



Clinical Neuropsychology Postdoctoral Residency Program VA Northern California Health Care System



Overview

Thank you for your interest in our residency program! The Clinical Neuropsychology Postdoctoral Residency Program at VA Northern California Health Care System (VA NCHCS) is seeking two well-qualified residents to begin training in 2020. One position will be at our Martinez (East Bay Area) site and one will be at our Sacramento site. This brochure was designed to give you an overview of our training program. We hope it will help you with your decision-making as you approach the next step in your neuropsychology training.

Accreditation Status

The VA NCHCS Clinical Neuropsychology Postdoctoral Residency Program is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be in 2023. 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
Email: apaaccred@apa.org
Website: <http://www.apa.org/ed/accreditation/>

The Clinical Neuropsychology Postdoctoral Residency Program is a member of the [Association of Psychology Postdoctoral and Internship Centers \(APPIC\)](#).

Application and Selection Procedures

Appointment

September 7, 2021 (i.e., the Tuesday after Labor Day) is the anticipated start date for the next training cycle. If necessary, and if we are given sufficient notice, the start date can be modified slightly. Our training program is organized as a two-year, full-time position with VA benefits; however, advancement to the second year is contingent on successful completion of first year requirements. Current salaries are \$55,656 for Year One, increasing to \$58,665 for Year Two.

Application Requirements and Submission Procedure

Our program uses the APPIC centralized postdoctoral application system (APPA CAS <https://appicpostdoc.liaisoncas.com>). Application materials must be received by **December 11, 2020**.

Applicants should use APPA CAS to submit the following:

1. Letter of intent; please indicate the training site(s) to which you are applying (i.e., Martinez, Sacramento, or both), and how our training program fits with your career goals
2. Curriculum vita
3. Three letters of recommendation
4. An additional letter from your graduate program Director of Training that summarizes the status of your dissertation and includes a projected timeline for completion of all doctoral program requirements (note: if you have already completed your degree, a copy of your diploma or other verification from your graduate program is acceptable)
5. Graduate academic transcripts
6. Two sample neuropsychological evaluation reports with identifying information redacted

Please contact the program Training Director (Brigid.Rose@va.gov or 925-372-2350) if you have any questions about the application process.

Selection Procedures

The selection committee is composed of the Training Director, Associate Training Director, and neuropsychology residency training faculty. The committee will review and rank order all completed applications according to the following criteria: (1) The degree to which the applicant conveys goodness of fit between their professional goals and our program training objectives, (2) The applicant's academic accomplishments and research productivity, (3) The quality and breadth of the applicant's specialized training in neuropsychology, (4) The quality and breadth of the applicant's training in general clinical psychology, (5) The applicant's ability to write clearly and effectively, as evidenced by sample reports and other written materials, (6) The quality and interpretive accuracy of the applicant's sample reports, and (7) The strength of the applicant's letters of recommendation. The applicants ranked highest by the selection committee will be offered an interview. Successful candidates typically have substantial academic and clinical experience in neuropsychology, consistent with the [Houston Conference Guidelines](#) for Specialty Education and Training in Clinical Neuropsychology. Our program particularly values diverse experiences and backgrounds, which we see as the building blocks of a rich training environment. We strongly encourage applications from qualified individuals who will enhance the diversity of our program in a number of ways (including, but not limited to, race, ethnicity, religion, gender identity, sexual orientation, disability, and veteran status).

Each training site (i.e., Martinez and Sacramento) will offer interviews to the applicants best-suited to that site; some applicants will be offered interviews at both sites. This year, in order to ensure the health of our applicants during the pandemic, we will hold all interviews by video. After the interviews are complete, the selection committee will conduct a final rank-ordering of applicants, and an offer will be extended to the top applicant for each training site. If the first offers are not accepted, we will continue to extend offers down the rank-ordered list until the position is filled. We expect to extend offers in **late January 2021**. We kindly request a decision within 24 hours of the verbal offer. Consistent with other neuropsychology residency programs in our region, we intend to fill our two positions prior to the start of the International Neuropsychological Society Meeting in San Diego (February 3-6, 2021).

For program eligibility requirements, please refer to the Residency Program Admissions table at the end of this brochure (p. 28).

Adaptations During the Pandemic

The disruption and uncertainty introduced by COVID-19 have taught us to be flexible and innovative in our approach to training and clinical service delivery. In March 2020, we quickly moved our residents to telework and telehealth service delivery from home; at this point, our current residents are operating almost entirely from home. While we cannot describe with certainty how the pandemic will impact the

2021-2023 training cohort, we are certain of several things. First, the physical and emotional well-being, safety, and professional development of our residents will continue to be a top priority. Second, we understand that COVID-19 has impacted many applicants' accrual of hours and research productivity and will take this into account as we evaluate applications. Third, all interviews will be offered virtually, with the goal of giving applicants as much of an "in-person" feel of our site as possible. Fourth, although the populations we treat and the services we provide will not change, there will continue to be a greater use of telehealth and technology-based formats in our clinical (i.e., care provision, supervision) and didactic (i.e., seminars) training experiences. Finally, we will continue to foster the same transparent, accessible, responsive, and cohesive (with supervisors, trainees, and providers from other disciplines) learning environment that has been the hallmark of our training program.

Neuropsychology Residency Training Model and Program Philosophy

Our residency program provides specialty practice training in Clinical Neuropsychology as recognized by the Council of Specialties (CoS), the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) of the American Psychological Association, and the American Board of Professional Psychology (ABPP). We adhere to the Houston Conference Guidelines for Specialty Education and Training in Clinical Neuropsychology, and have developed specialty training competencies based on these Guidelines. Current practice standards require a minimum of two years of postdoctoral specialty training prior to independent practice in Clinical Neuropsychology. Accordingly, our residency program is structured to provide clinical and didactic training over the course of a two-year, full-time residency. As they advance in their training, residents are given greater autonomy and responsibility as well as increased participation in research, administration, and supervision activities.

Consistent with the Houston Conference Guidelines, the VA Northern California Clinical Neuropsychology Postdoctoral Residency program adheres to the scientist-practitioner model for training and education. Our program emphasizes frequent literature review, application of scientific knowledge in the provision of clinical services, and involvement in scholarly work that is directly applicable to clinical settings. Our residents are expected to complete a scholarly project of their choice during their postdoctoral training; this might include a clinical program evaluation, scholarly conference presentation, or peer-reviewed publication.

Training Aims and Competencies

The primary aim of the VA NCHCS Neuropsychology Postdoctoral Residency Program is to produce licensed clinical psychologists who are prepared for specialty practice in the field of Clinical Neuropsychology. This preparation is accomplished through participation in increasingly advanced and specialized clinical and didactic training experiences over the course of the two-year residency. At the completion of training, our residents will possess the knowledge and skills necessary to provide scientifically-informed neuropsychological assessment and/or neurocognitive rehabilitation services to patients from diverse ethnic and socioeconomic backgrounds. Graduates will be prepared to provide these services in the VA system or in other complex, interdisciplinary health care settings.

Prior to graduation, residents are expected to demonstrate mastery of several competencies that represent knowledge domains, skills, behaviors, and values considered fundamental to professional psychology, and to specialty practice in the field of Clinical Neuropsychology. These competencies, which are evaluated regularly throughout the two-year training program, are organized within 10 competency areas:

- Integration of Science and Practice
- Ethical and Legal Standards
- Individual and Cultural Diversity
- Professional Values, Attitudes, and Behaviors
- Communication and Interpersonal Skills
- Assessment
- Intervention/Neurocognitive Rehabilitation

- Supervision and Teaching
- Consultation and Interprofessional/Interdisciplinary Skills
- Discipline-Specific Competencies for Neuropsychology

These competency areas cover skills essential for practice within the broader domain of professional psychology, as well as skills associated with specialty practice in Clinical Neuropsychology (i.e., as informed by the Houston Guidelines). Examples of some of the discipline-specific competencies evaluated by our program include: selection of neuropsychological measures and norms most appropriate for the age, cultural, and linguistic background of the individual being assessed; appreciation of the impact of medical disorders, medication, sleep disturbance, and other general medical issues on cognitive functioning and behavior; and communication of assessment results in an accurate, succinct report that answers the referral question(s), is written in language interpretable by other disciplines, and conveys uncertainty when appropriate.

Fellowship Setting

VA Northern California Health Care System Facilities and Locations

The [VA Northern California Health Care System](#) (VA NCHCS) provides coordinated, comprehensive inpatient and outpatient health care services to eligible veterans throughout 19 counties in Northern California. VA NCHCS has outpatient clinics in Sacramento (where we also have our main medical center), Martinez, Oakland, Travis Air Force Base in Fairfield, Mare Island, McClellan, Chico, Redding, Yreka, and Yuba City. Our residency training takes place at the Martinez, Sacramento, Fairfield, and Oakland facilities, where the vast majority of our system's annual visits occur. We also serve rural veterans via clinic-to-clinic telehealth appointments to our Redding and Chico facilities. Our large and diverse catchment area allows residents to develop cultural competence by serving veterans from a wide range of backgrounds.



In addition to the outpatient clinics, VA NCHCS operates a 24-bed Medical/Surgical Unit, 10-bed Intensive Care Unit, 16-bed Transitional Care Unit, and 16-bed Behavioral Health Inpatient Care Unit at our main hospital in Sacramento. Additionally, at David Grant Medical Center on Travis Air Force Base in Fairfield, there is a 12-bed, secured inpatient psychiatric unit that is jointly managed by the Air Force and VA. The 120-bed Community Living Center (known locally as the Center for Rehabilitation and Extended Care, or CREC) on the Martinez campus provides inpatient rehabilitation, hospice, respite services, and subacute skilled nursing care. There are nearly

700 patients treated in the CREC annually. One-third of the CREC admissions are to the 45-bed, specialized rehabilitation unit.

At VA NCHCS, Neuropsychology exists as a specialty consultation service within Mental Health Service line. There are 11 full-time neuropsychologists on staff. The Neuropsychology Service operates outpatient assessment and intervention clinics in Martinez, Sacramento, and Oakland, and inpatient services in Martinez and Sacramento.

Additional Psychology Training at VA NCHCS

We have a long history of excellence in psychology training at VA NCHCS. In addition to the Neuropsychology Residency, which has held APA accreditation since 2009, VA Northern California has an APA-accredited, one-year Clinical Psychology Residency Program with focus areas in Behavioral Medicine and PTSD (for details, please refer to the online [brochure](#) for this program). Clinical Psychology residents divide their time between the clinical facilities in Martinez and Oakland. We actively seek opportunities for residents from the Clinical Psychology and Neuropsychology programs to participate in joint didactic and departmental events, including our monthly Diversity, Equity and Inclusion Committee meetings.

VA NCHCS also has a clinical psychology internship program that has been APA-accredited since 1977. The East Bay internship program is based in Martinez, but training also occurs at the Oakland campus and David Grant Medical Center at Travis Air Force Base. Currently, we have five full-time, funded interns. Training rotations include Substance Abuse Treatment, PTSD, General Mental Health, Neuropsychology, Neurocognitive Rehabilitation, Behavioral Medicine, Primary Care-Mental Health Integration (PCMHI), Center for Rehabilitation and Extended Care (CREC) Consultation-Liaison, and Inpatient Psychiatry. In addition to this longstanding internship program, VA NCHCS has recently launched a second internship at our medical center in Sacramento. The first class started in July 2018 and the program achieved APA "Accredited on contingency" status during its first year of operation. Neuropsychology residents at both the Sacramento and Martinez sites have the opportunity to provide supervised/tiered clinical supervision to psychology interns during the course of their training.

We also have graduate student practicum programs at the Oakland, Martinez, Fairfield, and Sacramento sites. These programs are based on formal training agreements with local psychology graduate school programs. Practicum students work in several different settings, including General Mental Health, Neurocognitive Rehabilitation, Inpatient Psychiatry, and Neuropsychology.

In addition to our formal training programs, VA NCHCS has established training affiliations with nearby universities. Researchers and clinicians from UC Berkeley have been closely involved in our residency program for several years. Graduate students and postdoctoral residents from the Helen Wills Neuroscience Institute at UC Berkeley participate in some of our Martinez training events, and many of our Martinez residents choose to attend special seminars or participate in research at UC Berkeley. VA NCHCS also has a longstanding academic affiliation with UC Davis School of Medicine. The presence of UC Davis residents in Medicine, Neurology, and Psychiatry at the Sacramento VA medical center enriches the interdisciplinary experience of our Sacramento residents. Additionally, our Neuropsychology Postdoctoral Residency Program has had a close affiliation with the neuropsychology training program at UC Davis Medical Center since 1993; this affiliation allows Neuropsychology residents at VA NCHCS and UC Davis Medical Center to participate in shared clinical and didactic training activities facilitated by faculty from both sites.

Residency Training Sites

The VA NCHCS Clinical Neuropsychology Postdoctoral Residency Program has two primary training sites: Martinez and Sacramento. One resident will be recruited for each site for the 2021-2023 training cycle. While residents at both sites share several common training experiences, there are several important differences as well, which are summarized below.

Martinez Site

We have a very long history of Neuropsychology training at our Martinez, California location. Martinez is located in the East Bay Area hills, close to Berkeley and Oakland, and across the bay from San Francisco. The Martinez campus serves a culturally diverse, mostly middle-class, suburban patient population. Residents selected for this position spend most of their time in Martinez. However, they also travel once a month to the nearby Oakland Behavioral Health Clinic; this clinic is in an urban setting, and the patients tend to come from less privileged backgrounds. Additionally, first year residents spend a small part of their year developing acute psychiatric management and personality assessment skills on the inpatient unit at David Grant Medical Center at Travis Air Force Base (described in more detail later). Core clinical training experiences at the Martinez site include the following (which are described in more detail under the heading "Residency Structure and Clinical Activities"):

- Martinez Neuropsychology Clinic (Inpatient and Outpatient)
- Martinez Neurocognitive Rehabilitation Clinic (Inpatient and Outpatient)
- Oakland Neuropsychology Clinic (Outpatient)
- Inpatient Psychiatric Assessment/Treatment at David Grant Medical Center (Travis Air Force Base)



In addition to these formalized clinical experiences, Martinez residents who are interested in research are particularly well situated to collaborate with highly-regarded researchers at UC Berkeley, UC San Francisco, UC Davis, and our own VA campus.

Sacramento/Mather Site

We have been training Neuropsychology residents at our VA Medical Center in Mather, California (a former Air Force base in east Sacramento) since 2011. Sacramento is the capitol of California; it is located in a valley between the Bay Area to the west, and the Sierra Nevada mountain range (famous for Lake Tahoe) to the east. It is approximately 80 minutes by car between the Martinez campus and the VA medical center in Sacramento. The Sacramento/Mather site serves a diverse veteran population that includes patients from Sacramento as well as the surrounding rural and mountain communities. Core clinical training experiences at the Sacramento/Mather site include the following (which are described in more detail under the heading “Residency Structure and Clinical Activities”):



- Sacramento Neuropsychology Clinic (Inpatient and Outpatient)
- Sacramento Neurocognitive Rehabilitation Clinic (Outpatient)
- UC Davis Medical Center Neuropsychology Clinic (Outpatient)
- Inpatient Psychiatric Assessment/Treatment at VA NCHCS Behavioral Health Inpatient Care Unit

Residents at the Sacramento site who are interested in research have access to well-respected dementia researchers in the UC Davis Department of Neurology. Additionally, they have the opportunity to collaborate with VA researchers who are studying patients with comorbid TBI and PTSD.

Residency Structure and Clinical Activities

The residency program at VA NCHCS consists of formalized training in neuropsychological assessment, neurocognitive rehabilitation, acute psychiatric crisis management, and other (elective) topics selected by the resident. Each of these activities is summarized below.

Neuropsychology Training Activities

At VA NCHCS, neuropsychological assessment is considered a core training experience. Most of our residents come to our program with considerable experience in assessment. Our goal is to build our residents' skills and confidence in all aspects of the assessment process, while exposing them to patients with increasingly complex neurobehavioral syndromes and care needs. We provide heavier supervisory oversight and involvement early in the training process, and encourage residents to function with increasing independence as they progress through the training program.

In the **outpatient** Neuropsychology assessment clinics, residents typically:

- Review patient medical charts in advance of the appointment
- Meet with their supervisors to discuss test selection and evaluation approach
- Interview patients (and collateral informants, whenever possible) regarding symptom course, relevant medical history, and psychosocial history
- Administer, score, and interpret a comprehensive battery of tests appropriate to the patient's age, cultural background, and referral question
- Write a neuropsychological report that includes meaningful, practical treatment recommendations
- Meet with patients and caregivers during a feedback session to review the results of the evaluation and convey the treatment recommendations in a clear/accessible manner

In addition to outpatient assessment, residents are given the opportunity to conduct **inpatient** neuropsychological assessments. Most inpatient assessments are requested when there is a question about a veteran's medical decision-making capacity or ability to discharge safely to his or her previous

residence after a cognition-altering event (e.g., stroke, traumatic brain injury, significant delirium, exacerbation of a neurological disorder such as multiple sclerosis, etc.). Inpatient evaluations tend to be more abbreviated than outpatient evaluations, which gives the resident an opportunity to provide especially targeted and interpretable recommendations to an interdisciplinary team audience.

Residents at the Martinez and Sacramento sites have slightly different Neuropsychology training experiences. Site-specific training experiences are summarized below.

Martinez Site: Neuropsychology Training Rotations

Martinez Outpatient Neuropsychology Clinic: Most referrals to the Outpatient Neuropsychology Clinic in Martinez come from Neurology, Psychiatry, and Primary Care. The referring provider often requests diagnostic evaluation of patients with suspected Alzheimer's disease, cerebrovascular disease, alcohol-related dementia, Parkinson's disease, stroke, multiple sclerosis, or acquired brain injury (e.g., from physical trauma, brain hemorrhage, or tumor resection). We also are frequently referred patients with a history of mild traumatic brain injury and PTSD; these tend to be younger patients with cognitive and emotional symptoms that emerged during or after deployment to Iraq (i.e., Operation Iraqi Freedom, OIF; and Operation New Dawn, OND) or Afghanistan (Operation Enduring Freedom, OEF). The veterans served in the outpatient clinic commonly present with complex histories notable for multiple medical comorbidities, substance abuse, and psychiatric/mood disturbance. We often are asked to clarify whether a patient's cognitive concerns are a result of neurological/medical factors, psychiatric factors, or both. Depending on the referral question and level of patient functioning, the evaluation might consist of comprehensive neuropsychological testing, brief cognitive screening (i.e., for more severely disabled individuals), and/or evaluation of medical and financial decision-making capacity. Following evaluation, we provide detailed feedback and treatment recommendations to patient, family, and referral source. The rotation is supervised by Diana Partovi, Psy.D., Brigid Rose, Ph.D., ABPP-CN, and Kristi Steh, Ph.D.

Martinez Inpatient Neuropsychology Clinic: The Inpatient Neuropsychology Service provides consultation services at the Center for Rehabilitation and Extended Care (CREC), a 120-bed inpatient rehabilitation and skilled nursing facility. Our inpatients present with a wide variety of neurologic, medical, and psychiatric difficulties and with varying levels of acuity. Inpatient neuropsychological consultations tend to include relatively brief cognitive evaluations, evaluation of medical decision-making capacity, and evaluation of a patient's readiness to discharge to a lower level of care. Exposure to a subacute care setting allows residents to become familiar with neurological conditions not seen routinely in our outpatient clinics, such as delirium and recent-onset stroke. The rotation is supervised Diana Partovi, Psy.D., Brigid Rose, Ph.D., ABPP-CN, and Kristi Steh, Ph.D.



Oakland Outpatient Neuropsychology Clinic: One day each month, Martinez residents travel to the Oakland Behavioral Health Clinic (Oakland BHC, which is approximately 30 minutes away by car) for an additional outpatient training experience. The majority of patients receiving care in the Oakland BHC are elderly and African American, and many are socioeconomically disadvantaged. In this clinic, quality care often requires thoughtful modification of the assessment process and collaboration with providers from other specialty services (e.g., Social Work, Substance Use Disorder clinics, Homelessness Program, etc.) to meet patient needs. Neuropsychology consults at this clinic are largely focused on dementia diagnosis/staging and capacity determination. The rotation is supervised by Kat Giles, Psy.D.

Sacramento Site: Neuropsychology Training Rotations

Sacramento Outpatient Neuropsychology Clinic: In Sacramento, outpatient referrals are received from providers in a variety of departments, including Neurology, Physiatry, Behavioral Health, and Primary Care. Diagnoses commonly encountered in this clinic include dementia (e.g. Alzheimer's, vascular, frontotemporal, alcohol-related), mild cognitive impairment, acquired brain injuries, pre-surgical evaluations, movement disorders, and stroke/ vascular disorders. As in Martinez, providers in the Sacramento clinic also see a number of younger veterans who noticed changes in cognitive functioning after sustaining one or more mild TBI's during deployments to Iraq and/or Afghanistan. Patients commonly present with comorbid psychiatric conditions (e.g., substance abuse, PTSD, depression) and medical problems. Clinical services include comprehensive neuropsychological assessments followed by detailed feedback to patients, family members, and other health care providers. Medical and financial capacity evaluations are routinely performed as well. The rotation is supervised by James Sisung, Psy.D., Dawn La, Ph.D., and Julia Hammond, Ph.D.

Sacramento Inpatient Neuropsychology Clinic: Sacramento residents also have the opportunity to conduct brief, problem-focused cognitive evaluations with inpatients at the Medical Center's main hospital. Common referral requests include assessment for dementia versus delirium, assessment of cognitive deficits following a stroke, evaluation of cognitive status in medically ill patients, and determination of medical decision-making capacity. These evaluations are likely to influence patient care decisions regarding discharge disposition. The rotation is supervised by Dawn La, Ph.D and Julia Hammond, Ph.D.

UC Davis Department of Neurology Neuropsychology Service: Two to three times each month, Sacramento residents conduct outpatient evaluations at the UC Davis Neuropsychology Service (also located in Sacramento). The academic medical center setting gives residents the opportunity to see a broad range of non-veteran patients with diagnoses including epilepsy, TBI, movement disorders, and complex dementia syndromes. Because UC Davis patients often come from diverse linguistic backgrounds, assessment might involve use of an interpreter and/or modification of test administration and interpretation. During this rotation, residents are able to evaluate patients being considered for Deep Brain Stimulation (DBS) surgery and to observe weekly DBS rounds. On occasion, residents are invited to observe the Wada procedure of a patient being considered for epilepsy surgery. The rotation is supervised by Sarah Farias, Ph.D., ABPP-CN and Michelle Chan, Ph.D.

Neurocognitive Rehabilitation Training Activities

Neurocognitive rehabilitation is another core training experience we are proud to offer at VA NCHCS. Our residents vary in their degree of experience and confidence in this domain; our goal is to ensure they are prepared to provide high quality, evidence-based neurocognitive rehabilitation treatment upon graduation from our program. Neurocognitive rehabilitation services differ somewhat by training site.

In **Martinez**, neurocognitive rehabilitation training occurs in both inpatient and outpatient settings. In the outpatient clinic, residents are trained in the delivery and modification of evidence-based models and manualized interventions (e.g., CogSMART) for treatment of a variety of neurocognitive disorders, including TBI (especially mild TBI complicated by comorbid conditions), mild dementia, multiple sclerosis, stroke, Parkinson's-related disorders, and a range of other conditions. Residents learn to provide these services in both individual and group contexts. Caregiver support and training (e.g., REACH VA), is emphasized as well. Additionally, Martinez residents have the opportunity to train in an inpatient rehabilitation setting at the CREC/CLC. There, residents learn to assess the cognitive functioning and treatment needs of inpatients with subacute neurological conditions (i.e., mostly stroke, but also traumatic brain injury and other neurological syndromes), work with the patients to develop realistic treatment goals, facilitate early recovery through education and instruction in compensatory strategies, and serve as a consultant to the interdisciplinary team regarding the cognitive, emotional, and behavioral needs of the patient. The inpatient training experience involves close collaboration with an interdisciplinary team of rehabilitation providers, including physicians, nurses, physical therapists, occupational therapists, speech

therapists, recreation therapists, chaplains, and many others, which helps the resident develop excellent interdisciplinary communication skills. The rotation is supervised by Katherine Giles, Psy.D.

In **Sacramento**, residents receive focused training in outpatient neurocognitive rehabilitation. On this rotation, residents provide evidence-based individual and group interventions for people with mild to moderate cognitive impairment. Manualized treatment programs (such as CogSMART) serve as the basis of these interventions; however, as in Martinez, the approach is modified as needed to meet the needs of the patients. Residents work in collaboration with providers from other disciplines. The Neurocognitive Rehabilitation program shares a particularly close and collaborative relationship with the Speech and Language Pathology Department; some of the groups are co-facilitated by SLP providers. Additionally, we work closely with the TBI/Polytrauma interdisciplinary treatment team, especially when working with younger veterans of the recent wars in Afghanistan and Iraq, many of whom present with histories of mild TBI and PTSD. Neurocognitive rehabilitation services also are offered to veterans with a wide range of medical and neurological conditions including multiple sclerosis, cancer, stroke, and moderate to severe brain injury. Training in the REACH VA program is also available for residents with an interest in providing services to caregivers of veterans with dementia. The rotation is supervised by Cleo Arnold, Psy.D.

Inpatient Psychiatry

At VA NCHCS, we believe neuropsychologists should be comfortable providing care to people with chronic or severe psychiatric disorders, and managing psychiatric crises when they arise. We therefore dedicate a modest portion of the first year to formalized training in an inpatient psychiatry setting. These rotations build resident familiarity not only with the special skills necessary for psychiatric crisis management, but with the system of care available to people in acute crisis, and the associated legal issues (e.g., involuntary hold, psychiatric conservatorship, etc.). The inpatient psychiatry settings, which differ by training site, are summarized below.

David Grant Medical Center at Travis Air Force Base (Martinez): This training experience takes place on a 12-bed, locked, inpatient psychiatric unit that is jointly managed by the US Air Force and the VA. The patient population is unique, in that it includes active duty Air Force servicemen/women and their immediate family members, as well veterans who receive their care through the VA system. This rotation emphasizes comprehensive psychodiagnostic assessment, cognitive screening as needed, and brief intervention. Instruction in advanced interpretation of the MMPI-2 is a highlight of the experience. The supervisor for this rotation is Bill Steh, Ph.D.



Behavioral Health Inpatient Care Unit (BHICU; Sacramento): The Sacramento campus operates a 16-bed, short-term, inpatient unit for veterans with acute psychiatric symptoms. Residents rotating through the BHICU conduct clinical interviews, brief cognitive screening, and sometimes more comprehensive psychological and cognitive evaluations. They also provide brief individual and group treatment. Additionally, residents attend an interdisciplinary diagnostic consensus conference, during which the team develops treatment and discharge plans for the inpatients. The supervisor for this rotation is Christie Mead, Psy.D.

Elective Rotations

We also offer our residents a range of elective opportunities, most of which are pursued in the second year of training (although first-year electives are possible if a resident's schedule allows). In the recent past, residents have chosen elective rotations in General Neurology, TBI Psychiatry, Movement Disorders Clinic, STAR-VA Dementia Behavioral Management, Stroke/Vascular Disorders Clinic, Post-Deployment Assessment and Treatment (PDAT), and Telehealth Services. Residents are welcome to propose new elective experiences based on their individual interests; these should be brought to the attention of the Training Director and/or Associate Training Director for approval and coordination. Below are brief descriptions of some of the elective rotation options in Martinez and Sacramento; information about additional elective opportunities is available upon request.

Movement Disorders Clinic (Martinez): This elective exposes residents to patients with a variety of movement disorders, including Parkinson's disease and "Parkinson's-plus" syndromes such as Lewy Body Dementia, Corticobasal Degeneration, and Progressive Supranuclear Palsy. This clinic is conducted by Dr. Ingrid Kwee, a behavioral neurologist with expertise in the diagnosis and treatment of movement disorders. The resident typically attends the clinic on a weekly basis over the course of 6 months, observes and participates in the neurological evaluation, and provides brief cognitive assessments as needed.

Stroke/Vascular Disorders Clinic (Martinez): Residents who choose this elective have the opportunity to observe neurological evaluation and follow up care of patients who have sustained a stroke or are living with a chronic cerebrovascular disorder. Both inpatient and outpatient care is provided. The resident might be asked to assist with brief neurocognitive screening and care planning; however, as with the Movement Disorder Clinic, the emphasis is on learning and observation. The clinic is conducted by Dr. Mark D'Esposito, who also is an active neuroscience researcher at UC Berkeley.

UC Davis Alzheimer's Disease Center (ADC; Martinez): The ADC is a state- and federally-funded clinical service and research center that is affiliated with the UC Davis Medical Center in Sacramento; Martinez residents with interest in Alzheimer's disease can pursue elective training at the ADC center in nearby Walnut Creek. Many ADC patients are self-referred; others are referred from social services agencies or physicians within the UC Davis primary care network. The primary supervisor for this rotation is Deborah Cahn-Weiner, Ph.D., ABPP-CN.

Post-Deployment Assessment and Treatment (PDAT; Martinez): This inpatient treatment program, which takes place in the CREC, provides comprehensive medical and psychological care and neurocognitive rehabilitation to veterans with a history of polytrauma (typically including traumatic brain injury of varying severity with co-occurring pain, physical disability, and psychiatric and substance use disorders). Residents who select this rotation run treatment groups, supervise practicum student assessment and treatment, and interface with an interdisciplinary care team. The primary supervisors for this rotation are Jeff Kixmiller, Ph.D. and James Muir, Ph.D.

STAR-VA Management of Dementia-Related Behavior (Martinez): This is an inpatient program aimed at supporting CREC patients who have been diagnosed with dementia and are exhibiting behaviors perceived as challenging by their care providers. The resident partners with the CREC interdisciplinary care team (including nursing staff, chaplains, recreation therapists, and others) to identify the antecedents and consequences of challenging dementia-related behavior, and consider how environmental or interpersonal factors might be triggering or reinforcing the behavior. Together, the team identifies ways to modify their approach and the care environment with the goal of reducing the frequency of challenging behavior and enhancing patient mood and quality of life. This rotation gives residents experience in leading an interdisciplinary team meeting. The rotation supervisor is Melanie Ropelato, Ph.D.

Traumatic Brain Injury (TBI) Clinic (Martinez, Sacramento): The TBI Clinics in Martinez and Sacramento (led by Hetal Lakhani, M.D.) focus on the evaluation and treatment of patients with a reported history of traumatic brain injury. These clinics are attended by Neurology and Psychiatry, with consultation from Psychiatry, Neuropsychology, Speech and Language Pathology, and Social Work. The vast majority of patients are young veterans who sustained a traumatic brain injury during their service in Iraq and/or Afghanistan. Residents may observe the Neurology or Psychiatry evaluation, assist with brief cognitive screening, and assist the physician with decision-making about referral for more comprehensive outpatient evaluation and other services.

Telehealth Services (Martinez, Sacramento): The outpatient neuropsychology clinics in Martinez and Sacramento now offer telehealth evaluations to a limited number of patients in the Chico and

Redding clinics for whom neuropsychological evaluation would not otherwise be possible. Residents who are interested in learning to conduct thoughtful, valid telehealth assessments first

complete general VA procedural training, and then work with their clinical supervisors to adapt the assessment process to this challenging modality. During this elective, residents are supervised by their usual on-site training faculty but collaborate with technical staff in the outlying clinics to ensure a smooth assessment process.

UC Davis Neurology Service (Sacramento)

Sacramento residents commonly engage in elective training at the UC Davis Department of Neurology. During this elective, residents observe a behavioral neurologist as he evaluates patients with various dementias, movement disorders (e.g. Parkinson's Disease, Progressive Supranuclear Palsy, Corticobasal Degeneration), and other disorders of the central nervous system. In the past, our residents have provided brief cognitive screens during some of these evaluations. The attending neurologist is John Olichney, M.D.

Didactic Seminars

Martinez Didactic Series

Fourth Thursday of the month, 10:00 AM to 2:00 PM

All neuropsychology residents attend a monthly didactic series hosted at our Martinez campus. Residents from other Sacramento and Bay Area programs, VA NCHCS psychology interns and local practicum students are invited to join us as well. These seminars include monthly lectures from faculty and guest speakers on topics relevant to practice and professional development in the fields of neuropsychology and neurocognitive rehabilitation. The third hour rotates across several topics including diversity topics in neuropsychology, supervision, and neuroimaging review.

Neuropsychology and Cognitive Rehabilitation Special Topics Lecture Series

Special topics in the field of neuropsychology and neurocognitive rehabilitation are presented by faculty and other invited speakers. Topics in this series complement the UC Davis Didactic series (see below) and have included: assessment of delirium, challenging dementia-related behavior, neuropsychology ethics, sleep disorders and cognition, aphasia, assessment in acute medical settings, geriatric psychopharmacology, interpretation of medical test results, test performance validity, and professional development in neuropsychology.

Professional Development Lecture Series

The second hour of the seminar focuses on professional development topics and activities. Several sessions are devoted to demystifying the board certification process and guiding residents through interactive "fact finding" exercises designed to prepare them for the ABCN oral examination. We also will use this time to help residents update their CVs, prepare to find jobs in neuropsychology, and consider how to balance work and professional demands. Second year residents also use this time to present the results of their research/scholarly activities and make clinical case presentations.

Diversity Journal Club

Residents and faculty bring in current articles on diversity topics relevant to neuropsychology for journal club discussion. Residents are encouraged to consider the ways individuals from diverse backgrounds are underserved by our existing tests, norms, and practices, and to develop ideas for improving our professional practice moving forward.

Supervision in Neuropsychology

Residents learn about the skills and principles associated with becoming a supervisor in the field of neuropsychology. They are encouraged to consider how they might approach this role as an early career professional and beyond.

Neuroimaging Review

A few times per year, a VA neurologist or neuropsychologist meets with the residents in a small group setting to review interesting neuroimaging and to teach basic skills in reading/interpreting neuroimaging studies (CTs and MRIs).

Prior to the first meeting, residents are provided with a tentative schedule of seminar speakers and topics, as well as any articles or chapters that should be read prior to the meeting; the syllabus of required readings will be updated through the year as speaker dates and topics are confirmed. Additionally, the following books (which can be borrowed from our clinic libraries) serve as a complement to the lectures and should be used as references throughout our two year program:

Haskins, E. C. (Ed.). (2012). *Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice*. Virginia: ACRM Publishing.

Sohlberg, M. M. & Mateer, C. A. (2001). *Cognitive rehabilitation: An Integrative neuropsychological approach*, 2nd Edition. New York: Guilford Press.

Stucky, K. J., Kirkwood, M. W., & Donders, J. (Eds). (2013). *Clinical neuropsychology study guide and board review*. New York: Oxford University Press.

UC Davis Medical Center Didactics

First Thursday of the month, 9:00 AM to 2:00 PM

VA Northern California Neuropsychology residents are also required to attend the UC Davis Medical Center didactic series that occurs on the first Thursday of each month in Sacramento. The series, which is coordinated by UC Davis Department of Neurology training faculty, consists of the following:

Clinical Pathological Conference (CPC)

UC Davis Alzheimer's Disease Center (ADC) faculty present the clinical history of patients who were followed by the ADC over time, often for several years, and who donated their brains for autopsy. Clinical data from neurology, neuropsychology and neuroimaging are reviewed, and diagnostic impressions are discussed by the conference participants. The neuropathologist then reviews the autopsy findings, which serve as the "gold standard" for dementia diagnosis. Thus, a rare opportunity is provided to observe the correlation between a patient's clinical course and his or her neuropathology at the time of death.

Functional Neuroanatomy and Neuropsychological Syndromes Lecture Series

The purpose of this lecture series is to help prepare residents for board certification in neuropsychology. This lecture series, provided by UC Davis faculty, VA faculty, and other invited speakers, covers functional neuroanatomy at an advanced level. The following books (available in our program library) are required reading for this series:

Blumenfeld, H. (2010). *Neuroanatomy through clinical cases*. 2nd Edition. Sunderland, MA: Sinauer Associates, Inc.

Feinberg, T. E. & Farah, M. J. (2003). *Behavioral neurology and neuropsychology*. 2nd Edition. New York: McGraw-Hill.

"Beyond the Basics" Research and Clinical Series

The Research and Clinical Lecture Series consists of UC Davis faculty and other invited speakers presenting on a range of topics, including their own research endeavors, professional issues in neuropsychology, and diagnostically challenging neurocognitive disorders. Additionally, UC Davis fellows and faculty present interesting or unusual cases for discussion.

OMNI Series

Scheduled annually, date TBA

The OMNI seminar is an interdisciplinary educational program developed by individuals from VA NCHCS, UC Davis, and UC Berkeley who have an interest in behavioral and cognitive neuroscience. This meeting, which has been held for over 20 years, is organized by Neuropsychology residents, and led by Robert Knight, M.D., Professor of Neuroscience and Director of the Helen Wills Neuroscience Institute at the University of California, Berkeley. The meeting is held at the Martinez campus. During each meeting, a neuropsychology resident presents background information about a patient with a particularly interesting neurological condition, and summarizes the neuropsychological test results. Dr. Knight educates the group about the clinical features of the neurological disorder under discussion, and some of the associated research. He then reviews the patient's neuroimaging, and correlates it with the neuropsychological test results. After this discussion, the patient is brought in for a live clinical interview and neurological examination by Dr. Knight, who shares with the patient his key findings and observations. This format allows clinicians and researchers to share their perspectives and experiences, and to increase their knowledge regarding the nature and etiology of interesting or unusual neurobehavioral syndromes. Approximately two to three patients are presented at each case conference. Second-year residents are responsible for selecting the cases and making arrangements for the event.

William Lynch, Ph.D., ABPP Case Conference

Third Monday of the month, 2:00 PM to 4:00 PM

William Lynch, Ph.D., ABPP-CN, facilitates a monthly case conference that is hosted by VA NCHCS, and includes the participation of trainees and faculty/staff from the San Francisco VA Medical Center and the Kaiser-Vallejo Rehabilitation Hospital. This conference occurs by teleconference, so no travel is required. Residents present clinical cases that are particularly perplexing or complicated, then the other call participants share their perspectives regarding diagnostic considerations and relevant research. This conference, which has been meeting for over 15 years, is an excellent opportunity for faculty and trainees to develop professional contacts within the San Francisco Bay Area and Sacramento Valley, share information and advances in the field, and become familiar with the work occurring in different settings.

Cultural Diversity Seminar Series

Thursdays, 3:00 to 4:00 PM, 3-4 times per year, TBA

Residents attend a seminar series focused on cultural diversity and its impact on clinical care. This series is coordinated and facilitated by VA NCHCS Psychologist Dr. Lisa Belvy, with involvement from other members of the Psychology and Neuropsychology training faculty. Residents from the Neuropsychology program in Martinez (and Sacramento residents, as well, should they choose to stay after the 4th Thursday Martinez didactic seminar) participate in this series along with residents from the Clinical Psychology Residency Program and Pharmacy Residency Program in Martinez. This seminar allows residents from different specialty areas to gather, engage in discussion, discuss relevant research, and share their clinical experiences in a safe and supportive environment. This seminar focuses on diversity as it impacts patient care more broadly; neuropsychology-specific diversity topics are targeted as part of the Martinez Didactic series.

Neurology Learning Series

Third Tuesday of the month, 12:00 to 1:00 PM

Residents are invited to attend a brown-bag lunch Neurology lecture series hosted the VA NCHCS Martinez Neurology Clinic; Martinez residents attend in person, and Sacramento residents attend by video conference. During this series, Martinez Neurology providers offer lecture on topics within their areas of interest and expertise, including sleep disorders, movement disorders, traumatic brain injury, neuropsychiatric symptoms in dementia, and other special topics. Interactive discussion is highly encouraged. Occasionally, our residents have been invited to present at the lecture series.

Clinical Neuroscience Seminar at UC Berkeley

Schedule varies

When it is offered, residents are welcome to attend a semester-long Clinical Neuroscience seminar at UC Berkeley that is co-taught by Robert Knight, M.D. and Mark D'Esposito, M.D. This graduate-level seminar

covers human brain dysfunction as well as neuroanatomy and neuropathology. Dr. Knight has an extensive collection of video recordings of neurological and cognitive exams of patients with neurobehavioral disorders, neuropathological brain specimens, and neuroimaging studies, allowing for rich experiential learning. This course is typically taught in the Fall Semester at UC Berkeley.

Research and Scholarly Activity

VA NCHCS has a long tradition of world-class research in neuropsychology and the neurosciences.

Currently, there exists well over \$15,000,000 in combined state and federal funding for neuroscience



research at the VA NCHCS. A major portion of this work is conducted on or near the Martinez and Sacramento campuses by clinical and experimental psychologists and neuropsychologists, neurologists, and other neuroscientists at the VA, UC Berkeley and UC Davis. The researchers collaborate closely with VA clinicians on joint research endeavors as well as training and educational activities. This collaboration provides exciting training and research opportunities for residents, while facilitating the development and evaluation of innovative treatment and diagnostic services for veterans. Many residents take advantage of

this special opportunity to work with highly respected researchers and produce peer-reviewed publications and professional presentations during their residency.

Because our training program espouses a Scientist-Practitioner philosophy, residents are expected to participate in clinically relevant scholarly activity over the course of their training at VA NCHCS. Each resident selects, plans and implements a project they find particularly interesting, in consultation with the primary supervisors and Training Director or Associate Training Director. Examples of scholarly projects include implementation and evaluation of a new clinical program, critical analysis of an existing program or procedure, or development and piloting of a treatment manual. Residents are encouraged to present their results to program faculty and trainees and to submit their work to conferences, such as the annual meetings of the International Neuropsychological Society, the American Academy of Clinical Neuropsychology, the National Academy of Neuropsychology, or other local or national conferences. Of note, residents who are more heavily involved in publishing and presenting the results of grant-funded research during residency may be exempt from the scholarly project requirement, and are encouraged to discuss this option with the Training Director or Associate Training Director.

Additional Professional Training

Training in Clinical Supervision

In the second year of residency, our residents receive training and experience in the provision of clinical supervision to predoctoral interns. The experience consists of tiered supervision (also known as "supervised supervision"); specifically, the resident supervises an intern through each step of the assessment process (planning, testing, report writing, and feedback), while at the same time receiving close oversight and mentoring support from a member of the training faculty. Our Martinez Didactic Series includes multiple supervision-themed presentations that complement this training experience.

Training in Clinic Administration

In their second year, residents at VA NCHCS gain experience in neuropsychology clinic administration. Initially, this involves shadowing or assisting a supervisor as he or she makes triage and case assignment decisions. After some initial preparation and training, the resident is given responsibility for managing and triaging incoming neuropsychology consults, clarifying referral questions with referring providers and providing education about the service as needed, tracking clinic availability, and discontinuing inappropriate consults. The purpose of this experience is to prepare residents for professional roles that might include clinic administration and oversight, while also giving them opportunities to interact with referral sources from a variety of disciplines.

Clinical Supervision and Professional Mentoring

Residents are provided with developmentally-appropriate supervision throughout the two-year program. Both clinical supervision (i.e., case-focused supervision) and professional mentoring is scheduled on a weekly basis. Each resident receives a minimum of two hours of individual supervision and at least four hours total supervision per week. Supervisors train and support residents by using a range of techniques including in-vivo observation and modeling, post-session review of interactions with patients, review of residents' documentation and reports, and group supervision. The training faculty at VA NCHCS greatly enjoy teaching and mentoring; in addition to formal meetings, we maintain an open-door policy and welcome opportunities for informal contact and collaboration with residents throughout the week.

Program Structure

The Clinical Neuropsychology Postdoctoral Residency Program is comprised of two years of full-time training. The following table summarizes the approximate time spent in various activities during each of the two years of training. Please note these are relative estimates of time allotment; each resident's training plan differs slightly, based on his or her unique training needs and interests. These rotations are described in more detail earlier in this brochure, under the heading, "Residency Structure and Clinical Activities".

Year One Rotations	% of time	Hours per week
VA Neuropsych Service	45%	18
Neurocognitive Rehabilitation	15%	6
Inpatient Psychiatry (DGMC/BHICU)	10%	4
Oakland Clinic/UC Davis Neuropsych	10%	4
Didactic/Education/ Research	20%	8
Year Two Rotations	% of time	Hours per week
VA Neuropsych Service	35%	14
Neurocognitive Rehabilitation	20%	8
Oakland Clinic/UC Davis Neuropsych	10%	4
Elective	10%	4
Didactic/Education/ Research	25%	10

Key: DGMC = David Grant Medical Center; BHICU = VA Behavioral Health Inpatient Care Unit

At the beginning of the training year, new residents complete a self-assessment that is used to create an individualized training plan. Each resident's skill development is closely monitored and evaluated by training faculty. As the resident demonstrates increased competency, he or she is granted increased autonomy and training case complexity.

In Year One, 80% of the time is spent in **core clinical activities**. Forty-five percent of a first year resident's time is dedicated to training in the VA Neuropsychology Clinics (45%); additional time is spent in Inpatient Psychiatry (DGMC or BHICU; 10%), Neurocognitive Rehabilitation (15%), and a supplementary neuropsychology rotation (Oakland or UC Davis; 10%). First year residents may participate in elective rotations if their schedule allows, but most choose to defer this option until the second year of training.

In Year Two, 65% of the time is spent in core clinical activities as outlined in the table above. Neuropsychology assessment activities are reduced slightly to allow for greater involvement in Neurocognitive Rehabilitation, administrative training (i.e., learning clinic management and patient triage skills), and engagement in research or other scholarly activities. Additionally, 10% of the time is spent in **elective rotations**. Residents can choose to do half day elective rotations that last the entire year, OR they can choose a full-day rotation that runs for a six month period. Residents can choose a purely clinical elective or can choose to spend elective time engaging more heavily in research.

Work Schedules

There is a specific tour of duty for the residency, which is Monday through Friday, 8:00 - 4:30. Unless a specific schedule alteration is granted in advance, residents are expected to be on site and reachable during these hours. We encourage work/life balance, and strive to make this a 40-hour per week training experience; however, as is common among early career neuropsychologists, many residents find themselves working 45-50 hours per week in order to complete reports and other clinical documentation in a timely fashion. There may also be occasions in which urgent or unexpected clinical assessment or intervention requires extra time.

Below is a hypothetical weekly schedule of a resident from each training site. Please note that the hours spent in each activity will deviate somewhat from the percentages displayed in the table above, as the work activities vary somewhat from one week to the next.

SAMPLE: Martinez Year 1 resident (4th week of the month)

Time	Monday	Tuesday	Wednesday	Thursday	Friday	
	Oakland	Martinez	Martinez	Martinez	Martinez	
8:00	Check email, gather materials	Check email and voicemail	Check email and voicemail	Check email and voicemail	Check email and voicemail, complete monthly hours log, schedule next week	
8:30	Meet with supervisor re: today's cases	Neurocog case supervision	Neuropsych case supervision	Meet with mentoring supervisor		
9:00	Oakland Neuropsych assessment					Neurocog outpatients
9:30		Neuropsych feedback session	Work on scholarly project			
10:00						
10:30				Neurocog Rehab Group		
11:00						
11:30		Neurocog documentation	Documentation of feedback sessions	Neurocog group documentation		
12:00	Lunch	Lunch	Lunch	Lunch with other residents	Lunch	
12:30	Write note, check in with supervisor	Work on Neuropsych reports	Work on Neuropsych reports		Lit review related to	

1:00	Oakland Neuropsych assessment			Martinez Didactic Seminar (Part 2)	Neuropsych case
1:30				REACH VA Caregiver support	Revise reports and other chart notes based on supervisor feedback, use extra time to work on unfinished reports
2:00					
2:30					
3:00				REACH VA documentation	
3:30	Meet with supervisor			Return calls and emails	
4:00	Wrap up	Wrap up	Wrap up	Wrap up	Wrap up

SAMPLE: Sacramento Year 2 resident (2nd week of the month)

Time	Monday	Tuesday	Wednesday	Thursday	Friday
	Mather	Mather	UC Davis	Mather	Mather
8:00	Check email, gather materials	Check email and voicemail	Deep Brain Stimulation (DBS) case conference	Check email and voicemail	Check email and voicemail
8:30	Meet with supervisor re: today's cases	Meet with mentoring supervisor		UC Davis supervision	UC Davis report writing
9:00	VA Neuropsych assessment		VA Neuropsych report writing		
9:30					
10:00					
10:30					Neurocog group notes

11:00				VA Neuropsych case supervision	Prep for Neurocog patients
11:30					Neurocog outpatient
12:00		Lunch			
12:30	Lunch	Neuropsych feedback session	Lunch	Lunch	Lunch
1:00	Work on VA Neuropsych reports			Tiered supervision of intern	Neurocog outpatient
1:30		Document feedback session, email			
2:00		Neurocog case supervision			Neurocog outpatient notes
2:30					
3:00		Prepare for UC Davis Case			Chart review, prep cases for next week
3:30					Weekly scheduling, hours log
4:00					
	Wrap up	Wrap up	UC Davis feedback session (until 5:00)	Wrap up	Wrap up

Weekly travel

The schedule is arranged such that a resident will generally be in one location for an entire day. The Martinez residents spend most of their time at the Martinez facility, but travel a few times per month to the Oakland clinic (which is about 30 miles from Martinez) and David Grant Medical Center in Fairfield (which is about 25 miles from Martinez). Although the Oakland clinic is accessed easily by public transportation (see www.511.org for information), the other sites are less accessible by train or bus, and most residents find it easier to travel to their work stations by car. The Sacramento residents spend most of their time at

the VA Medical Center, but also travel regularly to UC Davis Medical Center (which is 10 miles away from the VA Medical Center). Residents from Martinez and Sacramento also attend monthly didactics at each location, requiring one longer day of travel between the sites (which are located approximately 75 miles apart); they typically borrow a government vehicle and carpool with other residents for these longer drives.

Living Arrangements

Martinez residents

While most of the training occurs in Martinez, residents are encouraged to consider accessibility to the Oakland Behavioral Health Clinic and David Grant Medical Center in Fairfield when selecting a place to live. Many VA NCHCS trainees have chosen to live in either the Oakland/Berkeley area (larger cities, which involve a reverse-commute to Martinez) or in one of the many suburban communities surrounding Martinez (including Walnut Creek, Pleasant Hill, and Concord, all of which have easy BART train access to Oakland and San Francisco). Some also have chosen to live in San Francisco; however, the cost of living is much higher there, and the daily commute is long. While the Bay Area is very expensive compared to most places in the country, both Oakland/Berkeley and Walnut Creek/Concord/Martinez have some relatively affordable housing options. Speaking with current residents and faculty can be very helpful when making residential decisions; we welcome questions and consultation from incoming residents during this process.



Sacramento residents

Most of the training occurs at the Sacramento VA medical center (i.e., in Rancho Cordova, on the eastern border of Sacramento) and at UC Davis Medical Center (i.e., 15 minutes away, in the city of Sacramento). Many faculty and recent trainees have chosen to live east of the medical center in Folsom, and west of the VA in midtown or downtown Sacramento. The city of Sacramento tends to offer more urban and night life activities than the communities to the east of the VA; however, the eastern communities offer closer proximity to Folsom Lake and the Sierra Nevada mountain range, and tend to be more affordable.

Office Space and Training Resources

Residents have dedicated office space available for use at each primary training site. At each networked computer workstation, residents can access the internet, VA electronic medical records, neuroimaging records, shared departmental resources, and statistical software. VA NCHCS also has an extensive virtual medical library that can be accessed through online databases or requested through the medical librarian. Clinical treatment space, including testing and neurocognitive treatment rooms, neurological exam rooms, group therapy space, offices with telehealth capability, and research conference rooms are available for use on each campus. Our Neuropsychology clinics are fully stocked with the most commonly used neuropsychological test materials and technical manuals. We also have a collection of neuropsychology, neuroanatomy and neurorehabilitation textbooks and articles available for resident use, as well as multiple sets of EPPP preparation materials. Residents are encouraged to make recommendations regarding assessment measures, resource texts, and other materials we might consider adding to our departmental collection. These resources are purchased with dedicated mental health service line funds that are allocated to the Neuropsychology service section.

Expected Licensure/Certification Upon Program Completion

Houston Conference Guidelines specify that graduates of Clinical Neuropsychology residency programs should be eligible for state licensure and ABPP board certification in Clinical Neuropsychology. Residents will receive sufficient supervised professional experience to meet requirements for licensure as a psychologist in California, and are expected to obtain licensure in the jurisdiction of their choice by the conclusion of their residency training. Residents and their supervisors sign a [Supervision Agreement](#) on the first day of training; this is required by the California Board of Psychology for documentation of supervised professional experience. In accordance with California Board of Psychology policy, at the end

of the first training year, the Training Director will complete a [Verification of Experience](#) form, which will be kept (along with the Supervision Agreement) in the resident's training file. When the resident applies for California licensure, the Training Director provides these documents to the resident in a signed/sealed envelope, which the resident submits directly to the Board. Because many of our residents attended graduate programs outside the state, we have coordinated with other local VA facilities to give our residents free access to most of the pre-licensure courses required by the California Board of Psychology. Residents also are granted training leave time to take the remaining courses from private vendors, if needed. The process outlined above will assist the resident in obtaining licensure in California; however, each state licensing board has its own requirements. Residents are encouraged to consider where they might eventually pursue licensure and to examine the licensing laws specific to those jurisdictions. A good source of information for licensing rules is <http://www.asppb.org/>. The Training Director will gladly complete any needed paperwork for other jurisdictions. Many residents obtain licenses prior to the completion of their residency. However, because residents are not credentialed as independent practitioners in the VA (and because Neuropsychology practice standards require two years of supervised specialty training), licensed residents continue to work under the supervision of training faculty for the remainder of their residency.

We encourage our graduates to pursue American Board of Professional Psychology (ABPP) certification in Clinical Neuropsychology shortly after completing our residency. Our program is designed to meet postdoctoral training requirements necessary for board certification. Additionally, many of our didactic seminars and group supervision discussions are designed to prepare residents for the board certification examination process. Training faculty who have completed or are in the process of board certification strive to support and demystify the process for residents. Mentoring supervisors also check regularly with their residents regarding their readiness to pursue this next step in their career.

Evaluation and Requirements for Residency Completion

Residents are continually evaluated regarding their progress toward program competencies. Additionally, training faculty meet monthly to review resident progress. Formal ratings of competency acquisition (i.e., Summative Evaluations) are completed at the 6-month midpoint and 12-month endpoint of each training year. In addition to the summative evaluations, residents receive frequent informal feedback from their supervisors about their performance. Promotion to the second year of training is contingent on successful completion of the first year of training (i.e., as operationalized in our policy manual). Opportunities for remediation and enhanced support are provided as needed to facilitate program completion (see Remediation policy, below). In order to meet criteria for successful completion of the residency program, and to be awarded a certificate of completion, residents must be rated at an **independent** level of competence on all competency items at the conclusion of residency. Two successful full-time years of training must be completed to be awarded a certificate of completion for the Clinical Neuropsychology Postdoctoral Residency Program.

Resident Feedback and Program Development

At VA NCHCS we believe input from residents is essential to the continued growth and improvement of our program. Residents are encouraged to provide feedback about the program through multiple formats. Supervision provides the opportunity for regular, weekly communication with core training faculty. Each month, a resident representative is present for a portion of each monthly training faculty meeting to discuss any resident issues or concerns about the program. During the mid-year evaluations, residents are asked to provide written feedback that is used for program improvement.

Each year, residents also participate in a program review (Resident Feedback Meeting) that is moderated by the Training Director and the Associate Training Director. During this meeting, residents are asked to discuss their perceptions regarding the relative strengths and weaknesses of the training program. These discussions inform the agenda for the annual off-site faculty retreat. Following the retreat, decisions related to program activities are communicated back to the residents.

VA NCHCS Neuropsychology Training Faculty

Program Leadership

Brigid Rose, Ph.D., ABPP-CN

Training Director, Clinical Neuropsychology Postdoctoral Residency Program
Program Manager, Neuropsychology and Cognitive Rehabilitation Program
Staff Neuropsychologist, Martinez Clinic
Graduate Program: Loyola University Chicago, 2005

Cleo Arnold, Psy.D.

Associate Training Director, Neuropsychology Postdoctoral Residency Program
Staff Neuropsychologist, Sacramento Clinic
Graduate Program: Alliant International University/California School of Professional Psychology, 2015

Primary Rotation Supervisors and Core Neuropsychology Faculty

Sarah T. Farias, Ph.D., ABPP-CN

Director of UC Davis Clinical Neuropsychology Residency Program
Associate Professor, UC Davis School of Medicine Department of Neurology
Graduate Program: University of North Texas, 2000

Katherine Giles, Psy.D.

Staff Neuropsychologist, Martinez Clinic
Graduate Program: PGSP-Stanford Consortium, 2014

Julia Hammond, Ph.D.

Staff Neuropsychologist, Sacramento Clinic
Graduate Program: University of Montana, 2017

Jeffrey Kixmiller, Ph.D.

Staff Neuropsychologist, Martinez Outpatient Clinic, CREC
Assistant Clinical Professor, University of California, Davis
Graduate Program: Ball State University, 1992

Dawn La, Ph.D.

Staff Neuropsychologist, Sacramento Clinic
Graduate Program: Palo Alto University, 2016

James Muir, Ph.D.

Staff Neuropsychologist, Martinez Outpatient Clinic, CREC
Graduate Program: Georgia State University, 2002

Diana Partovi, Psy.D.

Staff Neuropsychologist, Martinez Outpatient Clinic
Assistant Clinical Professor, University of California, Berkeley
Graduate Program: Alliant International University/California School of Professional Psychology, 2012

James Sisung, II, Psy.D.

Staff Neuropsychologist, Sacramento Clinic
Graduate Program: Adler University, 2007

Bill Steh, Ph.D.

Staff Neuropsychologist, David Grant Medical Center
Graduate Program: California School of Professional Psychology, 2000

Kristi Steh, Ph.D.

Staff Neuropsychologist, Martinez Outpatient Clinic

Graduate Program: California School of Professional Psychology, 2000

Additional Supervisors, Instructors, and Research Mentors

Juliana Baldo, Ph.D.

Research Neuropsychologist, VA NCHCS (Martinez)

Graduate Program: UC Berkeley, 1997

Lisa Belvy, Ph.D.

Staff Psychologist, Martinez Outpatient Clinic

Graduate Program: University of Illinois, Chicago, 2013

Deborah Cahn-Weiner, Ph.D., ABPP-CN

Neuropsychologist, UC Davis Alzheimer's Disease Center

Associate Clinical Professor of Neurology, UC Davis

Anthony Chen, M.D.

Staff Neurologist, Martinez Outpatient Clinic, San Francisco VAMC

Assistant Professor, UC San Francisco

Graduate Program: Harvard Medical School, 2000

John Conley, Psy.D.

Staff Neuropsychologist, Martinez and Oakland Clinics

Pacific University School of Professional Psychology, 2017

Matt Cordova, Ph.D.

Mental Health Training Program Manager, VANCHCS

Psychology Training Director, VA NCHCS-East Bay

Staff Psychologist, Martinez Outpatient Clinic

Graduate Program: University of Kentucky, 1999

Mark D'Esposito, M.D.

Staff Neurologist, Martinez Outpatient Clinic

Professor of Neuroscience and Psychology, UC Berkeley

Director, Henry Wheeler Jr Brain Imaging Center, UC Berkeley

Graduate Program: SUNY Health Science Center at Syracuse, 1987

Andrew Kayser, M.D., Ph.D.

Staff Neurologist, Martinez Outpatient Clinic

Assistant Professor, UC San Francisco

Graduate Program: UC San Francisco, 2001

Ingrid Kwee, M.D.

Neurologist, VA NCHCS, Martinez Outpatient Clinic

Professor, Department of Neurology, UC Davis

Graduate Program: University of Arizona, 1978

Robert Knight, M.D.

Professor of Psychology and Neuroscience, UC Berkeley

Director, Helen Wills Neuroscience Institute, UC Berkeley

Consulting Neurologist, VA NCHCS

Graduate Program: Northwestern University Medical School, 1974

Hetal Lakhani, M.D.

TBI Psychiatrist, VA NCHCS, Martinez Outpatient Clinic

William Lynch, Ph.D., ABPP-CN

Neuropsychologist, Independent Practice

Graduate Program: University of Tennessee, 1970

R. Scott Mackin, Ph.D.

Professor, UCSF School of Medicine

Psychologist, VA San Francisco Health Care System

John Olichney

Neurologist, UC Davis Department of Neurology

Professor, UC Davis Center for Mind and Brain

Doctoral Programs Attended by Current and Recent Residents

Alliant International University
Arizona State University
Georgia State University
Illinois Institute of Technology
Loyola University Chicago
Michigan State University
Pacific University
Palo Alto University
Rosalind Franklin University

University of Arizona
University of Texas at Austin
University of Texas Southwestern Medical Center
University of Florida
University of Houston
University of Montana
University of South Florida
Washington University St. Louis
Washington State University

Internship Programs Attended by Current and Recent Fellows

Boise VA Medical Center
Boston Consortium in Clinical Psychology
Central Arkansas VA Medical Center
Missouri Health Sciences Psych Consortium
Portland VA Medical Center
University of California, Los Angeles
UCSD/San Diego VA Internship Program

University of Illinois at Chicago
University of Florida
University of Texas Southwestern Medical Center
University of Tulsa
VA Northern California Health Care System
VA Palo Alto Health Care System
VA Maryland/Univ. Maryland Internship Consortium

Recent Graduate Employment

Alta Bates Summit Medical Center
Gainesville VA Medical Center
Honolulu VA Medical Center
John Muir Medical Center
Montana VA Health Care System
Naval Hospital Beaufort
Portland VA Medical Center

Stanford University
The Wright Institute
University of Colorado
VA Northern California Health Care System
VA Palo Alto Health Care System
VA San Diego Health Care System
Private Practice

Additional Information: Administrative Policies and Procedures

Website Privacy

We will not collect any personal information about you when you visit our website.

Policy on Psychology Trainee Self Disclosure

Consistent with the APA Ethical Principles of Psychologists and Code of Conduct, in most cases, psychology trainees in the VA Northern California Health Care System are *not* required to self-disclose sensitive topics (e.g., sexual history, history of abuse and neglect, psychological treatment or conditions, and relationships with parents/family members, peers, and spouses or significant others) during application to the program or during the course of training. The primary exception is when a trainee's personal problems or condition could reasonably be judged to put patient care, the trainee, or clinical and educational operations at risk. This policy is designed to balance the importance of trust and personal privacy in the supervisory relationship with the supervisor's responsibility for care of the patient and for the safety of all staff members and trainees. In cases when self-disclosure of personal information is necessary, the required disclosure is limited to circumscribed information related to managing the specific clinical, safety, or patient care concern. It also should be noted that disclosure might be included as an optional exercise in a learning experience. For example, residents might be invited to share their cultural identities as part of the Diversity Seminar.

Statement of Nondiscrimination

The VA NHCS Clinical Neuropsychology Postdoctoral Residency Program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, veteran status, and political affiliation. Residents are entitled to equal treatment in selection decisions, and freedom from harassment or unfair treatment. If a resident feels that any form of discrimination is occurring, he/she is encouraged to discuss this with the Training Director and/or follow the grievance process outlined below. In addition, the resident may elect to utilize the VA EEO process (see attached VA policy). The resident can request confidential assistance in accessing the EEO program from the Training Director, Associate Training Director, any member of the training committee, or the program support assistant.

Policy on Resident Representation to the Neuropsychology Training Committee

Residents are afforded representation during the Neuropsychology Training Committee meetings. Senior residents (i.e., second year residents from Sacramento and Martinez) share the responsibility of attending Neuropsychology Training Committee meetings to represent resident interest in formulating policies, curriculum design, and program evaluation. The resident representatives also serve as a liaison for the committee with the resident class. The resident representatives are not present for committee proceedings involving evaluation of residents or deliberation concerning resident performance or conduct problems.

Maintenance of Training Files

A record is kept for each resident admitted to the program. This record includes formal evaluations (mid-year and end-of-year summative evaluations), mid rotation feedback, any additional documentation related to performance during the training year, and a record of successful completion of the program. These records are kept permanently so that the program may verify program completion throughout the graduate's professional career. Program graduates are encouraged to contact the Training Director or the Program Support Assistant as needed to request this verification.

Resident Grievance Policy

Purpose

To provide an effective and consistently applied method for a resident to present his/her grievances and have those grievances internally resolved at the lowest possible level. At the same time, the process allows for the opportunity to appeal up the chain of command (e.g., supervisor, Training Director or Associate Training Director of the Neuropsychology Residency Program, Psychology Training Director, Assistant Chief of Mental Health for Clinical Operations, Associate Chief of Staff for Mental Health, Chief of Staff) if needed to ensure due process and help residents feel comfortable that concerns can be addressed without fear of reprisal.

It is the training program's policy to be responsive to the residents and their concerns. Therefore, residents may use the process described below for the resolution or clarification of grievances. The

Neuropsychology Training Director is responsible to the Psychology Training Director, who is responsible to the Assistant Chief of Mental Health for Clinical Operations for carrying out the provisions of this policy.

Process

- A. All training staff and residents are responsible for attempting to resolve grievances at the lowest possible level to the satisfaction of all parties involved.
- B. Residents should attempt to resolve minor grievances directly with the individual involved utilizing existing program structure (e.g., the supervision process).
- C. In the event that residents do not feel comfortable addressing issues within the supervisory process, they may appeal directly to the Training Director for assistance in resolution. Minor grievances processed in this manner are considered informal.
- D. A resident may choose to file a formal grievance at any point. The grievance must be presented in writing to the Training Director. The submission of the formal grievance should include (if applicable):
 - 1. The grievance and the date when the incident occurred
 - 2. Suggestions on ways to resolve the problem
 - 3. Information regarding any previous meetings to attempt to resolve the grievance
- E. If the grievance is against the Training Director, the resident can file the grievance with the Associate Training Director, the Psychology Training Director and/or the Assistant Chief of Mental Health for Clinical Operations.
- F. The program support assistant or any of the training faculty members can assist the resident in filing this grievance with the appropriate party, including the Assistant Chief of Mental Health for Clinical Operations.
- G. Formal grievances will be presented to Neuropsychology Training Committee, which includes the Training Director, Associate Training Director, and other members of the training faculty. Residents may present their grievance directly to this body. The resident may invite a staff member of his/her choice to provide advocacy and emotional support. The body to hear the formal grievance will be assembled as soon as possible and in all cases within three weeks from the presentation of the formal grievance. If the grievance is against the Training Director or another individual normally assigned to this body, that individual is not involved in the body's deliberation and may only attend to provide testimony, as indicated.
- H. Any formal grievance and its resolution will be documented.
- I. If adequate resolution cannot be achieved through this process, or residents wish to take the grievance outside of the existing training program structure, they may appeal directly to the Assistant Chief of Mental Health for Clinical Operations for resolution. The Assistant Chief of Mental Health for Clinical Operations will review the grievance as soon as possible and in all cases within three weeks from the presentation of the formal grievance. The program administrative assistant or any of the training faculty members can assist the resident in communicating with the Assistant Chief of Mental Health for Clinical Operations.
- J. Residents may appeal any formal action taken against their program status. Residents appeal first to the body itself (see item G above). This appeal is made directly by the resident (in association with any counsel he or she may choose). The body to hear the appeal will be assembled as soon as possible and in all cases within three weeks from the written notification of appeal.
- K. If the resident is not satisfied with the result of their appeal, the resident may appeal directly to the Assistant Chief of Mental Health for Clinical Operations. After consideration, the Assistant Chief of

Mental Health for Clinical Operations has the discretion to uphold or overrule formal action taken by the body. Should the Assistant Chief of Mental Health for Clinical Operations overrule the decision of the body, the decision is binding, and the Training Director, the resident, and supervisors shall negotiate an acceptable training plan. Should the Assistant Chief of Mental Health for Clinical Operations uphold the decision of the committee, the resident may appeal this decision to the Chief of Staff, VA Northern California Health Care System who will appoint a board of three psychologists in the system not involved in the training program. The decision of this panel is binding.

- L. Specific questions regarding this policy should be directed to the Training Director.

Remediation, Due Process, and Resident Termination

The aim of the program is to prepare residents for practice in the specialty field of neuropsychology, and the program is designed to maximize the prospect for successful completion. The evaluation process mandates early intervention if needed to provide the opportunity for corrective action and ultimately successful mastery of each competency area.

If remediation is required, a formal remediation plan with clear and specific expectations is developed and agreed upon by the resident, supervisors, and Training Director. The Neuropsychology Training Director is responsible to the Psychology Training Director for carrying out the provisions of this policy as described below:

Process

- A. Supervisors are responsible for monitoring resident progress in achieving the specific training objectives, providing timely feedback to residents, and developing and implementing specific training activities for ensuring professional growth and development. Supervisors are responsible for communicating about resident performance to the Training Director and other members of the Training Committee.
- B. Residents are responsible for adhering to training plans.
- C. Progress and performance within the residency program is monitored continuously using both informal and formal evaluation processes. Supervisors provide the first line of feedback to residents about performance and identify areas requiring additional growth. Supervisors and residents agree on training opportunities and experiences to help the resident meet the training objectives.
- D. The resident's progress is tracked monthly by the primary supervisors, who discuss the resident's progress during a monthly conference call.
- E. If a formal evaluation indicates that a resident is not meeting minimum levels of achievement on one or more specific training competencies, the Training Director and other training staff will meet to develop a remediation plan for the resident. This plan includes individualized learning tasks and teaching strategies designed to enhance resident progress in the identified competency domain, and timelines for completion of these tasks. The timelines are developed such that the adequacy of task completion can be assessed rapidly. The remediation plan is discussed with the resident, who has opportunities for input. The plan is provided in written form to the resident.
- F. Performance on the remediation plan items is assessed frequently. If performance is not improving adequately after one month, the resident may be placed on academic probation for a period of one to three months. During this time, heightened oversight and assessment of the resident's performance occurs and significant effort is made to help the resident remediate. The resident is provided with written feedback regarding whether the remediation plan items have been adequately resolved.

- G. If the resident has progressed satisfactorily after the probationary period, the resident will be formally reinstated. If performance has not sufficiently improved, but the resident is making progress, the probationary period may be extended. If the resident fails to progress, termination from the program may be considered. The resident is provided with written feedback regarding his/her performance as it relates to probationary decisions.
- H. Formal actions (academic probation or dismissal) must be agreed upon by a majority of the Neuropsychology training faculty, including the Training Director and the Associate Training Director. Prior to any vote on formal actions, the resident is afforded the opportunity to present his or her case before the training body that will be deciding the resident's status (see also Grievance Policy, section G above). The resident may invite a staff member of his/her choice to provide advocacy and emotional support.
- I. Concerns of sufficient magnitude to warrant formal action include but are not limited to: incompetence to perform typical neuropsychological services in a clinical setting, violations of ethical standards for psychologists, illegal acts, or behavior that hampers the resident's professional performance.
- J. Specific questions regarding this policy should be directed to the Training Director.

VA Policy: Equal Employment Opportunity (EEO)

EEO and Prohibited Discrimination

VA does not tolerate 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/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.

VA's Office of Resolution Management (ORM) is responsible for administering an impartial and effective complaints management process to receive, investigate, and resolve, if possible, complaints of employment discrimination at the earliest possible stage. Employees may report allegations of discrimination to ORM at (888) 737-3361. The regulations governing the Federal EEO complaint process are found in 29 CFR Part 1614.

Employees seeking redress under this process must contact an EEO counselor in person, by phone, or in writing within 45 calendar days of the date of the alleged discrimination. Employees may also report allegations to their immediate local facility EEO program manager or a management official in their chain of command, or they may raise discrimination issues through the Negotiated or Administrative Grievance Process or the Merit Systems Protection Board (MSPB) as appropriate. While an allegation of discrimination may be raised through these additional avenues, this action does not constitute initiation of an EEO complaint with an EEO counselor through the Federal sector EEO complaint process, and it does not extend the 45 calendar-day time limit to initiate an EEO complaint with ORM.

Complaints of discrimination filed on the basis of marital status or political affiliation may be investigated as prohibited personnel practices and are under the jurisdiction of the MSPB or the Office of Special Counsel (OSC). Complaints filed on the basis of parental status may be processed through VA's internal complaints process. Employees seeking to file complaints based on sexual orientation may have multiple avenues to consider. If an employee believes that he or she has been discriminated against based on sexual orientation, he or she should contact an ORM EEO counselor for more information.

Reasonable Accommodations

VA is committed to the employment and retention of individuals with disabilities. To that end, VA will vigorously enforce Sections 501, 504, 505, and 508 of the Rehabilitation Act of 1973 as amended, which

mirror the Americans with Disabilities Act of 1990 and the Americans with Disabilities Act Amendments Act of 2008. This includes maintaining accessibility of electronic and information technology to individuals with disabilities. All Federal employees and members of the public with disabilities must have access to and use of information and data, comparable to that of employees and members of the general public without disabilities, unless an undue burden would be imposed on the agency.

An important component in hiring and retaining individuals with disabilities is the provision of reasonable accommodations to employees and applicants on the basis of disability in accordance with law. For individuals with disabilities, a reasonable accommodation is any change in the work environment or in the manner work is accomplished that enables them to perform the essential functions of their jobs and enjoy equal benefits and privileges of employment. Individuals who believe they need such accommodation should request accommodation from immediate supervisors. The procedures for requesting and processing requests for reasonable accommodation are contained in VA Handbook 5975.1. VA has also established a centralized reasonable accommodations fund to support requests for accommodation that may not be otherwise funded. Individuals interested in more information should contact the Office of Diversity and Inclusion.

In accordance with Title VII of the Civil Rights Act of 1964, VA also provides religious accommodations to employees unless doing so imposes an undue hardship on the organization. Accommodations may include adjustments to work schedules to accommodate religious observances, allowances regarding religious attire, allowances to be excused from compulsory activities that conflict with the employees sincerely held religious beliefs or practices, and other modifications. Individuals who believe they need a religious accommodation should request the accommodation from their immediate supervisors. Religious expression and exercise are permitted in the VA workplace provided that such expression does not suggest government endorsement or preference for one faith over another, interfere with efficient working of government VA operations, or intrude upon the legitimate rights of other employees.

References and updates to the VA's EEO policy can be found here:

<http://www.diversity.va.gov/policy/statement.aspx>

Postdoctoral Residency Admissions, Support, and Initial Placement Data

Postdoctoral Program Admissions

Date Program Tables are updated: August 20, 2020

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

We are seeking applicants with strong clinical skills and a solid scientific knowledge base who wish to pursue a career in the field of Clinical Neuropsychology. When reviewing applications, members of the selection committee consider the following: (1) The degree to which the applicant conveys goodness of fit between their professional goals and our program training objectives, (2) The applicant's academic accomplishments and research productivity, (3) The quality and breadth of the applicant's specialized training in neuropsychology, (4) The quality and breadth of the applicant's training in general clinical psychology, (5) The applicant's ability to write clearly and effectively, as evidenced by their sample reports and other written materials, (6) The quality and interpretive accuracy of the applicant's sample reports, and (7) The strength of the applicant's letters of recommendation. Successful candidates typically have substantial academic and clinical experience in neuropsychology, consistent with the Houston Conference guidelines. Our program particularly values diverse experiences and backgrounds, which we see as the building blocks of a rich training environment. We strongly encourage applications

from qualified individuals who will enhance the diversity of our program in a number of ways (including, but not limited to, race, ethnicity, religion, gender identity, sexual orientation, disability, and veteran status).

Describe any other required minimum criteria used to screen applicants:

Applicants must be U.S. citizens who are candidates in (or have completed) an APA- or CPA-accredited doctoral program in clinical or counseling psychology. Prior to the start of the residency, they must provide evidence that they have completed an APA- or CPA-accredited internship program, and all requirements necessary for completion of their Ph.D. or Psy.D.

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

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership

from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>

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

Additional information regarding eligibility requirements (with hyperlinks)

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

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

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

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

(7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and

(8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

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

(1) The nature of the position for which the person is applying or in which the person is employed;

(2) The nature and seriousness of the conduct;

(3) The circumstances surrounding the conduct;

(4) The recency of the conduct;

(5) The age of the person involved at the time of the conduct;

(6) Contributing societal conditions; and

(7) The absence or presence of rehabilitation or efforts toward rehabilitation.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	Year 1: \$55,656 Year 2: \$58,665	
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 hours (i.e., 13 days; accrued at rate of 4 hours per 2-week pay period)	
Hours of Annual Paid Sick Leave	104 hours (i.e., 13 days; accrued at rate of 4 hours per 2-week pay period)	
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):		
<p>In addition to the annual (vacation) leave and sick leave described above, there are 10 paid federal holidays per year. Additionally, residents are allowed to take up to five days of paid professional leave (i.e., to attend conferences, prepare for and take the licensure exam, interview for jobs, etc.) in Year One and up to ten days in Year Two.</p> <p>Residents also may choose health insurance coverage through the VA's benefit program. Health insurance coverage is available for married spouses and dependents. The VA adheres to the Supreme Court decision that allows for health benefits for same-sex spouses of residents regardless of state of residency. However, unmarried partners of either sex are not eligible. Detailed information about the</p>		

benefits offered for VA's Psychology Training program is found at www.psychologytraining.va.gov/benefits.asp.

*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)

	2016-2019	
Total # of residents who were in the 3 cohorts	7	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	5
Military health center	0	0
Academic health center	0	1
Other medical center or hospital	0	1
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	0
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	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.

Contact Information

Thank you for your interest in our program! Please feel free to send any questions to the following contacts:

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