychologist, and become board certified in Clinical Neuropsychology within 7 years of program completion. We offer broad training with each of these outcomes in mind to allow our residents to serve outpatient and inpatient populations with neurological, medical, and psychiatric conditions.

The neuropsychology program aims to prepare neuropsychologists to be able to function independently within the various roles of clinician, researcher, consultant, teacher, and program developer with a particular appreciation of the special needs of the Veterans Affairs (VA) population.

In order to achieve professional competency, residents engage in particular sets of structured professional and clinical experiences across three domains of training:

- clinical
- research/program development
- supervision/teaching

The specific program aims offered to achieve the above goals include:
- Aim 1: To train postdoctoral residents in the core skills of clinical neuropsychology, including evaluation and treatment.
- Aim 2: To train postdoctoral residents to conduct and consume scientific research related to the field of neuropsychology.
- Aim 3: To train postdoctoral residents to provide supervision and teaching to junior professionals.
- Aim 4: To provide training in ethics and professional skills necessary to practice as a neuropsychologist.
Overview of the residency

General program structure
Throughout the entire training year, all residents see patients from the general outpatient neuropsychology service and our specialty teleneuropsychology clinic. In addition, residents will rotate through three specialty clinics: memory diagnostic clinic, acquired brain injury clinic, and inpatient neuropsychology clinic. Residents also conduct cognitive rehabilitation and provide dementia caregiver services. Opportunities to engage in research are also plentiful and are detailed below. Structured didactics are also offered throughout the program.

Student orientation
The training year commences with an orientation period, in which students become acclimated to the nature of VA care and training as well as begin clinical and professional activities within neuropsychology. The program orientation also affords an opportunity for all students to get to know each other. During the orientation, students get introduced to various staff and participate in a range of initial seminars and dialogues relevant to VA training and practice. There is a strong didactic and experiential training focus on multiculturalism during orientation, along with other didactics, such as risk assessment and management. During this broad orientation period there are also specific orientation seminars for neuropsychology students to orient students to the neuropsychology track procedures and expectations.

Clinical activities

Evaluation Services
The neuropsychology service consists of a general evaluation service, four specialty evaluation clinics (Memory Diagnostic Clinic, Acquired Brain Injury Clinic, Inpatient Neuropsychology Clinic, and Teleneuropsychology Clinic), cognitive rehabilitation, and caregiver services.

General Neuropsychology Service
The general neuropsychology service evaluates outpatients, mostly conducting evaluations of younger and middle-aged adults, but occasionally services older adults. Consult questions include ADD/LD, neuropsychiatric disorders, substance/alcohol abuse, and medical/neurological disorders. Cognitive batteries are usually longer, and reports center more on recommendations to improve day-to-day functioning and identification of other appropriate consultation services.

Memory Diagnostic Clinic
The MDC, with lead neuropsychologist Dr. Maureen O’Connor, specializes in the evaluation and treatment of older adults with memory difficulties and suspected dementia. The clinic takes a team approach to interview and case conceptualization and
includes students from varied disciplines (medical students, medical residents, geriatric fellows) that rotate through the clinic. During this rotation, students also have the opportunity to shadow our behavioral neurologists to learn more about the neurological examination and neuroimaging.

**Acquired Brain Injury Clinic**  
The ABI clinic, with lead neuropsychologist Dr. Sara Sullivan, is a multidisciplinary team clinic that specializes in the evaluation and treatment of individuals with acquired brain injuries, including TBI and stroke. A portion of this clinic also specializes in the evaluation and treatment of returning OEF/OIF/OND veterans with a history of suspected TBI, and typically comorbid PTSD. This clinic uses a whole-health approach to providing recommendations to improve Veteran functioning. Multidisciplinary team meetings are central to patient care.

**Inpatient Neuropsychology Clinic**  
The Inpatient Neuropsychology Clinic, with lead neuropsychologist Dr. Malissa Kraft, receives consults from nursing home, medical, and psychiatric inpatient units from across VA Bedford Healthcare System. These referrals involve a wide range of questions, often including brief cognitive screenings, in-depth neuropsychological evaluations, capacity assessment, and treatment and planning recommendations for hospital staff, caregivers, and family members. The goal of evaluation is to assess and understand the cognitive strengths and weaknesses and provide concrete and meaningful recommendations for continued care on the units or for interventions and strategies that can be used in the home upon discharge. Recommendations may also help guide pharmacological and behavioral interventions. As part of this rotation, residents will also have the opportunity to run groups on inpatient units and participate in multidisciplinary treatment team meetings.

**Teleneuropsychology Clinic**  
The Teleneuropsychology Clinic, with lead neuropsychologist Dr. Malissa Kraft, is a clinical service developed in 2017 that provides comprehensive neuropsychological assessment via video connection to Veterans living in New Hampshire. Veterans drive to their nearest VA hospital or outpatient clinic in New Hampshire and meet via video for the evaluation with a VA Bedford clinician who is located on the main hospital campus at Bedford. This clinic aims to provide evaluation and treatment of older adults with memory difficulties and suspected dementia.


Additional publications: “Teleneuropsychology clinic development and patient satisfaction.”

**Cognitive Rehabilitation Services**
The neuropsychology service offers a variety of cognitive rehabilitation services under the supervision of Drs. O’Connor and Sullivan with the aim of improving the day to day lives of Veterans and family member of Veterans with cognitive disorders.

**Group cognitive rehabilitation**
Time limited groups are focused on teaching compensatory skills to improve functional ability in the face of cognitive concerns. Lifestyle factors that contribute to cognitive well-being are also discussed. Groups are mostly didactic and consist of exercises and homework to reinforce skills. Current groups include Living with TBI and PTSD, which provides psychoeducation and cognitive skills training for those with deployment-related cognitive concerns, the Memory and Aging (AgeWISE) group, which seeks to educate healthy elders about normal aging, abnormal aging, and strategies to promote successful aging, including cognitive rehabilitation skills, and the ADHD group, which provides psychoeducation and cognitive skills training for Veterans with ADHD.

Read more about our AgeWISE group here: [Veterans’ Healthy Living, Fall 2015 - VA New England Healthcare System](#)

Additional publications:
[The Aging Well through Interaction and Scientific Education (AgeWISE) Program - PubMed (nih.gov)](#)

**Short term individual cognitive rehabilitation**
Short term individual cognitive rehabilitation is also time-limited and focuses on teaching compensatory skills training in an individual format, with increased focus on targeted problematic areas for the Veteran. Short term cognitive rehabilitation can be offered to Veterans who have completed a group and would like more individualized cognitive rehabilitation or Veterans who may not be appropriate for any existing group format.

**Caregiver Services**

VA Bedford Healthcare System neuropsychology and Geriatric Research Education and Clinical Center (GRECC) Services offer three programs to provide support, information, and skills training for dementia caregivers in the New England region.

**Individual dementia caregiver support (in person or via video):**
Dementia caregivers will meet individually with an assigned caregiver support specialist. The initial session will focus on better understanding the caregiving context and creating a plan to maximize support. Caregivers needs vary and individual support can be used as a place to get emotional support, gain knowledge about dementia (What is Alzheimer’s disease? What kinds of things can I expect over the course of the disease?), and/or learn specific and targeted caregiving skills (How do I reduce problem behaviors? How do I
keep my loved one engaged in the world?) Individual support will be tailored to the
caregiver and can be as short as one session or can be multiple sessions.

*Dementia caregiving 101 (video class):*
Dementia caregiving 101 is class that aims to (1) teach caregivers what dementia is, (2)
provide techniques and tips for managing common problems in individuals with
dementia, (3) explain how caregivers can build a care team to help them manage
caregiving demands, and (4) show caregivers how to manage their own wellbeing while
providing care to their loved one.

*Dementia caregivers support group (video group):*
The dementia caregivers support group is a weekly group designed to be a place where
caregivers can engage in less formal discussion about the ups and downs of caring for
someone with dementia. The group offers a place to gain support from other dementia
caregivers. It is facilitated by a staff member with expertise in dementia. Members can
remain in the group for as long as they wish.

**Seminars and other didactics**
On-site clinical neuropsychology experience is supported by required didactic seminars,
which include two weekly neuropsychology seminars: the Neuropsychology Lecture
Series (Mondays 3 - 4 p.m.), which focuses on emerging areas of research, and the Case
Conceptualization Series (Thursdays 2 - 3 p.m.), designed to prepare trainees for board
certification in neuropsychology. Weekly Brain Cuttings, led by two VA
neuropathologists, have also resumed in a virtual format for the time being.
Additionally, residents participate in a weekly multisite neuropsychology didactic with
other residency training programs across the country designed to prepare them for
board certification. Guest speakers with expertise in cognitive disorders present at all
seminars throughout the year. Residents will be expected to deliver multiple
presentations throughout the year as well. Trainees also attend a capacity assessment
seminar once per month, which is designed to prepare trainees to perform assessments
of medical and decision-making capacity.

Residents also have the opportunity to attend elective courses offered through the
Boston University School of Medicine and VA Boston Healthcare System. On a monthly
basis, at a minimum, trainees may have the opportunity to observe and participate in
the Boston University School of Medicine Alzheimer’s Disease Research Center (BU-
ADRC) consensus conference, where research participants are discussed and diagnosed
by an interdisciplinary team of neurologists, neuropsychologists, nurses, and research
staff. The rich professional neuropsychology community in the Boston area affords
residents ample opportunity to pursue other education and training outside VA. Toward
this end, residents are given up to eight days of authorized absence across the
residency, pending their supervisors’ approval, to pursue such outside training.
In addition to the regularly scheduled seminars discussed above, a variety of additional required and optional seminars are offered, addressing a range of topics (e.g., PTSD assessment and treatment, psychosocial rehabilitation, legal and ethical issues in VA, suicide prevention, and peer services). There are also monthly ethics seminars as well as monthly professional development seminars (presented by a variety of staff and addressing a range of relevant topics for residents about to begin their professional career) which neuropsychology students may elect to attend.

Residents can also choose from a variety of grand round presentations. Specifically, there are biweekly psychiatry/psychology grand rounds, which feature a range of noteworthy speakers from the Boston area and nationally, addressing a variety of clinically relevant topics. There are also interprofessional Schwartz rounds which focus on the clinician’s personal experiences that arise in the context of providing care to Veterans. Weekly geriatrics and extended care grand rounds and biweekly medical grand rounds are also available.

**Research**

Residents have one day a week of protected research time in their first year, and up to two days a week in their second year, to engage in research. Research opportunities are available on the Bedford campus in the neuropsychology service, Mental Illness Research, Education, and Clinical Center (MIRECC), and GRECC. Opportunities are also available off the VA campus at the BU-ADRC (www.bu.edu/alzresearch) and the Center for Translational Cognitive Neuroscience (CTCN; www.ctcn.org) at VA Boston Healthcare System. There is ample support for residents to develop grant writing, presentation, and manuscript-preparation skills. Previous residents have secured independent grant funding and published in peer-reviewed journals during their residency.

**Supervision**

All residents receive at least two hours of regularly scheduled individual weekly supervision. In actuality, residents typically receive more supervision than the above minimum, with additionally scheduled individual supervision, impromptu consultation and supervision as needed, and occasional group supervision. Supervisors also function as mentors addressing other areas of professional functioning including professional interests and development, career preparation, and overall goals and progress in the residency.

Since the beginning of the COVID-19 pandemic, some (at times, all) supervision has taken place remotely in order to ensure safety of both the supervisors and residents. The decision about whether to conduct supervision in-person or remotely is made on a weekly basis as a mutual decision between supervisors and residents. Even if both are on-site, telesupervision is used as needed based on safety-related data. Information about telesupervision is provided during orientation at the beginning of each training year. Each resident is provided with a VA laptop. If working remotely, they are expected to connect to wi-fi in a private location at their home, and if they do not have wi-fi, they
are offered the opportunity to work on campus every day in order to establish a wireless connection. Most remote supervision is conducted using Microsoft Teams, which is a VA-approved secure communication platform. In the event of technology failure, supervision takes place via telephone. Regardless of modality, the content of supervision remains the same. It takes place at the regularly scheduled time and the supervisor maintains full professional responsibility for all clinical cases, regardless of whether they are discussed in-person or virtually. Non-scheduled consultation and crisis coverage are managed in a similar way regardless of whether supervision takes place remotely or in-person, with the supervisor being available in-person or via phone, email, or Teams message/video call and providing the name of the licensed psychologist providing crisis coverage if needed. Privacy and confidentiality of the client and trainees are assured, as all information is stored on the VA laptop (or physical documents in a locked filing cabinet at the hospital) and if the resident is working from home, connection is established through a secure VPN.

Requirements for completion
Evaluations of residents occur formally three times over the course of each training year, resulting in six total formal evaluations across the two-year residency. Successful completion of the program requires the equivalent of two full years of full-time training and achieving competency in regard to the program's training objectives and neuropsychology-specific competencies. A list of these competencies, as well as minimal levels of achievement, can be found in the appendix. For each competency, residents are expected to be performing at or above a rating of 4 on the Neuropsychology Postdoctoral Residency Core Competencies rating form (Appendix A) by the end of their first year of training and at or above a rating of 6 by the end of their second year of training.

Resident Evaluation

As a training program, we are committed to facilitating each resident’s professional development across the range of areas of professional functioning. The neuropsychology residency training program uses supervision and direct observation of other professional functioning to inform evaluation ratings. We seek to make the feedback process something that is clear, predictable, and useful for all our trainees. The program also strives to make providing feedback (both to and from trainees) something that is built into the culture of the training program.

Evaluation process and tools
Evaluations for residents are completed at the 4-month, 8-month, and 12-month marks in the training year, at the end of each rotation. During each of the formal evaluation periods, residents and their supervisors have a designated meeting to specifically review together the resident’s performance to date and the resident’s experiences of the training program, as well as to plan for any additional experiences or areas of emphasis the resident wishes to increase. Prior to feedback meetings for each time point,
supervisors complete a comprehensive competency rating form, derived from the 2019 update of the APA Standards of Accreditation profession-wide and specialty competency areas, which also includes narrative comments on strengths and growth edges. Criteria for acceptable ratings on both general and specific competencies at each evaluation period are delineated on the competency rating form.

Remediation process
At any time during the training year, if evaluation of a resident by one or more of his/her supervisors indicates that the resident is not meeting expected competencies or is not performing as expected regarding professional or program requirements, then the supervisor(s) is to notify the resident as rapidly as possible of any difficulties. Residents are also encouraged to actively seek feedback on an ongoing basis. It is expected that relatively minor deficiencies will be initially addressed in supervision. Should such informal means of addressing the issue not adequately resolve the problem, then the protocols below will be implemented.

The resident will meet with the Neuropsychology Training Committee to collaboratively develop a written remediation plan. This plan will include an outline of current deficits, as well as expected target behaviors, with specific and explicit goals, to address the performance discrepancy. The plan will be signed by the resident and members of the training committee, and the document will be added to the resident’s training file. The Committee will be responsible for monitoring and monthly review of the resident’s progress. Updated and signed remediation plans, documenting improvement and any ongoing deficiencies, will be completed on a monthly basis until it is determined that the resident has either shown satisfactory progress or has failed to make progress on their plan. If the resident fails to make progress toward the revised goals and objectives and does not meet the minimum required competency during the next formal evaluation period, the resident may be dismissed from the residency.

The resident being removed from the program may appeal this decision by submitting a detailed response to the recommendations of the training committee. The training director will establish a review panel, comprising the chief of psychology and two other hospital staff members. The composition of this panel is at the discretion of the chief of psychology with the exception that no one involved in the original action shall be on the panel. Legal representation from the VA District Counsel Office shall be available to consult with the panel concerning due process issues. The training director shall present the position of the training committee; and the resident, together with any counsel he or she may choose, shall present the appeal. The training committee shall abide by the panel's judgment if it recommends continuation of training. The resident and all neuropsychology supervisors will then develop a training plan for the rest of the year.

Program records
The program permanently retains all records for each of the residents who has entered the program, such records necessarily include the resident’s application file and a
program file. The program file contains all evaluations of the resident from each evaluation period. When relevant, the program file will also contain any remediation-related documentation (such as a remedial plan and subsequent updates documenting intern progress toward expected outcomes).

Whenever a former resident may need the program to verify or document their residency training experience, the program will do so. Contacting the current Director of Neuropsychology Training or the Psychology Service is all that is needed to facilitate this request.

**Facility and training resources**

All residents are provided with offices, which are located throughout the campus and in proximity to services associated with their particular track of training. Each resident has a computer assigned to them and access to network printers. Computer access allows the resident internet access as well as access to the sophisticated Computerized Patient Record System (CPRS) of the VA.

The administrative assistant to the psychology service provides program and clerical support to the postdoctoral program. Administrative and support staff throughout the healthcare system provide support to residents working within particular areas.

The library service at Bedford, as a member of the VA library network and various biomedical library consortia, has access to the collections of major research, university, hospital and public libraries.

**Administrative policies and procedures**

Residencies are for 2,080 hours to be completed over a 12-month period. Residents accrue a total of 13 days of personal leave as well as sick leave over the course of the year. In addition, residents are granted up to four days of leave for educational and/or professional development, such as jobs interviews. The stipend for the 2020-2021 training year was $50,941 for first year residents and $53,695 for second year residents, and this stipend is expected to be at least the same for the 2022-2023 training year.

The residency training manual outlines specific policies regarding grievance options and procedures, due process with regard to resident performance or professional functioning issues, and other relevant policies related to the medical center and the training program specifically.

**Please note, our privacy policy is clear:** we will collect no personal information about you when you visit our website.
### Financial and Other Benefit Support for Upcoming Training Year*

<table>
<thead>
<tr>
<th>Benefit Support</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Annual Stipend/Salary for Full-time Residents</strong></td>
<td>At least $50,941</td>
</tr>
<tr>
<td><strong>Annual Stipend/Salary for Half-time Residents</strong></td>
<td>n/a</td>
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<tr>
<td>Program provides access to medical insurance for resident?</td>
<td>Yes</td>
</tr>
<tr>
<td>If access to medical insurance is provided:</td>
<td></td>
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<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes</td>
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<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes</td>
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<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>No</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td>104 accrued</td>
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<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>104 accrued</td>
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<tr>
<td>Hours of Annual Administrative Authorized Absence</td>
<td>32 accrued</td>
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In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? Yes

Other Benefits (please describe): Residencies are for 2080 hours to be completed over a twelve-month period. Residents accrue a total of thirteen days of personal leave as well as sick leave over the course of the year. In addition, residents are granted up to eight days for educational leave and/or professional development (such as dissertation-related activities, attending training or professional conferences, or postdoctoral interviews) across the two-year program.

The training manual of the residency outlines specific policies regarding grievance options and procedures, due process with regard to resident performance or professional functioning issues, and other relevant policies related to the medical center and the training program specifically.
Grievance policy

Three procedures for addressing grievances are available to residents -- an internal grievance procedure designed specifically for the training program, hospital wide procedures involving a mediation program, and a formal grievance process.

The internal grievance procedure is as follows: When possible, an resident with a grievance is encouraged to first address the problem with the individual that is the focus of the grievance. Informal means of resolving problems before they reach the grievance stage are recommended.

If resolution is not achieved, the resident should contact the training director. If the non-resolved grievance is against the preceptor (or one of the two associate directors of training), the resident will go directly to the training director. If the non-resolved grievance is against the training director, the resident will go directly to another supervisor or the chief of the Psychology Service.

Subsequently, either the supervisor or training director will convene a meeting with the persons involved to gather relevant facts, establish the specific nature of the grievance, and explore options for change which will adequately resolve the grievance. If the meeting does not resolve the grievance to everyone’s satisfaction, the director of training and the two associate directors, in consultation with the chief of the service, will review the details of the situation and make a determination about how best to proceed.

At each step of the process, the goal of the training committee is to optimally support the student who has the grievance, and when reasonable and appropriate, intervening to directly address issues with staff and/or modifying the resident’s training context and supervisory assignments. Should such resolutions not satisfy the resident’s concerns, the hospital’s mediation program as well as the formal grievance procedure, available to all employees, offers other avenues for residents to address conflicts or grievances. The hospital grievance procedure is also provided to residents during the orientation period and would be a more appropriate avenue if the grievance were against the chief of psychology.

Application & selection procedures

The program seeks qualified applicants from doctoral training programs in psychology. The residency program seeks applicants with prior training and experience in neuropsychology, with a clearly demonstrated intent to pursue a career as a neuropsychologist.

Applicants must have completed all requirements for their doctoral degree, which includes the successful defense of their dissertation, prior to starting the postdoctoral
residency. In order for the program to make an offer to an applicant who has not yet completed their defense, a letter from the dissertation chair attesting that the dissertation will be completed prior to the start of the residency is required. In addition, the Department of Veterans Affairs requires that both doctoral degree and internship have been completed from programs that are accredited by the American Psychological Association (please see section “Eligibility Requirements for VA Postdoctoral Residency Training Programs” toward the end of this brochure for additional eligibility requirements).

Postdoctoral residents are selected on the basis of academic excellence, clinical experience, research experience, recommendations of professors and supervisors, and interview.

Selected applicants generally have two to three interviews within the program, including interviews with current residents.

**Please note:** The neuropsychology postdoctoral residency program does not participate in the APPCN Match system.

Please note, by accepting a postdoctoral training position at our agency, the applicant is agreeing to complete TWO full years of residency training. Consequently, it is fully expected that once an applicant accepts a position at our site, they will cease to pursue other postdoctoral or staff positions and will plan to complete the full training program at this facility. If an applicant has any reason to believe that he/she may not complete the residency program, they should not apply nor accept an offer for training at this site.

**Application materials & process**

All application materials are to be submitted electronically within a single email, as described below. Please note that paper materials mailed to the program cannot be accepted.

Email application materials to maureen.oconnor@va.gov with the subject heading: Postdoctoral Application [YOUR LAST NAME]; for example, for John Doe: Postdoctoral Application Doe.

Letters of reference should be emailed directly from the reference source and should include the subject heading: LOR [YOUR LAST NAME]; for example, for John Doe: LOR Doe

The following materials are required

1. A cover letter detailing:
a) Description of your interest and experience in neuropsychology

b) Description of the status of your dissertation, including details related to phase of the project and expected dates for subsequent phases and/or completion

2. CV (which includes a brief description of internship rotations)

3. One redacted comprehensive neuropsychological evaluation report

4. Three (3) letters of recommendation (at least one from an internship supervisor, and at least one from doctoral program faculty). Letters should be signed and scanned into a PDF document. References are asked to email their letters of recommendation directly to the program.

5. Please also include in your email: (1) Graduate program, Degree (Ph.D. or Psy.D.), and APA accreditation status (“Yes”, “No”, “Probation”) (2) Internship and APA accreditation status (“Yes”, “No”, “Probation”) (3) Defense date (either “completed”, “set” or “projected”) (4) U.S. Citizen (“Yes” or “No”) (5) contact information (email, home address, phone numbers we can use to contact you)

APPLICATION DUE DATE – Dec. 5, 2022

For application questions:

Dr. Maureen K. O’Connor
Director of Neuropsychology
maureen.oconnor@va.gov

Eligibility requirements for all VA residency training programs

1. Completion of an APA-accredited graduate program in Clinical or Counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible.

2. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and residents must complete a Certification of Citizenship in the United States prior to beginning VA training.

3. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted.
4. All staff and students are subject to fingerprinting and background checks. Beginning the training year is contingent on passing these screens.
5. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and 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.

Accreditation status

The Clinical Neuropsychology Psychology postdoctoral residency program at Edith Nourse Rogers Memorial Veterans Hospital at VA Bedford Healthcare System is accredited by the Commission on Accreditation of the American Psychological Association. In 2015, APA conducted a re-accreditation site visit, and the program was awarded the highest level (7 years) of re-accreditation status (through 2022). 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

Program setting

The neuropsychology training program at VA Bedford Healthcare System is a component of the psychology service, which employs 40 psychologists along with a large number of associated staff. The training program offers three tracks of training in clinical psychology: *postdoctoral training involving a full-time yearlong APA-accredited General Clinical residency and a two-year APA-accredited clinical neuropsychology residency; *a full-time yearlong APA-accredited doctoral internship; and *a part-time (20-25 hour/week) practicum for ten months. The training program will have approximately 35-40 students per year across all tracks. The neuropsychology program contains three postdoctoral residents, one intern, and two to three practicum students per year. Students from nursing, social work, psychiatry, neurology, and other disciplines also train at the medical center each year.

Psychologists are involved in a range of leadership positions around the hospital, many of whom are program directors within their respective areas. Staff areas of expertise are
broad, with a particular emphasis on psychosocial rehabilitation, integrative psychotherapy, evidence-based practices, and posttraumatic stress disorder (PTSD). Regarding the practice of psychosocial rehabilitation, a number of psychology service-run programs have received national awards for innovation. In addition, many staff are involved with research activities. A number of psychology service staff members are involved in research through the psychology service Mental Illness Research, Education, and Clinical Center (MIRECC). The Bedford campus also houses the nationally recognized Geriatric Research, Education, and Clinical Center (GRECC) and staff psychologists are also active in research being conducted through this program. Psychology service and the training program are academically affiliated with the Boston University School of Medicine, where a number of VA Bedford psychologists hold faculty appointments. Staff psychologists are also active in a range of outside teaching and research at surrounding universities.

Local information

VA Bedford Healthcare System is located in Bedford, Massachusetts, a town of 14,000 residents that retains the charm of a quiet New England town although its expansion over the years marks it clearly as a suburb of Boston some 20 miles to the southeast. Bordered by Concord to the west and Lexington to the south, Bedford lies within earshot of the “shot heard ‘round the world” that initiated the American Revolution (www.lexingtonchamber.org). Minuteman National Historical Park offers historical tours and events, as well as 11 miles of trail for biking, running, or walking.

Heading southwest from Bedford, metro-Boston and surrounding cities, such as Cambridge and Somerville are a close and commutable 15-20 mile drive. Boston is one of America’s oldest cities (founded in 1630) and retains its cozy European charm (www.bostonusa.com; www.boston-online.com). Like any big city, Boston offers an array of cultural events and opportunities, such as large theater productions, smaller independent theater, annual film festivals, and music venues both large and small. Cambridge and Somerville are smaller cities surrounding Boston and offer myriad restaurants, theaters, and music venues. The famed Charles River, which runs through Cambridge, offers opportunities for rowing and miles of trails for running, and serves as the backdrop for many area festivals. Harvard Square, one of the most well-known areas of Cambridge and home to Harvard University, is well known for its bookshops, coffeehouses, music, festivals, and street theater. Harvard University and Cambridge Center for Adult Education offer an impressive array of continuing education courses. MIT, Boston University, Boston College, and Tufts are other major schools that make the Boston/Cambridge area a world center for higher education. The Boston area is also known for its world class hospitals including Mass General, Mass Eye and Ear, Beth
Israel, Brigham and Women’s, Dana Farber Institute, Children’s, and McLean. Various lectures and educational opportunities are available through area academic centers and teaching hospitals.

Heading two hours north from Bedford one finds the White Mountains of New Hampshire and the Green Mountains of Vermont, with some of the finest hiking, climbing, and skiing in the Northeast. Cape Cod’s expansive beaches lie two hours to the south and Martha’s Vineyard and Nantucket Islands are accessible by ferry from the Cape. Other beautiful ocean beaches are less than an hour from Bedford. Walden Pond (actually a small lake), where Thoreau lived and swam, is just 15 minutes from the hospital and is perhaps the prettiest of the local fresh water swimming options. Stockbridge, the home of both Alice’s Restaurant and the Austen Riggs Center, is in the southern Berkshire Mountains two hours to the west. The natural beauty and artistic offerings (music at Tanglewood, dance at Jacob’s Pillow and several first rate summer theaters) of the Berkshires are among the reasons many urbanites establish this as their second home.
**Primary training staff**

**Malissa Kraft, Psy.D., ABPP-CN,** is a clinical neuropsychologist working primarily on 12 inpatient units throughout the hospital. She also has a teleneuropsychology clinic and is involved in clinical research related to this newly emerging field. Dr. Kraft’s clinical and research interests include geriatric neuropsychology and integrating telehealth technology into providing ongoing care for aging Veterans with dementia.

**Maureen K. O’Connor, Psy.D., ABPP-CN,** is the director of the neuropsychology service at VA Bedford Healthcare System. She is an Associate Professor at Boston University School of Medicine in the Department of Neurology and Director of the Boston University Alzheimer’s Disease Research Center Education Core. She is also an investigator in The Center for Translational Cognitive Neuroscience. Dr. O’Connor serves as the lead neuropsychologist for the Memory Diagnostic Clinic, a multidisciplinary team clinic focused on evaluation of older adult veterans. Dr. O’Connor’s funded research is focused on the development of treatment interventions designed to improve daily living and well-being in aging individuals with and without neurocognitive disorders and their family members.

**Sara K. Sullivan, Ph.D.,** is a clinical neuropsychologist working within the neuropsychology service. Dr. Sullivan serves as the lead neuropsychologist for the Acquired Brain Injury Clinic, evaluating Veterans with traumatic brain injury and/or stroke. In addition to providing services in the general outpatient neuropsychology clinic and inpatient units on campus, she works closely with the Polytrauma/TBI Interdisciplinary Team, a multidisciplinary team that screens returning veterans for traumatic brain injury. Her clinical and research interests include neuropsychological functioning in TBI and various neurological / neuropsychiatric conditions, cognitive processes affected by emotions and modifiable lifestyle factors, and the effects of symptom attribution on functional abilities.

**Adjunct Training Staff**

Adjunct staff supervisors within the neuropsychology program augment and expand resident training experiences by bringing to the training program skills, knowledge and expertise that complement those of the training committee. There are six adjunct supervisors who provide supervision in their respective professional domains.

**Andrew Budson, MD,** is a behavioral neurologist and cognitive neuroscientist. He is the Associate Chief of Staff for Education at VA Boston Healthcare System, the Director of the Education Core at the BU-ADC, and the founder and lead investigator at the Center for Translational Cognitive Neuroscience (CTCN). Dr. Budson provides mentorship to postdoctoral residents engaging in research activities at the BU-ADC and the CTCN.

**Lauren Moo, MD,** is a behavioral neurologist and Site Director of the Bedford Campus of the New England Geriatric Research, Education, and Clinical Center. She also provides
neurological examinations via telehealth. Dr. Moo provides support and mentorship for neuropsychology trainees engaging in research through GRECC.

**Michael L. Alosco, Ph.D.,** is a licensed clinical neuropsychologist and the Co-Director of the Boston University (BU) Alzheimer’s Disease Research Center (ADC) Clinical Core, as well as a lead investigator of the BU CTE Center. He has an established research program that focuses on the following: (1) development of in vivo biomarkers for AD and AD-related dementias (ADRD); (2) the contribution of cerebrovascular disease to the clinical and neuropathological expression of AD, and ADRD; and (3) the relationship between repetitive head impacts (RHI) from contact and collision sport play and traumatic brain injury (TBI) with later-life cognitive and neuropsychiatric decline, as well as neurodegenerative disease(s). His expertise affords neuropsychology residents an opportunity to receive extensive mentoring in research activities within the BU ADRC and CTE Center.

**Thor Stein, M.D., Ph.D.,** is a neuropathologist and Associate Director of the Pathology Core at the BU-ADC. He conducts brain cuttings at VA Bedford Healthcare System weekly and serves as the primary supervisor for neuropsychology students attending brain cuttings.

**VA Bedford Healthcare System neuropsychology alumni:**

**Practicum Students:**
- Alicia Semiatin (2006-07)
  - Psychologist, InsideView Therapy Center
- Lili Shaughnessy (2007-09)
  - Neuropsychologist, California Pacific Medical Center
- Lindsay Muir-Embree (2009-10)
  - Neuropsychologist, UCLA
- Rachel Bieu (2010-11)
  - Neuropsychologist, Baptist Health
- Taylor Dunlap (2011-12)
  - Psychologist, Life Changes Group
- Elizabeth Schwaiger (2011-12)
- Melissa Stone (2012-13)
  - Psychologist, Child & Family Psychological Services
- Erika Updegrove (2012-13)
  - Psychologist, CHE Senior Psychological Services
- Megan Kavanagh (2013-14)
  - Neuropsychologist, Northshore Children’s Center for Neuropsychology
- Rebecca Stacy (2013-14)
  - Psychologist, Federal Bureau of Prisons
- Ashley Wood (2014-15)
- Christopher Malone (2014-15)
Central Institute of Mental Health (Research Postdoc)
Janelle Eloi (2015-16)
    Dartmouth-Hitchcock (postdoc)
Emily Williamson (2015-16)
    Neuropsychologist, Gaylord Specialty Healthcare
Ashley Couto (2016-2017)
    Wake Forest Medical Center (postdoc)
Emma Gosselin (2016-2017)
    Brown-VA Providence Healthcare System Training Consortium (postdoc)
Samuel Gable (2016-2017)
Lauren Baumann (2017-2018)
    VA Central Western Massachusetts Healthcare System (postdoc)
Holly Dulaney (2017-2018)
    UC Davis Medical Center (postdoc)
Haroon Malik (2017-2018)
    Neuropsychologist, Newton Neuropsychology Group
August Price (2018-2019)
    UT Southwestern Medical Center (postdoc)
Jason Alan (2018-2019)
    UMass Medical Center (postdoc)
Joseph Boscarino (2018-2019)
    USF Dept of Neurosurgery and Brain Repair (postdoc)
Melissa Gardner (2019-2020)
    Practicum student
Megan Valler (2019-2020)
    Henry Ford Health Sciences System (intern)
Elina Talis (2019-2020)
    NYU (postdoc)
Sarah Boucher (2019-2020)
    UT Southwestern (postdoc)
Lawrence Chan (2020-2021)
    Phoenix VA Healthcare System (intern)
Ammara Malik (2020-2021)
    Madison Veterans Affairs Medical Center (VAMC) (intern)
Amy Overpeck (2020-2022)
    Wright Patterson AFB (intern)
Karlie Ibrahim (2021-2022)
    VA Bedford Healthcare System (intern)
Barrington Latham
    Community Mental Health Center – Dorchester (Practicum)

Interns:
Malissa Kraft (2005-06):
    Neuropsychologist, VA Bedford Healthcare System
Esther Misdraji (2006-07):
  Adjunct Professor, Nova Southeastern University
Irene Pirytinsky (2007-08):
  Neuropsychologist, Beth Israel Deaconess Medical Center
Kelly Jones (2008-09):
  Neuropsychologist, private practice
Erin Reynolds (2009-10)
  Neuropsychologist, Baylor, Scott, & White Sports Concussion Program
Anya Potter (2010-11)
  Neuropsychologist, Child & Family Psychological Services
Thomas Laudate (2010-11)
  Neuropsychologist, Tufts University
Lindsay Miarmi (2011-12)
  Neuropsychologist, Beth Israel Deaconess Medical Center
Haley Trontel (2012-2013)
  Neuropsychologist, Transitions Professional Center
Erika Clark (2013-2014)
  Neuropsychologist, UMass Medical School
  Neuropsychologist, MGH for Children – Lurie Center
Michael Sugarman (2015-16)
  Neuropsychologist, MUSC
Kayla Whearty (2016-2017)
  Neuropsychologist, Northwell Health
Katherine Hartnack (2017-2018)
  Neuropsychologist, Neuro Hope Psychotherapy and Neurofeedback
Ashley Couto (2018-2019)
  Wake Forest Medical Center (postdoc)
Emma Gosselin (2019-2020)
  Neuropsychologist, VA Manchester Healthcare System
Sarah Boucher (2020-2021)
  Postdoc, UT Southwestern Medical Center
Ryan Mulligan (2021-2022)
  Postdoc, VA Central Western Massachusetts Healthcare System

Postdoctoral Residents:
Lee Ashendorf (2005-07):
  Neuropsychologist, VA Central Western Massachusetts Healthcare System
John Smolinsky (2007-09):
  Assistant Professor, Suffolk University
Paul Costanza (2008-10)
  Psychologist, East Pierce Family Medicine
Hector Adames (2008-10)
  Assistant Professor, Chicago Professional School of Psychology
Meghan Mitchell (2009-11)
   Neuropsychologist, Tewksbury Hospital
Julie Horwitz (2009-11)
   Neuropsychologist, UCHealth, CO Springs
Erin Reynolds (2010-12)
   Neuropsychologist, Baylor, Scott, & White Sports Concussion Program
Kalika Kelkar (2011-13)
   Neuropsychologist, VA Cincinnati Healthcare System
Rachel Berman (2013-15)
   Neuropsychologist, Senior Clinical Scientist, Bracket
Erika Clark (2014-16)
   Neuropsychologist, UMass Medical Center
   Neuropsychologist, Private Practice, Washington DC
Michael Sugarman (2016-2018)
   Neuropsychologist, Medical University of South Carolina
Sara Sullivan (2016-2018)
   Neuropsychologist, VA Bedford Healthcare System
Robyn Migliorini (2017-2019)
   Neuropsychologist, Private Practice, Oregon
Erica Appleman (2018-2020)
   Neuropsychologist, Clinical Scientist, Bracket
Ramona Rostami (2018-2020)
   Neuropsychologist, Hefner VAMC, Salisbury NC
Melissa Rindge (2019-2021)
   Neuropsychologist, VA Manchester Healthcare System
Brandon Frank (2020-2022)
   Neuropsychologist, VA Boston Healthcare System, Neurology
Lauren Strainge (2020-2022)
   Neuropsychologist, Private Practice, Connecticut
Zoe Bell (2021-2023)
   2nd year Postdoc, VA Bedford Healthcare System
Appendix A – Summary of Expected Competencies

Integration of Science and Practice
1. Maintain currency of knowledge and skills in clinical neuropsychology practice, using scientific literature, seminars, conferences, training sessions, and/or other evidence-based resources.
2. Demonstrate and utilize knowledge about
   a. the neuropsychology of behavior and additional areas as relevant to practice, especially neuroanatomy, neural systems, brain development, and neuropathology.
   b. psychometrics and the scientific basis of assessment and test selection
   c. signs/symptoms, patterns of prevalence and incidence, patterns of impairment, and the functional impact of a variety of neurological, psychiatric, and medical conditions.
3. Apply key components of evidence-based practice in selecting appropriate assessments/interventions, recommendations, and supervision methods.

Ethical and Legal Standards/Policy
1. Have knowledge of, and consistently act in accordance with, the current APA Ethical Principles of Psychologists and Code of Conduct, as well as relevant laws, statutes, regulations, rules, and policies governing the practice of clinical neuropsychology at the organizational, local, state, regional, and federal levels.
2. Be conversant with ethical and legal issues relevant to psychologists and neuropsychologists.
3. Recognize ethical dilemmas as they arise, apply ethical decision-making processes to resolve dilemmas, and utilize professional and legal consultation as appropriate.
4. Conduct self in an ethical manner in all professional activities.

Individual and Cultural Diversity
1. Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
2. Integrate current theoretical and empirical knowledge of diversity issues in neuropsychological assessment, research, treatment, and consultation.
3. Understand and appreciate how cultural, linguistic, disability, and other demographic/socioeconomic factors affect the process and outcomes of neuropsychological assessments and the application of normative data and interpretations in specific populations.
4. Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.

Professional Identity and Relationships/Self-Reflective Practice
1. Possess knowledge of the varying roles of clinical neuropsychologists across settings.
2. Demonstrate professional behavior and comportment that reflects the values and attitudes of clinical neuropsychology.
3. Maintain productive relationships with a variety of individuals and demonstrate effective interpersonal and communication skills.
4. Engage in reflective self-assessment regarding limits of competence (e.g., knowledge base and skill sets necessary for practice).
5. Exhibit awareness of personal and professional problems and demonstrate positive coping strategies with personal and professional stressors and challenges.

Interdisciplinary Systems/Consultation
1. Understand the key issues, concepts, and roles in related disciplines (e.g., neurology, psychiatry, neuroradiology, rehabilitation, and education) and other health professions, communicate effectively with other professionals, place appropriate referrals, and integrate the perspectives of other disciplines into case conceptualizations.
2. Function effectively in consulting roles across settings, clarify referral questions, apply knowledge appropriate to each setting, and effectively communicate results to referral sources both verbally and in writing.

Assessment
1. Accurately discern and clarify neuropsychological assessment questions, including who will be the “consumers” of the assessment results, and how assessment results will be utilized.
   a. Effectively gather information essential to addressing assessment questions through clinical interviews, targeted behavioral observations, records review, and objective test scores.
2. Interpret assessment results to produce integrated conceptualizations, accurate diagnostic classifications, and useful recommendations.
3. Communicate the results and conclusions both orally and in written reports in an accurate, helpful, and understandable manner, sensitive to a range of audiences.
4. 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
1. Understand evidenced-based intervention practices to address cognitive and behavioral problems present in different clinical populations.
2. Understand how complex neurobehavioral disorders and sociocultural factors can affect the applicability of interventions.
3. Employ assessment and provision of feedback for therapeutic benefit.
Research
1. Accurately and effectively perform neuropsychological research activities, monitor progress, evaluate outcome, and communicate research findings.
2. Apply knowledge of existing neuropsychological literature and the scientific method to generate appropriate research questions and determine effective research design and appropriate analysis.

Teaching/Supervision/Mentoring
1. Demonstrate knowledge of teaching, supervision, and mentoring theories, methods, and practices relevant to clinical neuropsychology.
2. Teach, supervise, and mentor more junior trainees in clinical neuropsychology effectively and appropriately.

Management/Administration
1. Possess knowledge of common administrative and business practices in neuropsychology practice.
2. Manage responsibility for key patient care tasks and contacts with effective documentation in a timely manner.
## Appendix B – Competency Rating Chart

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<tbody>
<tr>
<td><strong>Below resident level</strong></td>
<td><strong>At resident level</strong></td>
<td><strong>Independent practice</strong></td>
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<tr>
<td>Needs remediation (likely in the form of a PIP)</td>
<td>Deficiencies noted in possibly more than 1 area, still may be PIP-worthy, continue to monitor; very close supervision needed</td>
<td>Some level of deficiency noted in at least one part of the respective domain; close supervision needed</td>
<td>Operating as an entry level resident; No glaring deficiencies, but needs some supervision to improve and refine skills (Average residents should start here)</td>
<td>Operating at a satisfactory level; Still needs some supervision, but has generally sound skills, professional behavior, instincts (above average residents may start here)</td>
<td>Operating as a highly functioning resident; has benefitted from training, has a good repertoire of clinical skills, refined diagnostic skills; little to no supervision needed (Ideally, residents at the end of their training should be here)</td>
<td>Operating at a level of an independent psychologist; Needs minimal supervision other than what is required by statute</td>
<td>Operating at a level of an independent practitioner; no supervision needed</td>
<td>ABPP, operating at an advanced level</td>
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<td>Needs substantial supervision</td>
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