



Clinical Neuropsychology Postdoctoral Residency Program

West Los Angeles VA Healthcare Center

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Accreditation Status

The Clinical Neuropsychology Residency Program (CNRP) at the West Los Angeles VA Healthcare System (WLAVAHS) was awarded specialty accreditation in Clinical Neuropsychology (as of April 2019) by the Commission on Accreditation of the American Psychological Association. Our next site visit will take place in 2028.

Our Psychology Postdoctoral Training Program has been a full-member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) since 2009. We renewed our three-year APPIC membership in the summer of 2019.

Application and Selection Procedures

The Residency program in Clinical Neuropsychology begins in September of 2020. This is a two-year full-time program with VA benefits. The current stipend is \$52,176 for Year One, increasing to \$54,996 for Year Two. Our training program is organized to provide two years of full-time training but advancement to the second year is contingent upon successful completion of first year requirements.

We are recruiting for three Neuropsychology Residency positions in 2020: **(1) Traumatic Brain Injury/ Rehabilitation Neuropsychology, (2) Geriatric Neuropsychology, (3) General Neuropsychology**. Each of these positions is based at the West Los Angeles VA Medical Center. Also, see the APPIC-run Universal Psychology Postdoc Directory (UPPD; at <https://appic.org/Postdocs/Universal-Psychology-Postdoctoral-Directory/>).

To be considered for any of our postdoctoral residency positions an applicant must:

1. Have completed all requirements for the doctoral degree, in Clinical or Counseling Psychology, including internship and dissertation.
 - a. Department of Veterans Affairs requires that the applicant's doctoral degree and internship be completed at programs accredited by the American Psychological Association.
2. Be a US citizen. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection and all of our incoming postdoctoral residents must complete a Certification of Citizenship in the United States prior to starting training.
3. Be aware that VA employment requires males born after December 31, 1959 must have registered for the draft by age 26. Male applicants sign a pre-appointment Certification

Statement of Selective Service Registration before they can be processed into a training program.

4. Be aware that residents are subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.

To apply, please submit the following documents:

NOTE: We require submitted applications to come through the APPA CAS portal (APPIC Psychology Postdoctoral Application Centralized Application Service – see web address below). The following documents will be requested and must be submitted through the APPA CAS portal.

- Letter of Interest (LOI), specifying the position you are applying for along with a summary of educational, clinical and research experiences relevant to that emphasis area. In the LOI please include a statement about your current career goals in addition to your goals for residency training.
 - We are aware that some applicants may have overlapping interests and wish to apply for consideration in more than one track. In this case, the LOIs should be distinct and clearly targeted to the specific track.
- A recent copy of your Curriculum Vitae
- Three Letters of Recommendation (LOR)
 - These letters should be from supervisors/mentors that are familiar with the work you've done in the emphasis track for which you are applying.
- Letter from your Internship Training Director verifying that you are expected to complete, or will have already completed, your internship successfully.
 - If your Internship Training Director is also writing a LOR for you, please **have them make clear that they are/were also your Internship TD** and that you are expected to (or already did) successfully complete your internship.
- A letter from the chair of your dissertation committee detailing the status of your dissertation (including anticipated completion date). This letter should indicate that your doctoral degree has been, or will be, completed **before August 30, 2020**.
 - If your Dissertation Chair is also writing a letter of recommendation for you, please **have them make sure it is clear within the body of their letter** that you are expected to successfully complete your dissertation by August of 2020.
- Work samples – fully de-identified of any PHI. Please submit two sample reports that you've authored over the last 12-18 months).
- Graduate transcripts.
 - You do **not** need to send undergraduate transcripts.

Submit these materials through the APPA CAS: <https://appicpostdoc.liasoncas.com/applicant-ux/#/login> Complete the basic demographic, education, clinical training information and transcripts required of all applicants for all APPA CAS programs. Then select the appropriate program(s) within the West Los Angeles VA Health Care System. APPA CAS allows you to request letters of recommendation electronically which are then uploaded by the letter writer. (Note: APPA CAS refers to letters of recommendation as "Evaluations").

***** APPLICATION DEADLINE: NOVEMBER 18, 2019*****

For questions about application submission issues:

Steven Castellon, Ph.D., Director Psychology Postdoctoral Training

Email: Steve.Castellon@va.gov or scastell@ucla.edu

Phone: Steven Castellon (310) 268-3597 or Anna Okonek (310) 478-3711 ext 40301

Selection Procedures

The selection committee for is composed of the Neuropsychology Training Group, a 10-member group of supervisors (see below) that includes the Psychology Training Director (Dr. Anna Okonek), as well as the Postdoctoral Residency Director (Dr. Steve Castellon). Current Residents participate in the interview process but do not have an evaluative role, with their main role helping to inform applicants about the program and their experiences as trainees.

The selection committee evaluates the following criteria: (1) Breadth and quality of prior general clinical training, (2) Quality and extent of specialized training in clinical neuropsychology, (3) Strength of letters of recommendation, (4) Quality and scope of research productivity, (5) A clear and thoughtful writing style in application materials and sample reports, (6) Goodness of fit between applicant's professional goals and program training objectives, and (7) Evidence of personal maturity and accomplishments. Successful candidates typically have substantial academic and clinical experience in neuropsychology, with preference given to candidates who have completed doctoral and internship training that meets the Houston Conference guidelines in Clinical Neuropsychology (for details, see http://www.theaacn.org/position_papers/houston_conference.pdf).

Historically, most interviewing of top applicants has taken place on site, at the West Los Angeles VA. We can also conduct interviews by telephone or by video teleconferencing should coming to our site not be feasible. We anticipate having two **Neuropsychology Recruitment Events** (NRE; applicants meet faculty and hear more about training opportunities, meet with current NP postdocs, and then interview with one or more faculty) on **December 16th and 17th**. If an applicant cannot attend one of these Recruitment Events, we will do our best to arrange individual interviews and/or have a third recruitment event in the third week of January (after our internship interviews are over). Following the December 16th and 17th NREs, our Neuropsychology Training Group will rank order applicants and an offer will be extended to the top applicant for each training track (TBI/Rehab; Gero-Neuro; General). Offers will be extended as soon as possible after committee consensus is reached and could be made as early as late December. If offers are not accepted, we will continue to extend offers down the rank-ordered list until the positions are filled. Positions will remain open until filled.

Training Setting

The VA Greater Los Angeles (VAGLA) Healthcare System is one of the largest and most complex integrated healthcare facilities within the Department of Veterans Affairs. The VAGLAHS consists of a comprehensive tertiary care facility (West Los Angeles VA Healthcare Center), three ambulatory care centers, and 8 community-based outpatient clinics. In fiscal year 2018, VAGLAHS provided medical and mental health services to over 88,000 Veterans residing in the primary service area, including Los Angeles County, which has the largest concentration of Veterans of any county in the United States. GLA provides comprehensive ambulatory and tertiary care to Veterans in five counties in Southern California, with 716 beds, over 5,000 employees and an annual operating budget of over \$800 million.



The Psychology Postdoctoral Training Program is housed at the West Los Angeles VA Healthcare Center. This tertiary care center is spread across an expansive 430-acre campus that includes approximately 150 buildings and is divided into a South and North Campus. The Psychology Department is embedded within the Department of Psychiatry and Mental Health and consists of 48 licensed clinical psychologists, many of whom are involved with training endeavors at the internship and postdoctoral level. Psychologists at the West Los Angeles VA occupy a variety of roles

throughout the medical center, working in both inpatient and outpatient mental health and medical settings, with several involved in program leadership positions and the majority working in multi-disciplinary settings with allied mental health care professionals.

The West Los Angeles VA Healthcare Center is located in one of the most culturally diverse cities in the nation. The Veterans we serve represent a mixture of cultural, ethnic, socioeconomic, and individual diversity. Our overall Veteran population self-identified as 53% Caucasian, 20% African American, 16% Hispanic, 4% as Asian and 1% as Native American. While this group is approximately 90% male, there are several settings in which trainees can get experience working with female Veterans. There is also considerable diversity in terms of age, so although approximately 45% of our Veterans receiving care are over the age of 65, 13% are under the age of 35 and 21% are between the ages of 55-64 years. There are over 8,800 OEF/OIF Veterans enrolled in GLA.

West Los Angeles VA psychologists on the south campus work in settings that are primarily devoted to medical/surgical, integrated primary care, outpatient mental health and inpatient psychiatric services. These programs are located in either the main medical center building or in one of two newly-constructed, adjacent, modular buildings. South campus psychologists include those working within Health Psychology-Integrated Care, Physical Medicine & Rehabilitation, Neuropsychology, outpatient mental health programs (Mental Health Clinic, Trauma Recovery Services, Anxiety Disorders Clinic), Geriatric Research, Education & Clinical Center (GRECC), and our Geriatrics clinical programs including Geropsychology and GEM/GRECC, described below. On the north campus, one or more psychologists work in the following programs: Community Living Center (CLC), comprised of our two 120-bed nursing home buildings; Domiciliary Residential Rehabilitation and Treatment Program (a 321-bed treatment program housed in two dormitory style buildings); and substance abuse treatment programs including Addiction Treatment Clinic (ATC). In addition, a number of treatment programs for patients with severe mental illness can be found on North campus, including the Dual-Diagnosis Treatment Program (DDTP), the Psychosocial Rehabilitation for Severe Mental Illness program (PRRC), and the Mental Illness Research, Education and Clinical Center (MIRECC).

The Psychology Department at the West Los Angeles VA Healthcare Center has a strong commitment to, and long history of, providing training. Our Psychology Training Director, Dr. Anna Okonek, oversees our highly competitive (160-180 applications annually) doctoral internship program. This program has been accredited by the American Psychological Association since 1979 and, at the most recent site visit (2017), received a 10-year accreditation. Of Psychology Department staff, 31 serve as supervisors in our internship training program, and, of those, 19 also provide supervision in the residency program. In addition to training predoctoral interns, the training program selects 4-6 practicum students each year,

all of whom receive 9 months of supervised training on two different clinical rotations. Postdoctoral Residents will have a chance to provided layered supervision to both our predoctoral interns and our practicum students. All clinical supervisors in the postdoctoral residency, doctoral internship, and practicum program are licensed clinical psychologists and complete biannual training and education in clinical supervision as mandated by the California Board of Psychology.

The Psychology Department at West Los Angeles VA enjoys close ties with both the UCLA Department of Psychology and the Department of Psychiatry & Biobehavioral Sciences at the David Geffen School of Medicine at UCLA. Many staff members, including the majority of those in training/supervising roles, hold clinical and/or academic appointments at local institutions, including UCLA, Pepperdine University, the University of Southern California, and the Fuller Graduate School of Psychology.

Training Model and Program Philosophy

Program Aim: *The aim of the Clinical Neuropsychology Residency Program (CNRP) at the West Los Angeles VA is to promote the development of advanced competencies in our residents such that graduates are eligible for employment in public sector medical center settings, including the VA. Graduates will have developed an advanced understanding of brain-behavior relationships and will be able to work in a variety of settings specializing in the assessment and treatment of neuropsychological syndromes and their sequelae. We believe that our graduates should be able to function as neuropsychologists in a variety of multi/interdisciplinary and consultation settings."*

The CNRP is structured to provide advanced clinical, didactic, and research experiences during a two-year, full-time program. Although we expect the resident will be able to function at an advanced level following their first year of training, the second year builds upon the competencies developed during the first year, as residents participate in increasingly more advanced or specialized and complex training experiences requiring greater autonomy and responsibility. During the second year of training we expect the resident to assume greater participation in administration, research, and supervision activities. All training experiences, throughout the two years of full-time training, serve to deepen knowledge of brain-behavior relationships, develop expertise in the evaluation and treatment of neurological syndromes and their sequelae, and continued professional development through increasing involvement in direct supervision of pre-doctoral trainees, work on administration/management of neuropsychology and neurobehavioral clinics, and leadership roles within interdisciplinary treatment teams. Greater depth of supervised clinical experiences are possible over the course of the residency than would be possible, for example, on internship (e.g. wider variety of patients, more complicated cases, or cases requiring specialized skill sets).

At the outset of each training year, each resident meets with their primary supervisor to complete and discuss an evaluation that is designed to assess his/her general neuropsychological skills and comfort in other profession-wide competency areas (NP Resident Self-Assessment Form). This process helps the primary supervisor and resident review prior experiences, perceived strengths, areas for growth, and training goals. This information is used to help develop a training plan where clinical/didactic/research training experiences target development within eight competency areas. Typically, within the first few months of beginning the program the resident chooses a research mentor with whom they would like to complete a research project. The Neuropsychology Training Group (those clinical supervisors specifically involved with the Neuropsychology Residency), as well as the broader Psychology Training Committee, meet regularly to discuss resident progress through the program and the development of neuropsychological competencies.

At the beginning of each major clinical training rotation, the resident and rotation supervisors develop a formal individualized training plan that discusses and sets forth training objectives, required activities, and caseload guidelines. Formal evaluations are completed at the midpoint and upon completion of all training rotations lasting six months or more.

Our Neuropsychology Residency Program has three Training Tracks: 1. **General Neuropsychology**, 2. **Geriatric Neuropsychology**, and 3. **Polytrauma/Rehabilitation Psychology**. Each track is comprised of both required and elective clinical experiences. The required training placements within each track are described below and elective experiences in the section following.

Clinical Neuropsychology Training Experiences

We have three positions open for application in 2020. Each training track involves participation in required training experiences as well as selection of elective experiences.

Required Clinical Rotations: Polytrauma/Rehabilitation Psychology

1. **Polytrauma/TBI Neuropsychology.** Residents receive advanced training within our Polytrauma Network Site (PNS), with emphases in neuropsychology and rehabilitation. Polytrauma (i.e. multi-system injury including traumatic brain injury) has been identified as a national priority for Veterans' health care and there is significant need for Polytrauma Psychology services including neurocognitive and psychological assessment, innovative treatments, as well as consultation and research. Residents serve as an integral member of the interdisciplinary Polytrauma team working with Veterans from Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND). The resident receives training and direct supervision in neuropsychological and psychological assessment, interventions including individual and group evidence-based psychological treatments, and cognitive rehabilitation. Additionally, the resident will work closely with allied disciplines of the Polytrauma/Traumatic Brain Injury Program including Physiatry, Speech and Language Pathology, Occupational Therapy, Physical Therapy, Social Work, Nursing, Blind Rehabilitation and Vocational Rehabilitation Specialists to develop a comprehensive treatment plan for the Veteran. Residents will provide consultation to the team on the Veteran's neurocognitive and psychological areas of strengths and weakness, and how these inform and impact treatment. It is expected that residents will also have the opportunity to participate in education inside and outside of the VA about brain injury. Residents will have opportunities to participate in ongoing research projects or program development, program evaluation and layered clinical supervision of psychology interns and practicum-level trainees. *Supervisors:* Steve Castellon, Ph.D. and Anna Okonek, Ph.D.
2. **Inpatient Acute Physical Rehabilitation Unit:** Residents complete consultations on patients admitted for intensive physical rehabilitation of stroke, amputation, traumatic brain injury, and/or neurological or orthopedic disorders. Consultation typically involves neurocognitive or psychological evaluation and assessment of decision-making capacity. Also, resident will acquire experience providing short-term psychotherapy and staff support and education regarding patient's cognitive and/or psychological condition. *Supervisor:* Michelle Zeller, Psy.D, ABPP-CN.
3. **Neuropsychology Assessment Laboratory.** The NAL handles most non-specialty (e.g. Polytrauma or TBI Clinic) neuropsychological assessment referrals for the large medical center. Although most of the evaluations are done on an outpatient basis, there is also opportunity for inpatient assessment within this training rotation as well. Residents have the opportunity to evaluate patients with a

wide variety of neurological disorders including Alzheimer's disease, vascular dementia, head injury, substance-induced cognitive disorders, toxic/metabolic encephalopathy, seizure disorder, severe mental illness, and subcortical dementias such as Parkinson's disease and HIV-associated dementia. Residents are exposed to a hypothesis testing/process approach to neuropsychological evaluation and develop competence in test selection, administration, scoring and interpretation, and report writing. Most patients receive feedback on testing results, providing excellent opportunities to help patients (and/or their families or treatment teams) use testing results to help inform their treatment plans. Residents have the opportunity to provide layered supervision to predoctoral interns and practicum students rotating through the NAL. Clinical training is supported by a strong didactic base that includes: 1). Weekly Neuropsychology Case Conferences offering basic theory designed to develop skills in clinical case interpretation; 2). Weekly neurosciences lectures at the UCLA Semel Institute that emphasize theoretical and conceptual issues; 3). Weekly Neurobehavior seminars presenting research and clinical data on neurobehavioral syndromes and cases highlighting unusual disorders; 4). Memory Disorder and Neurobehavioral Clinics in which case presentations are discussed by neurologists, neuropsychologists, and psychiatrists; and 5). Clinical pathology (i.e., brain cutting) conferences. *Supervisor*: Charles Hinkin, Ph.D., ABPP-CN.

Required Clinical Rotations: Geriatric Neuropsychology

1. **Geropsychology Program:** This program emphasizes training opportunities in aging, cognition, and mental health. Residents will receive training in cognitive screening and psychiatric outpatient care for older adults through the Geropsychiatry Outpatient Clinic. This interdisciplinary setting trains students from a variety of mental health and medical disciplines, including Geriatric Psychology, Geriatric Psychiatry, Geriatric Medicine, Pharmacy, and Social Work. The Geropsychiatry Outpatient Clinic is one of the primary training rotations for the UCLA Geriatric Psychiatry Fellowship Program and thus offers excellent opportunity for interprofessional education and collaboration. Residents will work with Veterans from diverse socioeconomic and racial/ethnic backgrounds who have mental health and/or neurocognitive disorders, including depressive disorders, anxiety-spectrum disorders, bipolar disorder, schizophrenia, and various dementias. Training opportunities include brief and more comprehensive neuropsychological assessment, psychiatric interviewing and mental status exams, individual and group psychotherapy (structured and process-oriented). Because many older Veterans have co-morbid medical, psychiatric and psychosocial problems, a broad biopsychosocial approach to care is used in these settings. In addition to training in the Geropsychiatry Outpatient Clinic, elective experiences include providing neurocognitive screening and evaluation in a primary care setting, and providing consultative mental health services in community nursing homes. *Supervisor*: Sheryl Osato, Ph.D.
2. **Geriatric Medicine:** The Geriatric Medicine rotation provides training in neuropsychological and psychological assessment, brief psychotherapy and team consultation in both inpatient (AGT) and outpatient (GRECC) medical geriatric settings. The program is linked with the UCLA Geriatric Medicine Fellowship, one of the top-rated geriatric training sites in the country. The Acute Geriatric Team (AGT) oversees 8 inpatient beds for medically ill older adult (over 65 years of age) Veterans, located in the main hospital (Building 500). Residents are part of the inpatient acute geriatric medicine treatment team (AGT), and consult with medical attendings, residents, social work, rehabilitation and nursing staff. The Resident reviews the medical chart of AGT patients to identify the presence or risk for cognitive, psychological, or functional decline. As needed, patients are assessed for medical decisional capacity, ability to live independently, delirium, dementia, and mood disorders, and other psychiatric disorders. Brief supportive therapy and psychoeducation is

provided as needed. Because the AGT strives to discharge patients safely and efficiently, the pace is fast and there is strong emphasis on interdisciplinary team communication and collaboration. GRECC (Geriatric Research, Education, and Clinical Center) is an outpatient clinic with a census of approximately 400 patients. Residents attend weekly didactics with the interprofessional medical treatment team. The Resident's primary responsibility is neuropsychological assessment, treatment planning, and feedback with patients and their families. Typical diagnoses include cerebrovascular disease, Alzheimer's Disease, Mild Cognitive Impairment, and depression. The Resident also co-facilitates two groups aimed at promoting cognition, one for healthy older adults (Brain Training), and one for Veterans with Mild Cognitive Impairment/mild dementia (Memory Group). The Brain Training group is a psychoeducational program aimed at enhancing healthy brain functioning in aging. Group sessions focus on teaching participants about factors that can impact cognition, including the normal aging processes, nutrition, exercise, stress, and depression. It also teaches and assists participants in practicing mnemonic strategies and compensatory techniques to enhance their memory in daily life. The Memory Group follows a similar format but is geared towards older adults who have been diagnosed with a Neurocognitive disorder. The GRECC team is active in research and is currently studying interventions to assist caregivers, tele-medicine, and diabetes management. Dr. Melrose has a VA funded Merit Review project to examine neuroimaging correlates of amnesic Mild Cognitive Impairment and Alzheimer's Disease. Dr. Wilkins is studying post stroke depression, and cultural factors involved in cognitive assessment. *Supervisors:* Rebecca Melrose, Ph.D. and Stacy Wilkins, Ph.D. ABPP/CN

- 3. Veteran's Cognitive Assessment and Management Program (V-CAMP):** V-CAMP provides interdisciplinary assessment, diagnostic services, and ongoing care for Veterans with neurocognitive disorders and their caregivers. With a primary target of increasing access and quality of care to rural Veterans, the primary method of service delivery is clinical video telehealth to local CBOCs, though some in person assessment is conducted based on patient preference and/or clinical appropriateness. Services include: diagnostic assessment (clinical interview, screening), neuropsychological assessment, medication management, behavioral assessment and intervention, and comprehensive care management. For neuropsychology residents, primary clinical duties include clinical interviewing, conducting cognitive screening, comprehensive neuropsychological assessment, and developing treatment plans and/or recommendations for optimal function and safety. This service offers the unique opportunity for neuropsychology residents to provide ongoing follow up to allow for exposure to the clinical course of various neurocognitive disorders. V-CAMP providers work closely with CBOC clinicians, social work care managers, and community resources to provide integrated and comprehensive care. Additional didactic opportunities include a bi-monthly training focused on brain-behavior relationships as applied to cognitive, behavioral, emotional, and functional symptoms in neurocognitive disorders in older adults. *Supervisors:* Kate Harrell, Ph.D.; Natalie Kaiser, Ph.D.
- 4. Neuropsychology Assessment Laboratory.** The NAL handles non-specialty (e.g. Polytrauma or TBI Clinic) neuropsychological assessment referrals for the large medical center. Although most of the evaluations are done on an outpatient basis, there is also opportunity for inpatient assessment within this training rotation as well. Residents have the opportunity to evaluate patients with a wide variety of neurological disorders including Alzheimer's disease, vascular dementia, head injury, substance-induced cognitive disorders, toxic/metabolic encephalopathy, seizure disorder, severe mental illness, and subcortical dementias such as Parkinson's disease and HIV-associated dementia. Residents are exposed to a hypothesis testing/process approach to neuropsychological evaluation and develop competence in test selection, administration, scoring and interpretation, and report

writing. Most patients receive feedback on their testing results, providing excellent opportunities to help patients (and/or their families or treatment teams) use testing results to help inform their treatment plans. Residents have the opportunity to provide layered supervision to predoctoral interns and practicum students who are rotating through the NAL. Clinical training is supported by a strong didactic base that includes: 1). Weekly Neuropsychology Case Conferences offering basic theory designed to develop skills in clinical case interpretation; 2). Weekly neurosciences lectures at the UCLA Semel Institute that emphasize theoretical and conceptual issues; 3). Weekly Neurobehavior seminars presenting research and clinical data on neurobehavioral syndromes and cases highlighting unusual disorders; 4). Memory Disorder and Neurobehavioral Clinics in which case presentations are discussed by neurologists, neuropsychologists, and psychiatrists; and 5). Clinical pathology (i.e., brain cutting) conferences. *Supervisor*: Charles Hinkin, Ph.D., ABPP-CN

Required Clinical Rotations: **General Neuropsychology**

- 1. Neuropsychology Assessment Laboratory.** The NAL handles non-specialty (e.g. Polytrauma or TBI Clinic) neuropsychological assessment referrals for the large medical center. Although most of the evaluations are done on an outpatient basis, there is also opportunity for inpatient assessment within this training rotation as well. Residents have the opportunity to evaluate patients with a wide variety of neurological disorders including Alzheimer's disease, vascular dementia, head injury, substance-induced cognitive disorders, toxic/metabolic encephalopathy, seizure disorder, severe mental illness, and subcortical dementias such as Parkinson's disease and HIV-associated dementia. Residents are exposed to a hypothesis testing/process approach to neuropsychological evaluation and develop competence in test selection, administration, scoring and interpretation, and report writing. Most patients receive feedback on their testing results, providing excellent opportunities to help patients (and/or their families or treatment teams) use testing results to help inform their treatment plans. Residents have the opportunity to provide layered supervision to predoctoral interns and practicum students who are rotating through the NAL. Clinical training is supported by a strong didactic base that includes: 1). Weekly Neuropsychology Case Conferences offering basic theory designed to develop skills in clinical case interpretation; 2). Weekly neurosciences lectures at the UCLA Semel Institute that emphasize theoretical and conceptual issues; 3). Weekly Neurobehavior seminars presenting research and clinical data on neurobehavioral syndromes and cases highlighting unusual disorders; 4). Memory Disorder and Neurobehavioral Clinics in which case presentations are discussed by neurologists, neuropsychologists, and psychiatrists; and 5). Clinical pathology (i.e., brain cutting) conferences. *Supervisor*: Charles Hinkin, Ph.D., ABPP-CN
- 2. Veteran's Cognitive Assessment and Management Program (V-CAMP):** V-CAMP provides interdisciplinary assessment, diagnostic [services](#), and ongoing care for Veterans with neurocognitive disorders and their caregivers. With a primary target of increasing access and quality of care to rural Veterans, the primary method of service delivery is clinical video telehealth to local CBOCs, though some in person assessment is conducted based on patient preference and/or clinical appropriateness. Services include: diagnostic assessment (clinical interview, screening), neuropsychological assessment, medication management, behavioral assessment and intervention, and comprehensive care management. For neuropsychology residents, primary clinical duties include clinical interviewing, conducting cognitive screening, comprehensive neuropsychological assessment, and developing treatment plans and/or recommendations for optimal function and safety. This service offers the unique opportunity for neuropsychology residents to provide ongoing follow up to allow for exposure to the clinical course of various neurocognitive disorders. V-CAMP providers work closely with CBOC clinicians, social work care managers, and community resources to

provide integrated and comprehensive care. Additional didactic opportunities include a bi-monthly training focused on brain-behavior relationships as applied to cognitive, behavioral, emotional, and functional symptoms in neurocognitive disorders in older adults. *Supervisors:* Kate Harrell, Ph.D.

- 3. Polytrauma/TBI Neuropsychology.** Residents receive advanced training within our Polytrauma Network Site (PNS), with emphases in neuropsychology and rehabilitation. Polytrauma (i.e. multi-system injury including traumatic brain injury) has been identified as a national priority for Veterans' health care and there is significant need for Polytrauma Psychology services including neurocognitive and psychological assessment, innovative treatments, as well as consultation and research. Residents serve as an integral member of the interdisciplinary Polytrauma team working with Veterans from Operations Enduring Freedom, Iraqi Freedom, and New Dawn (OEF/OIF/OND). The resident receives training and direct supervision in neuropsychological and psychological assessment, interventions including individual and group evidence-based psychological treatments, and cognitive rehabilitation. Additionally, the resident will work closely with allied disciplines of the Polytrauma/Traumatic Brain Injury Program including Physiatry, Speech and Language Pathology, Occupational Therapy, Physical Therapy, Social Work, Nursing, Blind Rehabilitation and Vocational Rehabilitation Specialists to develop a comprehensive treatment plan for the Veteran. Residents will provide consultation to the team on the Veteran's neurocognitive and psychological areas of strengths and weakness, and how these inform and impact treatment. It is expected that residents will also have the opportunity to participate in education inside and outside of the VA about brain injury. Residents will have opportunities to participate in ongoing research projects or program development, program evaluation and layered clinical supervision of psychology interns and practicum-level trainees. *Supervisors:* Steve Castellon, Ph.D. and Anna Okonek, Ph.D.

Elective Clinical Rotations

In addition to these required training experiences, our program offers the opportunity for elective experiences within several other, highly relevant, training settings within neuropsychology and/or medical psychology:

- 1. Inpatient Acute Physical Rehabilitation Unit:** Residents complete consultations on patients admitted for intensive physical rehabilitation of stroke, amputation, traumatic brain injury, and/or neurological or orthopedic disorders. Consultation typically involves neurocognitive or psychological evaluation and assessment of decision-making capacity. Also, resident will acquire experience providing short-term psychotherapy and staff support and education regarding patient's cognitive and/or psychological condition. *Supervisor:* Michelle Zeller, Psy.D, ABPP-CN.
- 2. Veteran's Cognitive Assessment and Management Program (V-CAMP):** The V-CAMP provides interdisciplinary assessment, diagnostic, and ongoing care for Veterans with neurocognitive disorders and their caregivers. With a primary target of increasing access and quality of care to rural Veterans, both clinical video teleconferencing and telephonic communication strategies are utilized for service delivery. Services include: diagnostic assessment, neuropsychological assessment, medication management, behavioral assessment and intervention, and comprehensive care management. Veterans and caregivers receive care either from the home or from their local CBOC as clinically indicated. V-CAMP providers work closely with CBOC clinicians and community resources to provide integrated and comprehensive care. *Supervisors:* Kate Harrell, Ph.D. and Natalie Kaiser, Ph.D.

- 3. Long-Term Care and Rehabilitation: Community Living Center (CLC):** Resident receives training and supervision in the provision of neuropsychological assessment services, interdisciplinary consultation, and experience with cognitive rehabilitation in a long-term care setting. The CLC is a training setting where students from a variety of mental health and medical disciplines, including Geriatric Psychology, Geriatric Psychiatry, Geriatric Medicine, Pharmacy, Social Work and Nursing, work to optimize mental health, cognitive, and medical functioning in patients in a long-term care environment. Residents will have the opportunity to work with patients with a variety of mental health disorders (e.g. affective disorders, schizophrenia and psychotic-spectrum disorders, personality disorders), dementia and delirium. A broad biopsychosocial approach to care is used in this setting as many patients have social, medical, cognitive, and mental health conditions. A variety of assessment experiences can be gained in this setting, including psychiatric interviewing, mental status exams, and objective personality testing (e.g. MMPI-2/RF, PAI). At the CLC, residents will receive intervention experience as well, with individual psychotherapy based primarily on a short-term model, utilizing behavioral, dynamic, and problem-solving modalities. Group therapy training opportunities are also offered. *Supervisors:* Paul Cernin, Ph.D. and Fred Kornfeind, Psy.D.
- 4. Psychiatric Inpatient Assessment:** Residents complete psychological assessments on patients who have been admitted to one of the locked psychiatric inpatient wards. Referral questions typically involve requesting assistance with diagnostic formulation, ruling out of symptom exaggeration or malingering, and screening for neurocognitive disorders. *Supervisor:* Steven Castellon, Ph.D.
- 5. Pain Clinic:** Resident will work closely with psychologists who are part of an interdisciplinary pain treatment team (Rehabilitation Medicine, Anesthesiology, Nursing, and Psychiatry). The primary role of the psychologist in this setting is that of consultant to the treatment team based on an assessment of the patient's current psychological/personality functioning and biopsychosocial history. There are opportunities to assess patients with chronic and complicated pain problems. Pain patients who are candidates for interventional procedures (e.g. spinal cord stimulator placement or baclofen pump) undergo a comprehensive psychological assessment, including clinical interview, self-report measures, and administration of the MMPI-2. Thus, psychology trainees gain experience in the use and interpretation of screening, interview, and personality measures in the assessment of chronic pain. In addition to assessment, the pain psychology program also contributes to an interdisciplinary comprehensive pain rehabilitation program. Residents may conduct evaluations of candidates for the program, provide group-based psychological treatment, and participate in interdisciplinary treatment plans. There may also be opportunities to provide group behavioral pain management to Veterans who struggle with addiction. Finally, brief individual therapy opportunities (i.e. CBT, or biofeedback) may be available as well. *Supervisors:* Katherine Bailey, Ph.D. and Morgan Kay, Ph.D.

Teaching Methods

The West Los Angeles VA Neuropsychology Residency is a two year, full-time, program with supervised clinical and didactic experiences that are graded in complexity. As the Resident progresses through the program, we strive to provide them with more complex training opportunities requiring more advanced skills. Supervision, a key aspect of all clinical experiences during training, is expected to progress towards providing greater autonomy and responsibility for clinical decision making. Additionally, it is expected that all Residents participate in layered supervision with predoctoral trainees to begin to acquire basic skills at providing supervision. Throughout training, we seek to provide each Resident with a wide

variety of patients from different cultural backgrounds and with differing clinical needs and conditions, thereby familiarizing them with an array of neurological and psychiatric evaluations and treatments.

Residents receive a minimum of 4 hours of individual and group supervision each week, including one-hour weekly individual supervision with a primary program supervisor and rotation supervisors. Direct observation, role modeling, and review of neuropsychological evaluation protocols and reports, as well as joint participation in teaching clinics are among the supervision models employed. Ongoing and regular feedback is provided at a monthly Psychology Training Committee meeting and a bi-monthly Neuropsychology Training Group meeting. These meetings allow program faculty and neuropsychology trainees (residents and interns) to have on-going evaluation and make any modifications of individual training plan, as indicated. Required and optional didactics, continuing education events for staff, Grand Rounds (Neurology and Psychiatry) and lectures and seminars at the West Los Angeles VA and at the UCLA School of Medicine occur throughout the training year (also, see below, Didactics).

Competency Areas Assessed

At program completion, each Resident will demonstrate advanced competency in the following areas:

1. Assessment
2. Intervention/Cognitive Rehabilitation
3. Interdisciplinary Consultation
4. Multidisciplinary Team Treatment Planning
5. Professional, Ethical, and Legal Issues
6. Cultural and Individual Diversity
7. Supervision and Teaching
8. Scholarly Inquiry

Program Structure

The Clinical Neuropsychology Postdoctoral Residency Program is comprised of two full-time years of training. The table below summarizes a sample Training Plan/Program for three Residents for each of the two years of training. The time allotments noted are estimates and each Resident's program may differ based on their unique training needs and interests.

Didactics: Diversity Seminar (Year 1), Postdoc Seminar and Journal Club; Clinical Neuroanatomy, V-TEL Multi-site Neuropsychology Didactics

Facility and Training Resources

Residents will be provided office space and computers necessary for patient care and administrative responsibilities. They will have full access to VA Medical Library services, the UCLA Biomedical Library, as well as VA Intranet and internet resources for clinical and research work. We have a comprehensive Psychology Assessment Lab, which includes a wide variety of psychological assessment instruments and scoring programs. There are 2 staff available for administrative support.

Administrative Policies and Procedures

Due Process: Procedures for due process and grievance are in place for any instances of problematic performance and are available upon request.

Privacy policy: We will collect no personal information about you when you visit our website.

Self-Disclosure: We do not require residents to disclose personal information to the program administrators or clinical supervisors, except in cases where personal issues may be adversely affecting the resident's performance and such information is necessary to address any difficulties.

Neuropsychology Postdoctoral Training Faculty

Core Supervisors:

Castellon, Steven A., Ph.D. – (Director, Postdoctoral Residency Program)

Doctoral Program: University of California, Los Angeles (Clinical), 1997

Doctoral Internship: West Los Angeles VA Medical Center

Postdoctoral Fellowship: Neuropsychology, UCLA Neuropsychiatric Institute

Academic Affiliation: Associate Clinical Professor and Research Psychologist, Department of Psychiatry & Biobehavioral Sciences; David Geffen School of Medicine at UCLA

Track: Polytrauma Psychology, Health/Integrated Care (Psychology Assessment Lab)

Clinical Interests: Neuropsychological assessment, psychological assessment

Research Interests: Cognitive effects of cancer and cancer treatments, neuropsychiatric aspects of HIV/AIDS, cognitive and psychiatric consequences of Hepatitis C and its treatment

Cernin, Paul, Ph.D. (Director of Psychology Pre-Internship Program)

Doctoral Program: Wayne State University, 2008

Doctoral Internship: St. Louis VAMC

Academic Affiliation: Assistant Clinical Professor, Department of Psychiatry and Biobehavioral Sciences David Geffen School of Medicine at UCLA

Postdoctoral Fellowship: Neuropsychology, UCLA Semel Institute, Geriatric Neuropsychology, 2008-2010

Track: Clinical Neuropsychology (Geriatric Neuropsychology)

Clinical Interests: older adults, LGBT aging

Research Interests: health disparities and urban elders, successful aging, breast cancer and cognition.

Harrell, Katherine, Ph.D.

Doctoral Program: Drexel University (Formerly MCP Hahnemann University), 2005

Doctoral Internship: West Los Angeles VA Medical Center

Track: Clinical Neuropsychology (V-CAMP program)

Clinical Interests: Neuropsychology; Tele-psychology; Geriatrics

Hinkin, Charles H., Ph.D., ABPP-CN

Doctoral Program: University of Arizona, 1991

Doctoral Internship: Miami VA Medical Center

Postdoctoral Fellowship: Neuropsychology, UCLA School of Medicine

Academic Affiliation: Professor-in-Residence, Department of Psychiatry and Biobehavioral Sciences David Geffen School of Medicine at UCLA

Track: Geropsychology/Neuropsychology (Director Neuropsychology Service)

Clinical Interests: Neuropsychological assessment, detection of malingering, dementia

Research Interests: Neurocognitive and neuropsychiatric sequelae of HIV infection, HCV infection, medication adherence in chronic disease

Kaiser, Natalie, Ph.D.

Doctoral Program: Loma Linda University (Clinical), 2011

Doctoral Internship: West Los Angeles VA Medical Center, 2010-11

Postdoctoral Fellowship: Special Fellowship in Advanced Geriatrics, West Los Angeles VA Medical Center, 2011-2013

Academic Affiliation: Formerly - Visiting Scholar, Department of Psychiatry and Biobehavioral Sciences David Geffen School of Medicine at UCLA

Track/Rotation: Clinical Neuropsychology (Geriatric Neuropsychology)

Clinical Interests: Neuropsychology

Research interests: Clinical markers of early-onset vs. late-onset neurodegenerative disease

Active Research: Not active in research currently

Melrose, Rebecca, Ph.D.

Doctoral Program: Boston University, Boston (Clinical), 2007

Internship: West Los Angeles VA Medical Center, 2006-2007

Postdoctoral Fellowship: Special Fellowship in Advanced Geriatrics, West Los Angeles VA Medical Center, 2007-2010

Academic Affiliation: Assistant Research Psychologist, Department of Psychiatry and Biobehavioral Sciences David Geffen School of Medicine at UCLA

Track/Rotation: Clinical Neuropsychology (Geriatric Medicine)

Clinical Interests: Neuropsychology

Research interests: Neuroimaging & neuropsychology of cognitive decline in aging

Active Research: Neuroimaging (task fMRI, resting state fMRI, DTI) of Mild Cognitive Impairment & Alzheimer's Disease

Okonek, Anna, Ph.D. – (Director of Psychology Training)

Doctoral Program: University of California, Los Angeles (Clinical), 1992

Doctoral Internship: West Los Angeles VA Medical Center, 1989-1990

Postdoctoral Fellowship: Geropsychology/Neuropsychology, UCLA Neuropsychiatric Institute, 1991-1993

Academic Affiliation: Clinical Professor, UCLA Department of Psychology

Track: Polytrauma

Clinical Interests: Polytrauma/traumatic brain injury, neuropsychology, adjustment to disability, coping with acute and chronic medical illness

Research interests: Traumatic brain injury, blast injury

Osato, Sheryl, Ph.D.

Doctoral Program: University of Hawaii (Clinical), 1986

Doctoral Internship: West Los Angeles VA Medical Center

Postdoctoral Fellowship: Geropsychology, UCLA Neuropsychiatric Institute

Academic Affiliations: Clinical Professor, UCLA Department of Psychology; Adjunct Professor, Fuller Graduate School of Psychology

Track: Geropsychology-Neuropsychology

Clinical Interests: Neuropsychiatric aspects of aging, dementia, psychopathology and aging

Research Interests: Aging and neuropsychology, dementia

Wilkins, Stacy Schantz, Ph.D. ABPP-CN

Doctoral Program: Fuller Graduate School of Psychology (Clinical), 1988

Doctoral Internship: West Los Angeles VA Medical Center, 1987-1988

Postdoctoral Fellowship: Clinical Neuropsychology Fellowship, UCLA Neuropsychiatric Institute, 1988-89

Updated September 24, 2019

Academic Affiliation: Professor of Clinical Medicine, School of Medicine, Department of Geriatrics, David Geffen School of Medicine at UCLA

Track/Rotation: Clinical Neuropsychology and Clinical Psychology (Geriatric Medicine)

Clinical Interests: Neuropsychology and Clinical Psychology

Research interests: Cognitive and Mood Disorders in Aging and Medical Illness, Cultural impact on Psychiatric/Cognitive Functioning and Medical Illness

Active Research: Post stroke depression, Impact of Culture on Psychotic Experiences in Qatar, Verbal Fluency in Arabic speakers

Zeller, Michelle, Psy.D, ABPP-CN

Doctoral Program: Pepperdine University (Clinical), 2004

Doctoral Internship: VA Greater Los Angeles Healthcare System

Postdoctoral Fellowship: Geropsychology, UCLA Neuropsychiatric Institute, 2004-06

Track: Health/Integrated Care (Inpatient Acute Rehabilitation Unit)

Clinical Interests: Neuropsychological assessment, individual psychotherapy, group psychotherapy, geropsychology

Research Interests: Cognitive performance on neuropsychological measures and PTSD