# Professional Geropsychology Postdoctoral Fellowship

**VA Pittsburgh Healthcare System**  
Director of Clinical Training   
Behavioral Health Service Line (116A-U)  
University Drive C  
Pittsburgh PA 15240-1001

(412) 360-1290

**Application Due Date: Sunday, January 3, 2021**

# Accreditation Status

The postdoctoral fellowship in **Professional Geropsychology** is accredited by the Commission on Accreditation of the American Psychological Association. We are extremely proud of our training programs and their accreditation by the American Psychological Association. Questions related to the program’s accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)

Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

# VA Pittsburgh Healthcare System and Psychology Staff

The VAPHS is a 500-patient bed, joint commission accredited facility comprised of two divisions. The VAPHS has completed large construction projects at both divisions, resulting in new behavioral health clinic areas. The University Drive division, near the University of Pittsburgh, is the medical-surgical facility and includes outpatient primary care, specialty medical clinics including an organ transplant service, inpatient medicine units, outpatient behavioral health clinics, three inpatient psychiatry units, and the Center for the Treatment of Addictive Disorders. The H. J. Heinz division includes the 188 patient-bed Community Living Center, Veteran Recovery Center (domiciliary), Neurobehavioral Program, additional primary care clinics, and other clinical services to include dental and rehabilitation medicine. These two divisions are within 10 miles of each other. In addition to these two sites, the VAPHS also includes five community-based outpatient clinics (CBOC’s) in our catchment area. There are currently no fellow rotations offered at the CBOC’s, although we have psychology positions in all of the CBOC’s. The VAPHS also includes a telemental health hub, in which behavioral health staff provide telemental health services to veterans enrolled in VA medical centers within our VISN and other VISN’s.

In FY2019, VAPHS provided care to 79,934 Veterans and conducted 758,505 outpatient visits. The VAPHS is increasing services via telehealth technology and conducted 15,754 telemental health visits in FY2019, with a substantial increase in telemental health services in FY2020 in response to the COVID-19 pandemic. Veterans span the cohorts from Persian Gulf to WWII. The VAPHS completed 6,102 Women Veteran appointments in FY2019. Given the large catchment area of the VAPHS to include western Pennsylvania, eastern Ohio, and parts of West Virginia, our Veteran population includes a mix of urban and rural Veterans. The VAPHS serves a diverse Veteran population, including racial, ethnic, gender identity, sexual orientation, and socio-economic diversity. As part of the VAPHS commitment to diversity, we have been and continue to be identified as a LGBT healthcare leader for the past several years in the Human Rights Campaign's Healthcare Equality Index. In FY2019, the VAPHS employed 4,066 employees, nearly one-third of whom are Veterans.

All staff and services at the VAPHS are organized into “service lines.” The fellowship program is located within the Behavioral Health Service Line. The majority of psychologists at VAPHS are assigned to the Behavioral Health Service Line. Within the Behavioral Health Service Line, Veterans are assigned to a Behavioral Health Interdisciplinary Program (BHIP) (identified by Greek letters). Staff members are assigned to specific teams/BHIP’s for continuity of care for Veterans.

The VA Pittsburgh Healthcare System currently employs over 50 full-time staff psychologists, many of whom are involved in the training program. Our psychology staff has been increasing over the past few years to meet the growing demand for behavioral health services in our increasing VA population. Our staff psychologists' backgrounds, interests, and current activities are diverse. We have supervisors from a variety of graduate programs with varying lengths of tenure at the VAPHS. In addition to their clinical work, our staff psychologists hold many important leadership positions, such as team leaders and medical center committee chairpersons. Our staff members are committed to providing evidence-based treatment approaches to our veterans. Most supervisors have completed VA certification and have provider status in at least one evidence-based psychotherapy and some are VA trainers for evidence-based psychotherapies (refer to list of training staff for specific information). Fellows will have the opportunity to learn evidence-based approaches appropriate for their specific focus area. Our psychology training programs (practicum, doctoral internship, and postdoctoral fellowship) are part of our VA's educational mission which includes many other training programs, such as medicine, social work, physical therapy, occupational therapy, chaplaincy, speech language pathology, and nursing. VAPHS provided training to 1,534 trainees in FY2019 with 127 academic affiliations. Our educational affiliation with the University of Pittsburgh allows trainees from many disciplines to participate in interdisciplinary training at our medical center. In addition to our VA psychology staff, the program also includes community psychologists who serve as seminar presenters and case conference participants to increase fellows' exposure to psychology in the Pittsburgh area.

# Program Philosophy, Training Model, Program Goals, & Objectives

The mission of the Professional Geropsychology fellowship program is to provide advanced training in the science and practice of geropsychology. Consistent with the Pikes Peak Model of Training in Professional Geropsychology and the Professional Geropsychology Education and Training Guidelines for Postdoctoral Training, the aim of our fellowship is to prepare geropsychologists for independent clinical practice with older adults in a range of professional roles and health service settings using evidence-based practices. Thus, the focus of training is on developing advanced competence in geropsychology and it is expected that incoming fellows will possess at least intermediate level knowledge and foundational skills in professional geropsychology. During the postdoctoral year, fellows will gain increased knowledge and skill through their supervised clinical and scholarly activities. Individual supervision sessions at minimum of two hours per week with staff geropsychologists will promote an integration of case conceptualization, clinical findings, testing results, and psychological interventions. The fellowship program will be truly interdisciplinary in that a portion of clinical activities will occur when working not only with psychologists, but also a variety of other healthcare professionals. Our training philosophy reflects the scholar-practitioner model in that fellows are expected to develop proficiency in both clinical work and scholarly thinking. Consistent with this model, fellows will become familiar with state-of-the art, evidence-based practice in geropsychology and will integrate scholarly research into clinical practice. It is expected that, by the conclusion of the fellowship year, fellows will develop skills within the following core competency areas: Integration of science and practice; Individual nad cultural diversity; Assessment; Intervention; Consultation and interprofessional/interdisciplinary skills; Professional values, attitudes and behaviors; Supervision skills.

Clinical Diversity

The Professional Geropsychology Fellowship is strongly committed to both training in diversity and individual differences as well as the recruitment of fellows from various cultures and diverse groups. To help increase diversity competency and sensitivity, fellows have the opportunity to work with older Veterans of various cohorts, gender identity, ethnicity, socioeconomic status, and race as well as with Veterans with physical disabilities. Fellows are also exposed to diversity topics in seminars and case conferences and have the opportunity to tailor the diversity seminar series to their personal interests. Fellows may also become members of the Diversity subcommittee of the Clinical Training Committee, the mission of which is to provide training and educational opportunities as they relate to issues of diversity to Psychology staff and trainees. As part of this subcommittee, fellows may serve as co-chair of the subcommittee and may participate in a diversity project, an example of which includes creating a provider’s quick guide to asking culturally sensitive questions for dissemination to VAPHS medical staff. The committee also strives to improve recruitment and retention of Psychology staff and trainees from diverse backgrounds. Fellows have also become members of our Interdisciplinary Transgender Treatment Team with active participation in meetings and special events.

# COVID-19 Training Modifications

The COVID-19 pandemic has created numerous personal and professional challenges for all of us. The challenges facing all training programs are complex, further complicated by the fluidity and uncertainty of the pandemic. It is difficult for us to confidently predict and/or describe the impact of COVID-19 on our training program for the 2021-2022 training year. Our 2019-2020 fellow cohort concluded their training year via teleworking, providing telehealth services to Veterans and participating in supervision and didactics via remote modalities. Our 2020-2021 fellow cohort began their training year on-site and the hope is that they will be able to continue their training on-site. Paramount is the importance of maintaining safety for our trainees. Fellows will likely continue to provide a significant component of behavioral health treatment via telehealth modalities, including Veteran Video Connect (VVC) and telephone. If providing face-to-face services, appropriate PPE is available and guaranteed. If possible, supervision and core didactics will primarily be face-to-face, although some didactics may continue to be offered via virtual modalities. We will be happy to describe our current modifications during our virtual interviews and to address any concerns and/or questions regarding our COVID-19 modifications. Our dedication to providing high quality training continues despite the COVID-19 challenges and we are confident that our training program can provide the clinical experiences and supervision to facilitate the personal and professional development of our fellows.

# Training Experiences and Program Structure

## Training Rotations

Fellows are required to complete two six-month rotations during the training year in a variety of settings, which yields both breadth and depth of training in geropsychology. A description of each rotation follows:

### GRECC Rotation

This rotation is comprised of two clinical experiences that emphasize interdisciplinary treatment for older veterans. The fellow on this rotation will have the opportunity to work with various interdisciplinary teams in providing psychological treatment to older veterans in both settings:

1. ***GEM/GDSC Clinic and Outpatient Behavioral Health Clinic:*** The Geriatric Evaluation and Management (GEM) outpatient clinic at the University Drive division provides comprehensive interdisciplinary evaluation for older veterans to promote functional independence and successful aging. The GEM team consists of professionals from many disciplines under the direction of a staff geriatrician. Fellow responsibilities include psychological and cognitive evaluations to assess for the presence of psychological syndromes and/or neurocognitive disorders that may impact functional independence. The fellow also participates in family feedback conferences to share assessment results and recommendations with the veteran and his/her family. As part of the GEM clinic, the fellow also conducts driving safety evaluations for the Geriatric Driving Safety Clinic. Furthermore, the fellow will provide evidence-based outpatient psychotherapy to older veterans enrolled in an outpatient behavioral health team. The fellow also provides one hour of supervision per week to the doctoral psychology intern assigned to the GRECC rotation.  
   Supervisor: Dr. Bernadette Pasquale
2. ***Home Based Primary Care Program:*** The HBPC program is an interdisciplinary team which provides home care to primarily older adults, many of whom would not otherwise be able to receive care because of their inability to travel. This program is unique in that fellows will provide psychological services in the veteran’s home. Fellow responsibilities include assessment (psychological/cognitive evaluation/capacity) and individual/family psychotherapy including caregiver interventions on a consult basis as an integral member of the HBPC treatment team.  
   Supervisor: Dr. Mollie Sprung

### Neurobehavioral Program (NBP) – Community Living Center (CLC) Rotation

This rotation is comprised of two programs located at the H. J. Heinz Division. The fellow on this rotation will work in both programs.

1. ***Neurobehavioral Program (NBP):*** The NBP half of the rotation is designed to focus on issues related to aging with a strong emphasis on neuropsychology. Fellows will work with the staff of the Neurobehavioral Program at the Heinz Division where they will conduct comprehensive neuropsychological assessments with older adult veterans including clinical interview; test selection, administration, and scoring; interpretation of assessment data from multiple sources; and report writing. Fellows will also provide feedback of results with recommendations to veterans and their families. Follow-up and brief psychotherapy to address depression, neuropsychiatric disorders, adjustment to cognitive change, caregiver issues, or family/couples issues will also be provided when appropriate. Fellows will also co-facilitate an outpatient Memory Skills group and provide supervision to a doctoral intern for this group. Consultation with other NBP staff, such as the NBP neurologist, will also be initiated when appropriate.   
   Supervisor: Dr. Edward Kendjelic
2. ***Community Living Center (CLC):*** On the CLC half of the rotation, Fellows work closely with a wide range of disciplines and with medically compromised Veterans in the Community Living Center at the Heinz Division. Fellows are actively involved in one CLC unit by attending weekly interdisciplinary team meetings and serving as the main psychology contact for that team, although they are also welcome to take consultations throughout the entire CLC based on training goals. Consultation in the CLC may include psychological assessment, brief psychotherapy, brief cognitive assessment, evaluation of decision-making capacity, development of behavior management plans, and/or staff education. Fellows lead an adjustment and coping skills group called Vet Strong. Fellows also provide clinical supervision to a psychology intern on psychological assessment, individual psychotherapy, group therapy, and/or cognitive assessment cases. Fellows may also have the opportunity to engage in STAR-VA behavioral rounds and formulate STAR-VA behavioral plans.

Supervisors: Drs. Nazar Seyala and Trent Thatcher

## Supervision Responsibilities/Training

As part of their professional development as psychologists, all fellows will have the opportunity to provide supervision to psychology doctoral interns, under the supervision of a staff psychologist. Development of supervisory skills is often overlooked in clinical training, resulting in psychologists providing supervision without any formal training in or supervision of supervisory skills. Fellows will be required to provide one hour of supervision per week to an intern. In addition, fellows will be expected to attend the Supervisor Development Series, a program designed for the staff psychologists to discuss supervisory issues and refine supervisory skills, and receive supervision training during the Professional Development Seminar series. Furthermore, fellows will attend the monthly supervisor meetings and will serve on the Clinical Training Committee by attending quarterly meetings and assisting with the selection of interns and fellows.

## Didactics

The fellows will attend at least one hour of geropsychology-related seminars per week, as follows:

1. ***GRECC Didactic Series:*** Weekly GRECC didactics are held on Fridays for trainees in all disciplines funded by the GRECC. These didactics include a case conference and core lecture series on geriatric topics. The fellow assigned to the GRECC rotation is required to attend both didactics each week and has the opportunity to present seminars and case presentations for this series.
2. ***Neuropsychology Case Conference:*** During this biweekly case conference (1st and 3rd Wednesday), a case is presented by staff psychologists, psychology consultants, psychology fellows, and neuropsychology interns. The fellow assigned to the NBP/CLC rotation is required to attend this didactic.
3. ***Neuroanatomy Seminar Series:*** The focus of this biweekly series (2nd and 4th Wednesday) is initially on brain structure and pathways, brain function, understanding cerebral vascular supply, the basics of a neurological exam, reading neuroradiology, the cognitive effects of psychotropic medications, and understanding lab values and the effects of metabolic disorders on brain function. Additional related topics are discussed later in the year, such as assessment of malingering and discussion of new assessment instruments. The primary resource for this series is the text Neuroanatomy through Clinical Cases by Hal Blumenfeld, MD, Ph.D. (2002), Sinauer Associates, Inc., Sunderland, MA. The fellow assigned to the NBP/CLC rotation is required to attend this didactic.
4. ***Geropsychology Journal Club:*** During this monthly journal club, fellows, interns, and staff psychologists rotate selecting current articles in the field of geropsychology for review and discussion. Both geropsychology fellows attend this didactic for the entire year.
5. ***Geropsychology Fellowship Diversity Seminar:*** The Geropsychology Fellowship Diversity Seminar is a series of five seminars designed for geropsychology fellows that are held during the year. These seminars focus on diversity issues in the assessment and treatment of older adults, such as assessment considerations with African-American older adults, diversity in long-term care, and considerations in psychotherapy with GLB older adults. The fellowship staff supervisors serve as the presenters for these seminars. Both geropsychology fellows are required to attend this didactic.

In addition, The Professional Geropsychology fellows will participate in the 1-hour weekly Fellowship Seminar Series with the 3 clinical psychology fellows. This seminar series provides the opportunity for fellows to socialize during the week and share experiences and knowledge of clinical psychology. The seminar series includes:

1. ***Professional Development Seminar:*** Dr. Pasquale facilitates this seminar which incorporates lecture, discussion, and reading on supervisory development, ethical issues, and professional growth.
2. ***Fellowship Case Conference:*** During this case conference, fellows rotate presenting a case with staff psychologists rotating as facilitators.
3. ***Fellowship Seminar:*** Psychology staff present lectures/discussions on a professional topic in clinical psychology.
4. ***Supervisor Development Series:*** This bimonthly seminar is attended by fellows and staff psychologists. A scholarly article regarding supervision of psychology trainees is chosen for discussion during each meeting.
5. ***Diversity Seminars:*** Fellows will attend various fellow-directed diversity seminars. Each fellow will select a diversity topic and present either a case example and/or scholarly literature to facilitate discussion.

# Supervision and Evaluation

The psychology postdoctoral fellowship supervisors are dedicated to providing quality supervision to fellows. All supervisory sessions are intended to offer meaningful feedback to the fellow in order to increase understanding of his/her clinical strengths and weaknesses and to facilitate professional growth. As aids in the supervisory process, digital recording, direct observation, and co-therapy may be used. While the primary focus of supervisory sessions is on the development of clinical skills, other issues such as administrative dynamics, professional ethics, and cultural issues are often addressed. Fellows receive a minimum of two hours of formal individual supervision weekly. Supervisors are also available on an as needed basis beyond the regularly scheduled times of supervision.

Progress towards the attainment of the training goals is determined by means of regularly scheduled evaluations. Feedback between fellows and supervisors is on going. Monthly evaluations are discussed informally with the fellow and at a monthly supervisors’ meeting chaired by the Director of Clinical Training. A mid-rotation evaluation occurs at the 3-month and 9-month time points with the supervisor reviewing the fellow’s progress thus far in terms of the specific skills defined within each core competency area. At the conclusion of each six-month rotation, a formal evaluation of the fellow’s progress is made. This evaluation is discussed with the fellow prior to submission to the Director of Clinical Training for inclusion in the fellow’s training record. In conjunction with the supervisor’s evaluation of the fellow, each fellow is asked to evaluate the supervisor. Fellows are encouraged to evaluate their own performance and that of the fellowship critically so that the evaluation process is not merely unidirectional.

# Requirements for Completion

For fellows to remain in good standing in the program, fellows must achieve at least a majority of ratings of "3" in each competency area on the rotation evaluation form at mid-year, indicating that competency for each skill item is at the level beyond the start of the postdoctoral training year, but below that expected at the conclusion of the postdoctoral training year. In addition, fellows must not engage in any ethical violations to maintain good standing in the program.

***To successfully complete the fellowship program, fellows must achieve the following requirements:***

1. A fellow must complete the entire year of training (i.e., 2080 hours).
2. A fellow must be in “good standing” and removed from any probationary status.
3. By the conclusion of the training year, a fellow must achieve a rating of “4” for every competency skill in each competency domain on the final Evaluation of Fellow Performance, indicating that a fellow has demonstrated competency for this skill at the level expected at the conclusion of the postdoctoral training year.

# Facility and Training Resources

All fellows are assigned an individual office with most offices located in the clinic where the fellow works. Offices are generally in close proximity to supervisors to promote informal supervision and consultation. Fellows are assigned a hospital pager. All fellows have a personal computer in their office with access to the computerized patient record system, e-mail, Internet, and Microsoft software. The fellows are also given access to the VA voice mail system. Psychological and neuropsychological testing equipment is available to fellows through our psychology technicians as well as part of the assessment software in the computerized patient record system. To assist with development of psychotherapy and supervision skills, fellows have access to USB compact microphones to record sessions onto computers for supervision purposes. Medical libraries are located at both divisions and fellows have access to journals, interlibrary loans, and computer-based literature searches. Our medical librarians are extremely helpful in assisting staff and fellows to retrieve selected journal articles and books from other sources.

Fellows may park at both divisions without cost. The VA medical center also operates a shuttle system that interns may utilize to travel between divisions for meetings and didactics.

The stipend for the training year is $47,496. The start date is tenatively 8/16/2021. Fellows can elect to participate in federal health insurance plans. Fellows earn annual leave (personal time off) and sick leave at the rate of 4 hours every two weeks. Maternity/Paternity leave is also available through use of sick leave, annual leave, and then Leave Without Pay (LWOP), with any LWOP hours to be made up at the end of the training year. In addition to the annual leave and sick leave, we grant time away from the medical center for fellows to attend approved training activities and conferences, including taking the psychology licensure examination. Although there is no limit to the amount of approved time away from the medical center that a fellow may use, permission will only be granted when a fellow is making satisfactory progress in meeting the requirements of his/her rotation.

Given research demonstrating the value of mentorship in professional development, fellows are required to identify a mentor from the psychology staff and meet with this mentor at least twice during the training year. The selected mentor will not be in an evaluative role with the fellow and discussions within the mentorship relationship are considered confidential.

# Administrative Policies and Procedures

During orientation to the VA Pittsburgh Healthcare System, fellows are provided a training manual that contains important policies and information for the fellowship program as well as for the medical center. Included in the training manual is our grievance and due process policy concerning identification and resolution of problems arising during the internship year. Copies of all evaluation forms are also included in the training manual. Copies of our evaluation forms and grievance policy are available to interested applicants upon request.

# Trainees

Since the inception of our postdoctoral program in 2000, we have accepted fellows from clinical and counseling Ph.D. and Psy.D. programs. Fellows have completed internships in various VA medical centers, including our own, as well as other programs, such as state hospitals and psychiatry departments within university medical centers. The majority of our fellows have accepted staff psychologist positions at VA Medical Centers (incuding our own). Many of our fellows have enjoyed the transition to Pittsburgh and have remained in the Pittsburgh area, suggesting that Pittsburgh is a desirable city in which to reside!

During exit interviews with fellows over the past several years, fellows have consistently identified three strengths of our fellowship program. First, fellows have commented that both the breadth and depth of training experiences in geropsycholgoy are a significant strength of our program as fellows have the opportunity to work in outpatient clinics, assessment clinics, residential units, and in veteran’s home. Second, fellows have consistently described both the quality and quantity of supervision as strengths. Fellows have remarked that supervisors are always available for scheduled supervision in addition to informal consultation and emergency supervision. Our supervisors have been described as enthusiastic, dedicated, and invested in training and the professional growth of fellows. Finally, fellows have noted that the training they received in supervision significantly increased their supervision competency and is a noteworthy strength of this training program.

# Local Information

Downtown Pittsburgh skyline.

Pittsburgh is located in southwestern Pennsylvania, where the Monongahela and Allegheny Rivers meet to form the Ohio River. Contrary to popular belief, Pittsburgh is no longer the industrial steel town of the 50's and 60's. In 2017 WalletHub compared 62 of the largest U.S. cities and Pittsburgh ranked #3 of the best cities in which to live and CNBC named Pittsburgh the 2nd best city for millennials in 2017. Also in 2017, MONEY named the East Liberty and Lawrenceville neighborhoods as the #1 coolest neighborhoods in America! The downtown area and riverfront have undergone massive renovation, and several vibrant sub-communities have emerged over the past decade. An exciting blend of old and new, Pittsburgh is a city of history, business, culture, research, medicine, sports, and recreation that pleasantly surprises newcomers!

The largest metropolitan area in the Ohio Valley and Appalachia, Pittsburgh is a growing city. “The Steel City” has 446 bridges, creating a unique urban terrain within a beautiful natural valley. The city is home to numerous diverse cultural groups, and offers a variety of authentic world cuisines within our various districts. For lovers of the culinary arts, you will find a variety of coffee shops, bakeries, and restaurants. Rich in American history, Pittsburgh also has a growing art and cultural scene. It is the home of the Andy Warhol Museum, the Carnegie library system, and has numerous universities and colleges such as University of Pittsburgh, Carnegie Mellon, Duquesne, Carlow, and Chatham, creating a constant influx of energy, creative thought, and activity. There are also a wide variety of entertainment opportunities, including events at PPG Paints Arena, local music venues, as well as Broadway shows in the downtown theatre district. The city is ideal for families, with a local zoo, aquarium, the Phipps Conservatory and Botanical Gardens, and the National Aviary. Sports enthusiasts will be welcomed into the loyal hometown community, supporting the Pirates, Steelers, and Penguins. With its unique location, Pittsburgh also offers easy accessibility to a variety of city and state parks, water sports, caving systems, and wildlife preserves, creating a multitude of activities for naturalists.

For more information about our exciting city and the diversity of “the ‘Burgh”, view these websites:

* [www.visitpittsburgh.com](http://www.visitpittsburgh.com/)
* [www.pump.org](http://www.pump.org/)
* [www.coolpgh.pitt.edu](http://www.coolpgh.pitt.edu/)
* [www.vibrantpittsburgh.org](http://www.vibrantpittsburgh.org/)

Downtown Pittsburgh skyline from Mt. Washington with the Incline in the foreground.

# Application & Selection Procedures

Prior to the start of the fellowship, a candidate must have completed the following requirements:

1. Have received a doctorate from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology or PCSAS accredited Clinical Science program. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
2. Have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship.

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**. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
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. Waiver requests are rare and will be reviewed on a case by case basis. Waiver determinates are made by the VA Office of Human Resources Management and can take 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 will be 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.
6. **TQCVL.** To streamline on-boarding of HPTs, VHA OAA requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). Following the selection process and prior to the start of training, the VA Training Director is required to complete the TQCVL. This document confirms that you, the trainee, are physically fit to meet the requirements of the training program and that you have appropriate tuberculosis screening as well as other immunizations (i.e., Hepatitis B) required to work in a healthcare facility. A recent addition to the TQCVL is the requirement for annual influenza vaccine. Your VA appointment cannot happen until you submit the above required documents for the TQCVL to the training director and 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>.
7. **Additional 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.
8. **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>

Applicants who have completed VA internships and who have an interest in a VA career are strongly encouraged to apply. We desire candidates with prior experience in geropsychology, either at the practicum and/or internship levels. Applicants with both clinical and research experience in geropsychology are highly desirable. We value applicants with the ability to engage in scholarly inquiry and critical analysis of the scholarly literature. Given our focus on providing evidence based treatment to our veterans, we value applicants who have training in evidence based treatment approaches. Further, given the diversity of the veterans receiving treatment through the VA Pittsburgh Healthcare System, we encourage applicants from graduate and internship programs with a multicultural focus and experience with ethnic, cultural, and social minority groups. Our fellowship program values cultural and individual diversity and strongly encourages qualified applicants from all backgrounds to apply. We adhere to all EEO guidelines. The United States government is a non-discriminatory, affirmative action employer. Federal law prohibits discrimination based on age, sex, race, creed, color, religion, handicap or national origin.

***Applicants may apply to more than one program or focus area. The application process formally begins when an applicant submits the following materials:***

1. Cover letter indicating reasons for your interest in our program, status on internship with expected completion date, and status of dissertation/doctoral project with anticipated completion date.
2. Official transcripts of all graduate work in psychology.
3. Current curriculum vitae.
4. Three letters of recommendation with at least one from a primary clinical supervisor who can describe clinical work and skills in geropsychology.
5. Letter from the applicant’s dissertation chairperson verifying the applicant’s current status on his/her dissertation research. If an applicant’s dissertation is not completed at the time of application, this letter should also include the chairperson’s estimate of when the applicant’s dissertation will be completed.
6. Letter from the applicant’s internship director of clinical training verifying the applicant’s internship status and expected completion date.
7. A personal statement describing: history of applicant’s interest in geropsychology, self-assessment of training needs with goals for fellowship, and statement of career goals (one-page limit).

All applications must be submitted via the APPA CAS [APPIC Psychology Postdoctoral Application] online centralized application system. No paper applications will be accepted or reviewed. The APPA CAS can be accessed via the following link: [https://appicpostdoc.liaisoncas.com](https://appicpostdoc.liaisoncas.com/)

The deadline for all completed application materials is January 3, 2021. Only applications completed by this deadline will be considered.

Applications will be reviewed by three independent reviewers of the Clinical Training Committee and rated on a 10-point scale. Applicants are then ranked by total score (0-30 total) and selected applicants will be invited for interviews. Invited applicants are required to attend a virtual interview. We are only offering virtual interviews; no on-site interviews will be offered or permitted. We are currently redesigning our virtual interview day process, which will likely include a general overview of the training program, individual interviews with supervisors, and opportunity to informally interact with the current fellows. Our website will be updated in the near future with our specific interview dates, processes, and requirements once details are finalized. Points obtained during the interview process are added to the application score and offers are rendered per a rank order list created by total point score. Our program will abide by the APPIC postdoctoral selection guidelines. As such, we will extend offers on February 22, 2021 and candidates will be granted 2 hours to respond to the offer before the offer is extended to the next candidate. If a candidate receives an offer from another program earlier than 2/22/2021, we may extend an earlier offer if appropriate.

Questions regarding the application process can be directed to Dr. Bernadette Pasquale at [Bernadette.Pasquale@va.gov](mailto:Bernadette.Pasquale@va.gov).

# Postdoctoral Residency Admissions, Support, and Initial Placement Data

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| **Date Program Tables are updated: 9/02/2020** | | | | | | | | |  |  |  |  |  |  |  |  |
| **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 resident selection and practicum and academic preparation requirements:** | | | | | | | | |  |  |  |  |  |  |  |  |
| Applicants who have completed VA internships and who have an interest in a VA career are strongly encouraged to apply. We desire candidates with prior experience in geropsychology, either at the practicum and/or internship levels. Applicants with both clinical and research experience in geropsychology are highly desirable. We value applicants with the ability to engage in scholarly inquiry and critical analysis of the scholarly literature. Given our focus on providing evidence based treatment to our veterans, we value applicants who have training in evidence based treatment approaches. Further, given the diversity of the veterans receiving treatment through the VA Pittsburgh Healthcare System, we encourage applicants from graduate and internship programs with a multicultural focus and experience with ethnic, cultural, and social minority groups. Our fellowship program values cultural and individual diversity and strongly encourages qualified applicants from all backgrounds to apply. We adhere to all EEO guidelines. The United States government is a non-discriminatory, affirmative action employer. Federal law prohibits discrimination based on age, sex, race, creed, color, religion, handicap or national origin. | | | | | | | | |  |  |  |  |  |  |  |  |
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| **Describe any other required minimum criteria used to screen applicants:** | | | | | | | | |  |  |  |  |  |  |  |  |
| 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**. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All fellows must complete a Certification of Citizenship in the United States prior to beginning VA training. 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. Waiver requests are rare and will be reviewed on a case by case basis. Waiver determinates are made by the VA Office of Human Resources Management and can take 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 will be 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. 6. **TQCVL.** To streamline on-boarding of HPTs, VHA OAA requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). Following the selection process and prior to the start of training, the VA Training Director is required to complete the TQCVL. This document confirms that you, the trainee, are physically fit to meet the requirements of the training program and that you have appropriate tuberculosis screening as well as other immunizations (i.e., Hepatitis B) required to work in a healthcare facility. A recent addition to the TQCVL is the requirement for annual influenza vaccine. Your VA appointment cannot happen until you submit the above required documents for the TQCVL to the training director and 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>. 7. **Additional 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. 8. **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> | | | | | | | | |  |  |  |  |  |  |  |  |
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| **Financial and Other Benefit Support for Upcoming Training Year\*** | | |
| Annual Stipend/Salary for Full-time Residents | **$47,496** | |
| Annual Stipend/Salary for Half-time Residents | N/A | |
| Program provides access to medical insurance for resident? | **Yes** | No |
| **If access to medical insurance is provided:** |  | |
| Trainee contribution to cost required? | **Yes** | No |
| Coverage of family member(s) available? | **Yes** | No |
| Coverage of legally married partner available? | **Yes** | No |
| Coverage of domestic partner available? | Yes | **No** |
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation) | **13 Days** | |
| Hours of Annual Paid Sick Leave | **13 Days** | |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? | **Yes** | No |
| Other Benefits (please describe): Maternity/Paternity leave is also available through use of sick leave, annual leave, and then Leave Without Pay (LWOP), with any LWOP hours to be made up at the end of the training year. In addition to the annual leave and sick leave, fellows may be granted time away for approved training activities and conferences and taking the psychology licensure examination. | | |
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| \*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table | | |

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| **Initial Post-Residency Positions** |  |  |
| (Provide an Aggregated Tally for the Preceding 3 Cohorts) |  |  |
|  | **2016-2019** | |
| Total # of residents who were in the 3 cohorts | **5** | |
| 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 | 0 |
| Other medical center or hospital | 0 | 0 |
| Psychiatric hospital | 0 | 0 |
| Academic university/department | 0 | 0 |
| Community college or other teaching setting | 0 | 0 |
| Independent research institution | 0 | 0 |
| Correctional facility | 0 | 0 |
| School district/system | 0 | 0 |
| Independent practice setting | 0 | 0 |
| 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. | | |

# Psychologist Training Supervisors

***Edward M. Kendjelic, Ph.D.*** is a staff neuropsychologist at the VA Pittsburgh Healthcare System and the team leader the Neurobehavioral Program. He completed his doctorate in clinical psychology at the University of Louisville in 1998. He completed his internship in clinical psychology at the Houston VA Medical Center in 1998 and postdoctoral fellowship training in geropsychology at the Houston VA Medical Center in 1999. Dr. Kendjelic is one of the primary supervisors for the fellow on the Neurobehavioral Program rotation and one of the supervisors for the neuropsychology internship rotation. He also serves as Vice-Chairperson for the VAPHS Research and Development Committee. Clinical and research interests include: cognitive assessment of dementia, stroke, traumatic brain injury, and neurodegenerative disorders.

***Bernadette M. Pasquale, Ph.D., ABPP*** is a staff geropsychologist at the VA Pittsburgh Healthcare System and is the Director of Clinical Training for the internship and fellowship programs. Dr. Pasquale earned her doctorate in clinical psychology from Ohio University in 1995. She completed her internship at the Miami VA Medical Center in 1994 and completed a geropsychology fellowship at the Cleveland VA Medical Center in 1996. She is board certified in Geropsychology. Dr. Pasquale has clinical responsibilities in the Omega BHIP and GEM/GDSC clinics. She is one of the primary supervisors for the fellow on the GRECC rotation. Her primary clinical interests include: cognitive assessment of older adults and supervision/training. Dr. Pasquale has also completed VA training and consultation in Cognitive Behavioral Therapy for Depression and has provider status.

***Nazar D. Seyala, Ph.D.***, is a staff geropsychologist at the VA Pittsburgh Healthcare System, HJ Heinz Division. He earned his doctorate in counseling psychology from Ball State University in 2011 with a cognate specialization in Health Psychology and Gerontology. Dr. Seyala completed his internship at the Milwaukee VA Medical Center in 2011. He completed a fellowship in clinical psychology with an emphasis in geropsychology at the Milwaukee VA Medical Center in 2012. He is one of the primary supervisors for the fellow on the CLC component of the NBP-CLC rotation. He maintains clinical responsibilities at the H. J. Heinz Community Living Center (CLC), and his primary clinical interests include cognitive assessment of older adults, staff training, capacity assessment, nonpharmacologic behavior management, and caregiver support. Dr. Seyala has completed VA training and consultation in Motivational Interviewing (MI) and has provider status. Dr. Seyala has also completed VA training in STAR-VA and is a national STAR-VA coach.

***Mollie Sprung, Ph.D.*** is a staff geropsychologist at the VA Pittsburgh Healthcare System. Dr. Sprung earned her doctorate in clinical psychology from University of Maryland Baltimore County (UMBC) in 2015. She completed her internship at the Memphis VA Medical Center and completed a Professional Geropsychology fellowship at the VA Pittsburgh Healthcare System in 2016. Dr. Sprung is the psychologist for the Home Based Primary Care team and supervises the fellow for the HBPC component of the GRECC rotation. Her primary clinical interests include: Geropsychology, Health Psychology, Rehabilitation Psychology, Cognitive Assessment, and Caregiver Support. Dr. Sprung has also completed VA training and consultation in Problem Solving Training in Home Based Primary Care and has provider status.

***Trent T. Thatcher, Psy.D.,*** is a staff geropsychologist at the VA Pittsburgh Healthcare System (VAPHS). He earned his doctorate in clinical psychology from Wright State University in 2003. Dr. Thatcher completed his predoctoral internship at the VAPHS in 2003, as well as a post-doctoral fellowship in clinical psychology with an emphasis in geropsychology at the VAPHS in 2004. He is one of the primary supervisors for the fellow on the CLC component of the NBP-CLC rotation. He maintains clinical responsibilities at the H. J. Heinz Community Living Center, and his primary clinical interests include provision of capacity evaluation and cognitive assessment of older adults, individual therapy in long-term care, ethics, and consultation and direct intervention with older adults receiving palliative and hospice care. Dr. Thatcher has completed didactic VA training and consultation in Motivational Interviewing (MI) and has provider status.

## Other Contributors to Programs

***Sara E. Anderson, Psy.D.*** is a staff neuropsychologist at the VA Pittsburgh Healthcare System. Dr. Anderson earned her doctorate in clinical psychology from the Virginia Consortium Program in Clinical Psychology in 2010. She completed her internship at the Coatesville VA Medical Center in 2010 and completed a two-year neuropsychology fellowship at the VA Connecticut Healthcare System in 2012. Dr. Anderson is a contributor to the Professional Geropsychology fellowship program facilitating didactics including providing seminars for the Neuroanatomy Series (e.g., Neuroimaging and Neuropsychology, Neuropsychology of Epilepsy) and participating in the Neuropsychology Case Conference. She has outpatient and inpatient clinical responsibilities within the Neurobehavioral Program and provides training/supervision for interns and practicum students. Her primary clinical interests include: neuropsychology, symptom validity testing, traumatic brain injury, dementias, and cognitive rehabilitation.

***Kimberly A. Christensen, Ph.D.,*** is a Supervisory Psychologist at the VA Pittsburgh Healthcare System, HJ Heinz Division. She earned her doctorate in clinical psychology from Kent State University in 2000. Dr. Christensen completed an internship at the Buffalo VA Medical Center in 2000 focusing on Geropsychology as well as a post-doctoral fellowship in clinical psychology with an emphasis in Geropsychology at the VA Pittsburgh Healthcare System in 2001. She maintains clinical responsibilities in the Community Living Center at the Heinz Division. Dr. Christensen's primary clinical interests include provision of psychological services in long-term care (including consultation, psychological and cognitive assessment, individual and group psychotherapy, and staff training/education, interdisciplinary team work), family caregiving, and clinical supervision. Dr. Christensen has also completed VA training and consultation in Cognitive Behavioral Therapy for Depression and has provider status.

***Lauren Jost, Psy.D.*** is a geropsychologist at the VA Pittsburgh Healthcare System (VAPHS). Dr. Jost earned her doctorate in clinical psychology from Xavier University in 2014. She completed her internship in clinical psychology at VAPHS in 2014, and completed her postdoctoral fellowship in professional geropsychology at VAPHS in 2015. Dr. Jost has clinical responsibilities in the Geriatric Evaluation and Management (GEM) Clinic on the GRECC rotation.  She also has outpatient clinical responsibilities on Omega team.  Dr. Jost presents a diversity seminar to the fellows in the Professional Geropsychology fellowship.  Her clinical and research interests include: geropsychology, dementia, cognitive assessment of older adults, caregiver support, capacity assessment, end-of-life decisions, and diversity.

***Jennifer M. Keller, Psy.D., ABPP*** is a staff neuropsychologist at the VA Pittsburgh Healthcare System and is a primary supervisor for practicum students and the internship program. Dr. Keller earned her doctorate in clinical psychology with a concentration in neuropsychology from Argosy University/Washington, DC in 2007. She completed her internship in the Neuropsychology Track at the VA Pittsburgh Healthcare System in 2007 and completed an APPCN fellowship in clinical neuropsychology at the Henry Ford Health System in 2009. She is board certified in neuropsychology. Dr. Keller has outpatient and inpatient clinical and supervisory responsibilities in the Neurobehavioral Program, which includes the Polytrauma Team. Dr. Keller is a contributor to the Professional Geropsychology fellowship program facilitating didactics including providing seminars for the Neuroanatomy Series and participating in the Neuropsychology Case Conference. Her primary clinical and research interests include symptom and performance validity testing, movement disorders, dementias, and caregiving.

***Laura Smith-Seemiller, Ph.D., ABPP*** is a staff neuropsychologist in the Neurobehavioral Program at the VA Pittsburgh Healthcare System and board certified in neuropsychology. Dr. Smith-Seemiller earned her doctorate in clinical psychology from Ohio State University in 1989. She completed her internship at Pittsburgh VA Medical Center in 1989 and finished her post-doctoral supervision in neuropsychology while working in the Traumatic Brain Injury rehabilitation program at Greater Pittsburgh Rehabilitation Hospital in 1992. From 1992 to 1998 she was on staff at Allegheny General Hospital, during which clinical duties included neuropsychological assessment and psychotherapy (primarily with survivors of brain injury or stroke), supervision of psychology interns for an APA approved clinical psychology internship, and research. From 1998 to 2007 she was on staff at HealthSouth Rehabilitation Hospital, where her clinical duties primarily involved evaluation and treatment of inpatients who suffered stroke or TBI. Since 2007 she has been a staff neuropsychologist at VAPHS and is a contributor to the Professional Geropsychology fellowship program facilitating didactics including providing seminars for the Neuroanatomy Series (e.g., Neuroimaging and Neuropsychology, Neuropsychology of Epilepsy) and participating in the Neuropsychology Case Conference. Her primary clinical and research interests are neuropsychological assessment of adults and traumatic brain injury.