

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Phoenix VA Health Care System

NEUROPSYCHOLOGY RESIDENCY

Phoenix VA Health Care System
Neuropsychology Residency Program
Psychology Section (116B)
650 East Indian School Road
Phoenix, Arizona 85012

Director of Training: Mary Lu Bushnell, Psy.D., ABPP-CN
Psychology Service Executive: Joelle Oizumi, Ph.D.



Application Due Date: December 15, 2023
Start Date: August 26, 2024

NEUROPSYCHOLOGY RESIDENCY PROGRAM

Training Brochure | 2024 - 2026 Training Years

Executive Group

Joelle Oizumi, Ph.D.
Psychology Service Executive

Julie Alberty, Ph.D., ABPP-CN
Tim Ayers, Ph.D.
Mary Lu Bushnell, Psy.D., ABPP-CN
Jennifer Averyt, Ph.D., ABPP
Matt Weyer, Ph.D.

Neuropsychology Faculty

Julie Alberty, Ph.D., ABPP-CN
Mary Lu Bushnell, Psy.D., ABPP-CN
Mia De La Rosa, Ph.D.
Elisabeth Harfmann, Ph.D., ABPP-CN
Kris Kratz, Ph.D., ABPP-CN/CL
Danny Smedley, Psy.D.
Gina Walters, Ph.D.
Krista Wild, Ph.D.

Contact Information

Psychology Service (116B)
Phoenix VA Health Care System
650 East Indian School Road
Phoenix, AZ 85012

Director of Training

Mary Lu Bushnell, Psy.D., ABPP-CN
Phone: 602-277-5551, ext. 6561
Email: mary.bushnell@va.gov



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PROGRAM OVERVIEW

Dear Applicant,

Thank you for your interest in the Phoenix VA Health Care System Neuropsychology Residency! It is a true honor to work with our Veterans and to provide high quality services to them as a token of our appreciation for what they have done for us.

We are pleased to offer a two-year **Clinical Neuropsychology Residency**. We will accept **one resident** into this program for the 2024-2025 academic year, who will continue through the 2025-2026 academic year. This residency is APA accredited, meets the requirements recommended by the Houston Conference Guidelines, and is a member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN).

We are excited about your interest in our Neuropsychology Residency and look forward to reviewing your application! Please feel free to contact us with questions as you progress through the application process.

Very respectfully,

The Neuropsychology Residency Training Committee



APA ACCREDITATION STATUS

The Neuropsychology Residency at the Phoenix VA Health Care System (PVAHCS) is accredited by the American Psychological Association (APA). We are committed to quality training and strive to meet all the guidelines set forth by APA. Questions related to the program's accredited status should be directed to the Commission on Accreditation at:

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

APPCN MEMBERSHIP

The PVAHCS is also a member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). Our residency site agrees to abide by APPCN postdoctoral selection guidelines and those of the National Match Service.



COMMITMENT TO DIVERSITY

Our residency maintains a strong commitment to diversity among staff and trainees, as exemplified by our ongoing success in the recruitment and retention of individuals of diverse backgrounds at the practicum, intern, residency, and staff levels. As a federal employer, our facility and Department of Psychology adhere to policies on non-discrimination and accommodations to facilitate success in our residency. Our residency welcomes and strongly encourages applicants from diverse backgrounds to apply to our program.

The Phoenix VA Psychology Department believes that diversity presents in multiple facets. As a program, we place high value on diversity recognition and sensitivity. We are proud to share that neuropsychology supervisor, and section chief, Dr. Alberty was the first neuropsychologist ever to be the recipient of the American Board of Professional Psychology Early Career Psychology Diversity Award. In addition to formal diversity training opportunities offered as part of the residency training curriculum, residents have the

opportunity to join the hospital's Diversity Action Committee (DAC). The focus of the DAC is to engage in projects that promote diversity awareness and programming throughout the Phoenix VA Health Care System. We strive to embed diversity, equity and inclusion throughout all aspects of our training program, and we feel we have successfully cultivated an atmosphere of respect in moving toward enhanced diversity knowledge, awareness, and skills. The Phoenix VAHCS Psychology Service aspires to combat prejudice, stereotyping, and harassment, and is committed to the continued development of the personal and professional skills of its trainees and employees. Our Psychology Service aims to ensure that all trainees and staff are treated in a fair and unbiased way and given every encouragement to realize their potential.

APPLICATION & SELECTION PROCEDURES

Application materials are due by midnight EST **December 15, 2023**. All applications must be submitted via APPA CAS, except under unusual circumstances and consultation with Dr. Bushnell.

Eligibility Criteria:

1. United States Citizenship
2. Verification of Selective Service Registration (Male applicants born after 12/31/1959 must sign a pre-appointment Certification Statement for Selective Service Registration) and consent to participate in a background verification check to verify your application information and/or criminal history
3. Completion of all degree requirements from an APA- or CPA-accredited doctoral program in Clinical or Counseling Psychology prior to the start of postdoctoral training
4. Completion of a doctoral internship accredited by the American Psychological Association (APA), Canadian Psychological Association (CPA), or Psychological Clinical Science Accreditation System (PCSAS)
5. Consent to complete a pre-employment physical and fingerprinting and submission a completed TQCVL form, which will be provided after acceptance into the program

Application Materials:

1. **Cover Letter**
2. **A Detailed Curriculum Vitae**
4. **Official Graduate Transcripts (doctoral program only)**
5. **Three Letters of Recommendation:** One must be from a faculty member personally familiar with your graduate school performance, and at least one from a primary clinical supervisor during the doctoral internship. Letters of recommendation from two clinical supervisors are encouraged.

Application Submission Procedure:

1. Submit all application materials electronically by **Friday, December 15, 2023**. All materials should be uploaded to the APPA CAS system.
2. Neuropsychology residency applicants will be notified of interview offers by Friday, January 12, 2024. Interviews will be conducted via video in January and early February 2024. Phone interviews are also offered. Selection guidelines for APPCN and the National Matching Services (NMS) will be followed for the Clinical Neuropsychology Residency Program. The Clinical Neuropsychology Residency Program will provide the program's rank ordered list to the NMS after all interviews are completed.
3. Please contact Dr. Bushnell with specific questions about the Clinical Neuropsychology Residency Training Program, or the above eligibility criteria and application procedures. She can be reached at mary.bushnell@va.gov or 602-277-5551, ext. 6561.



PHOENIX VA HEALTH CARE SYSTEM

The Phoenix VAHCS has been providing services to Veterans in Maricopa County since 1951. In 2019, the medical center had a total enrollment of over 91,000 Veterans, over 21% of which had a confirmed mental health disorder. The hospital is a tertiary care and training facility with 129 medical/surgical beds, 48 psychiatric beds, and a 102-bed community living center. The hospital is a well-equipped urban facility located in central Phoenix. The hospital's computer system supports fully automated patient records, facilitating interprofessional communication. The VA medical library can provide literature searches for education or patient care.

The Neuropsychology Department is located within the Psychology Service of the Phoenix VAHCS and is committed to excellence in training and service. The Psychology Service has grown significantly over the past several years, which reflects the commitment of the Phoenix VA to provide quality mental health service delivery and training. The faculty members are heterogeneous in terms of evidence-based treatment modalities, which makes possible a wide range of orientations for instruction, observation, role modeling, and professional development. Several psychology faculty currently hold elected and appointed leadership positions in local, state, and national professional associations and groups.

CLINICAL NEUROPSYCHOLOGY RESIDENCY PROGRAM

The Clinical Neuropsychology Residency Training Program is APA-accredited within the specialty of clinical neuropsychology. The Clinical Neuropsychology Residency Program is designed to provide clinical, didactic, and academic training that will result in advanced competence in the specialty of clinical neuropsychology, as well as prepare trainees for future independent practice. The training program is a 2-year, full-time, education and training experience in clinical neuropsychology, and is a member program of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). The residency adheres to the criteria designated by the Houston Conference on Specialty Education and Training in Clinical Neuropsychology (Hannay et al., 1998), and is designed to meet eligibility requirements for the American Board of Professional Psychology (ABPP) Diploma in Clinical Neuropsychology.

General Philosophy, Training Model, and Curriculum

Residents obtain experience and develop a high level of professional expertise in clinical neuropsychological evaluations, differential diagnosis, clinical interviewing, and case formulation based on contemporary clinical practice. Residents develop knowledge and skills in neuropsychological assessment, brain organization, and professional ethics. Given that clinical training will interface with multiple disciplines including neurology, psychiatry, clinical psychology, physiatry, social work, pharmacy, and speech language pathology, development of professional consultation skills is essential. Residents have the opportunity to hone their skills in treatment and supervision, and they are required to teach didactic seminars to the neuropsychology team, psychology interns, and other disciplines (e.g., medical residents) on various neuropsychological topics to foster interdisciplinary awareness. Residents are also expected become competent and capable of independent and systematic neuropsychological research. To maintain consistency with the Houston Conference Guidelines, the Clinical Neuropsychology Residency adheres to a scientist-practitioner model (Belar & Perry, 1992).

The Phoenix VA is proud to employ eight neuropsychologists, 4 of whom are board certified by the ABPP in Clinical Neuropsychology. Seven of the neuropsychologists are directly involved in the residency either through clinical supervision or didactic training. The 8th neuropsychologist, Dr. Kris Kratz, is the Mental Health Associate Chief of Staff. The Neuropsychology Service falls under the Department of Psychology and has assigned clerical and administrative support. The Neuropsychology Service evaluates and treats Veterans of all military branches and war-eras throughout the Phoenix catchment area. The Veteran population is representative of the greater Phoenix area in terms of ethnicity, race, gender, sexual orientation, and socioeconomic status.

The Clinical Neuropsychology Residency Program is structured to ensure the development of advanced competence in the practice of clinical neuropsychology based upon sound scientific and professional practice foundations. The following are integral to the achievement of this goal:

1. The primary training method is supervised service delivery with direct patient care. A resident's service delivery activities are intended to be primarily learning oriented, with training considerations given precedence over service delivery and revenue generation. Each resident receives at least 2 hours of individual, face-to-face supervision per week with a clinical neuropsychologist. Additionally, the resident has access to additional supervisor consultation and intervention as needed.
2. Education and training activities also comprise a large portion of the resident's training and are designed to be cumulative, structured, and graduated in complexity.



Program Aims and Competencies

The aims of the Clinical Neuropsychology Residency Program are to 1) develop advanced competence in clinical neuropsychology through the fulfillment of criteria designated by the Houston Conference on Specialty Education and Training in Clinical Neuropsychology (Hannay et al., 1998), and 2) prepare residents for independent practice and eventual board certification in clinical neuropsychology through the American Board of Clinical Neuropsychology. To accomplish this, several Level 1 and Level 2 competencies were developed, with behavioral exemplars for each competency informed by several publications related to APA's Benchmark Competencies (Rodolfa et al., 2005; Hatcher et al., 2013) and clinical neuropsychological competencies (Lamberty & Nelson, 2012; Rey-Casserly, Roper, & Bauer, 2012). The advanced competencies include the following:

A. Level 1 Competencies (required of all residents)

1. Develop advanced competence in the interface of science and practice
2. Develop advanced competence in individual and cultural diversity
3. Develop advanced competence in legal, ethical, and professional standards

B. Level 2 Competencies (program specific, related to clinical neuropsychology)

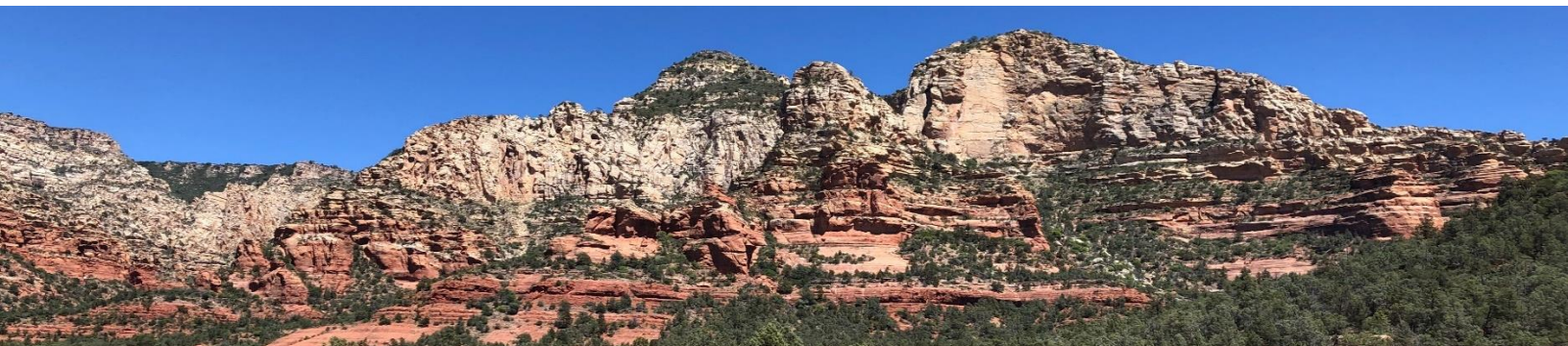
1. Develop advanced foundational competence in professionalism, to include professional values, attitudes, reflective practice, and self-care
2. Develop advanced foundational competence in communication and interpersonal skills in all aspects of one's professional responsibilities
3. Develop advanced functional competence in the clinical neuropsychological assessment of adult Veterans presenting with diverse psychological problems and treatment needs
4. Develop advanced functional competence in evidence-based practice in clinical neuropsychology
5. Develop advanced functional competence in clinical neuropsychological interventions
6. Develop advanced functional competence in clinical neuropsychological consultation
7. Develop advanced functional competence in clinical neuropsychological research
8. Develop advanced functional competence in education, to include supervision and didactic instruction in clinical neuropsychology
9. Develop advanced functional competence in the Veteran Affairs system, to include managing administrative responsibilities and participating in interdisciplinary teams



Training Methods

The Clinical Neuropsychology Residency Program extends over 24 months and is structured to ensure the development of advanced professional and technical expertise in the practice of clinical neuropsychology based upon sound scientific and professional practice foundations. Each training year is divided into two semesters. The resident typically completes 2-5 neuropsychological evaluations per week across various clinics (as described below). In each setting, residents will be involved in the clinical interview, test administration, scoring, report writing, patient feedback, and multidisciplinary team consultation and collaboration. Residents will provide clinical services within most of the settings described below, although the bulk of the training experience will fall within the outpatient General Neuropsychology Service as this tends to be the clinic with the greatest breadth and complexity of cases. Residents will also gain experience with supervision of a practicum student under faculty supervision.

Although the program is both programmatic and competency-based, the model of integrated education and training in clinical neuropsychology is acknowledged. Every resident presents with different degrees of specialty knowledge and skills acquired throughout their doctoral studies and internship. As such, during the first three weeks of the program, the Neuropsychology Residency Training Director meets with the resident and reviews the list of required competencies for the specialty training experience. Generally, these include standardized policies and procedures, administrative structure, resources, evaluations, and program self-assessment. The competency list specifies residency requirements in terms of assessment competencies, treatment competencies, knowledge required, and research activities. During this period, a baseline Periodic Comprehensive Examination (PCE) and baseline Written Comprehensive Examination (WCE) will be conducted. The PCE consists of a one-hour fact-finding exercise in the style of the American Board of Clinical Neuropsychology oral examination. During this exercise the resident obtains relevant information about an unfamiliar case and performs a mock fact-finding. Another portion of the PCE consists of an ethics vignette in which the resident identifies ethical issues and discusses how to address these in a clinically and ethically responsible manner. The WCE is conducted in the style of the American Board of Clinical Neuropsychology written examination and is intended to assess the resident's breadth of knowledge in clinical neuropsychology. The written exam is provided by the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) and consists of 50 objective questions that fall into four domains derived from the Houston Conference Guidelines. These domains include Generic Psychology Core, Generic Clinical Core, Foundations for the Study of Brain-Behavior Relationships, and Foundations for the Practice of Clinical Neuropsychology. The baseline evaluation will help inform and guide the development of the Initial Training Plan. The resident works with the Neuropsychology Residency Training Director to develop the Initial Training Plan based on the resident's previous training and experience related to the competencies, as well as the resident's areas of interest. Subsequent PCEs and WCEs are conducted at the end of the 10th and 18th month of residency training. Resident performance on these evaluations are used to update training plans throughout the two years.



Clinical Opportunities:

1. **General Neuropsychology Service (GNS).** The General Neuropsychology Service is the clinic designated for all outpatient neuropsychology referrals from primary care, neurology, psychiatry, speech, and other specialty clinics. Common diagnoses include various dementias, mild cognitive impairment (MCI), movement disorders, stroke, cognitive dysfunction secondary to various medical or psychiatric conditions, and related low and high base-rate differentials. Less frequently, referrals can include epilepsy/seizures, multiple sclerosis, and pre/post neurosurgical evaluations (i.e., deep brain stimulation for movement disorders). The majority of evaluations are completed over two sessions, with the clinical intake and brief cognitive screen completed on one day and comprehensive neuropsychological testing completed on a subsequent day, if needed. Through this approach, residents have the opportunity to learn when comprehensive testing is indicated versus when an intake and screen are sufficient. Residents will also gain exposure to providing same day feedback during this rotation. Finally, we make a special effort to funnel unique cases to our clinical residents.
2. **Traumatic Brain Injury Clinic.** The TBI Clinic evaluates Veterans who have deployed in support of Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), or Operation New Dawn (OND) for possible deployment-related head injuries. In this clinic, the resident works in a primary care setting to conduct neuropsychological screening evaluations. An abbreviated neuropsychological testing battery is followed by a joint interview with a primary care provider. At the conclusion of the interview, treatment recommendations and additional referrals are provided when indicated. The resident will also be responsible for presenting findings during weekly meetings to an interdisciplinary team, which includes physiatrists, physician assistants, nurse case managers, social workers, speech therapists, and other psychologists or neuropsychologists. The resident will also have the opportunity to present relevant neuropsychological topics to this interdisciplinary team.
3. **Brain Boosters.** The resident will also co-lead the Brain Boosters Cognitive Enhancement Group for Veterans. This 8-week psychoeducational group combines didactic education and experiential exercises to help group members learn how to optimize their strengths and enhance their brain functioning. Brain Boosters was developed at the Phoenix VA by Drs. Bushnell and Goren in 2007 and has been distributed to VAs across the country.
4. **Stroke Clinic.** The Stroke Clinic was designed to provide specialized stroke care and evaluate the ongoing medical, cognitive, functional, and mental health needs of Veterans presenting with history of subacute or chronic history of stroke. Thus, residents have the opportunity to assess Veterans with focal brain injuries at various stages of recovery. The clinic operates in a multidisciplinary fashion and includes a neurologist, social worker, clinical dietitian, pharmacist, and speech therapist. Residents participating in the Stroke Clinic are responsible for presenting findings to this interdisciplinary team.
5. **COACH-Interdisciplinary Clinic.** The COACH (Caring for Older Adults and their Caregivers at Home) Clinic is a home-based dementia education and support program to help Veterans living with dementia and their care partners through disease progression. The clinic was designed to provide specialized dementia care and evaluate the ongoing medical, cognitive, functional, and mental health needs of Veterans presenting with moderate to severe dementia, as well as the provision of

resources to caregivers of Veterans who continue to live at home. Residents have the opportunity to assess and provide treatment recommendations for individuals with different types of dementia.

The clinic operates in an interdisciplinary fashion and includes a geriatrician, geropsychologist, geriatric psychiatrist, registered nurse, occupational therapist, dietician, neuropsychologist, pharmacist, designated COACH program social worker, and social worker from the caregiver support program. The first-year resident participating in this clinic is responsible for presenting findings to this interdisciplinary team on a weekly basis.

6. **Memory Disorder Clinic.** This clinic was designed to evaluate older adults who report memory complaints to help diagnose the etiology of memory difficulties, as well as to provide education and appropriate resources to Veterans. The first-year resident will have the opportunity to participate in this interdisciplinary team on a weekly basis. The clinic operates in an interdisciplinary fashion and includes a geriatrician, geropsychologist, geriatric psychiatrist, registered nurse, occupational therapist, dietician, neuropsychologist, pharmacist, and social worker(s).
7. **Teleneuropsychology.** Residents will increase their knowledge of and proficiency in conducting all aspects of the neuropsychological assessment via telehealth through training opportunities, supervision, and clinical cases. Currently, trainees can telework up to 2 days per week depending upon patient care and training needs. This is subject to change throughout the training year.

Required Didactics:

1. **Joint VA/DoD National Distance Learning (NDL) Neuropsychology Video-Teleconference.** Postdoctoral residents are required to participate in a weekly two-hour case conference and reading seminar via video-teleconference (NDL) with several VA, Department of Defense (DoD), and civilian postdoctoral residency training sites from across the country. At present, nine sites participate in this training, and residents rotate presenting cases, participating in mock fact-finding exercises, and leading discussions about the readings. These weekly seminars have a 2-year reading curriculum, with topics including neurobehavioral syndromes, functional neuroanatomy, neuropsychological assessment, military/Veteran specific topics, and current trends in neuropsychology and neuropathology.
2. **Neuropsychology Seminar.** Residents will attend a weekly seminar led by neuropsychology faculty/residents to include presentations and discussions on neurological/psychiatric syndromes and corresponding neuropsychological profiles, board certification preparation, and discussions regarding professional development issues.
3. **Neuropsychology Service Case Conference.** Residents also participate in a Neuropsychology Service Case Conference that meets three times per month. Residents and staff rotate responsibility for presenting in a group consisting of the Phoenix VAHCS neuropsychology team, as well as the neuropsychologists at the Prescott VA.
4. **Neuroanatomy.** Neuroanatomy training will be incorporated throughout the training program in the neuropsychology seminar, neuropsychology NDL, case conferences, and clinical cases. A monthly "Neuropsychology Newsflash" is developed and distributed by the first-year neuropsychology resident.

5. **Diversity.** The Phoenix VA is proud to be part of fourteen postdoctoral psychology VA training sites across the country that participate in a collaborative effort to provide specialized diversity training at the postdoctoral level. This is a monthly VTEL presentation facilitated by a range of practitioners and researchers from a variety of VA settings. Each presentation includes a brief but substantive didactic presentation and embeds opportunities for group discussion among all participating sites throughout the presentation. In addition to the VTEL seminar, the first-year neuropsychology resident and seven clinical psychology residents will collaborate with members of the Training Committee/CE Committee to develop 8 one-hour presentations across the year. This series will be designed collaboratively by all of the residents to include important diversity topics taught at the postdoctoral level to the Phoenix VA Mental Health staff. Residents will be responsible for both designing the series and leading individual talks/experiences conforming to requirements associated with receiving VA Field Accreditation Service approval for APA-approved CEs.
6. **Supervision Clinic.** The second-year neuropsychology resident will be paired with a doctoral psychology practicum student to obtain practical experience in supervision (while still under the supervision of a licensed clinical neuropsychologist). This experience will last for six to twelve months during the second year. The neuropsychology resident will receive training in supervision skills from supervisors during their rotations and participate in a monthly supervision seminar, which is specifically tailored toward supervision in neuropsychology.

Optional Didactics:

1. **Clinical Psychology Residency Didactics.** The clinical neuropsychology resident may also attend structured didactics for the Clinical Psychology Residency Program when there is a topic of interest. A sampling of broad topics for these didactics include ethics, program evaluation, licensure and EPPP preparation, career development, and practice options both inside and outside the VA system.
2. **Grand Rounds.** Residents can attend various grand rounds offered onsite at the Phoenix VA.
3. **VA-Wide Presentations.** The resident is also encouraged to take advantage of excellent webinars and recorded trainings through the VA's Talent Management System (TMS), which includes several trainings related to traumatic brain injury, posttraumatic stress disorder, other comorbid psychiatric and medical conditions of relevance to clinical neuropsychology.
4. **Shadowing Opportunities.** Residents may have the opportunity to shadow other disciplines such as neuroradiology, neurology, and speech language pathology during their second year.
5. **Psychology Department Continuing Education Series.** The Psychology Department hosts a one-hour monthly APA-approved continuing education series, which the neuropsychology resident may attend. These presentations are designed to meet the needs for state licensure, as well as the needs of professionals working at the medical center and in the broader community. These CEs include local subject matter experts, as well as outside speakers.

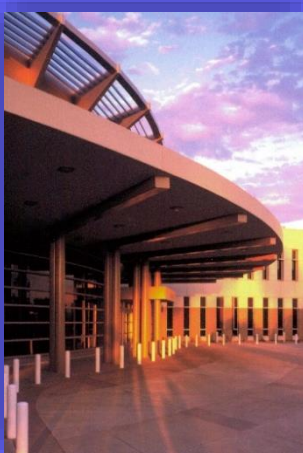
Research: As with many VA training sites, a strength of the PVAHCS is access to years of archival data within the Neuropsychology Service and the VA's electronic health record. Residents are expected to complete a research project or quality improvement project by the conclusion of the second year, which can include submission of a study or literature review for publication, submission of a poster or paper for

presentation, a grant proposal, or an outcome assessment of interventions in the neuropsychology service. Residents will be afforded 4 hours per week to develop and implement research initiatives.

Supervision: The resident receives two hours of face-to-face individual supervision per week, with additional supervision available as needed. The supervisor's role is to monitor progress in the attainment of program objectives and to serve as a mentor for the developing neuropsychologist. During individual supervision and neuropsychology case conferences, the resident will be required to demonstrate skill in case conceptualization, diagnosis, and treatment recommendations. The supervisor also evaluates clinical skills and knowledge, and regularly provides feedback to the resident and Training Director. A resident's performance is reviewed monthly by the Neuropsychology Residency Training Committee.

Mentorship: The clinical neuropsychology resident will have the opportunity to participate in a mentorship program with the clinical psychology residents. The mentorship program has been developed and instituted to support our residents' professional development in a non-evaluative and collegial environment, which is independent of the supervisory relationship, program evaluation process/procedures, and any communication with training committee members. Primary aspects of the mentor's role are to foster the resident's personal and professional development, help the resident navigate the training program, and plan for entry into the profession at the conclusion of training.

Development of Administrative Skills: Residents will be invited to attend administrative meetings and activities within neuropsychology, and within the broader psychology resident program. The resident will share responsibility with the neuropsychologists for managing and tracking consults, and facilitating other administrative tasks within the Neuropsychology Service. Residents participate in all neuropsychology faculty meetings.



PROGRESS AND EXIT CRITERIA

Progress and Exit Criteria

Residents are evaluated at two points during the year on the previously described competencies. Successful completion of the Clinical Neuropsychology Psychology Residency Program is determined by the Training Committee and the following requirements:

1. Residents are required to complete the full duration of the two-year Residency (104 weeks) and complete a total of 4160 hours (26 days of annual leave, 26 days of sick leave, and all federal holidays are included in the 4160 hours).
2. Engage in a minimum of 25% of their time in direct patient care and meet competency thresholds.
3. Achieve the required competency ratings as outlined in the training manual.

If there is any question that the resident may not be on trajectory to graduate, this will be specifically addressed at the appropriate time, including throughout the year or at the mid-year evaluation period. Residents will be given timely written notification of any shortcomings, the opportunity to discuss them, and guidance regarding the steps necessary to demonstrate growth in the areas noted. Additionally, written feedback on the extent to which corrective actions are or are not successful will also be provided.

Upon successful completion of the Residency, all residents will receive a certificate that indicates they have successfully completed a postdoctoral Residency in Clinical Neuropsychology.



ADMINISTRATIVE AND PROGRAM STRUCTURE

Funding/Benefits/Leave: VA-funded psychology residents are paid a full-time stipend of \$54,082 for the first year and \$57,005 the second year. Payments are every two weeks over the two year residency. Health insurance is available at employee copay rates. Training stipends are taxable. The PVAHCS does not offer part-time or unfunded residency positions. See page 22 for tables with additional details regarding benefits.

The official residency year will begin on **August 26, 2024**. Residents earn four hours of annual leave and four hours of sick leave every two weeks. Additionally, residents receive eleven paid federal holidays and are granted up to forty hours of authorized absence (i.e., time allowed for attending or presenting at conferences) each year for educational opportunities. Residents may receive up to \$1,000 in conference funding each year.

Facility and Training Resources: The Psychology Department has staff at the main hospital, Community Based Outpatient Clinics (CBOC), 32nd Street Clinic and the Midtown Clinic. The two neuropsychology residents will be located at the main hospital. The Psychology Department shares a clerk who aids residents with the procurement of supplies and various administrative tasks.

Training Program Evaluation: The residents will complete formal rating scales to indicate their satisfaction with the training experiences, quality of supervision provided, didactic experiences, and facilities and resources available. The training director reviews the residents' satisfaction ratings and takes reasonable steps to address any areas of concern. At each semester evaluation, the residents also rate their individual supervisor. Exit interviews with the residents will be completed by the training director at the end of the second training year to gather additional feedback about the training experience and inform the continuous improvement of the postdoctoral training programs. Residents are expected to provide feedback to their supervisors on an ongoing basis regarding their needs and the extent to which the training activities are fulfilling their goals.

Due Process – Procedures for due process in cases of problematic performance are in place, as are grievance procedures to be followed by residents and staff alike. A copy of this is available upon request from Dr. Bushnell or Dr. Oizumi.

Time Commitment: The Clinical Neuropsychology Postdoctoral Residency requires a two-year full-time training commitment (4160 hours).

Note: Consistent with APA and the VA's Office of Academic Affiliations, it is expected that postdoctoral residents will complete the entire training term without exception.



PHOENIX: A GREAT PLACE TO TRAIN AND LIVE

Phoenix is the fifth largest city in America with a population of more than 1.6 million. Despite its size, it remains affordable compared to other large U.S. cities. Phoenix has striking architecture with Mexican, Spanish, and Native American influences. Frank Lloyd Wright and his students designed several local buildings, homes, and churches. Phoenix's principal industries are manufacturing of technology products, agriculture, and tourism.

Phoenix has much to offer in terms of culture and arts. Many events are presented by entities such as the Phoenix Symphony Orchestra, the Phoenix Chamber Music Society, Scottsdale Center for Arts, and Ballet Arizona. The Arizona Opera Theater Company presents its season at the Herberger Theater. Phoenix has several specialized theater groups as well. The Heard Museum houses a renowned collection of American Indian art and culture. The Phoenix Art Museum has a fine permanent collection and presents several shows each year.

Phoenix offers over 300 days of sunshine. Thus, many year-round sporting activities are prevalent including hiking, running, and cycling. Several farmer's markets are available year-round in Phoenix, Scottsdale, and other surrounding communities. Near Phoenix there are six man-made lakes where boating, fishing, and water skiing can be enjoyed. There are also ski resorts less than two hours away in northern Arizona. Phoenix is home to four professional sports teams: Phoenix Suns, Arizona Cardinals, Arizona Diamondbacks, and Arizona Coyotes. Several annual sporting events take place in Phoenix, including PGA and LPGA golf tournaments, and NASCAR auto racing.

Arizona State University is in Tempe, approximately 20 minutes from central Phoenix. The university library system is extensive and includes both an academic and a scientific branch. The Phoenix area also has many community colleges. The area has some private colleges as well, such as Grand Canyon University, University of Phoenix, and the Thunderbird American Graduate School of International Management.

Pine forests and the red rocks of Sedona are a two-hour drive from the city. The Grand Canyon is a four-hour drive to the north. The beaches of Mexico are a four-hour drive to the south. Sky Harbor International Airport provides daily connections to all major international airports. For additional information about the Phoenix metropolitan areas please visit: www.visitphoenix.com.



NEUROPSYCHOLOGY FACULTY

JULIE ALBERTY, Ph.D., ABPP-CN
Program Manager of Neuropsychology and Wellness
Loma Linda University, 2012
Licensed Psychologist in Arizona
(General Neuropsychology, Resident Supervisor)

Dr. Alberty is a bilingual and bicultural (Spanish/English) board certified clinical neuropsychologist whose primary interests lie in cultural aspects of neuropsychological assessment and adult outpatient neuropsychological assessments. Dr. Alberty's expertise includes assessment of dementia, seizure disorders, movement disorders, TBI, and stroke. She enjoys the wide variety of patients one can see in an outpatient clinic and currently conducts neuropsychological assessments for Veterans from various referral sources including Psychiatry, Neurology, and the Specialty Clinics. Dr. Alberty was involved in the development and implantation of the COACH-Interdisciplinary Clinic at the Phoenix VA and is a member of the interdisciplinary COACH team. Dr. Alberty is also a member of the Memory Disorder Interdisciplinary Team. Dr. Alberty received her doctorate from Loma Linda University in clinical psychology and completed her internship at the Veterans Affairs Ann Arbor Health Care System in Michigan. She completed her post-doctoral fellowship at Barrow Neurological Institute in Phoenix. Prior to joining the Phoenix VA staff in 2017, she was a faculty neuropsychologist at Barrow Neurological Institute.

MARY LU BUSHNELL, Psy.D., ABPP-CN
Neuropsychology Residency Training Director
Argosy University/Phoenix, 2006
Licensed Psychologist in Arizona
(TBI Clinic, Resident Supervisor)

Dr. Bushnell is the Director of Training of the Neuropsychology Residency Program. She is board certified in clinical neuropsychology and a practice sample reviewer for the American Board of Clinical Neuropsychology. She provides consultation to the post-deployment clinical team and TBI Clinic. Dr. Bushnell co-developed and leads the Brain Boosters group. Prior to joining the VA in 2007, Dr. Bushnell worked at a community neurorehabilitation facility where she conducted neuropsychological evaluations, cognitive rehabilitation, and psychotherapy with individuals with acquired brain injury. She has provided education regarding traumatic brain injury to organizations such as the Phoenix and Mesa Police Departments, National Guard Medical Command, court system, and vocational rehabilitation. Dr. Bushnell serves as a member of the Arizona Governor's Council on Spinal and Head Injuries and has served as the treasurer/secretary for APA Division 18, Psychologists in Public Service. She is currently engaged in research projects related to combat-related mTBI as well as a study looking at the effectiveness of the delivery of Brain Boosters via telehealth.



ELISABETH HARFMANN, Ph.D., ABPP-CN
University of Kansas, 2017
Licensed Psychologist in Wisconsin
(General Neuropsychology, Resident Supervisor)

Dr. Harfmann is a board certified clinical neuropsychologist and completes outpatient evaluations through the General Neuropsychology Service. Dr. Harfmann was also involved in the development and implementation of the Phoenix VA Stroke Clinic and serves as the neuropsychologist on this team. Dr. Harfmann's clinical interests include assessment of dementia, movement disorders, and acquired brain injuries. She is also involved in numerous research projects, and her research interests relate to traumatic brain injury, stroke, and the intersection between mood disorders and cognitive functioning. She is also a mentor for AACN's Student Affairs Committee and for the American Board of Clinical Neuropsychology. Dr. Harfmann received her doctorate from the University of Kansas in clinical psychology and completed her internship at the Edward Hines Jr. VA Hospital in Illinois. She completed her post-doctoral fellowship at the Clement J. Zablocki VA Medical Center in Milwaukee, Wisconsin, with collaborative fellowship training at the Medical College of Wisconsin.

KRISTA WILD, Ph.D.
Georgia State University, 2007
Licensed Psychologist in California and Arizona
(General Neuropsychology, Resident Supervisor)

Dr. Wild completed her graduate work at Georgia State University, her internship at University of Arizona Department of Psychiatry, and her postdoctoral fellowship at University of New Mexico Hospital Center for Neuropsychological Services. Prior to joining the staff at the Phoenix VA in 2013, Dr. Wild worked in a maximum security forensic mental health setting conducting neuropsychological and trial competency evaluations. Dr. Wild's primary clinical interests include assessment of symptom and performance validity, differential diagnosis of dementia, TBI, stroke, metabolic disorder, adults with developmental disability, and other conditions affecting cognition. Dr. Wild accepts referrals from various departments, including Compensation & Pension, Neurology, Psychiatry, Primary Care, and various specialty clinics.

MIA DE LA ROSA-TRUJILLO, Ph.D.
Loma Linda University, 2008
Licensed Psychologist in Arizona and California
(General Neuropsychology)

Dr. De La Rosa completed her graduate work at Loma Linda University, internship at Ann Arbor VA and postdoctoral fellowship at Barrow Neurological Institute. Before joining the Phoenix staff in 2012, Dr. De La Rosa worked in California in a rehabilitation setting providing neuropsychological testing and treatment. Dr. De La Rosa's primary clinical interest is in neuropsychological conditions in the geriatric population including differential diagnosis of dementia. She also has interests in other conditions including head injury, MS, CVAs, and other conditions affecting cognition. She conducts outpatient neuropsychological assessment with Veterans from various referral sources including Psychiatry, Neurology, and the Specialty Clinics.

KRIS KRATZ, Ph.D., ABPP (CL/CN)
Associate Chief of Staff for Mental Health
Fuller Graduate School of Psychology, 2000
Licensed Psychologist in Arizona
(General Neuropsychology)

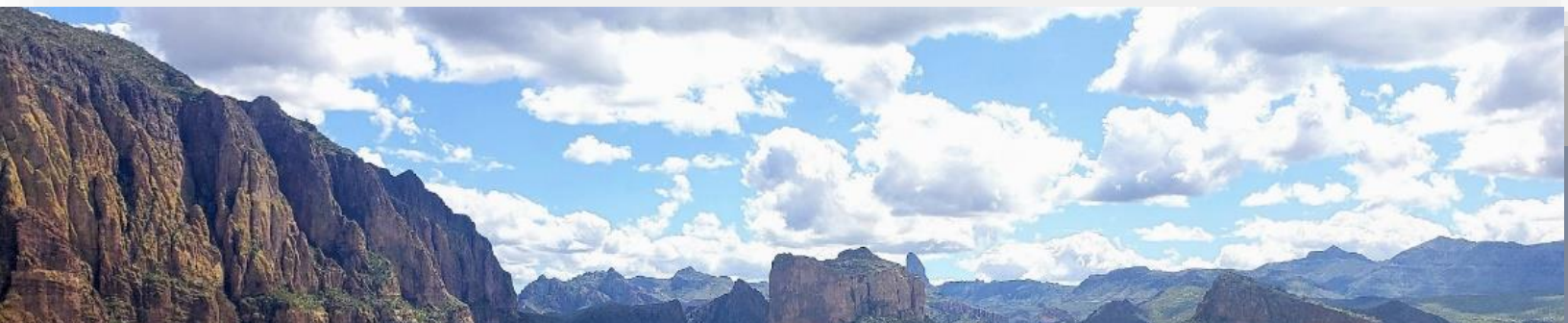
Dr. Kratz is the Associate Chief of Staff for Mental Health and a clinical neuropsychologist. He is board certified in clinical psychology and clinical neuropsychology by the American Board of Professional Psychology. He is also a practice sample reviewer for the American Board of Clinical Neuropsychology and a mentor for the American Board of Clinical Psychology. In addition to his role for the Phoenix VA, Dr. Kratz has over 20 years of experience as an Army officer, including active duty, National Guard, and Army Reserves. He has served in various military roles, to include psychologist, neuropsychologist, and unit commander. He has six combat deployments in support of Operation Iraqi Freedom, and he practices CBT when functioning in his role as a military psychologist. Clinical neuropsychology interests include TBI, baseline/clinical evaluations for those in high-risk occupations (i.e. aviation, special operations), dementia, neuroimaging analysis utilizing FreeSurfer, industrial/organizational psychology, and moral injury.

DANNY SMEDLEY, Psy.D.
Midwestern University, 2021
Licensed Psychologist in Kansas
(General Neuropsychology + TBI Clinic)

Dr. Smedley completed his graduate training at Midwestern University, his internship at the VA North Texas Health Care System, and his postdoctoral fellowship at the Phoenix VA. Dr. Smedley's clinical interests include assessment of dementia, movement disorder, and traumatic brain injury. He also has a passion for working with individuals from the LGBTQ+ community and providing education on improving access to quality healthcare for LGBTQ+ individuals. Dr. Smedley's current duties include conducting outpatient neuropsychological evaluations, completing interdisciplinary TBI evaluations, and serving as a mentor for incoming residents and interns.

GINA WALTERS, Ph.D.
Texas Tech University, 1998
Licensed Psychologist in Arizona
(General Neuropsychology)

Dr. Walters completed her graduate training at Texas Tech University, her internship at the Memphis VA, and postdoctoral training at Semmes Murphy Clinic in Memphis and Samaritan Rehabilitation Institute in Phoenix. Before joining the Phoenix staff in 2001, Dr. Walters worked in a rehabilitation setting providing neuropsychological testing and treatment. Dr. Walters' primary clinical interest pertains to working with the geriatric population, particularly differential diagnosis of dementia. Duties include outpatient neuropsychological assessment with Veterans from various referral sources including psychiatry, neurology, primary care, and specialty clinics.



POSTDOCTORAL ADMISSIONS, SUPPORT, AND INITIAL PLACEMENT DATA

(updated July 2023)

Residency Program Admissions

The minimum requirements for entry into the training program include 1) United States citizenship, 2) verification of Selective Service Registration (Male applicants born after 12/31/1959 must sign a pre-appointment Certification Statement for Selective Service Registration), 3) doctoral degree from an APA or CPA accredited Doctoral Program of Clinical or Counseling Psychology, and 4) completion of an APA, CPA or PCSAS accredited psychology internship program.

Describe any other required minimum criteria used to screen applicants: N/A

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Year 1 Full-Time Resident: \$54,082

Annual Stipend/Salary for Year 2 Full-Time Resident: \$57,005

Annual Stipend/Salary for Half-Time Residents: N/A

		Yes	No
Program provides access to medical insurance for resident?		X	
If access to medical insurance is provided:			
Trainee contribution to cost required?		X	
Coverage of family member(s) available?		X	
Coverage of legally married partner available?		X	
Coverage of domestic partner available?			X
		Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4 hours per pay period/13 days per year	X	
Hours of Annual Paid Sick Leave	4 hours per pay period/13 days per year	X	
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?		X	
Other Benefits	Administrative leave for conferences (as approved by training director)	X	
	Conference funding (up to \$1,000 per yr)	X	



ELIGIBILITY REQUIREMENTS TO WORK FOR THE DEPARTMENT OF VETERANS AFFAIRS

The Department of Veterans Affairs adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a federal appointment, and the following requirements will apply prior to that appointment.

1. **U.S. Citizenship.** Health Professions Trainees (HPTs) who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant, or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare, and requests will be reviewed on a case-by-case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment; however, they are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below. More information can be found at the following website: [VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#)
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility.

- a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
 - b. **Primary source verification of all prior education and training.** This is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-Boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required federal documents will result in the inability to appoint or immediate dismissal from the training program.
 9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

Additional information regarding eligibility requirements for appointment as a psychology HPT can be found at the end of this brochure.

Additional information regarding eligibility requirements (with hyperlinks)

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FType=2
- Selective Service website where the requirements, benefits, and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):

Specific factors. In determining whether a person is suitable for federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

1. Misconduct or negligence in employment
2. Criminal or dishonest conduct
3. Material, intentional false statement, or deception or fraud in examination or appointment
4. Refusal to furnish testimony as required by § 5.4 of this chapter
5. Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others

6. Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation
7. Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force
8. Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question

Additional considerations. OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

1. The nature of the position for which the person is applying or in which the person is employed
2. The nature and seriousness of the conduct
3. The circumstances surrounding the conduct
4. The recency of the conduct
5. The age of the person involved at the time of the conduct
6. Contributing societal conditions
7. The absence or presence of rehabilitation or efforts toward rehabilitation

Additional information on VA eligibility: <https://www.psychologytraining.va.gov/eligibility.asp>

HPTs are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and provided with options. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

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?	<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide website link (or content from brochure) where this specific information is presented: VA Eligibility Requirements	
All requirements of federal hiring and employment, as well as VA health care system as outlined throughout this brochure and via program homepage: VA Eligibility Requirements	

INITIAL POST-RESIDENCY POSITIONS

	2017-2023	
Total # of Residents	7	
Total # of Residents who have matched with the program	7	
Total # of Residents who remain in training in the program	2	
Total # of Residents who left prior to completing Residency to accept employment	0	
Total # of Residents who did not seek employment	0	
	Postdoctoral Residency Position	Employed Position
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs Medical Center	0	5
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	0
Private Practice	0	1
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0



*A special thank you to B. Cerbone, Ph.D., former Phoenix VA trainee,
for allowing us to use her photographs in this brochure'*