# Michael E. DeBakey VA Medical Center


# CLINICAL NEUROPSYCHOLOGY

# POSTDOCTORAL RESIDENCY PROGRAM

## Applicant Information 2023 - 2025

**Nicholas Pastorek, Ph.D., ABPP**

**Neuropsychology Residency Director**

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# WHY MEDVAMC?

## Specialty Accredited in Clinical Neuropsychology by the APA

One of only 43 specialty-accredited neuropsychology residencies nationwide

## Successful Publication Track Record Among Neuropsychology Residents

Protected research time, access to large datasets, opportunities for interdisciplinary research collaboration

## High Quality Neuroscience Sequence through Baylor College of Medicine

Protected time for this (i.e., 50% caseload) and other didactics

## Competitive Salary and Benefits

Year 1 - $53,275

Year 2 - $56,154

11 federal holidays, 13 personal and 13 sick days, 7 administrative days annually

## Diverse Community

Houston is consistently ranked as one of the most diverse cities in the nation

## Access to Other Texas Medical Center (TMC) Institutions

MEDVAMC residents have access to didactic and research opportunities at additional institutions in the TMC, the largest medical complex in the world

## Manageable Clinical Caseload

Approximately 4 assessment per week with the opportunity to provide intermediate supervision to junior trainees

## Opportunities for Leadership

2nd-year Chief Administrative Resident and Chief Research Resident positions

## Opportunities for Project Development

Residents have the opportunity to develop projects in line with their interests and goals, including psychoeducational groups, partnerships with other disciplines, and novel rotations

## Preceptor Model with Individually Tailored Training Plans

Weekly meeting with preceptor to discuss training needs and professional development

Focus is on the need of each resident with options for complimentary clinical training (e.g., PTSD, Spinal Cord Injury, Mental Health/Primary Care Integration)

## Large, Growing Psychology Training Staff

7 full-time neuropsychologists

140+ Psychologists

## Opportunities to Interact with Other Disciplines

Weekly didactics for all psychology residents at the MEDVAMC

Opportunities for interdisciplinary teamwork and consultation

## Opportunities to Supervision Interns and Externs

8 generalist interns, 1 neuropsychology intern, and several externs

## ABPP/ABCN Board Preparation

Includes 2 practice fact finding, practice sample defense, practice ethics exam, practice written exam, and a bi-weekly ABPP/ABCN journal club/study group

## Focus on Preparation for Independent Practice as a Clinical Neuropsychologist

Past residents have secured jobs well in advance of the end of residency (65% academic / VA medical centers, 20% private hospital, 15% private practice)

## Robust Alumni Network

Graduates of the residency join an extensive alumni network nationally, with opportunities for collaboration and networking

## INTRODUCTION

The Psychology Training Program would like to thank you for inquiring about postdoctoral training in psychology at the Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC). We are excited you are considering continuing your clinical training with us. Our program offers a two-year specialty Residency in Clinical Neuropsychology. This Residency is accredited by the American Psychological Association (APA) as a Specialty Practice Postdoctoral Residency in Clinical Neuropsychology and is designed to be consistent with Houston Conference Training Guidelines for neuropsychology training. This brochure contains important information about the guidelines and structure for neuropsychology training, including information on hospital and Residency policies, the philosophy and training model of the Residency, a description of the specialty Residency, aims of the Residency, and a description of training resources.

In addition to the specialty accredited Clinical Neuropsychology Residency, there exists a separate APA accredited Traditional Practice Psychology Postdoctoral Residency with emphasis areas in Trauma, Anxiety and Stress, Serious Mental Illness, Primary Care Mental Health Integration, General Mental Health, and LGBTQ. Although there are many overlapping training opportunities, and many opportunities to interact professionally and outside of Residency training, the Clinical Neuropsychology Residency is programmatically distinct from the Traditional Practice Residency. General questions regarding the overall Postdoctoral Training Program should be directed to the Psychology Training Director (Dr. Ellen Teng) or Assistant Training Directors (Dr. Ashley Clinton, Dr. Jennifer Bogwu).

The MEDVAMC Clinical Neuropsychology Postdoctoral Training Program subscribes fully to the guidelines and principles set forth by the APA Committee on Accreditation (CoA), the Association of Psychology Postdoctoral and Internship Centers (APPIC), and is a member program of the Association for Postdoctoral Programs in Clinical Neuropsychology (APPCN). The APA code of ethics provides an integral guiding structure for professional conduct as a training program. Other important guidelines are found in the rules and regulations of the Texas State Board of Examiners of Psychologists (TSBEP; https://www.bhec.texas.gov/texas-state-board-of-examiners-of-psychologists/index.html).

The postdoctoral residency in professional psychology is fully accredited by the APA. 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 First Street, NE

Washington, DC 20002-4242

Phone: (202) 366-5979/ E-mail: apaaccred@apa.org

Web: www.apa.org/ed/accreditation

## APPLICATION AND SELECTION PROCEDURES (2023-2025)

We are recruiting for two Clinical Neuropsychology Residents for the 2023-2025 class. To apply please submit the following materials by 12/19/2022.

1. Statement of Interest
2. Curriculum Vitae
3. Graduate School Transcripts
4. Three Letters of Recommendation (letter writers should send letters directly to Dr. Pastorek via email or mail)
5. APPCN Doctoral Verification Form (https://appcn.org/doctoral-training-verification/)

These materials can be emailed directly to Dr. Pastorek at Nicholas.Pastorek@va.gov or mailed to:

Dr. Nicholas Pastorek
2002 Holcombe Blvd (RECL 117)
Houston, TX 77030

### Eligibility

Qualifications for the postdoctoral residency include: U.S. citizenship, as per nationwide VA guidelines; successful completion of an APA or CPA accredited internship and an APA, CPA, or PCSAS accredited academic program; earned a Ph.D. or Psy.D. in clinical or counseling psychology; and applicant's dissertation must be completed, or expected to be completed, by the beginning of the postdoctoral training year (August 14, 2023).

Appointment is also contingent upon successfully passing standard federal employment screening (e.g., security background check, passing employment physical, electronic fingerprinting, etc.). Prior to starting, Residents are required to have immunizations (or proof of immunity) for COVID-19, measles, mumps, rubella, and varicella. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this Residency and fit the above criteria, you will have to sign it.

## Selection Process

All complete applications received by the deadline will be reviewed by members of the neuropsychology team. We use a "goodness of fit" model in selecting Residents and look for applicants whose training backgrounds and interests are consistent with the scientist-practitioner model. Applicants are pre-screened based on the quality and strength of their previous training and how well their stated interests fit the aims and objectives of our residency program. Generally, we seek applicants who have a solid breadth of neuropsychological assessment and intervention experience and a solid background in research with evidence of scholarly productivity. Completion of a neuropsychology internship, or neuropsychology doctoral program, are not required but are viewed as positive attributes in the evaluation process. In keeping with the Houston Conference Guidelines, applicants should have neuropsychology experience prior to starting this residency.

Qualified applicants who appear to be a "good fit" with our training program will be invited to interview with select neuropsychology staff and current neuropsychology Residents. The MEDVAMC is an Equal Opportunity Employer, and the Psychology Training Program is committed to ensuring a range of diversity among our trainees. We select candidates representing different ethnic/racial backgrounds, sexual orientations, disabilities, geographic locations, and life experiences. Applicants with a disability who require accommodations for the application process or interview are encouraged to contact the Neuropsychology Residency Director to discuss their needs. We will make reasonable accommodations upon request. General questions regarding the residency should also be directed to the Neuropsychology Residency Training Director.

## Interview Process

We plan to conduct in-person interviews at the 2023 Annual Meeting of the International Neuropsychological Society (INS) and we anticipate that at least several staff members will be in attendance to conduct the interviews. Our ability to conduct in-person interviews at that meeting, however, will be dictated by several factors including whether the conference is still held in-person and travel restrictions that may be implemented by states or the federal government. In line with guidance provided by the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN), we will also offer video-based interviews to applicants on January 26th and 27th, 2023.

The program is committed to providing similar interview experiences to interviewees participating via in-person and virtual interviews. Future applicants should contact the training director for the most up-to-date information regarding interview options. We are an APPCN member program and will abide by the NMS neuropsychology match and related rules.

## RESIDENCY PROGRAM TABLES

Date Program Tables are Updated: 9/5/22

Program Disclosures

| | |
|---|---|
| **Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?** | No |
| If yes, provide website link (or content from brochure) where this specific information is presented: | |
| | |

**Program Admissions**

| **Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:** |
|---|
| The MEDVAMC Clinical Neuropsychology Residency is specialty accredited by the APA and a member program of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). Prior to the application deadline, interested applicants will submit an APPCN doctoral verification form (https://appcn.org/doctoral-training-verification/), a statement of interest, a current CV, three letters of recommendation, and graduate school transcripts. Once received, these materials will be reviewed by the neuropsychology team who will consider the match between applicants' past training experiences, stated professional goals, and MEDVAMC resources. We use a "goodness of fit" model in selecting Residents and look for applicants whose training backgrounds and interests are consistent with the scientist-practitioner model. After the neuropsychology team has reviewed the applications, a final pool of applicants will be offered interviews at the winter meeting of the International Neuropsychological Society (INS) or via videoconferencing. Following interviews, MEDVAMC will create a rank-order-list which we will submit to NMS as part of the APPCN match. Historically, MEDVAMC receives approximately 35 applications for 2 residency positions and extends interviews to approximately 18 applicants.<br><br>The MEDVAMC is an Equal Opportunity Employer, and the Psychology Training Program is committed to ensuring a range of diversity among our trainees. We select candidates representing different ethnic/racial backgrounds, sexual orientations, disabilities, geographic locations, and life experiences. |

| **Describe any other required minimum criteria used to screen applicants:** |
|---|
| Qualifications for the postdoctoral residency include: U.S. citizenship, as per nation-wide VA guidelines; successful completion of an APA or CPA accredited internship and academic program; earned a Ph.D. or Psy.D. in clinical or counseling psychology; and applicant's dissertations must be completed, or expected to be completed, by the beginning of the postdoctoral training year (August 14, 2023).<br><br>Appointment is also contingent upon successfully passing standard federal employment screening (e.g., security background check, passing employment physical, electronic fingerprinting, etc.). Prior to starting, Residents are required to have immunizations (or proof of immunity) for measles, mumps, rubella, and varicella. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. |

**Financial and Other Benefit Support for Upcoming Training Year**

| | |
|---|---|
| Annual Stipend/Salary for Full-time Residents | **$53,275** |
| Annual Stipend/Salary for Half-time Residents | **N/A** |
| Program provides access to medical insurance for Resident? | **Yes** |
| **If access to medical insurance is provided:** | |
| Trainee contribution to cost required? | **Yes** |
| Coverage of family member(s) available? | **Yes** |
| Coverage of legally married partner available? | **Yes** |
| Coverage of domestic partner available? | **Yes** |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | **104** |
| Hours of Annual Paid Sick Leave | **104** |
| 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): ***Determined on a case by case basis** | |

(Provide an Aggregate Tally for the Preceding 3 Cohorts)

| | **2019-2022** |
|---|---|
| Total # of residents who were in the 3 cohorts | **6** |
| Total # of residents who remain in training in the residency program | **2** |
| | |
| Location of Preceding 3 Cohorts | |
| Community mental health center | 0 postdoctoral resident; 0 employed position |
| Federally qualified health center | 0 postdoctoral resident; 0 employed position |
| Independent primary care facility/clinic | 0 postdoctoral resident; 0 employed position |
| University counseling center | 0 postdoctoral resident; 0 employed position |
| Veterans Affairs medical center | 2 postdoctoral resident; 1 employed position |
| Military health center | 0 postdoctoral resident; 0 employed position |
| Academic health center | 0 postdoctoral resident; 2 employed position |
| Other medical center or hospital | 0 postdoctoral resident; 0 employed position |
| Psychiatric hospital | 0 postdoctoral resident; 0 employed position |
| Academic university/department | 0 postdoctoral resident; 0 employed position |
| Community college or other teaching setting | 0 postdoctoral resident; 0 employed position |
| Independent research institution | 0 postdoctoral resident; 0 employed position |
| Correctional facility | 0 postdoctoral resident; 0 employed position |
| School district/system | 0 postdoctoral resident; 0 employed position |
| Independent practice setting | 0 postdoctoral resident; 1 employed position |
| Not currently employed | 0 postdoctoral resident; 0 employed position |
| Changed to another field | 0 postdoctoral resident; 0 employed position |
| Other | 0 postdoctoral resident; 0 employed position |
| Unknown | 0 postdoctoral resident; 0 employed position |

## MICHAEL E. DEBAKEY VA MEDICAL CENTER OVERVIEW

The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) is a 500-bed general medical and surgical hospital. This state-of-the-art hospital opened in 1991 and is a teaching hospital affiliated with Baylor College of Medicine for instruction and clinical experience in various medical specialties. The MEDVAMC is part of the Texas Medical Center—one of the largest medical complexes in the nation. Approximately 50 of the beds are assigned to the Mental Health Care Line; the remainder to Medicine, Neurology, Surgery, Spinal Cord Injury, and Rehabilitation and Extended Care Lines. The majority of Veterans are treated on an outpatient basis.

A large number of training programs are conducted within the hospital, and postdoctoral Residents assigned to this institution will be in a setting that provides both a high degree of intellectual stimulation as well as extensive opportunities for interdisciplinary interactions. Some of the training programs include: internship and/or residency assignments in medicine, dentistry, dietetics, hospital administration, pharmacy; and affiliated traineeships in audiology and speech pathology, occupational, kinesiotherapy, social work, and nursing.

The MEDVAMC sponsors hospital-wide programs to increase awareness and understanding of culturally diverse populations. In addition to an active EEO program, the hospital sponsors programs such as Houston Hispanic Career Day Forum, Black and Hispanic Mentoring Programs, Cultural Diversity Training, and various celebrations and ethnic heritage programs.

Within the hospital, an active program of medical and clinical research is conducted that is designed to explore problems on all frontiers of medical science. Animal laboratories, special facilities for observation and study in the behavioral sciences, and nationwide cooperative studies are ongoing and provide a number of opportunities for Residents to become involved in research.

The MEDVAMC library has computerized links to a network of virtual library resources. The largest of these is the Jesse Jones Library located within the Texas Medical Center. Trainees have access to an extensive collection of full text on-line journals, reference books, and current journals in the medical sciences, psychology, and other related disciplines. Close proximity of the hospital to the Texas Medical Center, Rice University, University of Houston, and Texas Southern University provides easy access to the libraries and teaching facilities of these institutions.

The MEDVAMC is conveniently located near the center of Houston, the fourth most populous city in the nation. Houston is often listed as one of the nation's most affordable cities to live in. There are a number of residential areas close by and an excellent choice of rental apartments or houses

is available. Houston is a culturally diverse city, with over 90 languages spoken throughout the area and an ever-expanding array of cultural events scheduled year round. Entertainment options abound, including being home to a 17-block theater district, a large museum district, professional sports teams including NFL, NBA, MLS, and MLB franchises, and is host to the world's largest livestock show and rodeo. Houston is known for its culinary options and has over 11,000 restaurants.

## MEDVAMC POLICIES

**Stipend:** Stipend and benefits are competitive with similar training programs nationally and consistent with VA personnel policies. The salary for all first-year Residents is set at $53,275 by VA Central Office. Neuropsychology Residents are paid $56,154 in the second year.

**Time Requirements**: Clinical Neuropsychology Residents are required to complete 2 years of full-time supervised training during on-duty time. Regular work hours are 8:00am to 4:30pm, Monday through Friday, except for federal holidays. Lunch breaks are 30 minutes, usually taken from 12:00pm to 12:30pm. Should extensive periods of illness or other reasons prevent a Resident from recording 2 years of training, they may have to work beyond the original appointment without compensation to successfully complete the Residency. If a Resident is regularly staying late to complete work on a rotation, the training director and/or preceptor may discuss and/or meet with the Resident and supervisor to discuss concerns.

**Non-Standard Duty Hours**: If a Resident's clinical assignment regularly offers patient care activities outside of normal duty hours, and the Resident wishes to participate, a non-standard tour of duty can be requested to accommodate these activities. Non-standard tours must be for at least 1 month and be approved by the Preceptor, Clinical Neuropsychology Residency Director, and Psychology Training Director. The Resident must have appropriate supervisory coverage.

**Sick Leave (SL):** Like other VA employees, Residents earn 4 hours of sick leave per pay period (13 days for the year), but they must have earned leave "on the books" in order to use it. This leave can be used for personal illness, medical/dental care, or to care for members of immediate family who are ill or injured. Residents may be required to submit a physician's note documenting the care or illness for repeated or lengthy use of sick leave for greater than 3 consecutive days of sick leave. Use of sick leave for situations other than the aforementioned reasons is not permitted.

**Annual Leave (AL)**: In addition to paid time off for 11 annual federal holidays, Residents earn 4 hours of annual leave each pay period (13 days for the year), but they must have earned leave "on the books" in order to use it. Residents are encouraged to use all of their annual leave during their training year because it is not always possible to transfer AL to another facility. Residents are discouraged from saving up their annual leave to be used all at one time. Relatedly, Residents may not use AL to end their Residency early; Residents are expected to be present at this facility on the last day of Residency.

**Authorized Absence (AA):** Over the course of each training year, a maximum of 7 days of Administrative Leave (a separate leave category) may be granted for approved professional development activities (e.g. relevant conferences, job interviews, continuing education).

**Leave without Pay (LWOP):** In extenuating circumstances, LWOP may be granted. This will be done in accordance with Office of Personnel Management guidelines: http://www.opm.gov/policy-data-oversight/pay-leave/leave-administration/fact-sheets/leave-without-pay/. Please note that, according to the Office of Academic Affiliations, Residents transitioning to another VA or position within the federal government after successfully completing the Residency should not expect to receive LWOP during this transition.

**Outside Employment:** The Residency period is busy and demanding. Since the Psychology Training Program is responsible for Residents' clinical training and supervision, outside paid employment for clinical activities such as therapy or psychological assessment is strongly discouraged. Residents should not commit to any outside employment or volunteer activities of a psychological nature without first discussing outside employment opportunities with the training director and senior psychologist.

**Supervision**: Residents have an identified supervisor and backup supervisor on each rotation. On each rotation, at least one hour of regularly scheduled individual supervision is required and an additional minimum of one hour of group supervision. The ground rules of supervision are discussed at the beginning of the rotation and must conform to the terms of the supervisor agreement form (see appendix for the Graduated Levels of Responsibility for Psychology Interns, Residents, and Unlicensed Staff form). Supervisors must be on site at all times during the residents' term of duties and must be available for emergency issues as they arise at any time. Both supervisors and residents are equipped with pagers for initiation of communication as needed.

**Drug Screening:** The MEDVAMC is a drug-free workplace. As a Health Professional Trainee, you are subject to random drug testing. Please access this link for more information. https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf.

## NEUROPSYCHOLOGY RESIDENCY OVERVIEW

The primary aim of the MEDVAMC Postdoctoral Residency in Clinical Neuropsychology is to provide advanced training in the specialty of clinical neuropsychology that prepares Residents for independent practice in settings where the psychologist provides neuropsychological assessment, treatment recommendations and interventions for patients with various medical, psychiatric, and neurological conditions. It is also our aim that graduates of this Residency pursue board certification in clinical neuropsychology through the American Board of Professional Psychology. These aims are accomplished through the Resident's active participation in major clinical neuropsychology rotations (i.e., approximately 6 months with each full time staff neuropsychologist for 16 hours per week); relevant minor placements (i.e. typically 4 months for 8 or 16 hours per week) in locations such as the Sleep Medicine Clinic, Oncology Service, and Spinal Cord Injury Unit; didactic and research experiences; a neuroanatomy course through Baylor College of Medicine; and advanced psychotherapy training (occurring within the neuropsychology rotations or through minor rotations). The program emphasizes sound clinical practice informed by an understanding of empirical support/extant literature, knowledge of various theoretical models, and application of critical thought. This approach is fully consistent with the VA commitment to provide psychology training in evidence based practices. We are a member program of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN), designed to be consistent with recommendations of the Houston Conference for Training in Clinical Neuropsychology, and provide training designed to meet the post-doctoral requirements for board certification in Clinical Neuropsychology (American Board of Professional Psychology/American Board of Clinical Neuropsychology). This Residency is accredited by the APA as a Specialty Practice Postdoctoral Residency in Clinical Neuropsychology.

## TRAINING MODEL AND PROGRAM PHILOSOPHY

The Postdoctoral Residency in Clinical Neuropsychology is based on a scientist-practitioner model of training. Residents are expected to engage in clinical and didactic training and remain

actively involved in research across the training term. We view research and scholarly activities as informing and directing clinical practice, and in turn, clinical practice guiding research questions and activities. As per APPCN guidelines, Clinical Neuropsychology Residents will have a minimum of 4 hours per week dedicated to clinical research activity and 4 hours per week dedicated to educational activities on average. We view the vital inter-dependence of science and practice in clinical psychology as a core principle upon which the training system is structured.

## PROGRAM ORGANIZATION

The Clinical Neuropsychology Residency is one of several postdoctoral training programs administered by the Psychology Training Program which is part of the larger Psychology Practice at the MEDVAMC. Although there are some overlapping training opportunities, and many opportunities to interact professionally as well as outside of Residency training, the Clinical Neuropsychology Residency is programmatically distinct from the APA accredited Traditional Practice Residency and is headed by a program director (Nicholas Pastorek, Ph.D., ABPP, Director, Clinical Neuropsychology Postdoctoral Residency). The Neuropsychology Residency Director formally meets with the staff neuropsychologists every 6 months, at a minimum, to discuss relevant programmatic issues and trainee progress. Neuropsychology staff also meet informally, approximately weekly if necessary to discuss non-urgent training issues. Decisions regarding the Neuropsychology Residency are made via consensus among the staff neuropsychologists. Within the Neuropsychology Residency, incoming neuropsychology Residents each select a neuropsychology preceptor from core neuropsychology faculty who provide weekly individualized supervision and mentorship as Residents advance through the program.

As previously indicated, Clinical Neuropsychology Residency activities occur within the overarching MEDVAMC Psychology Training Program which is headed by the Psychology Training Director (Ellen Teng, Ph.D.), Psychology Training Committee, and the Psychology Postdoctoral Steering Committee. Neuropsychology preceptors are members of the Psychology Postdoctoral Steering Committee.

## COVID-19 PROGRAM CONSIDERATIONS

The Clinical Neuropsychology Residency adapted very quickly to the COVID-19 pandemic to minimize possible impact on patient care and associated training opportunities. Working closely with the general training program, Clinical Neuropsychology Residents were placed on telework agreements, were trained in telehealth procedures, and were providing telephone- and video-based neuropsychological assessments and other services within weeks of local and national shelter-in-place orders being issued in March 2020. This was due in part to the experience of the neuropsychology staff in providing extensive phone screenings and the availability of telehealth resources (e.g., formal trainings, HIPAA compliant video platforms) within the VA. Didactics, interdisciplinary rounds, and supervision also continued via videoconferencing and telephone with little interruption. As such, Residents provided critical clinical services and accrued essential postdoctoral experience despite the necessity of working from home to observe important physical distancing recommendations. Neuropsychology residents have returned to seeing Veterans in-person, although some Veterans may request telehealth appointments. While the course of this worldwide pandemic remains unclear, Residents at the MEDVAMC should continue to expect access to high quality training opportunities whether in-person, teleworking, or a combination of both.

## CLINICAL NEUROPSYCHOLOGY COMPETENCIES

Clinical Neuropsychology Residents receive training of sufficient breadth to ensure advanced competency as a professional psychologist and also receive training of sufficient depth and focus to ensure the technical expertise and proficiency necessary to practice the specialty of clinical neuropsychology. The competencies we selected are based on our own philosophy, national guidelines including the Postdoctoral Residency Standards of Accreditation, and the Houston Conference Guidelines (e.g., sections VI: knowledge base; VII: skills; X: residency education). First, Clinical Neuropsychology Residents are expected to meet profession-wide competencies that apply to all postdoctoral residencies (e.g., (1) Ethical and Legal Standards, (2) Individual and Cultural Diversity, and (3) Research) at an advanced level. Second, Postdoctoral Residents in Clinical Neuropsychology are expected to meet advanced competency in the areas of (4) Professional Values, Attitudes, and Behaviors; (5) Communication and Interpersonal Skills; (6) Intervention; and (7) Consultation and Interprofessional/Interdisciplinary Skills. Lastly, Clinical

Neuropsychology Residents are expected to meet neuropsychology specialty competencies in the areas of (8) Neuropsychological Assessment and (9) Brain Behavior Relations at an advanced level. Other important training objectives are woven throughout the competencies, including: functional neuroanatomy, neurological disorders (etiology, pathology, course, treatment), impact of non-neurological disorders on the CNS, neuroimaging, psychopharmacology, specialized neuropsychological assessment techniques, neuropsychology research and design, professional issues in neuropsychology, and practical limitations of neuropsychology. These neuropsychology training objectives are largely drawn from the Houston Conference Guidelines (e.g., sections VI: knowledge base; VII: skills; X: residency education) as well as neuropsychology knowledge and skill that we implement through practice at MEDVAMC.

Successful performance across competency areas is assessed by supervisory ratings on Resident evaluation instruments. Residents are also required to present competency demonstrations prior to completing their training. The specific objectives for each clinical emphasis and specialty area are listed in the following sections.

## Competencies for Clinical Neuropsychology Residency

1. **Ethical and Legal Standards:** Residents are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and in accordance with the APA Code and relevant laws, regulations, rules, policies, standards, and guidelines.

2. **Individual and Cultural Diversity:** Residents are expected to develop depth and breadth in the understanding and knowledge of issues pertaining to diversity across the training year. Appreciation of the broad issues of diversity is an important competency that is required for adequate professional conduct in every aspect of psychological endeavor. Residents should demonstrate understanding of how self and others are shaped by cultural diversity and context and effectively apply this knowledge in professional interactions including assessment, treatment, and consultation.

3. **Research/Scholarly Work:** Residents are expected to engage in ongoing scholarly inquiry as it relates to their clinical work. This includes consulting the literature and integrating relevant theories and practices generated from empirically derived data into the psychological services they provide to patients. It is expected that Residents will be actively and productively involved in research and program evaluation related to mental illness and health.

**4. Professional Values, Attitudes, and Behaviors:** Residents should demonstrate continued professional growth, which includes movement toward licensure, production of scholarly material, participation in professional activities (e.g., attendance at regional and national conferences), and progress toward securing a position subsequent to completion of residency training. Residents are expected to exhibit professionalism in all endeavors and across settings.

**5. Communication and Interpersonal Skills:** Residents should demonstrate effective communication skills and the ability to develop and maintain successful professional relationships.

**6. Intervention:** Residents are expected to demonstrate a capacity to work effectively with a broad range of patients with diverse treatment needs and concerns. This includes gaining knowledge and experience in providing evidence-based treatments to specific populations, particularly in the Resident's focus area. Therapeutic modalities may include individual and group therapy. The Resident is expected to be aware of diversity issues as they impact on the selection and implementation of therapeutic interventions.

**7. Consultation and Interprofessional/Interdisciplinary Skills:** Residents are expected to reflect the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. These skills may be demonstrated through direct or simulated consultation opportunities.

**8. Neuropsychological and Psychological Assessment:** Through a combination of information gathering and history taking, the Resident should be able to assess patients' needs and assets accurately and develop advanced diagnostic formulations relevant to offering the most effective treatment. The Resident should develop more refined abilities to respond to referrals for neuropsychological testing by selecting, administering and interpreting a set of assessment instruments that are pertinent to answering complex referral questions from members of the interdisciplinary team. Evaluations should provide a diagnostic opinion; discuss both assets and limitations in the person's overall functioning and offer recommendations relevant to intervention planning. Assessment should reflect a sensitivity to cultural and diversity issues. Communication of findings should occur in a manner appropriate to the interdisciplinary setting.

**9. Brain Behavior Relations:** The Resident is required to develop an advanced understanding of topics in related to clinical neuropsychology. This includes an advanced understanding of brain behavior relationships to include functional neuroanatomy; neurological disorders to include

disease etiology, pathology, course, and treatment; non neurological conditions and cognition/behavior; imaging techniques, and psychopharmacology. Residents are expected to develop advanced knowledge related to the practice of clinical neuropsychology to include understanding of specialized assessment and intervention techniques (e.g., cognitive remediation).

## NEUROPSYCHOLOGY SKILL AND KNOWLEDGE DEVELOPMENT

To ensure that Clinical Neuropsychology Residents receive training of sufficient breadth, depth, and focus, Residents are immersed in clinical neuropsychology training for a two-year period. The development of advanced skill and knowledge will primarily occur through **four** mechanisms and these will ultimately be woven into an Individualized Resident Training Plan:

1. **Supervised Clinical Neuropsychology Experience:** Residents will receive supervised contact with patients during their clinical rotations across both years of the Residency. As a general framework, each week of the Residency will be approximately divided into 80% clinical service and 20% research and scholarly activity, though the proportion of clinical service and research activity can vary somewhat depending on the specific major and minor rotations in which the residents are participating. Residents are expected to work with each of the fulltime staff neuropsychologists across the duration of the Residency, with these rotations occurring at approximately 16 to 20 hours per week during alternating years of the Residency. The exact time allotment for these rotations will depend on co-occurring rotations, other training activities, and will be reflected in the Resident's ITP. As per APPCN guidelines, Residents will spend at least 4 hours per week in research activity and 4 hours per week in educational activities. Psychotherapy activities, research involvement, professional activities to include supervision and teaching, ethics and diversity experiences will also be integrated into the ITP according to the Resident's prior experiences, current interests, and determined needs.

2. **Neuropsychology Didactics:** Residents will have a combination of required and optional neuropsychology and postdoctoral Residency seminars/didactics which can be attended throughout the year. It is expected that Residents will spend, on average, at least 4 hours weekly involved in these educational activities. These activities may occur in-person or via videoconference. Available seminars include:

*Weekly Neuropsychology Seminar* (Required for first- and second-year Residents): Covers foundations of neuropsychology, including functional neuroanatomy, neuropathology, and assessment. With staff assistance, first year Residents will organize this course, which covers the presentation of foundational topics in neuropsychology (e.g., functional neuroanatomy, relevant cognitive domains, psychometric issues, cultural diversity, etc.) and will be assigned specific foundational topics as related to their training needs. In addition, Neuropsychology staff, and outside neuropsychologists, will direct a review of current literature as applied to clinical case presentations to further foster evidence based practice. The purpose of the seminars is to address topics related to the Houston Conference Guidelines for foundation of practice of Clinical Neuropsychology and will, in part, be integrated into a Resident's ITP.

*Biweekly Case Conference* (Required for first- and second-year Residents): Neuropsychology trainees and staff present recent, challenging cases to their colleagues. In most instances, the cases chosen for presentation will still be in progress, allowing the presenter to seek guidance and attempt to arrive at a consensus regarding the conceptualization of the case.

*Biweekly Neuropsychology Research Didactic* (Required for first- and second-year Residents): The Neuropsychology Education and Research Didactic Series will be led by the Chief Neuropsychology Research Resident. The agenda will include updates on ongoing projects, including opportunities for staff and trainees to present their research plans and initial results. A secondary goal of this didactic is to encourage new lines a research to benefit current and future trainees.

*Central Nervous System 1 and 2, Baylor College of Medicine* (Required for Residents not having already met Houston Conference Guidelines for Foundations of Brain-Behavior relationships; (March – June): Residents requiring this training foundation will attend the Nervous System classes at Baylor College of Medicine. This coursework covers CNS neuroanatomy, the neurological examination, and multiple CNS disease prototypes, and foundations of neuroimaging techniques. Both class lectures and laboratory work are required. Most class lectures are available to be streamed by currently enrolled Residents.

*Advanced Postdoctoral Resident Seminar Series* (Required for first year and Optional for second year Residents): Residents will attend weekly seminars covering a wide range of advanced issues in psychology presented by various staff to the all MEDVAMC psychology postdoctoral Residents (e.g., Serious Mental Illness, Trauma, and Neuropsychology).

*MEDVAMC Neurology Lecture Series* (Optional): Clinical Neuropsychology Residents are encouraged to attend this weekly seminar for neurology medical students and residents. Issues in neurology to include epilepsy, stroke, neurodegenerative disorders, and psychiatric issues are covered by MEDVAMC neurology staff.

*Prep for ABPP* (Required for first and second year residents): A Residents led, biweekly study group with discussion based on assigned readings. The goal of this group is to help the residents prepare for board certification in neuropsychology through the American Board of Professional Psychology (ABPP) / American Board of Clinical Neuropsychology (ABCN).

*Monthly National Residency Diversity Video Teleconference Seminar Series* (Required for first year and Optional for second year Residents): Residents may attend monthly seminars covering a wide range of advanced diversity issues in psychology organized by staff from the Multicultural and Diversity Subcommittee (MDSC) of the Psychology Training Committee. Presenters are from VA hospitals all over the country and all of the MEDVAMC post-doctoral Residents (e.g., Serious Mental Illness, Trauma, and Neuropsychology) also may attend.

*Monthly Postdoctoral Diversity Journal Club Seminar* (required for first year residents): Residents will attend monthly seminars covering a wide range of advanced diversity issues in psychology organized by staff from the diversity sub-committee of the Training Committee. All of the MEDVAMC postdoctoral Residents will attend the seminar and present one article and provide discussion questions.

*Monthly MHCL Education Conference* (Optional): Residents may attend monthly seminars covering a wide range of topics in psychology organized by staff from the MHCL Education Conference Committee. All of the MEDVAMC postdoctoral Residents may attend the seminar.

*Diversity Experiential Outings* (Required for first year Residents): The MDSC organizes experiential outings off-site that each MEDVAMC Resident can attend. During the pandemic, these activities have been conducted virtually. There will be 4 to 6 outings each year that consist of lunch, visiting a facility in Houston, and then discussing the event after.

*Brain Cuttings* (Optional): This didactic opportunity occurs approximately two times per month and is available across the year. Residents are encouraged to attend (staff typically attend as well) whenever possible. Brain cuttings are presented through the Pathology department at MEDVAMC.

*Baylor College of Medicine Neuropsychology Grand Rounds (*Optional*):* This is a series of neuropsychology topics presented at Baylor College of Medicine. Residents are forwarded announcements for upcoming seminars with cover a wide range of neuropsychology topics.

*Psychiatry, Neurology, and Cognitive Neuroscience Grand Rounds/Presentations* (Optional): Special topics in psychiatry and neurology are presented through Baylor College of Medicine.

*Professional Societies* (Optional): Residents are encouraged to participate in professional societies both on the local and national level. The Houston Neuropsychological Society (HNS) is an active group of neuropsychologists who meet monthly for an hour long didactic. Annually, this group also provides a 3-hour seminar conducted by a recognized leader in the field (past presenters include Muriel Lezak, George Prigatano, and Edith Kaplan). Residents are also encouraged to attend and present at national conferences, such as the International Neuropsychological Society, National Academy of Neuropsychology, and American Academy of Clinical Neuropsychology both to make research presentations as well as to attend didactics.

*Exposure to Interdisciplinary Services within the Hospital* (emphasized for first and second year Residents): Residents will be encouraged to attend interdisciplinary team meetings and to directly observe the clinical activities of professionals from other disciplines (approximately 1-2 days). An emphasis will be that Residents shadow

neurologists at the cognitive clinic as well as a social worker but other opportunities include meeting with speech language therapists, OT, PT, and psychiatry, etc.

3. **ABPP/ABCN Board Certification Preparation:** Residents who graduate from our APPCN member program should be eligible for ABPP/ABCN board certification in clinical neuropsychology. To date, all prior graduates through the class of 2017 have achieved board certification (as has one 2020 graduate), and most of the more recent graduates are actively pursuing board certification. To this end, a suite of preparatory experiences and didactics, developed and continuously updated by the neuropsychology training staff, are incorporated over the course of the residency. The ABPP/ABCN board certification preparation series is currently curated by Troy Webber, Ph.D., ABPP. Residents can expect to participate in the following ABPP/ABCN preparatory experiences:

   *ABPP/ABCN Board Certification Lecture:* As part of the annually presented Neuropsychology Seminar Cornerstone Lectures, Dr. Webber provides an overview of the board certification process, presents strategies for maximizing the preparatory process, and orients residents to the remainder of the ABPP/ABCN preparatory experiences and didactics.

   *ABPP/ABCN Prep Journal Club:* A bi-weekly journal club and study group coordinated by the residents. ABPP/ABCN prep materials are combined with outside readings to facilitate discussion about various neuropsychological concepts and syndromes. Each resident is responsible for selecting a supplementary reading from current literature and generating sample exam questions to facilitate the discussion. The primary reference material for the study group is the Clinical Neuropsychology Study Guide and Board Review by Kirk J. Stucky Psy.D., ABPP.

   *Practice Written Exam:* At the end of the first year, residents will take a practice written exam consisting of 50 multiple choice questions covering a broad array of neuropsychology-related topics, including neuroanatomy, clinical syndromes, neurodevelopment, and psychometrics. Residents are provided with feedback at the conclusion of the exam to inform continued development during the second year of the residency and preparation for the ABPP/ABCN exam.

*Practice Fact Findings:* Each resident will complete two practice fact findings, one at the end of the first year and one at the end of the second year. Fact findings will occur during weekly didactics to maximize exposure to the fact finding process and facilitate the learning of all trainees. Constructive and supportive feedback on the resident's fact finding process and conclusions will be provided at the conclusion of the exercise.

*Practice Written Sample:* At the end of the second year, residents will select two de-identified reports they have written over the course of residency that demonstrate their breadth and depth of neuropsychological knowledge and skills. These reports will be distributed to the neuropsychology staff and trainees in advance of the practice sample defense. Residents will be expected to defend aspects of their clinical decision-making and diagnostic conclusions in order to provide exposure to the ABPP/ABCN practice sample defense process.

*Practice Ethics Exam:* At the end of the second year, residents will complete a practice ethics exam, which will include various ethics vignettes designed to probe the resident's general knowledge of ethical principles and overall approach to the ethical practice of clinical neuropsychology.

*Didactic Calendar Required for 1st Year Residents*

| Didactic | Day | Time |
|---|---|---|
| Biweekly Neuropsychology Case Conference / Research Didactic | Every Thursday | 2:00 pm |
| Neuropsychology Seminar | Every Thursday | 3:00 pm |
| Diversity Journal Club | 3rd Thursday | Noon |
| Advanced Postdoc Seminar | Every Wednesday | 8:15 am |
| Diversity V-Tel | 2nd Wednesday | Noon |
| Administrative meeting with Psychology Training Director | 2nd Thursday | Noon |
| Prep for ABPP | Every other Friday | 2:00 pm |
| Administrative meeting with Neuropsychology Residency Director | Every other Friday | 2:00 pm |

4. **Neuropsychology Research:** Residents will be expected to engage in research and scholarly activities throughout the duration of the Residency. A host of supervisors for

research are available both at the MEDVAMC, and preceptors will help their Resident's identify a research supervisor. There is an expectation that Residents produce one publication quality research project during each year (e.g., two by completion of the Residency). We believe that placing an emphasis on research will allow Residents to further develop an understanding of research methodologies and will allow them to pursue their specialized interests within neuropsychology. Such skills will also allow the Resident to critically evaluate research, therapies, etc., thus producing a psychologist grounded in evidence-based practice. On average, Residents are provided a minimum of 4 hours/week of protected time for research activity and can receive up to 8 hours/week depending on the other training needs of the Resident.

5. **Supervision:** Residents will receive *no less* than two hours of individual supervision weekly and have no fewer than two supervisors during any training year. Residents will receive, at a minimum, 1 hour of direct supervision from each supervisor weekly and will additionally meet with their preceptor for 1 hour of direct supervision. Additional supervision, in both individual and group format will occur as a function of the Residents' ITP and training needs.

## INDIVIDUALIZED RESIDENT TRAINING PLAN

During the first two weeks of training, incoming Clinical Neuropsychology Residents will select from the neuropsychology staff a preceptor with whom they will work to develop an Individualized Resident Training Plan (ITP). During the first month of training, preceptors evaluate Residents' previous training experiences and current training needs within the framework of the Houston Conference Guidelines. The Resident's preceptor will subsequently meet with all clinical neuropsychology staff and present the summary of the Resident's training. The neuropsychology staff, through consensus, will make a determination about current training needs in order to satisfy Houston Conference Guidelines and to ensure eligibility requirements will be met for board certification through the American Board of Professional Psychology, Clinical Neuropsychology Specialty (ABPP/CN). After a Resident's training evaluation is completed, and the current training needs are identified, preceptors and Residents work to create an ITP. This plan is presented by the Resident to the Postdoctoral Steering Committee. Clinical Neuropsychology Residents must allow for time to engage in research activity and regularly scheduled didactics (a *minimum* of 4

hours research and 4 hours didactics, per week). As per APA guidelines, Residents will receive a *minimum* of 2 hours of individual supervision per week by a psychologist. Residents will receive an additional hour of supervision with their preceptor each week. We view the ITP as a negotiated document that outlines the primary means by which 1) Residents will meet the specialty goals of the clinical neuropsychology Residency program as well as 2) ensuring that the training experiences will meet the needs of the Resident.

The initial training plan outlined on the ITP is not necessarily final, and Residents can petition for changes later in the training term in accordance with their interests and training needs. The ITP will be reviewed by the Postdoctoral Steering Committee at the end of their first year. Residents wishing to change a clinical assignment should make informal arrangements to meet with all supervisors involved in the change and request the change in writing to their preceptor at least 1 month before the beginning of the assignment change. The Postdoctoral Steering Committee will decide on the requested change within 2 weeks. In addition, the Steering Committee may, at any time, require changes in a Resident's schedule to address shortcomings in core competency areas that are identified through the evaluation process.

The ITP outlines the nine competencies for the Clinical Neuropsychology specialty and includes methods for attaining advanced knowledge and skills in these areas. Specific neuropsychology knowledge and skill areas and Resident interests which have been identified will be incorporated into the framework of the ITP.

## EVALUATION OF TRAINING PROGRESS

Progress towards the successful completion of competencies occurs serially across the duration of the Residency (e.g., ongoing weekly supervision of Residents as they become increasingly proficient) and at set time points (e.g., preceptor and rotation evaluations every 4 - 6 months). Residents will also be given the opportunity to demonstrate advanced learning through formal presentations scheduled throughout residency. Specific talks will include: four foundations presentations on topics relevant to neuropsychological research and practice; one intervention competency presentation; and one assessment competency presentation.

Residents are expected to evaluate the quality of their supervisory and preceptor experience at the end of each rotation by completing evaluation forms. These forms should be submitted to the Training Director, who will then review the ratings and to monitor the quality of the supervisory

experience. Residents are also expected to provide program feedback during the course of their Residency and during their exit interview with the Psychology Training Director (Dr. Teng) and the Neuropsychology Training Director (Dr. Pastorek). Residents are also asked to complete hospital-wide surveys monitoring the quality of education and training.

## TRAINING OPPORTUNITIES

### *Neurology Care Line (NCL)*

Brian Miller, Ph.D.

The Neurology Care Line (NCL) has 20 inpatient beds with approximately 3,575 unique Veterans seen in both inpatient and outpatient contexts on an annual basis. The inpatient unit sees a wide variety of patient in acute and post-acute care for dementia, stroke, brain tumor, traumatic brain injury, anoxia/hypoxia, etc. There are a wide range of neurology outpatient clinics, including cognitive disorders, stroke, epilepsy, and movement disorders. The NCL neuropsychology service receives consults solely though the NCL inpatient and outpatient clinics. The neuropsychology service primarily offers neuropsychological assessments as essential services but to a lesser extent individual therapy services are provided. Approximately 200 outpatient neuropsychology consultations are accepted annually. Among outpatient consultations, approximately 25% have Alzheimer's Dementia, 25% Vascular Dementia, 10% Lewy Body Dementia, 15% other diagnoses of a neurological nature, and 5% other psychiatric disorders. NCL will occasionally receive referrals from the Neurology inpatient unit to evaluate their level of functioning or for a capacity evaluation. However, most inpatient consultations are in support of the Epilepsy Center of Excellence (approximately 150 per year) and all patients admitted for inpatient video EEG monitoring (typically 2-4 per week) undergo a brief evaluation.

The primary clinical activities occurring during the major rotation in the NCL will include outpatient neuropsychological assessments in typically older patients with various types of cognitive and behavioral dysfunction and inpatient evaluations for patients admitted for Epilepsy Long Term Monitoring (LTM). Patient populations include adults with neurodegenerative diseases (Alzheimer's, vascular, frontolobar, Lewy body, etc.), stroke, epilepsy, and neuropsychiatric disorders with evaluations bearing directly on disease diagnosis, treatment planning, and

functional independence. Residents will also assist in pre- and post-surgical evaluation of epilepsy patients, Wada's evaluations, and presentation of epilepsy cases at surgery planning meetings. There are opportunities to engage in brief, psychoeducational and/or skills-based therapies with patients on the LTM unit. There are ample research opportunities with Dr. Miller and/or other NCL staff available during this rotation.

### *Rehabilitation and Extended Care Line (RECL)*

Nicholas Pastorek, Ph.D., ABPP

The primary clinical activities of the neuropsychology trainee working in the Rehabilitation and Extended Care Line (RECL) will include outpatient neuropsychological assessment and intervention with Veterans with a history of traumatic brain injury who served in Operation Enduring Freedom / Operation Iraqi Freedom / Operation New Dawn / Operation Inherent Resolve (OEF/OIF/OND/OIR). As a member of the multidisciplinary polytrauma rehabilitation team, Residents will provide services including assessment of cognitive and academic functioning, individual psychotherapy, and family education and support. The Resident will learn to utilize innovative evidence-based practices for the purposes of reducing symptoms and maximizing independence. In addition to working with OEF/OIF/OND/OIR Veterans with a history of brain injury, the Resident will have the opportunity to provide assessment and intervention to Veterans on the inpatient rehabilitation unit with impaired cognitive functioning secondary to a host of factors, such as stroke, traumatic brain injury, anoxic brain injury, and brain tumors. Approximately 15 full evaluations are completed per month along with additional opportunities to administer focused psychoeducational interventions (e.g., psychological interventions for insomnia). Approximately 180 patients participate in outpatient and inpatient neuropsychology services per year. The Resident will also have the opportunity to attend and present in inpatient and outpatient interdisciplinary rounds.

## *General Neuropsychology*

Adam Christensen, Ph.D. and Jonathan Grabyan, Ph.D., Emily Kellogg, Ph.D., Troy Webber, Ph.D., ABPP

General Neuropsychology receives diverse inpatient and outpatient referrals from across all the Care Lines within MEDVAMC and satellite clinics (excluding Rehabilitation and Neurology), to include Primary Care, Mental Health, Spinal Cord Injury, General Medicine, and Long Term Care. Populations served include dementias (e.g., Alzheimer's, Vascular, Lewy Body, Frontotemporal Lobar Dementia), psychopathology, cerebrovascular disease, parkinsonism, substance abuse, HIV, demyelinating diseases, toxic-metabolic, and brain tumor. In addition, capacity evaluations are routinely requested from various providers. Evaluations are tailored to individual patient needs and referral questions, using a flexible battery approach. The Resident will have the opportunity to learn techniques of neuropsychological investigation, principles of interpretation, and specific recommendations with regard to the functional and diagnostic significance of findings.

## *Inpatient Consultation Liaison (Second Year Residents)*

Adam Christensen, Ph.D., Jonathan Grabyan, Ph.D., Emily Kellogg, Ph.D., Troy Webber, Ph.D., ABPP

Residents on this rotation assist with the management of inpatient referrals from many different care lines across the hospital. Residents are in charge of triaging incoming consults, communicating with referral sources, and providing direct clinical services to the inpatients. Populations served include those with acute and chronic medical and psychiatric conditions. The Resident will have the opportunity to adapt neuropsychological batteries to the unique physical limitations of each inpatient, collaborate with various interdisciplinary teams across the hospital, consult directly with referral sources, and become adept with answer questions about capacity.

### *Chief Administrative and Research Resident (Second Year Residents)*

Residents in these roles have the opportunity to assist the neuropsychology team with managing the residency and promoting growth through the creation of new clinical and research opportunities. Residents take leadership roles in such activities as organizing recruitment and interviewing processes and running biweekly research team meetings. Chief Residents are encouraged to develop program improvement projects that both align with their personal interests and enhance the experience of the neuropsychology trainees and staff.

### *Psychotherapy Rotations*

During the course of neuropsychology training, Residents are expected to gain psychotherapy experience. As there is a large psychology training staff at MEDVAMC there are multiple opportunities for Residents to gain experience in individual and group psychotherapy with a variety of patient populations. Descriptions of psychotherapy training opportunities can be found on the MEDVAMC webpage.

## CORE NEUROPSYCHOLOGY TRAINING STAFF

The following is a list of the core faculty who are actively are involved in the training of clinical neuropsychology postdoctoral Residents.

Tabina Choudhury, Ph.D.*, Spinal Cord Injury Neuropsychology

Adam Christensen, Ph.D., General Neuropsychology

Jonathan Grabyan, Ph.D., General Neuropsychology

Emily Kellogg, Ph.D., General Neuropsychology

Brian Miller, Ph.D., Neurology Neuropsychology

Nicholas Pastorek, Ph.D., ABPP, Rehabilitation Neuropsychology; Neuropsychology Residency Director

Troy Webber, Ph,D., ABPP, General Neuropsychology

Michele K York, Ph.D., ABPP, Parkinson’s Disease Research, Education and Clinical Center

*Dr. Choudhury will be joining the staff in September 2022 and may be eligible to offer a clinical rotation by September 2023.