

Postdoctoral Residency in Clinical Neuropsychology 2024-2026



Central Arkansas Veterans Healthcare System (CAVHS)

Accredited on contingency by:
THE AMERICAN PSYCHOLOGICAL ASSOCIATION (APA)

For information regarding APA accreditation of this and other residency programs, please contact: Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street NE, Washington, DC 20002-4242, Phone: (202) 336-5979.

This residency program, as a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Association for Postdoctoral Programs in Clinical Neuropsychology (APCN)

Important Dates & Information:

Upcoming Informational Webinars:	12/5/2023 Click here to join the 12/5 webinar 12/6/2023 Click here to join the 12/6 webinar
Application Due Date:	1/8/2024
Virtual Interviews:	1/23/2024 – 1/25/2024
National Matching Services #:	9101

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Welcome, potential residency applicants!

We at the Central Arkansas Veteran Healthcare System feel strongly that our 2-year Neuropsychology Residency offers excellent training that provides not only breadth but also depth of experience. Our residency is designed to prepare our trainees for eventual board certification in the field of clinical neuropsychology by following APA Division 40 and Houston Conference Guidelines. Our residents are engaged in clinical work, neuropsychology research, consultation, supervision of psychology interns and practicum students, patient advocacy, and teaching/mentorship. We offer a robust didactic training series that includes weekly neuropsychology didactics, brain cuttings, mock fact-finding experience, and diversity training. These training opportunities prepare our residents well for neuropsychology positions within the VA system and other large medical centers and eventual board certification in the field.

While our clinical training opportunities are excellent, our program also emphasizes each resident's personal development as a professional neuropsychologist. We offer a warm and welcoming environment in which to train with supportive and encouraging supervisors. Our residents are welcomed into our large Psychology Community of over 40 psychologists and are immediately part of the team. We want to support you in becoming the best neuropsychologist you can be and to ensure that you are well prepared to meet your career goals.

This brochure provides you with detailed information about the Neuropsychology Residency requirements, our various training opportunities, and our training staff. We hope that you find the information helpful and informative.

For the 2024-2026 training cohort, we are recruiting for one Year-1 Resident position. We hope you can join us for one of our upcoming informational webinars to learn more about our program. We look forward to receiving your application, and we welcome you to reach out to us with any questions.

Upcoming Informational Webinars:	December 5, 2023 @ 10am (CST) Click here to join the 12/5 webinar December 6, 2023 @ 1pm (CST) Click here to join the 12/6 webinar
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Best wishes,

Jennifer Mathis, Ph.D, ABPP-CN
Co-Director of Training
Email: Jennifer.Mathis3@va.gov

Courtney Ghormley, Ph.D., ABPP-Gero
Co-Director of Training
Psychology Training Program Administrator
Email: Courtney.Ghormley@va.gov

Accreditation Status and Contact Information

The 2-year Neuropsychology Postdoctoral Residency was re-established at CAVHS in 2020. We had our initial American Psychological Association (APA) accreditation site visit in October 2022. Our program is currently “Accredited on Contingency.” Our program is a participating member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the Association for Postdoctoral Programs in Clinical Neuropsychology (APCN).

Required Postdoctoral Residency Admissions, Support, and Initial Placement Data can be found in Appendix A.

Questions related to the program’s accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002

Phone: (202) 336-5979

E-mail: apaaccred@apa.org

Web: www.apa.org/ed/accreditation

All other questions about the program should be directed to:



Jennifer Mathis, PhD, ABPP-CN
Co-Director of Training
Email: Jennifer.Mathis3@va.gov
Phone: (501) 257-3467



Courtney O. Ghormley, PhD, ABPP-Gero
Co-Director of Training and Director of Psychology Training Programs
Email: Courtney.Ghormley@va.gov
Phone: (501) 257-1667



Phiffany Spruill
Administrative Assistant, Psychology Training Programs
Email: Phiffany.Spruill@va.gov
Phone: (501) 257-1667

APPLICATION PROCEDURES

Eligibility Requirements:

- Applicants must possess a PhD or PsyD in Clinical or Counseling Psychology with education and experience in neuropsychology from an APA accredited doctoral scientist-practitioner/practitioner-scholar programs. Dissertation (or equivalent) must be defended prior to the start of the Residency.
- Successfully completed an APA accredited Internship where $\geq 50\%$ of the clinical training included neuropsychology relevant experience(s).
- United States citizenship.
- Be able to pass a background check as is required to work within VA setting(s).
- Selective Service registration for males born after 12/31/1959. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the United States Office of Personnel Management; exceptions are very rarely granted.
- Understand that this is a drug tested position located at a tobacco free campus.
- The Residency welcomes, encourages, and will consider applications from all qualified candidates regardless of gender, racial, ethnic, age, sexual orientation, disability or other minority status.
- Additional VA Health Professions Trainee Requirements: [Am I Eligible Checklist for VA HPTs.pdf](#)

Application Requirements:

- A 1-2 page cover letter regarding current/past training, career goals, expected date of internship completion.
- Curriculum Vitae.
- Copy of doctoral program transcripts. Note that originals will be required by Human Resources as part of onboarding and credentialing.
- Letter from Internship Training Director verifying standing in program and expected date of completion.
- Three letters of professional recommendation from current or former clinical supervisors – preferably from clinical neuropsychologists (all of whom should email their letter directly).
- Two written neuropsychology reports examples with redacted protected health information.
- Optional: Research writing sample such as a co-authored publication.

Application Submission Procedure:

Interested applicants should email the application materials to Jennifer.Mathis3@va.gov by January 8, 2024. Applicants will be notified via email on January 15, 2024 about whether they are invited for an interview.

Important Dates & Information

Upcoming Informational Webinars:	December 5, 2023 @ 10am (CST) Click here to join the 12/5 webinar December 6, 2023 @ 1pm (CST) Click here to join the 12/6 webinar
Application Due:	January 8, 2024
Notification of Interviews:	January 15, 2024
Virtual Interviews:	January 23-25, 2024
National Matching Services #:	9101
Final Day to Submit Match List:	February 14, 2024
Match Result Day:	February 21, 2024

RECRUITMENT & SELECTION PROCEDURES

We have planned two (2) informational webinars to provide prospective applicants with an opportunity to meet the Directors of Training and to learn more about our program. We will provide a brief overview of our training opportunities and answer any questions you might have. We hope you can join us!

Completed applications are due January 8, 2024. After a review of all applications, the program will contact applicants, who have been selected for interviews, via email by January 15, 2024. In order to increase accessibility for all interested applicants, all interviews will be held virtually via phone or teleconferencing modality. Virtual interviews will be scheduled January 23-25, 2024.

We are a member of the *Association of Postdoctoral Programs in Clinical Neuropsychology* and do participate in the matching program for clinical neuropsychology postdoctoral residencies, administered by National Matching Services (NMS). (www.natmatch.com). Match program number: 9101. We adhere to all policies regarding the matching program.

Prior to beginning the Residency year, it will be necessary for applicants selected for the program to complete paperwork (e.g., Declaration for Federal Employment and Application for Health Professions Trainees). During the training program, Residents are responsible for adhering to the policies and procedures of the postdoctoral Neuropsychology Training Program. Also, many of the laws, rules, and guidelines that apply to Federal employees are also applicable to trainees in Federal training positions. For example, residents are subject to random drug screening. A copy of the policies and procedures of this training program will be made available to residency applicants and is provided to each resident during orientation at the beginning of the training year.

The Central Arkansas Veterans Healthcare System (CAVHS) is committed to upholding an inclusive environment so that the associated stakeholders (including Veterans; supervised trainees; technical, clerical, and licensed clinical staff) feel encouraged and supported to incorporate all aspects of themselves into their experience at our facility. We believe that the honoring of the unique aspects of each individual is compulsory for the optimal development of highly qualified, effective and satisfied professionals, and ultimately, improves the quality of the services that we provide to our Veterans. As a result, we especially encourage applicants with knowledge and experience with cultural and ethnic diversity issues to apply.

NON-DISCRIMINATION POLICY

The VA is committed to ensuring Equal Employment Opportunity (EEO), promoting workforce diversity, workplace inclusion, and constructively resolving conflict to sustain a high-performing organization in service to our Nation's Veterans. VA will vigorously enforce all applicable Federal EEO laws, executive orders, and management directives in order to ensure equal opportunity in the workplace for all VA employees. This document summarizes VA's EEO, Diversity and Inclusion, Notification and Federal Employee Antidiscrimination and Retaliation Act (No FEAR), and Whistleblower Rights and Protection policies.

CAVHS does not tolerate unlawful discrimination, including workplace harassment, based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation, and pregnancy), age, disability, genetic information, marital status, parental status, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination-complaint process. This applies to all terms and conditions of employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation.

LIFE IN LITTLE ROCK

You may know Little Rock, Arkansas as the home of Bill and Hillary Clinton and the Clinton Presidential Library. Or perhaps you know it better for the events that followed the Supreme Court's famous *Brown v. Board of Education* decision in the late 1950s, when the Arkansas National Guard tried to prevent nine Black teenagers from entering Little Rock High School. The region has come a long way since the "Little Rock Nine" incident and is now home to a diverse population. Today, Arkansas' capital has earned a reputation among history buffs, foodies, and art lovers as an exciting place to live. Residents can spend their weekend exploring the historic Arkansas State Capitol, wandering through the Arkansas Art Center, or sipping beer at one of the area's breweries. Plus, the beautiful Ozark Mountains provide plenty of opportunities to enjoy the great outdoors!



Little Rock accommodates a variety of tastes. Neighborhoods range from luxurious, well-appointed loft apartments in midtown and downtown Little Rock, to the suburban and family-oriented dwellings of Chenal Valley, Hillcrest, and The Heights. It has a lower cost of living than the national average, so your money will go a long way in this region. The median sale price of a home is noticeably lower than the national median, while Little Rock residents generally pay less for things like food, utilities, and health care than the average American.



Getting around Little Rock is a cinch! Virtually any place in the region can be easily reached by car within 30 minutes. Those who prefer not to drive can rely on the Rock Region Metro bus system, which offers routes throughout downtown Little Rock and well into the suburbs. The metro area also features a streetcar with two lines operating between Little Rock and North Little Rock. When you're ready to take a break from Little Rock and the responsibilities of home and work life, the Bill and Hillary Clinton National Airport offers daily direct flights to many regions across the nation, provided by major airlines like American, Delta, and United Airlines. Amtrak and Greyhound also provide ground transportation to nearby metro areas.

You may also be interested to know that Little Rock experiences all four seasons. For those looking to escape the harsh weather conditions of other areas farther north, you'll be happy to know that winters in Little Rock are historically mild; on the other hand, summers can be intense and are typically characterized by humid heat. You may find, however, that enduring our summers is worth it when you are rewarded with gorgeous Arkansas fall and spring seasons year after year.



Have we mentioned that Little Rock is a fantastic place to live for those who enjoy the outdoors? The region is an easy drive from Pinnacle Mountain State Park, Ouachita National Forest, and the stunning Ozark Mountains, and Hot Springs National Park is only an hour away. Residents can also take advantage of golf courses and trails found within the city limits.



For those who identify more as city folks, the downtown and midtown areas feature a variety of local restaurants and breweries. The metro area also enjoys a great live music scene, which ranges from piano bars to the Arkansas Symphony Orchestra and Ballet Arkansas. The local Arkansas Arts Center and various community theater groups hosts live theater performances throughout the year, and the region also contains a handful of art galleries. There are also local stores and boutiques for shopping. More family-oriented entertainment can be found at neighborhood pools, the year-round ice rink, and the Little Rock Zoo. And don't forget about all the opportunities to follow local Arkansas sports, whether it's watching the Arkansas Razorbacks play at War Memorial Stadium in Little Rock or Razorback Stadium in Fayetteville or the Arkansas Travelers at Dickey-Stephens Park!



But if all that doesn't sell you on Little Rock, maybe this will ... many of our current psychologists on staff (about one-third, most of whom were not originally from Arkansas) were previously an intern or resident at CAVHS. They liked it so much that they either stayed after completing their training or returned when an opening later became available. Not only does this demonstrate that Arkansas is a fantastic place to live, it also says a great deal about the training culture at CAVHS. So, regardless of whether Arkansas becomes a temporary or permanent home for you, we are confident you will find much to appreciate, not only about our state and its culture, but about our training program and its culture, too!



VETERANS HEALTHCARE ADMINISTRATION (VHA)

MISSION

To honor America's veterans by providing exceptional health care that improves their ~~l~~hand well-being.

VISION

Veteran's Healthcare Administration will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient- centered and evidence-based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery, and continuous improvement. It will emphasize prevention and population health and contribute to the nation's well-being through education, research, and service in national emergencies.

CORE VALUES

<i>Integrity</i>	Acting with high moral principle.
<i>Commitment</i>	Working diligently to serve veterans and other beneficiaries.
<i>Advocacy</i>	Be truly veteran-centric by identifying, fully considering, and appropriately advancing the interests of veterans and other beneficiaries.
<i>Respect</i>	Treating all those you serve and with whom you work with dignity and respect.
<i>Excellence</i>	Striving for the highest quality and continuous improvement.



DIVERSITY MISSION STATEMENT

The Psychology Training Programs at CAVHS value diversity and believe that a range of backgrounds brings a variety of ideas, perspectives, and experiences that will create a productive work environment in which talents are fully utilized and VA objectives are met.

Organizational policies and procedures are designed to promote equal opportunity and provide protection for all staff. CAVHS aspires to combat prejudice, stereotyping, and harassment and is committed to the continued development of the personal and professional skills of its employees, who are treated in a fair and unbiased way and given every encouragement to realize their full potential and to be their true self. We aim to ensure that the services we provide to clients and applicants does not discriminate against race, heritage, gender, religious or non-religious beliefs, nationality, family background, age, disability, or sexuality. Resident applicants from diverse groups, who are underrepresented in neuropsychology, are highly encouraged to apply.

[Watch this excellent video to learn more about our commitment to diversity.](#)

Our Residency is proud of the strong diversity programs that exist within our training programs and our facility. Aspects of diversity are interwoven both formally and informally throughout the clinical, didactic, experiential, professional development, and other aspects of our training. Within the recovery framework that is foundational to our residency's training, understanding and appreciation for each individual are paramount. This necessitates a willingness to engage in reflective practice not only in training, but throughout one's professional career. At CAVHS, we aim to purposefully encourage and model this as much as possible, recognizing our own limitations and continual need for professional growth.

CAVHS's commitment to welcoming, inclusive practices are stable, strong, and not limited to one or two dimensions of diversity. We are proud to have earned a perfect score and "Leader Status" for the last three consecutive years on the Healthcare Equality Index. We are grateful that our facility leaders support diversity initiatives of the Mental Health Service and its training programs; and very often, our leaders have a visible presence at these alongside us. With humility and willingness to keep growing, we invite you to bring your own diversity to our conversation.

The Neuropsychology Residency is deeply committed to fostering multicultural competence and diversity awareness. The overall goal of our training activities is to produce neuropsychologists that are sensitive to individual differences and demonstrate the ability to apply diversity-based models in clinical settings.



POPULATIONS SERVED AND FACILITIES

CAVHS is a large and comprehensive medical complex located in the North Little Rock and Little Rock metropolitan area of over 725,000 people and draws from a primary service area of 275,000 veterans whose ages and demographics are wide ranging. CAVHS providers also serve Active Duty and National Guard personnel from nearby Little Rock Air Force Base and Camp Robinson as well as family members.

Accredited by both the Joint Commission on Accreditation of Healthcare Organizations and the Commission on Accreditation of Rehabilitation Facilities during the most recent accreditation reviews, CAVHS is a Category 1A flagship healthcare center and one of the largest and busiest VA medical centers in the country. Its two consolidated campuses, located in Little Rock and North Little Rock, anchor a broad spectrum of inpatient and out-patient healthcare services, ranging from disease prevention to primary care, complex surgical procedures and extended rehabilitative care. Comprehensive healthcare is provided through primary, tertiary, and long-term care in areas of medicine, surgery, mental health, physical medicine and rehabilitation, neurology, dentistry, ophthalmology, geriatrics and extended care, women's health, and others. Across its two main campuses, CAVHS has 280 hospital beds as well as a 119-bed Residential Rehabilitation Treatment Unit that provides long-term rehabilitative care and a 152-bed Community Living Center (formerly Nursing Home Care Unit). CAVHS also reaches out to Veterans across Central Arkansas through its eight Community-Based Outpatient Clinics (CBOCs) in the cities of Conway, El Dorado, Hot Springs, Mena, Mountain Home, Pine Bluff, Russellville, and Searcy.

When care in one of the two main hospitals or eight outpatient clinics is either not possible or medically recommended, the Home-Based Primary Care program provides primary health care to eligible veterans in their homes. A Day Treatment Center and Vet Center are also located in the Little Rock Metro Area. Finally, CAVHS offers an active telemedicine program, which provides remote services using advanced telemedicine technology directly from the North Little Rock campus to the area CBOCs. Residents complete training primarily in the North Little Rock Campus.

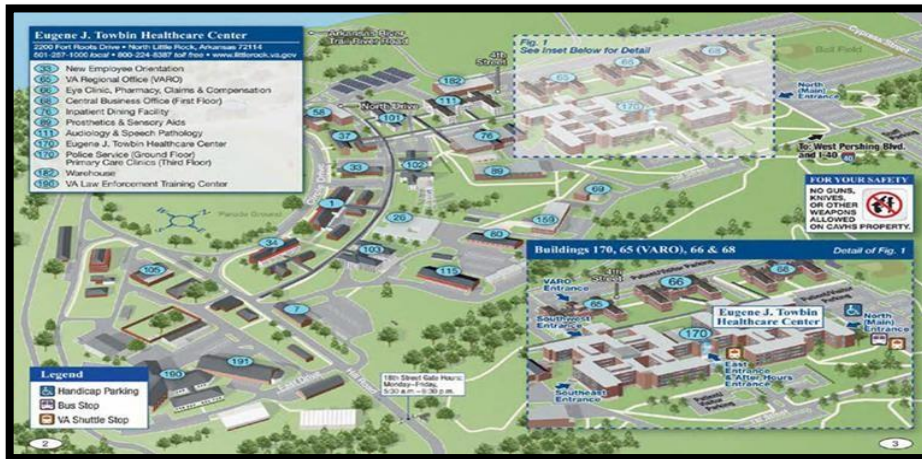
NORTH LITTLE ROCK CAMPUS

Eugene J. Towbin Healthcare Center
2200 Fort Roots Drive (116/NLR)
North Little Rock, AR 72114
Phone: (501) 257-1000

Situated atop scenic bluffs overlooking the Arkansas River and the Little Rock skyline, our North Little Rock campus occupies the late-19th century Fort Roots military installation that had been originally commissioned for the US Army Cavalry prior to World War I and is now a functioning hospital complex and National Historic Site. Located on the North Little Rock campus, the Eugene J. Towbin Medical Center is a large four-story building, which was constructed in 1983. It houses each of this division's outpatient programs, residential rehabilitation programs, and inpatient beds. This building also contains a cafeteria, canteen store, medical library, bowling alley, barber shop, and indoor walking trail. The grounds of the North Little Rock campus are large and contain two small fishing lakes, an employee fitness center (available to Residents on a 24-hour basis), a fitness trail, a softball field, a newly constructed State Veterans Home, and numerous historic buildings operating as administrative offices for the VA. Also co-located on the North Little Rock Campus are the VISN 16 Mental Illness Research, Education, and Clinical Center (MIRECC), GRECC, and the VA's Federal Law Enforcement Training Center, which trains the entire Federal VA police force.



The North Little Rock campus contains the medical center's Primary Care Clinics, Outpatient Mental Health Clinic, Outpatient and Residential Substance Use Treatment Clinics, Outpatient and Residential PTSD Clinics, Intermediate Medicine, Neuropsychology, Vocational Rehabilitation, Inpatient Psychiatry, Domiciliary, Community Living Center, Physical Medicine and Rehabilitation Service, and the Psychosocial Rehabilitation and Recovery Center. The North Little Rock division also serves as the primary setting for most clinical rotations and experiences offered in the Neuropsychology Residency program.



(A view from the bluffs of our North Little Rock Campus (Fort Roots))

LITTLE ROCK CAMPUS

John L. McClellan Memorial Veterans Hospital
 4300 W. 7th Street
 Little Rock, AR 72205-5484
 Phone: (501) 257-1000



Approximately eight miles and just a 15-minute drive away from the North Little Rock division and conveniently situated in the heart of Midtown Little Rock, the John L. McClellan Memorial Veterans Hospital is our Little Rock campus. It is adjacent to, and physically connected to, the University of Arkansas for Medical Sciences (UAMS). This medical center houses multiple inpatient wards including acute medicine, oncology, cardiology, surgery, neurology, neurosurgery, and intensive care units. It also serves hemodialysis patients and houses many medical and surgical outpatient clinics, a women's clinic, and an active emergency room. A cafeteria, canteen store, and medical library are also available at this campus.

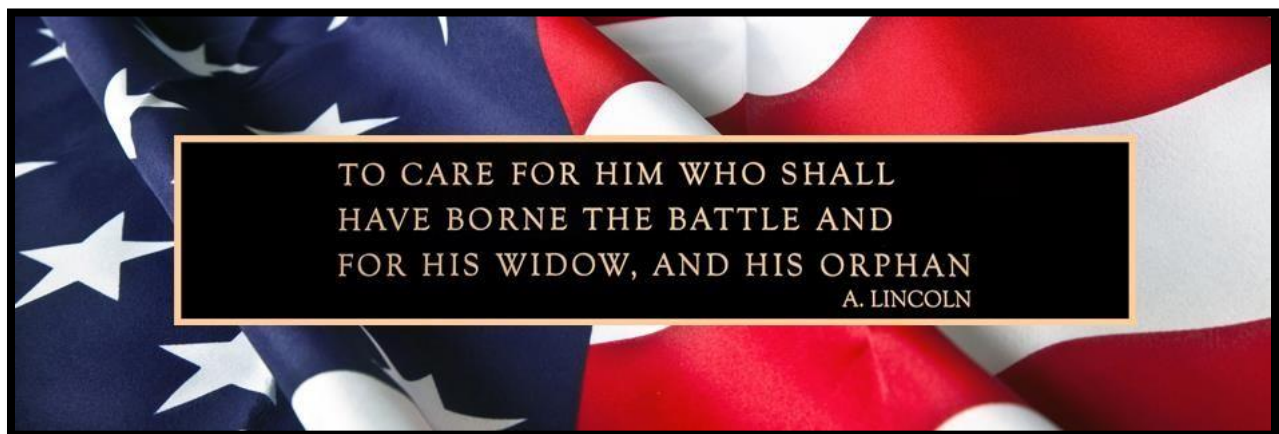


HISTORY OF TRAINING

Throughout its rich history, CAVHS has been widely recognized, first and foremost, for a tradition of quality and caring for Arkansas Veterans as well as for excellence in education, research, and emergency preparedness. To that end, CAVHS serves as a teaching facility for more than 1,500 students and Residents enrolled in more than 65 educational programs; its principal affiliate is University of Arkansas for Medical Sciences (UAMS).

The history of CAVHS includes training for the field of psychology since the 1950s, including its APA accredited (since 1979) Psychology Internship Program, a one-year APA accredited (since 2013) Clinical Psychology and Interdisciplinary Postdoctoral Residency Program in PTSD or Psychosocial Recovery for Serious Mental Illness, and a 2-year Neuropsychology Postdoctoral Residency Program. Our facility also is also home to research residency in Human Services Research and Development (HSR&D) and through the Mental Illness, Research, Education, and Clinical Center (MIRECC).

The majority of our psychology staff are engaged in the supervision of psychology trainees and many others serve as mentors, consultants, and didactic presenters for our various training programs.



PROGRAM TRAINING PHILOSOPHY

Our Neuropsychology Postdoctoral Residency program training philosophy is consistent with the International Neuropsychological Society, American Psychological Association Division 40 (Neuropsychology), and Houston Conference specialty guidelines for training in Clinical Neuropsychology. The Residency program follows scientist-practitioner training model.

Our philosophy of training reflects a basic belief that education and training for the residency is primarily experiential in nature and for the purpose of learning through service delivery under the supervision of staff providing similar services. The philosophy is consistent with the mission, vision, and core values of the Veterans Health Administration (VHA). The philosophy of the program includes a commitment to the veteran-centered approach to all services. We strive to provide a supportive environment for residents, and we seek

applicants whose desirable qualities include strong clinical and scholarly training experience, combined with strong interpersonal skills and sound character.

Our goal for the neuropsychology residency is to provide each resident with individualized experiences and supervised training as well as increasing amounts of responsibility and autonomy, commensurate with demonstrated abilities, so that sufficient preparation for the role of the professional neuropsychologist will be achieved by the end of the two-year residency. As noted previously, the Neuropsychology Residency Program is an advanced specialty training experience, focused on preparing the resident for board certification in the field of Clinical Neuropsychology.

We recognize that service delivery is only one part of the neuropsychologist's role; therefore, we provide opportunities for our residents to become well acquainted with the other aspects of the practice of neuropsychology. This includes offering diversified applied training; opportunities for understanding ethical and legal responsibilities; networking with peers and other professionals; gaining experience with administration; developing competency in supervision; and functioning as a practitioner, consultant, and/or instructor.

PROGRAM AIMS

The overall aim of our program is to ensure that residents acquire a broad range of the professional skills necessary to function effectively as neuropsychologists in a variety of multidisciplinary healthcare settings, specifically the Veterans Healthcare Administration as well as other complex medical centers. Furthermore, those residents who choose careers in other areas of practice such as academia, research, and administration can be confident that this residency will have significantly contributed to their professional goals. In addition to its overall aim, the Neuropsychology Residency Program has two specific aims:

1. To train psychologists to appreciate the unique needs of the veteran population and in the provision of veteran-centered care.
2. Specialty training in Clinical Neuropsychology that prepares the residents for eventual board certification in Clinical Neuropsychology.



PROGRAM LEADERSHIP

Primary responsibility for the day-to-day functioning of the Neuropsychology Residency Program rests with the Co-Directors of Training, Courtney Ghormley, PhD, ABPP and Jennifer Mathis, PhD, ABPP-CN.

All residents report to the Directors of Training for purposes of program planning and performance evaluations. Requests for leave and other administrative issues are also the responsibility of Dr. Ghormley. The Directors of Training, in consultation with the Executive Committee, manage all planning, monitoring, and routine decision-making of the Neuropsychology Residency Program. All CAVHS Psychology Training Programs are overseen administratively by the Program Administrator for Psychology Training Programs, Courtney Ghormley, PhD, ABPP. Dr. Ghormley reports to the Chief Psychologist, Scott Mooney, PhD, ABPP-CN, for the Mental Health Service. Shanna Palmer, MD, serves as Designated Education Officer overseeing all training programs at CAVHS.

EXECUTIVE COMMITTEE MEMBERS



Jennifer Mathis, PhD, ABPP-CN
Co-Director of Training

Jennifer.Mathis3@va.gov



Courtney Ghormley, PhD, ABPP-Gero
Co-Director of Training

Courtney.Ghormley@va.gov



Jessica Domino, PhD
Diversity Committee Chair



Byron Simoneaux, PhD
Member-at-Large

TRAINING MODALITIES

CLINICAL TRAINING: The CAVHS Neuropsychology Service is the primary training environment for residents. The Neuropsychology Service is permanently staffed with three neuropsychologists (two of which are board certified in Clinical Neuropsychology), two psychometrists, and one administrative assistant. Neuropsychology focused postdoctoral residents, doctoral neuropsychology track interns, and practicum students also train in this workspace. Referrals are received from services across our large 1-A facility including the following: Neurology, Neurosurgery, Memory Disorders Clinic, Inpatient and Outpatient Geriatrics, Primary Care, Mental Health Service, and nearby active-duty military bases. Residents gain experience working with a myriad of heterogenous, neurological and psychiatric, active duty and veteran, outpatient and inpatient populations.

Residents spend 2.5 days/week training in adult and geriatric neuropsychology in the Neuropsychology Service. Residents spend another 1.5 days/week participating in an elective rotation experience or minor rotation. During orientation week, residents define goals and interests with the Director of Training (DOT) and supervisors, which in turn directs their individualized training experiences. Minor rotations are 6 months in duration and may be repeated. The minor rotation offerings include the following: Acute Rehabilitation, Adult ADHD, Evidence Based Psychotherapy, Geri-PACT, GRECC Memory Disorders Clinic, Cognitive Rehabilitation, and Research. Residents may elect to engage in a Neurology Service Experience that involves working with Neurology Service for one- or two-month period.



While a high standard of patient care is expected, the workload distribution emphasizes training in neuropsychology at the postdoctoral level. In that end, residents can expect that greater than 60% of their time is spent training in clinical neuropsychology in terms of provision of direct clinical care, participation in neuropsychology-relevant didactics, and supervision by faculty. There are no work-load targets, but it is expected that as residents progress through the program, they become more efficient in-service delivery. The number of typical patient encounters week-to-week depends on clinical rotation.

The emphases of clinical training opportunities include:

- Very Strong: Outpatient neuropsychological assessment, neuropsychological consultation
- Strong: Research, cognitive rehabilitation, rehabilitation psychology, geropsychology
- Less Strong: Forensics, psychotherapy

Availability of Patient Populations:

- Very Strong: Geriatrics, medically complex patients, dementia, CVA, military TBI, psychiatric conditions (incl. PTSD, MDD, SUDs, chronic pain, ADHD), racial/ethnic minorities

Strong:	Movement disorders, neurosurgical candidates
Less Strong:	Moderate-to-severe TBI, neoplasm, viral/bacterial, multiple sclerosis, epilepsy, hydrocephalus, allograft transplantation, autism
None:	Pediatrics

SCHOLARLY ACTIVITY: Residents are required to complete an individual research project during their 2-year training experience. Residents are assigned a research mentor during their first year and will have access to a multitude of databases. The research mentor will assist the resident in all aspects of the research endeavor, to include formulating a research question(s), IRB paperwork, data query and analysis, and write up. Minimally, the research requirement can be met by presenting a research poster at a professional scientific meeting or single publication. If the Resident elects to have one or more 6-month Research minor rotation experience(s), then their scholarly productivity expectations would be adjusted and increased to reflect one presentation and one manuscript submission for possible publication/6-month minor rotation.



DIDACTICS: Residents spend 1 day per week participating in didactics, supervision/teaching, and other administrative requirements that round out the remainder of the training week. Didactic opportunities include required weekly Neuropsychology Resident Seminar series. Residents also attend monthly Diversity Seminar with outings, Professional Development Seminar (when offered), and Psychology Community Meeting (when offered). Additionally, residents are encouraged to attend optional didactic opportunities including Brain Cuttings at UAMS, GRECC Journal Club, and Neurology, Neuroradiology, and Psychiatry Grand Rounds.

Residents participate in a mock American Board of Professional Psychology (ABPP) neuropsychology fact finding practice opportunity twice a month. Additionally, residents complete a required mock neuropsychology board written exam at the end of their first and second years. Required mock neuropsychology oral exam also is completed towards the end of their second year of residency. See Appendix B for additional resident didactic and seminar topics, respectively.

During the second year, residents complete the NAN Neuroanatomy Course. The cost of the course is covered by the residency program.

VERTICAL SUPERVISION AND TEACHING: Residents gain experience substantial experience providing vertical supervision to less advanced neuropsychology trainees including doctoral neuropsychology, clinical, and/or health psychology track interns and practicum students. Thus, intern and practicum students, whom the oversight, attendance, and participation. resident may provide vertical supervision to will likely switch every four to six months. Residents are expected to prepare and teach various topics as part of the Neuropsychology Track Internship Seminar series. This intern seminar occurs weekly, and topics are assigned at the beginning of the training year. See Appendix B for a sample seminar schedule. The seminars are led by neuropsychology postdoctoral residents with faculty mentorship.

TRAINING ENVIRONMENT

Our program offers advanced specialty training in Clinical Neuropsychology through the Mental Health Service. At present, the CAVHS Neuropsychology Section is permanently staffed with 3 neuropsychologists (2 are board certified in neuropsychology), 2 psychometrists, and 1 administrative assistant. Postdoctoral Residents,

Doctoral Interns, and practicum students also train in this workspace. Referrals are received from Neurology, Neurosurgery, Memory Disorder's Clinic, Inpatient and Outpatient Geriatrics, Primary Care, Mental Health Service, and nearby Active-Duty military bases. In that end, Residents gain experience working with a myriad of heterogenous neurological and psychiatric Active Duty and Veteran outpatient and inpatient populations.

Our facility is home to a Geriatric Research, Education, and Clinical Center (GRECC), which is a center of excellence that address the healthcare needs of older Veterans through research, education, and training of healthcare professionals and students. The Little Rock GRECC conducts research directly relevant to aging Veterans with focus areas that include: (a) The biological outcomes of normal aging and disease as manifest in skeletal muscle, the central nervous system and cardiovascular system; (b) Exercise, nutrition and rehabilitation; (c) Treatment of mental health and behavior problems in dementia; and (d) Research focusing on the prevention of dementia. Residents have the opportunity to work within the GRECC as part of the Memory Disorder Clinic team.

CORE PROGRAM REQUIREMENTS

PROGRAM STRUCTURE

The training year includes one week of orientation to the Neuropsychology Residency Program; four, six-month major rotations; and four, six-month minor rotations over the course of the two-year residency. Residents spend approximately three days (24 hours) per week on each major rotation, one-and-a-half days (12 hours) per week on each minor rotation, and one-half day (4 hours) per week in didactic training throughout the course of each training year.

SUPERVISION

Residents receive at least two (2) hours of supervision per week. Each resident receives at least one (1) hour of scheduled, individual, face-to-face supervision from a doctoral-level licensed neuropsychologist per week, with further consultation readily available. This includes one hour of scheduled, individual, face-to-face supervision with the intern's major rotation supervisor and one hour of scheduled, individual, face-to-face supervision with the intern's minor rotation supervisor each week. The remaining two hours of required weekly supervision may include any combination of the following modalities: individual vertical supervision by an unlicensed psychologist or postdoctoral resident under the supervision of a licensed psychologist; unscheduled supervision with a licensed psychologist; and group supervision with a licensed psychologist. On each rotation throughout the training year, supervision will include direct observation of the intern by a licensed psychologist. Intern participation during various didactic seminars does not count toward the total minimum supervision hours required each week.

EVALUATION

Evaluation is a mutual process among residents, supervisors, and the training program as a whole. It serves important and necessary functions to ensure optimal training and achievement of expected competencies. Residents are formally evaluated on the following competency areas:

Level 1 Competencies:

Integration of Science and Practice - Residents will deepen their knowledge of the foundational and current research in clinical neuropsychology and hone skills to integrate science into the practice of neuropsychology.

Ethical and Legal Standards- Residents will develop a deeper understanding and appreciation for the common ethical and legal situations that can occur in neuropsychology as well as how to apply ethical decision-making processes in order to resolve ethical dilemmas.

Individual and Cultural Diversity - Residents will develop a greater understanding and appreciation of themselves and others from a cultural standpoint and the impact of this on neuropsychological practice and their work with diverse individuals and groups.

Level 2 Competencies:

Veteran and Military Culture - Residents will deepen their knowledge and the skills necessary for working within the VA system including specialized care for veterans and active-duty military members preparing them for employment as neuropsychologists in the VA.

Level 3 Specialty Clinical Neuropsychology Competencies:

Research - Residents will become a more refined consumer of research to inform their practice. They will gain greater confidence and knowledge in producing original research questions and determining effective research design and appropriate analysis with the support of research mentors.

Professional Values, Attitudes, and Behaviors - Resident will behave in ways that reflect the values and attitudes of the field of Clinical Neuropsychology. They will develop the ability to self-reflect in order to improve their professional effectiveness. Additionally, residents will develop a sense of professional identity consistent with the Clinical Neuropsychology specialty.

Communication and Interpersonal Skills - Residents develop effective interpersonal skills and maintain relationships with others they work with including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. They will further hone written and oral communication skills.

Neuropsychological Assessment - Residents gain advanced skill in conducting neuropsychological evaluations that answers the referring provider's request and takes into account relevant multicultural and psychosocial issues. They will also develop extensive knowledge of the scientific basis of assessment, neuroanatomy, neuropathology and related impairments, and medical and psychiatric conditions impacting the brain.

Neuropsychological Intervention - Residents will learn to provide Veteran-centered neuropsychological evaluations within a therapeutic framework, where the feedback session serves as a powerful intervention.

Resident will hone the ability to provide appropriate recommendations for providers and Veterans based on clinical findings.

Consultation and Interprofessional/Interdisciplinary Skills - Residents gain advanced skills in the develop of working relationships with various medical providers as well as how to effectively communicate test results into clinically meaningful solutions.

Teaching/Supervision/Mentoring - Residents develop advanced skills in the teaching and supervision of trainees by working directly with neuropsychology practicum students and interns.

The residency provides advanced training in each competency area and all residents must be at the minimal level of achievement prior to completion of the 2-year residency program. Additional opportunities are provided for residents to develop more detailed, informal training objectives as needed or desired, allowing residents to tailor their training experiences to meet their individualized professional goals.

The Neuropsychology Residency Program requires that supervisors provide residents with timely and ongoing verbal feedback as well as formal or written evaluations over the course of the 2-year training experience. At the beginning of each rotation, supervisors and residents discuss training objectives of each competency to be developed. Behavioral objectives are clearly defined by primary supervisors at the beginning of each rotation, with input from the resident.

Major and minor rotation supervisors also evaluate residents at the midpoint and endpoint of each major and minor rotation by completing the Neuropsychology Residency Competency Form, which monitors the resident's progress and identifies the degree to which they have met each required competency area via formal numerical ratings. Evaluations are completed by the primary supervisor but will also incorporate feedback from any secondary supervisors. To ensure that residents understand what is expected, each supervisor will review the Neuropsychology Residency Competency Form with the resident at the beginning of each rotation. At mid-rotation, each supervisor for both major and minor rotations will rate the progress of the resident using the form and will review the ratings with the resident. The completed form will be submitted to the Director of Training for placement in the resident's file. At the end of each rotation, each supervisor for both major and minor rotations will again complete the rating form and will review their ratings with the resident. The form is then submitted to the Director of Training for placement in the resident's file.

Residents whose performance is not at an expected level of competence will be advised regarding the problem area(s) in his/her performance, and a specific plan to address the deficiency will be provided in writing and discussed with the resident. When performance improvement plans are warranted, they will be developed with the Executive Committee and approved by the Director of Training.



Residents are rated on a five-point scale for each of the Level 1, Level 2, and Level 3 specialty competency domains and benchmarks for each domain, with an increasing level of skill development expected for each rotation:

Rating Scale for Neuropsychology Resident Competencies – Relative to an independent, board-eligible neuropsychologist	
5	Well above expected level of competency – Routinely demonstrates outstanding, advanced, and independent performance with exceptional quality at a level appropriate for an independent, board-eligible neuropsychologist. Seeks consultation as needed.
4	Above expected level of competency – Frequently demonstrates advanced and independent performance with good quality at a level appropriate for an independent, board-eligible neuropsychologist. Seeks consultation appropriately.
3	At expected level of competency – Regularly performs this activity independently with acceptable quality at a level appropriate for an independent, board-eligible neuropsychologist. Seeks supervision regularly.
2	Below expected level of competency – Performs this activity with acceptable quality but continued supervision and/or assistance is required (performance may be inconsistent or not yet autonomous). This will be a continued area of focus for training and supervision.
1	Well below expected level of competency – Rarely or never able to perform this activity with acceptable quality. A clear plan for performance
N/O	No opportunity to observe OR not applicable to this rotation.

The Neuropsychology Residency Competency Form is used to track resident progress throughout the two-year training experience. The following expectations of progress are required to be met for successful completion of the residency:

Minimal Level of Achievement (MLA) and Expectations of Progress for Successful Completion of Residency:	
Initial Self-Appraisal	Residents are expected to have the majority of their Level 3 Specialty Clinical Neuropsychology ratings at "1" or "2". Other Level 1 Competencies (i.e., Science and Practice, Diversity, and Ethical/Legal) and Level 2 competencies (i.e., Military/Veteran Culture) may be rated higher reflecting a Resident's relative strength(s) and diversity of prior training experiences.
Year 1, Mid-rating (6 months)	After 6 months of training, 50% of individual benchmark ratings should be at "2" or above.
Year 1, Final rating (12 months)	After 12 months of training, 100% of individual benchmark ratings will be at "2" or above. If after 12 months, any rating less than a "2" will result in a development of a performance improvement plan.
Year 2, Mid-rating (18 months)	At 18 months, 50% of individual benchmark ratings will be at a "3" or above. Any rating less than a "3" will result in the development of a Performance improvement plan.
Year 2, Final rating (24 months)	At 24 months, at the end of their residency, 100% of individual benchmark ratings will be at a "3" or above. Indicating that the Resident is prepared to begin independent practice as a board eligible neuropsychologist.

The Director of Training evaluates each resident’s progress in the program at the midpoint and endpoint of each training year by completing the Supplemental Neuropsychology Residency Competency Form, which monitors the resident’s progress and tracks their progress toward completing all program requirements by the end of each training year. To ensure that residents understand what is expected, the Director of Training will review the Supplemental Neuropsychology Residency Competency Form with the resident at the beginning of each training year. At mid-year, the Director of Training will rate the progress of the resident using the form and will review the ratings with the resident. The completed form will be submitted to the Director of Training for placement in the resident’s file. At the end of each training year, the Director of Training will again complete the rating form and will review their ratings with the resident. The form will again be submitted to the Director

of Training for placement in the resident's file. Additionally, during each individual quarterly meeting with the resident, the Director of Training will record their progress toward completing their required didactic presentations, mock fact-findings, mock written examinations, and scholarly project, after which the completed form will be placed in the resident's file.

If a resident fails to meet the minimal level of requirements at any point during the training program, the Director of Training will initiate a Performance Improvement Plan. Detailed policies regarding the identification and remediation of training deficiencies and/or problem behaviors and our program's Due Process and Grievance Policy are provided in the CAVHS Neuropsychology Residency Handbook. These policies are reviewed with each resident during orientation week.

REQUIREMENTS for PROGRAM COMPLETION

The Neuropsychology Postdoctoral Residency program is a 2-year (24 month), full-time program. Residents are expected to report to and train at CAVHS 40 hours per week. The residents are required to complete a minimum of 4160 (2,080 hours per year) hours over the course of the 2-year program. Having said that, over the course of 104 weeks, after factoring in possible leave (i.e., 20 Federal holidays + maximum usage of accrued 26 days of Annual leave and 26 days for Sick leave), Neuropsychology Residents are required to complete 3,584 hours of training *on site* over the course of their 2-year training experience.

The Resident's progress is assessed at the middle and end of each 6-month rotation by each faculty member on their major rotation and minor rotation for a total of eight (8) evaluations of their Level 1, 2, and 3 competencies during the 2-year training program. Residents must meet the minimal level of achievement (MLA) for each competency per ratings on the Neuropsychology Residency Competency Form in order to successfully complete the program.

Residents must successfully complete all clinical rotations, scholarly research project, and didactic requirements to graduate from the residency.

PROGRAM EVALUATION

It is equally important that residents evaluate their supervisors, clinical rotations, and the training program as a whole. Ongoing feedback from residents has regularly shaped the program's policies, procedures, and training opportunities. Residents and staff are expected to exchange feedback routinely and informally as a part of the supervisory process, but we also include formal evaluations in this process to allow the Neuropsychology Residency Program to evaluate its progress in providing a quality training experience that successfully trains residents in identified competencies. Identified strengths and deficiencies of specific training experiences are closely examined in order to implement necessary program changes. We also want to be sure that our training staff is consistent with our program philosophy of treating residents with courtesy and respect and engaging wherever possible in collaborative interactions as part of the training program.

To that end, residents formally evaluate their experiences on each rotation and with each supervisor at the end of each clinical rotation by completing the Supervisor/Rotation Rating Form, which elicits information regarding the value of the activities on the rotation, the quality of the supervision provided, and

recommendations for improvement of the training experience via formal numerical ratings as well as narrative qualitative feedback. Residents are encouraged to review their ratings and feedback with each supervisor.

Residents also formally evaluate their required didactic training experiences on an ongoing basis throughout their residency by completing the Presentation Feedback Form for each seminar and presentation they attend. Notably, to protect the anonymity of the resident, for any didactic presentation completed by a faculty member, the Presentation Feedback Form is collected by the Year-2 Resident and submitted to the respective seminar leader who will then privately share the feedback with the presenter(s). In the event that a presentation is completed by a resident, the Presentation Feedback Form is instead collected by the respective seminar leader who will then privately share the feedback with the resident. Additionally, residents are encouraged to discuss any issues related to their didactic training experiences, make suggestions for improvements, and bring up any areas of concern to their respective seminar leaders at any point throughout the training year as well as during their scheduled meetings with the Director of Training.

Finally, residents will meet with the Director of Training throughout the training year, both individually and as a group. The Director of Training will also schedule individual meetings with each resident on a quarterly basis throughout the training year to provide opportunities for individual consultation and/or to privately share any training issues, concerns, or areas for programmatic improvement. Additionally, The Director of Training will hold regular office hours each week, at which time residents are invited to stop by for “on-the-fly” consultation



as needed or desired. At mid-year and then again upon completion of each residency year, residents will meet individually with the Director of Training for the purpose of reviewing resident progress, including their clinical and professional strengths and areas of growth, and tracking progress toward residency goals and requirements. Residents are also encouraged to use this scheduled meeting as an opportunity to discuss any training issues, make suggestions for improvements, and bring up any areas of concern.

Notably, at the completion of each residency year, residents will meet with an outside consultant, who is not involved in the training program and does not serve in an evaluative role, for a formal group interview. The goal of this interview is for residents

to have an opportunity to provide anonymous global feedback about the program, supervisors, seminar leaders, and program leadership as well as recommendations for programmatic improvement. Feedback collected from this meeting will be shared with the Program Administrator for Psychology Training Programs, who will then disseminate the feedback to the Director of Training and Executive Committee.

MAINTANANCE OF RECORDS

The program maintains a permanent copy of the resident’s entire record. Electronic copies are kept in a secured file that only members of the program’s leadership have access. Paper copies are kept in a locked file cabinet within a locked room that only members of the program’s leadership and administrative staff has access. The resident’s file contains the following items (if applicable): application materials, onboarding paperwork, competency evaluations, supplemental competency evaluations, documentation of initiated Performance Improvement Plan, program feedback provided by the trainee, any formal complaint and associated documentation, correspondence made on behalf of the trainee with outside entities (i.e., licensing boards), and a copy of the trainee’s certificate of completion.

PROGRAM DIDACTICS

Neuropsychology Resident Didactics

This seminar is required for all Neuropsychology Track interns and non-Neuropsychology Track interns on neuropsychology rotations. It is scheduled regularly on Friday mornings at 9am. See Appendix D for schedule of dates and topics. The seminar is led by the first- and second-year Neuropsychology Residents. A wide variety of topics are covered pertaining to neuropsychology. Residents are assigned specific topics and presentation dates at the beginning of the training year and are responsible for reading the source material and preparing a 60-minute presentation on the topic at the internship-level. Through this seminar, residents not only deepen their understanding of the topic, but they also hone their teaching and presentation skills. The seminar is also attended by a Neuropsychology Mentor.

Neuropsychology Resident Seminar

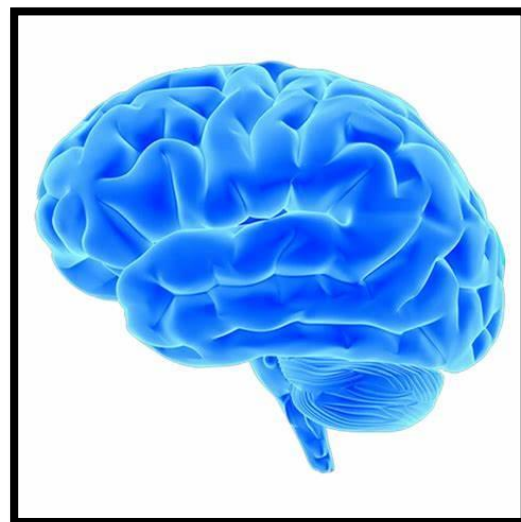
This required didactic is attended by Neuropsychology Residents and led by a Neuropsychology Supervisor. On Friday mornings, this seminar immediately follows the Neuropsychology Intern Seminar led by the resident, and it provides the opportunity for a deeper dive into the topic. This seminar also provides an opportunity for the Neuropsychology Mentor to provide the residents with additional information on the topic that is at the residency-level. It also allows for the resident to receive feedback on their presentation skills and style.

Fact Finding

This required didactic is attended by Neuropsychology Residents and Neuropsychology-Track Interns and led by a Neuropsychology Supervisor. Fact Finding is held the first and second Fridays of the month. This didactic is designed to mimic the fact-finding exercise that is part of the board certification process for clinical neuropsychology. At times trainees and staff will work together as team during the diagnosis process and at other times, residents and interns will complete the fact findings exercise on their own.

Brain Cuttings

Resident are encouraged to attend weekly brain cuttings that are led by the University of Arkansas for Medical Sciences Pathology Department. These weekly didactic serves to deepen residents' understanding of neuroanatomy.



Diversity / Recovery Seminar

This seminar is required for all interns and residents. It is scheduled monthly on Tuesday afternoons for two (2) hours throughout the training year. Oversight of the seminar is provided by the Diversity Chair, and discussions are led by trainees. The seminar is designed to provide a safe environment for trainees to practice cultural humility; explore various cultural and diversity variables; enhance self-awareness and self-reflection skills; apply recovery principles to healthcare services; and learn about the culture of the local community through culturally relevant outings.

National Academy of Neuropsychology (NAN) Neuroanatomy Course

During the second year, Neuropsychology Residents are required to complete the NAN Neuroanatomy Course. This online course provides in-depth training in neuroanatomy that is designed to prepare the resident for

eventual board certification in neuropsychology. The cost of the course is covered by the training program and registration is handled by the Training Program Administrator, Dr. Ghormley.

Professional Development Seminar (PDS)

This seminar is a required didactic experience for all interns, regardless of training track. It is scheduled bimonthly on Tuesday afternoons for one hour throughout the training year. The seminar is led by Dr. Scott Mooney, Chief Psychologist. A wide variety of topics are covered and generally include presentations related to professional development, including discussion of specialty board certification through the American Board of Professional Psychology (ABPP). They often serve as an opportunity to discuss legal, ethical, and cultural issues involved in the practice of psychology. Presenters primarily include faculty within the Psychology department, though psychology residents, staff from other healthcare disciplines, and non-VA or community professionals occasionally serve as invited guest speakers.

Psychology Community Meetings

This meeting is a required didactic experience for all interns, regardless of training track. It is scheduled bimonthly on Tuesday afternoons for one hour throughout the training year. The seminar is led by Dr. Scott Mooney, Chief Psychologist. Topics generally center around various training site policies and procedures.



CLINICAL ROTATIONS

REQUIRED MAJOR ROTATIONS

Over the course of the 2-year training program, residents will complete two (2) major rotations with the Outpatient Neuropsychology Clinic and two (2) major rotations with the Geriatric Outpatient Clinic.

Outpatient Neuropsychology Clinic

Supervisor: Jennifer Mathis, PhD, ABPP-CN, Board-Certified Neuropsychologist

This rotation offers widespread training in the neuropsychological assessment of adult veterans, under the supervision of a board-certified neuropsychologist with extensive experience in the administration and interpretation of a flexible battery approach, including training in empirically based neuropsychological procedures for diagnostic, treatment, and rehabilitation purposes. Residents on this rotation will develop advanced skills in differential diagnosis, making practical treatment recommendations, and providing feedback to veterans, their families, and referral sources, including providers within Primary Care, Neurology/Neurosurgery, the Physical Medicine and Rehabilitation Service (PM&RS), Community Living Center (CLC), Mental Health Clinic (MHC), Substance Use Disorder (SUD) program, PTSD Clinical Team (PCT), and active-duty military bases.

Residents on this rotation are highly involved in the supervision of doctoral interns and practicum students. Residents work closely with their supervisor to hone their supervision, teaching, and mentoring skills by providing vertical supervision and training to less-experienced trainees. Residents also have the opportunity to provide consultation to the Polytrauma Clinic, housed within the Physical Medicine and Rehabilitation Service (PM&RS), is comprised of a multidisciplinary team responsible for providing comprehensive assessment, formal diagnostic, and triage services to veterans who have previously screened positive for a potential traumatic brain injury (TBI). Following initial evaluation by a physiatrist, veterans are often referred for comprehensive neuropsychological evaluations to aid in differential diagnosis and/or neurocognitive rehabilitation interventions, if deemed appropriate.

Geriatric Neuropsychology Clinic

Supervisor: Scott Mooney, PhD, ABPP-CN, Board-Certified Neuropsychologist

This rotation provides wide-ranging training in the neuropsychological evaluation of geriatric veterans, under the supervision of a board-certified neuropsychologist with extensive experience in the administration and interpretation of neuropsychological procedures, including training in validated standardized psychometric testing and other neurobehavioral approaches for diagnostic, treatment, and disposition planning purposes. Residents on this rotation will develop advanced skills in differential diagnosis of normal aging and disease states that impact cognition and function in the aged. Residents will gain advanced skills in making treatment recommendations and providing feedback to patients and their families. Residents on this rotation can expect to accomplish the following: (1) enhance foundational knowledge to include pertinent biomedical considerations in the aged; (2) obtain advanced skills in interviewing, neuropsychological assessment, and treatment/disposition planning relevant to geriatric and medical populations; and (3) hone their neuropsychological case formulation and differential diagnostic skills.

Residents on this rotation are highly involved in the supervision of doctoral interns and practicum students. Residents work closely with their supervisor to hone their supervision, teaching, and mentoring skills by providing vertical supervision and training to less-experienced trainees.

ELECTIVE MINOR ROTATIONS

At the start of their first year, residents define goals and interests with the Director of Training for the Neuropsychology Residency, which in turn directs their individualized focused training experiences in the way of selection of elective minors to augment their learning experience(s). Minors are 6-months in duration and can be repeated.

Acute Rehab

Supervisor: Alissa Kolb, PsyD, Rehabilitation Psychologist

The Physical Medicine and Rehabilitation Service (PM&RS) operates a 15-bed, inpatient, CARF-accredited, acute medical rehabilitation program. The unit serves a large veteran population, and individualized programs are available to provide targeted interventions for individuals with a variety of complex medical and rehabilitation needs. Veterans served on this unit are typically recovering from or improving their level of function as a result of various acute or chronic traumatic, progressive, or congenital injuries and illnesses that may result in a wide variety of physical, sensory, neurocognitive, behavioral, and/or emotional disturbances. Veterans typically served on this unit include individuals who have experienced cerebrovascular accidents, traumatic or other acquired brain injuries, spinal cord injuries or disorders, limb amputations, neuromuscular disorders, brain tumors, cardiac arrest, cancer, orthopedic problems, burns and/or disfigurement, chronic pain, deconditioning, and other medical conditions that limit functioning or participation in valued life activities.

Treatment programs are designed and implemented by an interdisciplinary team of professionals with the goals of broadening patient opportunities as well as facilitating maximal individual functioning and participation in social relationships and activities, recreation, education, employment, and the community in general. This team includes the veteran and his/her family, attending physiatrist, advanced practice registered nurses, rehabilitation nurses, physical therapists, occupational therapists, kinesiotherapists, speech-language pathologist, social worker, rehabilitation psychologist, dietician, recreational therapist, pharmacist, and other consultants. The interdisciplinary team meets bi-weekly to discuss each Veteran's progress and prognosis for recovery, rehabilitation goals, participation in his or her therapies, and plans for discharge.

Residents who choose this rotation will provide brief, focused, and time-limited assessment and intervention services to assist Veterans living with disability, activity limitations, and/or societal participation restrictions as well as their significant others in coping with and adapting to the effects of the injury or illness, with the primary goals of increasing overall function and quality of life. Residents function as an embedded team member, providing consultation, assessment, and intervention services to assist veterans and the team with managing various emotional, cognitive, and behavioral barriers to participation and recovery, including but not limited to poor adjustment to disability, depression, anxiety, cognitive impairment, questions of capacity, substance use, treatment adherence issues, acute and chronic pain, family conflict, and psychosocial issues.

Residents will also have the opportunity to provide vertical supervision to psychology interns who select the acute rehab rotation.



Cognitive Rehabilitation / ADHD Clinic

Supervisor: Jennifer Mathis, PhD, ABPP-CN, Board-Certified Neuropsychologist

Consultative services, such as involvement with the ADHD Clinic, neurocognitive rehabilitation services, and Polytrauma Clinic, may also be available for interested residents. The ADHD Clinic occurs on Thursday afternoons and specializes in providing comprehensive assessment and compensatory interventions for ADHD/attention difficulties. If an intern chooses to do so, the opportunity to develop skills in neurocognitive rehabilitation approaches, including facilitating/co-facilitating a neurocognitive rehabilitation group and/or completing individual neurocognitive rehabilitation sessions is available.

Residents will also have the opportunity to provide vertical supervision of psychology interns who select the rotation.

Memory Disorder Clinic

Supervisor: Ian Moore, PhD, Clinical Neuropsychologist

The Memory Disorders Clinic (MDC) is housed within the Geriatric Research Education and Clinical Center (GRECC) and consists of an interdisciplinary team of physicians, psychiatrists, social workers, and neuropsychologists/neuropsychology trainees who work collaboratively to evaluate and possibly treat older adults with comorbid medical, neurocognitive, and psychiatric disorders (e.g., dementia, cerebrovascular disease, traumatic brain injury, posttraumatic stress disorder, major depressive disorder, substance use disorders, and chronic pain). Within this context, the MDC aims to provide geriatric veterans and their families/caregivers with a comprehensive assessment of their physical health, cognitive functioning, and functional abilities in order to assist with differential diagnosis and treatment planning. Veterans seen within the MDC participate in a one- to two-hour evaluation, either in person or virtually, consisting of individual appointments with social work (i.e., functional assessment, community/VA resource identification, and treatment referrals), neuropsychology (i.e., time limited cognitive testing), and psychiatry (i.e., diagnostic interview and medication review). Following evaluation, veterans and their families/caregivers receive feedback from psychiatry and neuropsychology regarding the results of cognitive testing, consensus diagnosis(es) provided, and pertinent treatment recommendations.

Residents on the MDC rotation will (1) conduct weekly patient record review to determine suitability for neurocognitive testing; (2) administer, score, and interpret abbreviated neurocognitive assessments; (3) develop advanced skill in provide succinct summaries of testing results, initial diagnostic impressions, and salient treatment recommendations to members of the MDC team; (4) assist psychiatry with providing feedback and treatment recommendations to veterans at the conclusion of their MDC evaluations; and (5) write brief (i.e., two- to three-page) neuropsychology reports detailing the results of testing, differential diagnosis, and treatment recommendations.

Research

Mentor: To be determined by the resident

This rotation affords the resident an opportunity to engage in scholarly activity in a more intensive manner with commensurate increased expectations for productivity. In that end, the resident would spend 1.5 days of protected time/week involved in research-related activities for the duration of the 6- month rotation. At the start of the rotation, the Resident would identify a Faculty mentor (i.e., Drs. Mooney, Moore, Padala, Mathis, Kolb, and/or Preston) who will assist the resident in developing a plan of action with clear expectations for exit

criteria denoting a successful completion of the rotation (i.e., minimally submit research for one conference and submit one manuscript for possible publication). The research mentor also will assist the resident in all aspects of the research endeavor, to include formulating a research question(s), IRB paperwork, data query and analysis, write up, and revision(s).

Geriatric Patient Aligned Care Team (Geri-PACT) - Outpatient Geriatric Psychology
Supervisor: A'mie Preston, PsyD, Psychologist

The *Geri-PACT* rotation provides an outpatient training experience where Residents further develop/refine their specialized skill sets in psychological assessment, intervention, caregiver support, and interdisciplinary consultation with older adult populations in medical settings. On this rotation, the Resident will work as a member of an interdisciplinary treatment team comprised of geriatricians, pharmacists, nursing, dieticians, geropsychologist, social workers, occupational therapy, physical therapy, and medical support assistants. Developmental goals are established early in the rotation and are specifically suited to the abilities and experiences of each Resident. At a minimum, Residents can expect to:

- Experience a deeper understanding of the aging process and the associated psychological needs of the elderly from both theoretical perspectives and clinical experiences;
- Further increase her/his competence in interviewing and psychological assessment relevant to geriatric patients who are often medically and psychiatrically complex;
- Further increase competence in providing valuable feedback and psychoeducation to veterans, caregivers, and/or family members;
- Gain a deeper understanding of environmental factors contributing to current presentation and potential barriers to care;
- Gain valuable experience working within an interdisciplinary treatment team model of veteran-centered care;
- Further develop her/his evidenced-based psychotherapy skills effective with geriatric and medical populations (e.g., Interpersonal Therapy, Motivational Interviewing, Cognitive Behavioral Therapy); and
- Further develop her/his crisis intervention, consultation, and behavioral management techniques.

Neurology Service Experience

Faculty: Bashir Shihabuddin, MD

The Neurology Service serves a large veteran population with heterogeneous neurological disorders involving the brain, spinal cord, peripheral nervous system, and muscular system from an evaluation and interventionalist perspective. Residents can elect to complete a one or two-month experience with Neurology Service. During that time, residents can expect to round on inpatient medical floors on the Little Rock campus with the Neurology team. They will participate in outpatient neurology clinic, including specialty clinics targeting patients diagnosed with epilepsy, multiple sclerosis, headache, and/or movement disorders. There may be occasional opportunities for the resident to engage in brief cognitive screenings (i.e., MOCA) of patients; however, cognitive assessment is not a significant focus. Residents are exposed to differential diagnosis and treatment planning in addition to working within an interdisciplinary medical team.

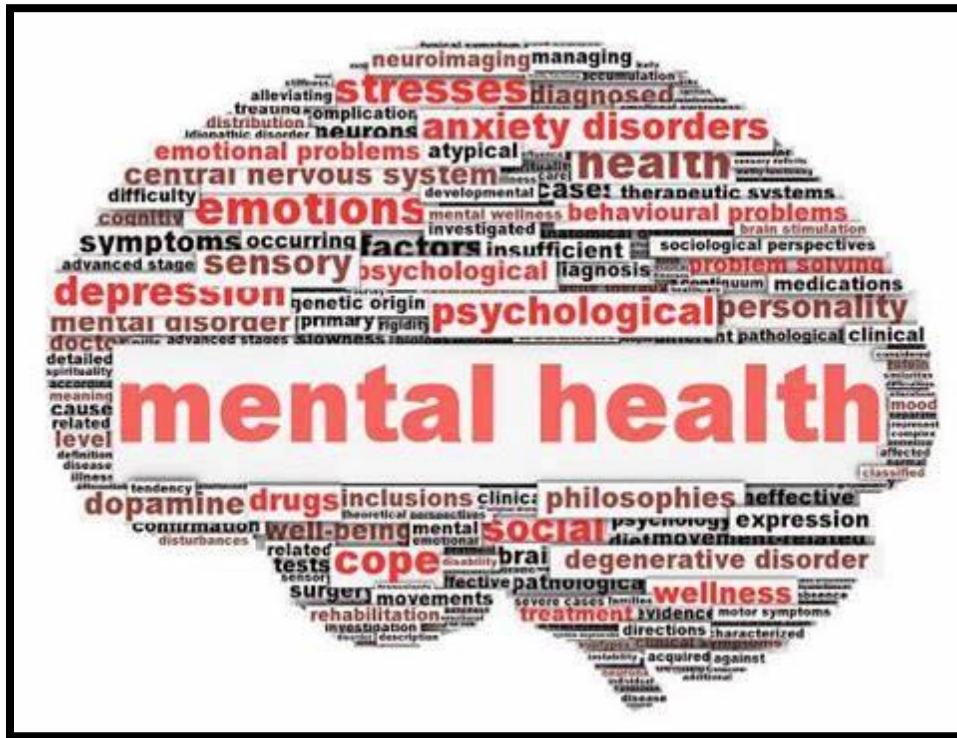
Evidence Based Psychotherapy

Supervisor: Mental Health Clinic psychologist to be assigned.

The *Evidence Based Psychotherapy* rotation in the MHS Mental Health Clinic (MHC) consists of individual therapy, group psychotherapy, and psychological/personality evaluations of Veteran psychiatric outpatients. The MHC is comprised of an interdisciplinary team of more than 40 providers (i.e., psychiatrists, psychologists, social workers, pharmacists, and nursing staff) in addition to support personnel staff. An essential part of the rotation will be collaboration with other treatment providers, including providing feedback on psychological assessments to various disciplines of referring providers.

The MHC serves a diverse patient population, not only in terms of ethnicity, but also in terms of socioeconomic status, gender, age, sexual orientation, and educational and occupational backgrounds. Our psychiatric patients are also diverse in terms of diagnoses, ranging from relatively mild problems (e.g., adjustment disorder) to more severe psychopathology such as schizophrenia, personality disorders, and dual diagnoses.

Residents will have the opportunity to gain experience in a myriad of evidence-based psychotherapies during their time on the rotation. Therapeutic approaches include, but are not limited to, Cognitive Behavioral Therapy, Cognitive Behavioral Treatment for Insomnia, Dialectical Behavior Therapy, and Interpersonal Psychotherapy. Weekly supervision provides ongoing feedback on performance. Residents are evaluated on competencies in therapy and assessment through direct observation, supervision, audio recording, review of progress notes, and review of assessment reports. The rotation is designed to be flexible in meeting the training needs and interests of Residents.



RESIDENT TRAINING RESOURCES

- Tour of duty is 8am to 4:30pm for 40 hours per week. Notably, we encourage our residents to practice good work/life balance.
- Residents use a private staff office for conducting evaluations. Neuropsychological assessment tools, test instruction manuals, norms, are readily available.
- Residents may or may not share an office space for completing other tasks. Shared office space is equipped with desks, telephone with private voicemail, and networked computer which allows access to medical records including progress notes, consult reports, laboratory findings, imaging films and reports, and access to remote records from other VA facilities across the nation. VA email access, internet access, and a virtual library for literature searches are also available on each computer.
- Residents are provided copies of primary and secondary source reading materials and the cost of the NAN Neuroanatomy Course is covered by the residency program.
- Funding opportunities for travel to national conferences where the resident presents their research.
- Both the Little Rock and North Little Campuses house a medical library that residents can utilize. If a book or article cannot be found via the onsite libraries or virtual libraries, an online inter-library loan request can be made.
- Residents enjoy ample free parking.
- Administrative support is provided by the CAVHS Mental Health Service.

STIPEND & BENEFITS

The VA stipend is set nationally at \$52,005 and \$54,816 for the first and second year, respectively with pay distributed every two weeks. Resident benefits include health insurance along with vision and dental insurance. Residents accrue Annual Leave (i.e., personal time off) and Sick Leave at a rate of four (4) hours of Annual Leave and four (4) hours of Sick Leave every 2-week pay period. Administrative Leave may be approved training or professional activities (e.g., presenting at a state or national conference, interviewing for VA jobs). Residents also receive eleven (11) paid federal holidays.

TRAINING FACULTY



Jessica L. Domino, Ph.D. is a licensed psychologist on the PTSD Clinical Team (PCT). She also serves as the Diversity Chair for the psychology internship, postdoctoral and interprofessional residency, and clinical neuropsychology residency programs. She received her doctorate in clinical psychology from Auburn University in 2015. She completed her internship (2015) and residency (2016), with an emphasis in trauma psychology, at South Texas Veterans Healthcare System. Her preferred theoretical orientation is cognitive-behavioral. Clinical and teaching interests include PTSD; comorbid substance use disorders; Moral Injury; EBT for PTSD, including cognitive processing therapy (CPT) and prolonged exposure (PE); unified protocol (UP); and the maintenance of emotional disorders through avoidance. Research interests include assessment of PTSD and trauma-related symptoms. Dr. Domino is a member of the American Psychological Association and the International Society for Traumatic Stress Studies. She was also the recipient of the Psychology Internship Program's Supervisor of the Year Award in 2020. Email: JessicaL.Domino@va.gov



Courtney O. Ghormley, Ph.D., ABPP is a licensed and board-certified geropsychologist. She is the Program Administrator for Psychology Training Programs at CAVHS and currently serves as the Co-Director of Training for the Neuropsychology Residency Program. In this role, she provides administrative oversight to our psychology practicum, internship, and residency programs. She also provides supervision of geropsychological assessment conducted by interns and residents as needed. Dr. Ghormley received her doctorate from the University of Tulsa in 2004. She completed her internship (neuropsychology track) at CAVHS and her residency (geriatric neuropsychology) at the University of Arkansas for Medical Sciences (UAMS). Her preferred theoretical orientations include flexible/process and cognitive-behavioral approaches to assessment and intervention. Clinical and teaching interests include geropsychology, dementia care, and caregiver stress. Dr. Ghormley has previously served as APA Council Representative for Arkansas and is a past president of the Arkansas Psychological Association. She is a member of the American Psychological Association, including Divisions 20 (Adult Development and Aging) and 18 (Psychologists in Public Service), and the Arkansas Psychological Association. Email: Courtney.Ghormley@v.gov



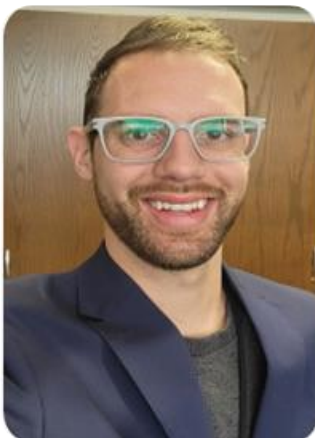
Alissa B. Kolb, Psy.D. is a licensed and board-eligible rehabilitation psychologist on the acute inpatient medical rehabilitation unit. She also serves as the Director of Training (DoT) for the psychology internship program. She received her doctorate from the University of Indianapolis in 2013. She completed her internship at the South Texas Veterans Healthcare System (geropsychology emphasis) and her residency at the Louis Stokes Cleveland VA Medical Center (rehabilitation psychology emphasis). Her preferred theoretical orientation is integrative with primarily cognitive-behavioral and interpersonal psychotherapy approaches. Clinical and teaching interests include adjustment to disability, cognitive assessment, spinal cord injury and disorders (SCI/D), and traumatic brain injury (TBI). Research interests include program development and measurement of treatment outcomes as related to post-SCI/D sexual health interventions and post-TBI socio-communication interventions. Dr. Kolb is a member of Division 22 (Rehabilitation Psychology) of the American Psychological Association. Email: Alissa.Kolb@va.gov



Jennifer Mathis, Ph.D., ABPP-CN is a licensed and board-certified neuropsychologist who serves as the Program Manager for the outpatient neuropsychology clinic. She also serves as the Selection Chair for the Neuropsychology Postdoctoral Residency program. She received her doctorate from the California School of Professional Psychology at Alliant International University in 2016. She completed her internship at the Southern Arizona Veterans Healthcare System (neuropsychology track) and her residency at CAVHS (neuropsychology). Her preferred theoretical orientations include flexible battery and integrative (ACT, process-oriented, interpersonal) approaches to assessment and intervention. Clinical and teaching interests include neuropsychology; ACT-informed neuropsychological feedback; acute rehabilitation; neuropsychology consultation; brain behavior relationships; cognitive rehabilitation; performance validity assessment; ACT for chronic pain; and statistics and data analysis. Research areas include performance validity measures; biological and cognitive aspects of stress response: inflammation and memory; and chronic pain. Dr. Mathis is a member of the American Academy of Clinical Neuropsychology; Association of VA Psychologist Leaders; International Neuropsychology Society; National Academy of Neuropsychology; Association of Contextual Behavioral Science; Cognitive Neuroscience Society; International Society of Traumatic Stress Studies; and Divisions 19 (Military Psychology) and 40 (Neuropsychology) of the American Psychological Association. Email: Jennifer.Mathis3@va.gov



Scott Mooney, PhD, ABPP-CN is a residency and residency trained, licensed, and board-certified neuropsychologist. He also serves as the Deputy Associate Chief of Staff for the Mental Health Service and is the Psychology Discipline Lead. Dr. Mooney has 15+ years of post-doctoral outpatient and inpatient experience working with heterogeneous civilian, Department of Defense, and veteran neurological and psychiatric populations. Over the course of his training and career, he has served as a clinical instructor to psychology trainees, has mentored ABPP candidates, has served as a research mentor and clinical educator for medical residents and other psychology trainees, has coauthored scientific papers, has served as co-investigator and/or site Primary Investigator/Associate Investigator on >\$25 million dollars' worth of extramural and intramural grant funded studies, and has frequently presented at professional scientific conferences in Neuropsychology. Dr. Mooney is a member of the American Academy of Clinical Neuropsychology and International Neuropsychological Society. Email: Scott.Mooney@va.gov



Ian Moore, Ph.D. is a licensed and board-eligible neuropsychologist in the Geriatric Research Education and Clinical Care (GRECC) center and outpatient neuropsychology service. He received his doctorate from the University of Detroit Mercy in 2021. He completed his predoctoral internship at the Tennessee Valley VA Healthcare System (neuropsychology track) followed by a two-year postdoctoral neuropsychology residency (50% outpatient clinical, 50% research emphasis) at CAVHS. Clinically, he primarily specialized in the evaluation and treatment of geriatric patients and capacity evaluations. Research wise, his interests include test development and psychometrics, using virtual reality rapid transcranial magnetic stimulation for cognitive and mental health care, and using artificial intelligence in the evaluation and care of older adults with dementia. Dr. Moore is a member of the National Academy of Neuropsychology. Email: Ian.Moore@va.gov



Prasad R. Padala, MD, MS is the *GRECC Associate Director for Clinical Programs, Memory Disorders Consultation Clinic Director, and Transcranial Magnetic Stimulation Service Program Director*. Dr. Padala is a Geriatric Psychiatrist whose clinical and research interests are in the treatment of behavioral problems associated with dementia - particularly apathy. He also is interested in studying the impact of apathy on outcomes of diabetes and the role of motivation in adherence to activity promotion. Dr. Padala is currently conducting pharmacological and non-pharmacological clinical trials for treatment of apathy. He leads the Transcranial Magnetic Stimulation lab at the GRECC, a Center of Excellence in the VA to promote geriatric knowledge through research, education and innovative clinical models. As the Associate Director for Clinical programs for GRECC, Dr. Padala oversees seven innovative Clinical Demonstration Projects

(CDPs) which utilize Quality Improvement/ Implementation Research methodology to bridge the gap between evidence-based medicine and clinical practice. These CDPs are funded through grants from the Office of Rural Health, Office of Health Equity and T21 grants from the VA. Email: Prasad.Padala@va.gov



A'mie Preston, PsyD is a staff psychologist in the Geri-PACT clinic and GRECC. Dr. Preston received her doctorate from Adler University in 2018. She completed her predoctoral Internship at the James H. Quillen VA Medical Center and her postdoctoral Palliative Care Residency at South Texas Veterans Health Care System. Her preferred theoretical orientation is Existential. Clinical and teaching interests include palliative and hospice care, dementia care, and family therapy in the context of end-of-life issues. Research areas include interventions for survivors of military sexual trauma, social interests and activities with geriatric patients, and use of virtual reality for behavioral symptoms associated with cognitive impairment. Dr. Preston is a member of Division 19 (Military Psychology) of the American Psychological Association and the American Association for Geriatric Psychiatry. Email: Amie.Preston@va.gov



Bashir Shihabuddin, MD is a board-certified Neurologist with added qualification in Clinical neurophysiology and Epilepsy. He received his Medical Degree from the American University of Beirut in 1993. He completed his neurology residency at the University of Arkansas for medical Science in 1997 and Clinical Neurophysiology and Epilepsy Residency at Vanderbilt University in 1999. Dr. He joined UAMS in 2000 and was the Director of the Epilepsy program at UAMS until 2018 when he was appointed the Chief of Neurology at CAVHS. Over the course of his career, he accumulated vast clinical experience working at UAMS, CAVHS and Arkansas Children's Hospital. His main clinical interest and focus is the treatment of Epilepsy including epilepsy surgical evaluation. He has participated in multiple research studies in the field of Epilepsy and Clinical neurophysiology. He is the Neurology Residency site director at CAVHS. He is involved in teaching neurology residents and medical students especially in the field of Epilepsy and EEG. He is an active member in the American Academy of Neurology as well the American Epilepsy Society.



Byron Simoneaux, Ph.D. is a licensed psychologist on the PTSD Clinical Team (PCT). He also serves as the Member-at-Large for the psychology internship, postdoctoral and interprofessional residency, and clinical neuropsychology residency programs. He received his doctorate from Louisiana Tech University in 2012. He completed his internship at CAVHS (General Psychology Track). His preferred theoretical orientation is integrative with primarily cognitive-behavioral and interpersonal psychotherapy approaches. Clinical and teaching interests include PTSD, Cognitive Processing Therapy, Prolonged Exposure, and Compensation and Pension/Disability. Research interests include inference of lies and differential diagnosis. Dr. Simoneaux is a member of the Arkansas Psychological Association. Email: Byron.Simoneaux@va.gov



Appendix A

Postdoctoral Residency Admissions, Support, and Initial Placement Data

Date Program Tables are updated: August 1, 2023

Program Disclosures

<p>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?</p>	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented:</p>	
<p>https://www.va.gov/central-arkansas-health-care/work-with-us/internships-and-residencys/neuropsychology-postdoctoral-residency/</p> <p>www.va.gov/OAA/docs/2021HPTInstructionsv4_1.pdf</p>	

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	Year 1: \$52,005 Year 2: \$54,816	
Annual Stipend/Salary for Half-time Residents	N/A	
Program provides access to medical insurance for resident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of family member(s) available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of legally married partner available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Coverage of domestic partner available?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 per Year	
Hours of Annual Paid Sick Leave	104 per Year	
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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Other Benefits (please describe): Residents, their legally married partners, and their dependents are also eligible for dental and vision insurance, with trainee contribution to the cost. In addition to paid annual and sick leave, resident may be eligible for additional paid administrative leave to support engagement in various approved scholarly activities (e.g., presenting at professional conferences, interviewing for a job at another VA facility, etc.). Of note, this program follows the Family Friendly Medical Leave guidelines for extended leave without pay. Extended leave beyond that which is listed above will require an extension of internship.		

* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Residency Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2019-2022	
Total # of residents who were in the 3 cohorts	5	
Total # of residents who remain in training in the residency program	1	
	PD	EP
Academic teaching	PD = 0	EP = 0
Community mental health center	PD = 0	EP = 0
Consortium	PD = 0	EP = 0
University Counseling Center	PD = 0	EP = 0
Hospital/Medical Center	PD = 0	EP = 0
Veterans Affairs Health Care System	PD = 1	EP = 5
Psychiatric facility	PD = 0	EP = 0
Correctional facility	PD = 0	EP = 0
Health maintenance organization	PD = 0	EP = 0
School district/system	PD = 0	EP = 0
Independent practice setting	PD = 0	EP = 0
Other	PD = 0	EP = 0

Note: "PD" = post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Appendix B

Neuropsychology-Track Intern Seminar

Training Year 2023-2024
 Central Arkansas Veterans Healthcare System (CAVHS)
 Eugene J. Towbin Health Care Center
 Building 170, Room 3N 114

Purpose: Provide neuropsychology focused didactic experiences for the CAVHS Neuropsychology Track Interns (majors or minors) as well as mentorship for those who wish to apply for clinical neuropsychology postdoctoral training programs in clinical neuropsychology.

Participants: Psychology Interns on the Neuropsychology Track are required to attend as part of their rotation-specific responsibilities; others are invited to attend with the understanding that the focus of the Seminar learning experience is our Neurotrack Intern(s).

Structure: Typically occurring at 0800 on Fridays. 60 minutes in duration. The seminars will be led by Neuropsychology Postdoctoral Residents with faculty oversight, attendance, and participation. Faculty may also be primary presenter(s).

Primary Source Materials:

¹Stucky, K.J., Kirkwood, M.W., & Donders, J. (2020). *Neuropsychology Study Guide & Board Review* 2nd Ed. Oxford University Press, NY: New York.

²Morgan, J.E., & Ricker, J.H. (2018). *Textbook of Clinical Neuropsychology*. 2nd Ed. Routledge, NY: New York.

³Blumenfeld, H. (2021). *Neuroanatomy Through Clinical Cases*. 3rd Ed. Oxford University Press, NY: New York.

⁴Gould, D.J. (2019). *Neuroanatomy*. 6th Ed. Wolters Klower, NY: New York.

⁵McPherson, S., & Koltai, D. (2018). *A Practical Guide to Geriatric Neuropsychology*. Oxford University Press, NY: New York.

⁶Ravdin, L.D., & Katzen, H.L. (2019). *Handbook on the Neuropsychology of Aging and Dementia*. 2nd Ed. Springer, NY: New York.

Week	Date	Topics	Presenter / Mentor	Suggested Readings
1	8/11/23	Intro/Orientation to Seminar	Faculty & Residents	
2	8/18/23	Deconstructing the Medical Chart	Year 2 Resident / Mooney	
3	8/25/23	Psychometrics	Year 2 Resident / Mathis	¹ Chpt: 8
4	9/01/23	Performance and Symptom Validity	Year 2 Resident / Mathis	⁶ Chpt: 6
5	9/08/23	Overview of Neuroanatomy	Year 2 Resident / Mooney	³ Chpt: 2; ⁴ Chpt: 22
6	9/15/23	Neuroradiology	Year 1 Resident/	³ Chpt: 4
7	9/22/23	Biomedical Contributions	Year 1 Resident	² Chpt: 31
8	9/29/23	Psychiatric Contributions	Year 2 Resident	¹ Chpt: 34, 35; ⁵ Chpt: 7
9	10/06/23	Substance Use Contributions	Year 1 Resident	¹ Chpt: 36; ⁶ Chpt: 19
10	10/13/23	Cultural Neuropsychology	Year 2 Resident	¹ Chpt: 11; ⁶ Chpt: 3

11	10/20/23	Normal Aging & Mild Cognitive Impairment	Year 1 Resident	⁶ Chpt: 28
12	10/27/23	Alzheimer's Disease	Year 2 Resident	⁶ Chpt: 29
13	11/03/23	<i>Residents Application Preparation and Assistance II</i>		
14	11/10/23	Veteran's Day – No Seminar		
15	11/17/23	Cerebrovascular System	Year 1 Resident	⁴ Chpt: 3
16	11/24/23	Thanksgiving Holiday – No Seminar		
17	12/01/23	Vascular Neurocognitive Disorder	Year 1 Resident	⁶ Chpt: 30
18	12/08/23	Dementia with Lewy Bodies	Year 2 Resident	⁶ Chpt: 34
19	12/15/23	Fronto-Temporal Dementias I – bvFTD	Year 2 Resident	¹ Chpt: 32; ⁶ Chpt:33
20	12/22/23	Winter Break – No Seminar		
21	12/29/23	Winter Break – No Seminar		
22	1/05/24	Fronto-Temporal Dementias II – Language & Movement Subtypes	Year 2 Resident	⁶ Chpt: 31
23	1/12/24	Parkinson's Disease	Year 1 Resident	⁴ Chpt: 18
24	1/19/24	Huntington's Disease	Year 2 Resident	¹ Chpt: 33
25	1/26/24	Amyotrophic Lateral Sclerosis	Year 1 Resident	¹ Chpt: 23; ² Chpt: 20
26	2/02/24	<i>Residents Interview Preparation</i>		
27	2/09/24	Other Movement Disorders	Year 2 Resident	⁶ Chpt: 6
28	2/16/24	Visual System	Year 1 Resident	⁴ Chpt: 16
29	2/19/24	Auditory System	Year 1 Resident	⁴ Chpt: 14
30	2/23/24	Language and Aphasia(s)	Year 2 Resident	³ Chpt: 19, pgs. 893-903; ⁴ Chpt: 22, pgs. 286-288
31	3/01/24	Neurotropic/CNS Infections, HIV, HCV, G-B, etc.	Year 2 Resident	² Chapter 20
32	3/08/24	Traumatic Brain Injury (TBI): Mild to Severe	Year 1 Resident	² Chpt: 18, 17
33	3/15/24	Military Aspects of TBI	Year 2 Resident	² Chpt: 33
34	3/22/24	Delirium	Year 1 Resident	¹ Chpt: 27
35	4/05/24	Epilepsy and Seizures	Year 2 Resident	¹ Chpt: 22
36	4/12/24	Brain Cancer	Year 1 Resident	¹ Chpt: 25
37	4/19/24	Multiple Sclerosis and other Demyelinating Conditions	Year 2 Resident	¹ Chpt: 24; ² Chpt: 25
38	4/26/24	Hydrocephalus	Year 1 Resident	¹ Chpt: 20
39	5/03/24	Ethics in Neuropsychological Practice	Year 1 Resident	¹ Chpt: 7; ² Chpt: 42
40	5/10/24	Sleep Disorders and Neurocognitive Correlates	Year 2 Resident	⁶ Chpt:11
41	5/17/24	Capacity Assessment	Year 1 Resident	⁵ Chpt: 8; ⁶ Chpt:16
42	5/24/24	Neuropsychology of Everyday Functioning, Driving, and Medical Compliance	Year 2 Resident	⁶ Chpt:15
43	5/31/24	Teleneuropsychology & Computer Based Testing	Year 1 Resident	AACN & NAN position papers
44	6/07/24	Neurotoxicity	Year 2 Resident	² Chpt: 24
45	6/14/24	Learning Disorders and ADHD	Year 1 Resident	² Chpt: 14, 15; ¹ Chpt: 15;

46	6/21/24	Spinal Cord Injury	Year 2 Resident	⁴ Chpt: 6, 7, 8
47	6/28/24	Somatoform, Factitious, and Malingering Disorders	Year 1 Resident	² Chpt: 35
48	7/05/24	Holiday Break – No Seminar		
49	7/12/24	The Zebras	Year 2 Resident	
51	7/19/24	Feedback/Wrap Up		