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INTRODUCTION

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

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

The MEDVAMC Clinical Neuropsychology Postdoctoral Training Program subscribes fully to the guidelines and principles set forth by the APA Committee on Accreditation (CoA), the Association of Psychology Postdoctoral and Internship Centers (APPIC), and is a member program of the Association for Postdoctoral Programs in Clinical Neuropsychology (APPCN). The APA code of ethics provides an integral guiding structure for professional conduct as a training program. Other important guidelines are found in the rules and regulations of the Texas State Board of Examiners of Psychologists (TSBEP).
The post-doctoral residency in professional psychology is fully accredited by the APA.
Questions related to the program’s accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 366-5979/ E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation
Application & Selection Procedures

2020-2022

We are recruiting for two Neuropsychology Residents for the 2020-2022 class. To apply please submit the following materials by 1/10/2020.

1. Statement of Interest
2. Curriculum Vitae
3. Graduate School Transcripts
4. Three Letters of Recommendation
5. APPCN Doctoral Verification Form

These materials can be mailed directly to Dr. Pastorek at:

Dr. Nicholas Pastorek  
Neurology Care Line  
MEDVAMC (127)  
2002 Holcombe  
Houston, Texas 77030

Alternatively, materials can be emailed directly to Dr. Pastorek at: Nicholas.Pastorek@va.gov. Letter writers can send letters directly to Dr. Pastorek via mail or email.

Eligibility

Qualifications for the postdoctoral residency include: U.S. citizenship, as per nation-wide VA guidelines; successful completion of an APA or CPA accredited internship and academic program; earned a Ph.D. or Psy.D. in clinical or counseling psychology; and applicants’ dissertation must be completed, or expected to be completed, by the beginning of the postdoctoral training year (August 24, 2020).

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

**Selection Process**

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

Qualified applicants who appear to be a "good fit" with our training program will be invited to interview with select neuropsychology staff, and current neuropsychology residents, at the winter meeting of the International Neuropsychological Society (INS). For applicants unable to attend INS we will accommodate telephone interviews. The MEDVAMC is an Equal Opportunity Employer, and the Psychology Training Program is committed to ensuring a range of diversity among our trainees. We select candidates representing different ethnic/racial backgrounds, sexual orientations, disabilities, geographic locations, and life experiences.

**Interview Process**

We strongly encourage interviews at INS but will accommodate telephone interviews. We do not typically conduct on-site interviews but will accommodate meetings with prospective applicants who would like to visit the training site (this should be requested in January). We are an APPCN member program and will abide by the NMS neuropsychology match and related rules. Applicants with a disability who require
accommodations for the application process or interview are encouraged to contact the Neuropsychology Residency Director to discuss their needs. We will make reasonable accommodations upon request. General questions regarding the residency should be directed to the Neuropsychology Residency Director.
Residency Program Tables

Date Program Tables are Updated: 07/22/19

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

Qualifications for the postdoctoral residency include: U.S. citizenship, as per nation-wide VA guidelines; successful completion of an APA or CPA accredited internship and academic program; earned a Ph.D. or Psy.D. in clinical or counseling psychology; and applicants’ dissertation must be completed, or expected to be completed, by the beginning of the postdoctoral training year (August 20, 2018).

Describe any other required minimum criteria used to screen applicants:
The MEDVAMC Clinical Neuropsychology Residency is specialty accredited by the APA and a member program of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). Prior to the application deadline, interested applicants will submit an APPCN doctoral verification form (http://www.appcn.org/assets/1748/doctorate_verification_form.pdf), a statement of interest, a current CV, three letters of recommendation, and graduate school transcripts. Once received, these materials will be reviewed by neuropsychology staff who will consider the match between applicants’ past training experiences, stated professional goals, and MEDVAMC resources. After the neuropsychology staff has reviewed the applications a final pool of applicants will be offered interviews at the winter meeting of the International Neuropsychological Society (INS). For those applicants unable to attend INS we will offer telephone interviews. Following interviews, MEDVAMC will create a rank-order-list which we will submit to NMS as part of the APPCN match. Historically, MEDVAMC receives approximately 35 applications for 2 residency positions and extends interviews to approximately 18 applicants.

Financial and Other Benefit Support for Upcoming Training Year

| Annual Stipend/Salary for Full-time Residents | $52,643 |
| 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) | 104 |
| Hours of Annual Paid Sick Leave | 104 |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? | Yes* | No |

Other Benefits (please describe): *Determined on a case by case basis
Initial Post-Residency Positions

(Provide an Aggregate Tally for the Preceding 3 Cohorts)

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>PD</th>
<th>EP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of residents who were in the 3 cohorts</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Total # of residents who remain in training in the residency program</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Community mental health center</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>University counseling center</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Military health center</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Academic health center</td>
<td>NA</td>
<td>1</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>NA</td>
<td>1</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Academic university/department</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Independent research institution</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>School district/system</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>NA</td>
<td>1</td>
</tr>
<tr>
<td>Not currently employed</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Changed to another field</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Other</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Unknown</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

Note: “PD” = Post-doctoral residency position; “EP” = Employed position
OVERVIEW OF THE MEDVAMC HOUSTON

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

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

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

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

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

The MEDVAMC is conveniently located near the center of Houston, the fourth most populous city in the nation. Houston is often listed as one of the nation’s most affordable cities to live in. There are a number of residential areas close by, and an excellent choice of rental apartments or houses is available. Houston is a culturally diverse city, with over 90 languages spoken throughout the area and an ever expanding array of cultural events scheduled year round. Entertainment options abound, including being home to a 17 block theater district, a large museum district, professional sports teams including NFL, NBA, MLS, and MLB franchises, and is host to the world’s largest livestock show and rodeo. Houston is known for its culinary options, and has over 11,000 restaurants.

**GENERAL OVERVIEW OF MEDVAMC POLICIES**

This section is meant to cover questions frequently asked by newly appointed Residents and is not meant to be exhaustive.

**Stipend:** Stipend and benefits are competitive with similar training programs nationally and consistent with VA personnel policies. The salary for all first-year Residents is set at $52,643 by VA Central Office. Neuropsychology Residents are paid $55,489 in the second year.

**Time Requirements:** Clinical Neuropsychology Residents are required to complete 2 years of full-time supervised training during on-duty time. Regular work hours are 0800-1630, Monday through Friday, except for federal holidays. Lunch breaks are 30 minutes, usually taken from 1200-1230. Should extensive periods of illness or other reasons prevent a Resident from recording 2 years of training, he or she may have to work beyond the original appointment without compensation to successfully complete the Residency. It is important that Residents report to duty on time. Residents who arrive to work late may be asked by their supervisors and/or training director to use AL to cover the time they were absent from work. Depending on the rotation, work load may fluctuate throughout the year. Although Residents will not be asked to do more than can be reasonably accomplished
in a 40-hour work week, there will likely be times (e.g., starting a new rotation, handling emergent issues, etc.) when a Resident will work more than 40 hours to complete their work in a timely manner. In these situations, the supervisor and training director should be informed that the Resident is staying late. No unscheduled clinical contact (i.e., calling or seeing patients) may occur outside of the Residents’ tour of duty. The only exception to this is if the Resident is on a rotation that offers evening groups and the training director approves participation in these groups. In these instances, the Resident will receive comp time for the time spent providing direct patient care. If an Resident is regularly staying late to complete work on a rotation, the training director may discuss and/or meet with the Resident and supervisor to discuss concerns. Lunch breaks are 30 minutes. Should extensive periods of illness or other reasons prevent a Resident from recording 2 years of training, he or she may have to work beyond the original appointment without compensation to successfully complete the Residency.

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

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

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

**Authorized Absence (AA):** Over the course of the training year, a maximum of 7 days of Administrative Leave (a separate leave category) may be granted for approved professional development activities (e.g. relevant conferences, job interviews, continuing education). One day of Administrative Leave will be approved for VA job interviews that occur in the state of Texas; two days of Administrative Leave will be approved for VA job interviews that occur outside of Texas. Residents participating in telephone job interviews during their tour of duty must request either Administrative Leave or Annual Leave. Additional Administrative Leave may be approved by the training director for attendance at conference presentations (i.e., symposia, workshops, round tables, posters) in which a Resident is the first author. In these instances, Administrative Leave does not count against the 7 days allotted to all Residents.

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

**Requesting Leave:**
All leave should be requested via the Veterans Affairs Time and Attendance System (VATAS). When requesting AL, the intern’s immediate supervisor should be informed as early as possible before planned leave. If a Resident needs to use SL, s/he should contact the psychology program support assistant (PSA), as well as the supervisor of that day’s activities. The Resident should enter SL into the computer as soon as possible upon returning. It is the trainee’s responsibility to take appropriate action for scheduled patient care responsibilities and appointments (e.g., informing your supervisor and/or requesting
other staff to cover, or by cancelling appointments). Never assume that leave has been approved just because it was entered into the computer; check the computer to see if it was approved. Taking leave without proper authorization may result in loss of pay for the unauthorized absence, loss of supervised time, and possible disciplinary action.

Should extensive periods of illness or other reasons prevent Residents from completing their one year of required training, individual arrangements can be made to ensure adequate training time for licensure/certification purposes. This may involve extending the period of the residency without pay. Employees may request leave under the provisions of the Family Medical Leave Act of 1993 and Sick Leave to Care for a Family Member. Leave for paternity reasons may also be requested within these provisions.

Administrative Leave requests should be initiated as soon as possible before the training or professional development event with the PSA. For conferences and training events, supporting documentation (i.e. a letter outlining the request, a conference schedule, notification of acceptance of talk, etc.) must be provided and submitted for approval by the training director and mental health care line executive. The PSA will assist in this process, but considerable lead time is needed to allow for all appropriate signatures to be obtained. Approval for any administrative leave is contingent on the Resident progressing satisfactorily in all major competency areas of the training program.

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

PIV Photo ID Badges: Photo ID/PIV badges will be made during orientation week. Residents are required to wear their badges at all times during duty hours. Badges must be plainly visible, worn above the belt, and be surrendered to authorized personnel upon request.
Pagers: Residents are assigned pagers from the PSA. Residents are expected to wear pagers at all times during duty hours and when officially on call. It is the responsibility of the Resident to replace batteries promptly, which can be obtained from the Supplies department (located on the east end of the hospital basement). Pages should be answered promptly as soon as the clinical situation allows. Emergency pages can be repeated or the emergency code “*911” appended to the return number. Residents are financially responsible for the loss or damage of pagers assigned to them.

Tests, Equipment, and Keys: Residents’ office keys and equipment will be assigned by the PSA, preceptors, and supervisors. If the Resident should lose her/his keys, replacement fees are $14.00 per key. Tests and other equipment must be checked out from the Resident’s supervisor or from other psychologists as necessary. Residents are financially responsible for all items checked out and may be required to reimburse the VA for lost or misplaced items.

Address and Telephone: Residents should provide the PSA of the Psychology Training Program with their home address and phone number prior to beginning the first rotation. Residents are also responsible for notifying the PSA of address or phone number changes during the year. After completion of the Residency, we also request that Residents keep us informed of their address and professional position changes so that we may conduct follow-up evaluations of the program.

Fire Alarm Code and Disaster Plan: Residents should note location of the nearest fire extinguishers to their office and primary work locations. Whenever a fire or disaster alarm is sounded, Residents should immediately contact their immediate supervisor or preceptor for further instructions.

Assessment Reports and Progress Notes: Assessment reports and progress notes should be entered on the centralized computer system, CPRS, for editing and electronic signature by supervisors. Templates for VA letterhead, reports, and memos are available from the program support assistant, your supervisor, or the training directors for preparing reports, correspondence, and presentations. Please note that some supervisors prefer trainees at the start of a rotation to write initial notes/reports in Microsoft Word for review
prior to placing these in the permanent medical record. Please consult with your supervisor at the onset of your rotation for specific requirements. Additional information for CPRS use is available on-line at http://www.va.gov/vdl/documents/Clinical/Comp_Patient_Recdr_Sys_(CPRS)/cprsguium.pdf. You may also access a copy of this PDF on the S Drive (MHCL Psychology Trainee Resources) of the hospital intranet.

**Dress:** Residents are expected to dress professionally while on duty. Jeans, shorts, low-cut blouses, torn clothing and other non-professional attire should not be worn. As part of your orientation to the training program, we will review the dress code policy in Memorandum No. 05-004, which will be provided to you at that time.

**Conduct:** Residents should not introduce themselves as psychologists as this is a legally protected term and applicable only to those who are licensed psychologists. Patients and staff should be corrected when they make an assumption that a Resident is a psychologist. Residents should identify/introduce themselves as a *Clinical Neuropsychology Resident* working under the supervision of a licensed psychologist. Residents’ signature line on VA e-mail may not list provisional licensure status, as this may cause confusion among the general public, and should use the title *Clinical Neuropsychology Resident*.

Residents are expected to abide by the APA Ethical Principles of Psychologists and Code of Conduct and the Federal Employee Code of Conduct, which are provided during orientation. Residents should notify their supervisor or training director immediately if asked by anyone to engage in unethical behavior or if there are any questions regarding ethics. Serious conduct violations may result in termination of the Residency appointment. Substantiated allegations of patient abuse are also grounds for termination.

**Patient Confidentiality:** A Resident’s authority to work with patients is maintained by supervision from a licensed psychologist with clinical privileges. All assessment reports and medical chart entries must be co-signed by an appropriately credentialed staff clinician. All patient information must be kept strictly confidential and no patient files or data may be taken from the hospital. All patient data must be kept in a drawer or file cabinet and out of sight when the Resident is not in his/her office.
**Supervision:** Residents have an identified supervisor and backup supervisor on each rotation. On each rotation, at least one hour of regularly scheduled individual supervision is required and an additional minimum of one hour of group supervision. The ground rules of supervision are discussed at the beginning of the rotation and must conform to the terms of the supervisor agreement form (see appendix). Supervisors must be on site at all times during the residents' term of duties and must be available for emergency issues as they arise at any time. Both supervisors and residents are equipped with pagers for initiation of communication as needed.

**Records:** All records pertaining to residents (e.g., personnel folder, competency evaluations, application materials) are secured in a locked filing cabinet behind a locked office (2B-126). Sensitive information (e.g., remediation, grievances) pertaining to trainees is secured in a locked filing cabinet in the offices of the Neuropsychology Training Director and/or the Psychology Training Director.
Overview

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

Training Model and Program Philosophy

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

Program Organization

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

As previously indicated, the Clinical Neuropsychology Residency activities occur within the overarching MEDVAMC Psychology Training Program which is headed the Psychology Director of Training (Director of Psychology Training: Ellen Teng, Ph.D.) and Psychology Training Committee. Generally, the Neuropsychology Training Director apprises the Psychology Training Director and Psychology Training Committee of
relevant Neuropsychology Residency activities. Similarly, the Psychology Training Director and Psychology Training Committee apprise the Neuropsychology Training Director of administrative or other training concerns that are relevant to the Neuropsychology Residency. Additionally, neuropsychology preceptors are members of the Psychology Postdoctoral Steering Committee.

**Clinical Neuropsychology Competencies**

Clinical Neuropsychology Residents receive training of sufficient breadth to ensure advanced competency as a professional psychologist and also receive training of sufficient depth and focus to ensure the technical expertise and proficiency necessary to the specialty of clinical neuropsychology. The competencies we selected are based on our own philosophy, national guidelines including the Postdoctoral Residency Standards of Accreditation, and the Houston Conference Guidelines (e.g., sections VI: knowledge base; VII: skills; X: residency education). First, Postdoctoral Residents in Clinical Neuropsychology are expected to meet profession-wide competencies that apply to all postdoctoral residencies (e.g., (1) Ethical and Legal Standards, (2) Individual and Cultural Diversity, and (3) Research) at an advanced level. Second, Postdoctoral Residents in Clinical Neuropsychology are expected to meet advanced competency in the areas of (4) Professional Values, Attitudes, and Behaviors; (5) Communication and Interpersonal Skills; (6) Intervention; and (7) Consultation and Interprofessional/Interdisciplinary Skills. Lastly, Postdoctoral Residents in Clinical Neuropsychology are expected to meet neuropsychology specialty competencies in the areas of (8) Neuropsychological Assessment and (9) Brain Behavior Relations at an advanced level. Woven throughout the competencies include training objectives such as functional neuroanatomy, neurological disorders (etiology, pathology, course, treatment), impact of non-neurological disorders on the CNS, neuroimaging, psychopharmacology, specialized neuropsychological assessment techniques, neuropsychology research and design, professional issues in neuropsychology, and practical limitations of neuropsychology are required as part of the Clinical Neuropsychology Residency. These neuropsychology training objectives are largely drawn from the Houston Conference Guidelines (e.g.,
sections VI: knowledge base; VII: skills; X: residency education) as well as neuropsychology knowledge and skill that we implement through practice at MEDVAMC.

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

**Resident Evaluations and Program Feedback**

Residents are expected to evaluate the quality of their supervisory and preceptor experience at the end of each rotation by completing evaluation forms. These forms should be submitted to the Training Director, who will then review the ratings and to monitor the quality of the supervisory experience. Situations in which supervisors/preceptors receive a consistent pattern of low ratings (i.e., below "3") will be addressed by the Training Director.

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

**Competencies for Clinical Psychology Residency**

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

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

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

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

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

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

7. Consultation and Interprofessional/Interdisciplinary Skills: Residents are expected to reflect the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. These skills may be demonstrated through direct or simulated consultation opportunities.
8. Neuropsychological and Psychological Assessment: Through a combination of information gathering and history taking, the Resident should be able to assess patient's needs and assets accurately and develop advanced diagnostic formulations relevant to offering the most effective treatment. The Resident should develop more refined abilities to respond to referrals for neuropsychological testing by selecting, administering and interpreting a set of assessment instruments that are pertinent to answering complex referral questions from members of the interdisciplinary team. Evaluations should provide a diagnostic opinion; discuss both assets and limitations in the person's overall functioning and offer recommendations relevant to intervention planning. Assessment should reflect a sensitivity to cultural and diversity issues. Communication of findings should occur in a manner appropriate to the interdisciplinary setting.

9. Brain Behavior Relations: The Resident is required to develop an advanced understanding of topics in related to clinical neuropsychology. This includes an advanced understanding of brain behavior relationships to include functional neuroanatomy; neurological disorders to include disease etiology, pathology, course, and treatment; non neurological conditions and cognition/behavior; imaging techniques, and psychopharmacology. Residents are expected to develop advanced knowledge related to the practice of clinical neuropsychology to include understanding of specialized assessment and intervention techniques (e.g., cognitive remediation).

Mechanisms of Neuropsychology Skill and Knowledge Development

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

1. Supervised Clinical Neuropsychology Experience: Residents will receive supervised contact with patients during their clinical rotations across both years of the Residency. As a general framework, each week of the Residency will be approximately divided into 80% clinical service and 20% research and scholarly
activity. Residents are expected to work with each of the 5 fulltime staff neuropsychologists across the duration of the Residency, with these rotations occurring at approximately 16 to 20 hours per week during alternating years of the Residency. The exact time allotment for these rotations will depend on co-occurring rotations, other training activities, and will be reflected in the Resident’s IRTP. As per APPCN guidelines, Residents will spend at least 4 hours per week in research activity and 4 hours per week in didactics. Psychotherapy activities, research involvement, professional activities to include supervision and teaching, ethics and diversity experiences will also be integrated into the IRTP according to the Resident’s prior experiences, current interests, and determined needs.

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

**Weekly Neuropsychology Seminar/Case Conference** (Required for first and second year Residents; every Wednesday at 2 PM): Covers foundations of neuropsychology, including functional neuroanatomy, neuropathology, and assessment. With staff assistance, first year Residents will organize this course, which covers the presentation of foundational topics in neuropsychology (e.g., functional neuroanatomy, relevant cognitive domains, psychometric issues, etc.) and will be assigned specific foundational topics as related to their training needs. In addition, Neuropsychology staff, and outside neuropsychologists, will direct a review of current literature as applied to clinical case presentations to further foster evidence based practice. The purpose of the seminars is to address topics related to the Houston Conference Guidelines for foundation of practice of Clinical Neuropsychology and will, in part, be integrated into a Resident's IRTP.

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

**Advanced Postdoctoral Resident Seminar Series** (Required for first year and Optional for second year Residents; 1st, 3rd, and 4th Wednesday of each month at 12 PM): Residents will attend weekly seminars covering a wide range of advanced issues in psychology presented by various staff to the all MEDVAMC psychology postdoctoral Residents (e.g., Serious Mental Illness, Trauma, and Neuropsychology).

**MEDVAMC Neurology Lecture Series** (Optional; Fridays at 2:30 PM): Clinical Neuropsychology Residents are encouraged to attend this weekly seminar for neurology medical students and residents. Issues in neurology to include epilepsy, stroke, neurodegenerative disorders, and psychiatric issues are covered by MEDVAMC neurology staff.

**Monthly National Residency Diversity Video Teleconference Seminar Series** (Required for first year and Optional for second year Residents); 2nd Wednesday of each month at 12 PM: Residents may attend monthly seminars covering a wide range of advanced diversity issues in psychology organized by staff from the Multicultural and Diversity Subcommittee (MDSC) of the Psychology Training Committee. Presenters are from VA hospitals all over the country and all of the MEDVAMC post-doctoral Residents (e.g., Serious Mental Illness, Trauma, and Neuropsychology) also may attend.

**Monthly Postdoctoral Diversity Journal Club Seminar** (Optional; 3rd Thursday of each month at 12 PM): Residents may attend monthly seminars
covering a wide range of advanced diversity issues in psychology organized by staff from the diversity sub-committee of the Training Committee. All of the MEDVAMC postdoctoral Residents may attend the seminar and present one article and provide discussion questions.

*Monthly MHCL Education Conference* (Optional; 1st Thursday of each month at 11:30 AM): Residents may attend monthly seminars covering a wide range of topics in psychology organized by staff from the MHCL Education Conference Committee. All of the MEDVAMC postdoctoral Residents may attend the seminar.

*Diversity Experiential Outings* (Required for first year and Optional for second year Residents; Wednesdays beginning at 10:30 AM): The MDSC organizes experiential outings off-site that each MEDVAMC Resident can attend. There will be 4 to 6 outings each year that consist of lunch, visiting a facility in Houston, and then discussing the event after.

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

*Baylor College of Medicine Neurology Education Series* (Optional; At various times): This is a series of neurology topics presented at Baylor College of Medicine. Residents are forwarded the education bulletin which lists topics ranging from developmental neurological disorders to specific journal club meetings.

*Psychiatry, Neurology, and Cognitive Neuroscience Grand Rounds/Presentations* (Optional): Special topics in psychiatry and neurology are presented through Baylor College of Medicine. Neuropsychology Residents are
encouraged to attend annual cognitive neuroscience seminars offered through Rice University.

**Professional Societies** (Optional): Residents are encouraged to participate in professional societies both on the local and national level. The Houston Neuropsychological Society (HNS) is an active group of neuropsychologists who meet approximately every two months for an hour long didactic. Annually, this group also provides a 3-hour seminar conducted by a recognized leader in the field (past presenters include Muriel Lezak, George Prigatano, and Edith Kaplan). Residents can attend the monthly and annual presentations at no cost and for a small fee can join HNS. Residents are also encouraged to attend and present at national conferences, such as the International Neuropsychological Society, National Academy of Neuropsychology, and American Academy of Clinical Neuropsychology both to make research presentations as well as to attend didactics.

**Exposure to Interdisciplinary Services within the Hospital** (emphasized for first and second year Residents): Residents will be encouraged to observe the clinical activities of professionals from other disciplines (approximately 1-2 days) that are also directly involved in patient care in both neurology and rehabilitation. An emphasis will be that Residents shadow neurologists at the cognitive clinic as well as a social worker but other opportunities include meeting with speech language therapists, OT, PT, and psychiatry, etc.

**Didactic Calendar Required for 1st Year Residents**

<table>
<thead>
<tr>
<th>Didactic</th>
<th>Day</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuropsychology Case Conference</td>
<td>Every Wednesday</td>
<td>2:00 pm</td>
</tr>
<tr>
<td>Diversity Journal Club</td>
<td>3rd Thursday</td>
<td>Noon</td>
</tr>
<tr>
<td>Advanced Postdoc Seminar</td>
<td>1st, 3rd &amp; 4th Wed</td>
<td>Noon</td>
</tr>
<tr>
<td>Diversity V-Tel</td>
<td>2nd Wednesday</td>
<td>Noon</td>
</tr>
<tr>
<td>Administrative meeting with Psychology Training Director</td>
<td>2nd Thursday</td>
<td>Noon</td>
</tr>
<tr>
<td>Administrative meeting with Neuropsychology Residency Director</td>
<td>3rd Friday</td>
<td>1:00 pm</td>
</tr>
</tbody>
</table>
3. **Neuropsychology Research:** Residents will be expected to engage in research and scholarly activities throughout the duration of the Residency. A host of supervisors for research are available both at the MEDVAMC and BCM, and preceptors will help their Resident's identify a research supervisor. There is an expectation that Residents produce one publication quality research project during each year (e.g., two for completion of the Residency training). We believe that placing an emphasis on research will allow Residents to further develop an understanding of research methodologies and will allow them to pursue their specialized interests within neuropsychology. Such skills will also allow the Resident to critically evaluate research, therapies, etc., thus producing a psychologist grounded in evidence-based practice. On average, Residents are provided a minimum of 4 hours/week of protected time for research activity, and can receive up to 8 hours/week depending on the other training needs of the Resident.

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

**Individualized Resident Training Plan**

During the first two weeks of training, incoming Clinical Neuropsychology Residents will select from the neuropsychology staff a preceptor with whom they will work to develop an Individualized Resident Training Plan (IRTP). During the first month of training, preceptors evaluate Residents' previous training experiences and current training needs within the framework of the Houston Conference Guidelines (see form on page 73). The Resident's preceptor will subsequently meet with all clinical neuropsychology staff and present the summary of the Resident's training. The neuropsychology staff, through consensus, will make a determination about current training needs in order to satisfy
Houston Conference Guidelines and to ensure eligibility requirements will be met for board certification through the American Board of Professional Psychology, Clinical Neuropsychology Specialty (ABPP/CN). After a Resident’s training evaluation is completed, and the current training needs are identified, preceptors and Residents work to create an IRTP. This plan is presented by the Resident to the Postdoctoral Steering Committee. Clinical Neuropsychology Residents must allow for time to engage in research activity and regularly scheduled didactics (a minimum of 4 hours research and 4 hours didactics, per week). As per APA guidelines, Residents will receive a minimum of 2 hours of individual supervision per week by a psychologist. We view the IRTP as a negotiated document that outlines the primary means by which 1) postdoctoral Residents will meet the specialty goals of the clinical neuropsychology Residency program as well as 2) ensuring that the training experiences will meet the needs of the Resident.

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

Progress towards the successful completion of competencies occurs serially across the duration of the Residency (e.g., ongoing weekly supervision of Residents as they become increasingly proficient) and at set time points (e.g., preceptor and rotation evaluations every 4 - 6 months). During the course of the Residency, feedback from Residents will also be solicited to ensure that Resident training needs are being met. The evaluation of competencies/solicitation of feedback and the schedule during which they occur are listed below (ongoing supervision from preceptors and supervisors is not listed below):

1. **Preceptor Evaluation of Resident:** This occurs at the start of the Residency, every six months following, and at Residency completion.
   
   a. At the start of the Residency the preceptor formally evaluates a Resident's previous training and current training experiences with the neuropsychology preceptor evaluation of Resident knowledge and skill form. This form is initially used to guide the development of the IRTP.
   
   b. Preceptors evaluate Residents' progress through the Residency every 6 months with the preceptor/supervisor evaluation form.

2. **Supervisor Evaluation of Resident:** This occurs at approximately 4 - 6 month intervals for Residents, depending on the length of rotation that the Resident is completing.

3. **Resident Evaluation of Supervisor:** Residents evaluate supervisors every 4-6 months, depending on the length of the rotation.

4. **Resident Evaluation of Preceptor:** Residents evaluate preceptors at the 1 year mark and at the end of the Residency

5. **Resident Evaluation of Program:** Residents evaluate the Neuropsychology Residency at the end of the Residency. This is conducted as an exit interview with the Psychology Training Director who subsequently aggregates the data for the neuropsychology team to review.


8. Foundations Evaluations: During the course of the Residency, each Resident will make 4 foundations presentations at the neuropsychology case conference (at approximately 6 month intervals). The content of these presentations will be determined by preceptors and neuropsychology training staff, with the exception of the final presentation, which will be related to a current research project. These presentations will be formally evaluated by staff.
Primary Site/Resources

Neurology Care Line (NCL)

Neuropsychology Staff

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

The primary clinical activities occurring during the major rotation in the NCL will include outpatient neuropsychological assessments in typically older patients with various types of cognitive and behavioral dysfunction and inpatient evaluations for patients admitted for Epilepsy Long Term Monitoring (LTM). Patient populations include adults with neurodegenerative diseases (Alzheimer’s, vascular, frontolobar, Lewy body, etc.), stroke, epilepsy, and neuropsychiatric disorders with evaluations bearing directly on disease diagnosis, treatment planning, and functional independence. Residents will also assist in pre- and post-surgical evaluation of epilepsy patients, Wada's evaluations, and presentation of epilepsy cases at surgery planning meetings. Residents are expected
to co-lead psychoeducational groups on the Epilepsy Monitoring Unit. There are ample research opportunities with Dr. Collins and/or other NCL staff available during this rotation.

Rehabilitation and Extended Care Line (RECL) / Polytrauma

Brian Miller, Ph.D. and Nicholas Pastorek, Ph.D., ABPP/CN

The Rehabilitation and Extended Care Line contains the Polytrauma site, the focus of which is on the assessment and treatment of Veterans with a history of traumatic brain injury and other physical and psychiatric comorbidities. Veterans seen at the Polytrauma site most commonly have a history of mild to moderate traumatic brain injury, although Veterans with severe traumatic brain injury are also followed through this center for long term care. There is also an inpatient rehabilitation unit with Veterans recovering from a wide variety of neurological insults including stroke, traumatic brain injury, and anoxia/hypoxia as well as non-neurological conditions including amputations, joint replacements, and heart or other surgeries. Dementia and delirium processes are occasionally seen in the population as well. Approximately 15 full evaluations are completed per month along with a number of briefer evaluations and individual and family therapy sessions. Approximately 180 patients receive consultation for outpatient and inpatient neuropsychology services per year.

The primary clinical activities will include outpatient neuropsychological assessment and intervention with Veterans with a history of traumatic brain injury who served in Operation Enduring Freedom / Operation Iraqi Freedom / Operation New Dawn (OEF/OIF/OND). As a member of the multidisciplinary polytrauma team, Residents will provide services including assessment of cognitive and academic functioning, individual psychotherapy and cognitive rehabilitation services, group psychoeducation, and family education and support. The Resident will learn to utilize innovative evidence-based practices for the purposes of reducing symptoms and maximizing independence. In addition to working with OEF/OIF/OND Veterans with a history of brain injury, the Resident will have the opportunity to provide assessment and intervention to Veterans on the inpatient rehabilitation unit with impaired cognitive functioning secondary to a host of factors, such
as stroke, traumatic brain injury, anoxic brain injury, and brain tumors. The Resident will also have the opportunity to attend and present in inpatient and outpatient interdisciplinary rounds.

**General Neuropsychology**

Adam Christensen, Ph.D., Jonathan Grabyan, Ph.D., and Brian Miller, Ph.D.

General Neuropsychology receives diverse inpatient and outpatient referrals from across all the Care Lines within MEDVAMC and satellite clinics (excluding Rehabilitation and Extended Care Line and Neurology Care Line), to include Primary Care, Mental Health, Spinal Cord Injury, General Medicine, and Long Term Care. Populations served include dementias (e.g., Alzheimer’s, Vascular, Lewy Body, Frontotemporal Lobar Dementia), psychopathology, cerebrovascular disease, parkinsonism, substance abuse, HIV, demyelinating diseases, toxic-metabolic, and brain tumor. In addition, capacity evaluations are routinely requested from various providers. Evaluations are tailored to individual patient needs and referral questions, using a flexible battery approach. The Resident will have the opportunity to learn techniques of neuropsychological investigation, principles of interpretation, and specific recommendations with regard to the functional and diagnostic significance of findings. Residents will work with Drs. Christensen, Grabyan, and Miller during their training term for approximately 8 months each.

**The Parkinson’s Disease Research, Education & Clinical Center (PADRECC)**

Michele York, Ph.D., ABPP/CN

The PADRECC is also housed within the NCL. Annually, the PADRECC treats approximately 600 unique patients through its four outpatient clinics. Diagnoses of patients treated included Parkinson’s Disease, atypical parkinsonism, dystonia, essential tremor and torticollis. The Houston PADRECC is participating in a landmark study of deep brain stimulators in treating advanced Parkinson’s Disease. Dr. Michelle York is a clinical neuropsychologist who works part time at the PADRECC and Residents will have an option of working with her during their training term.
Psychotherapy Rotations

During the course of neuropsychology training, Residents are expected to gain psychotherapy experience. As there is a large psychology training staff at MEDVAMC there are multiple opportunities for Residents to gain experience in individual and group psychotherapy with a variety of patient populations. Recommended therapy rotations include Spinal Cord Injury under the supervision of Drs. Ames, Serious Mental Illness with Dr. Springer, and Behavioral Medicine with Dr. Sloan. Drs. Pastorek and Collins also provide psychotherapy experiences for Residents. Descriptions of these rotations, as well as other psychotherapy training opportunities can be found on the MEDVAMC webpage.

Core Neuropsychology Training Staff:

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

Adam Christensen, Ph.D. – General Neuropsychology

Jonathan Grabyan, Ph.D. – General Neuropsychology

Brian Miller, Ph.D. – General Neuropsychology/Polytrauma Site

Nicholas Pastorek, Ph.D., ABPP/CN – Rehabilitation / Polytrauma Site

Michele York, Ph.D., ABPP – Parkinson’s Disease Research, Education and Clinical Center (PADRECC)