



***San Francisco Veterans Affairs
Medical Center
Postdoctoral Residency in Clinical
Neuropsychology***

Brochure and Application Materials

2016-2018

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Postdoctoral Residency Program In Clinical Neuropsychology

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Dear Prospective Applicant:

Thank you for your interest in the **two-year Postdoctoral Clinical Neuropsychology Residency** at the **San Francisco VA Medical Center**, with training scheduled to begin on or around September 1, 2016; to be determined at a later date. One stipend will be available, at a rate of \$50,006 annually the first year and \$52,709 the second year. Federal health insurance coverage, holiday, sick and professional leave are provided. Our program is organized to provide two years of postdoctoral training; however, advancement to the second year is contingent on successful completion of the first year requirements.

The residency training emphasis is in **clinical neuropsychology**. The resident will attend didactic seminars and rounds, receive supervised experience in clinical assessment and consultation, clinical interventions, research, teaching and supervision, and gain familiarity with administrative roles of clinical psychologists working in a VA hospital. The fellowship will satisfy Postdoctoral supervised hour requirements for California licensure, and provide experiences that satisfy eligibility criteria for ABPP certification in Clinical Neuropsychology. Candidates must have completed an APA-approved internship and an APA-approved doctoral program prior to start of residency. Application deadline is **December 20, 2015**.

The national training mission of VA is broad and explicitly includes training of health care professionals for the nation, as well as for the VA system. We train residents to be qualified to go on to VA jobs, and others to go on to work in research, other medical centers and the private sector.

The training program in Clinical Neuropsychology at the San Francisco VA Medical Center is accredited by the Commission on Accreditation (CoA) of the American Psychological Association. The next site visit is scheduled for 2019.

Please review our residency brochure and fill out the application form. If you have any questions about the residency, please feel free to call Johannes Rothlind Ph.D. at (415) 221-4810 ext 26346 or e-mail johannes.rothlind@va.gov. SFVAMC is an Affirmative Action/Equal Opportunity Employer. Minority applicants are especially encouraged to apply.

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POSTDOCTORAL CLINICAL NEUROPSYCHOLOGY RESIDENCY PROGRAM
San Francisco VA Medical Center

The Training Setting

The San Francisco VA Medical Center, or "Fort Miley," as it is known to native San Franciscans, is a nationally known teaching hospital in one of the most cosmopolitan cities in the world. Located on a hill seven miles from downtown San Francisco, the hospital overlooks the Pacific Ocean to the west and the Golden Gate Bridge to the north. The grounds cover approximately 30 acres and include 23 buildings.

Each year San Francisco VA Medical Center provides Services to more than 400,000 veterans living in an eight-county area of Northern California. The SFVAMC is a tertiary referral center for other centers within VISN 21. The Medical Center provides diagnostic and treatment services in a number of specialty areas including neurological diseases, cardiology, oncology, renal dialysis, and open heart surgery in addition to mental health treatment. For the past years, VISN 21 has been a Mental Illness Research, Education and Clinical Center (MIRECC) site, with the SFVAMC serving as a primary component. In 1997, the SFVAMC also developed the first comprehensive VA Parkinson's Disease Research Education & Clinical Center (PADRECC), which has become the model for other PADRECCs nationally. The comprehensive Epilepsy program at the SFVAMC has been designated as a DVA Clinical Program of Excellence. The VA provides cognitive rehabilitation services to OEF/OIF veterans suffering from Traumatic Brain Injuries.

The Medical Center is fully accredited by the Joint Commission for its general medical and surgical programs as well as its psychiatry and substance abuse programs. It is approved by the American Medical Association for the training of medical students and residents in all of the major specialties and subspecialties, the Council of Teaching Hospitals of the Association of American Medical Colleges, and the West Bay Hospital Conference.

Educating future health care providers is one of the five missions of the SFVAMC and has a major presence within this institution. The San Francisco VA Medical Center is affiliated with the University of California, San Francisco (UCSF), one of the top ranked medical schools in the country, and we train 1500 of their students in 60 professional and allied health academic programs yearly.

The SFVAMC has a long tradition of psychology training. The psychology pre-doctoral internship has been APA-accredited since 1979 with three full-time VA-funded pre-doctoral clinical positions. In 2000, the SFVAMC Mental Health Service inaugurated a VA-funded clinical Postdoctoral psychology fellowship program in clinical psychology with emphasis in the areas of Substance Abuse and PTSD which is fully accredited by the American Psychological Association Committee on Accreditation. Subsequently we have added post-doctoral training positions in Women's Mental Health, Primary Care, HIV Mental Health, Psychosocial Recovery, and Rural Psychology. In 2006 the SFVAMC was awarded funding for a two-year clinical neuropsychology fellowship (now "residency") training position, and in 2010 four newly funded fellowships were added to the Postdoctoral Program, including expansion to a second position in Rural Psychology and Primary Care, a new position in Geropsychology and Women's Mental Health and Primary Care.

Psychological services and psychology training at the SFVAMC are integrated within Mental Health Service programs and primary care medicine programs and other specialty programs, including Neurology. The relationships between psychology and other programs are enormously collaborative. The SFVAMC Mental Health Service has both inpatient and outpatient programs, and our staff are engaged in multidisciplinary care in a variety

of settings, interacting with a variety of specialty medical teams and service providers. Disciplines represented on these multidisciplinary teams include general medicine, neurology, psychiatry, other medical specialties, clinical psychology, nursing, social work, addiction specialist, neurophysiology, speech pathology, physical therapy, and vocational rehabilitation. Cornerstones of our Psychology training model include development of advanced clinical proficiencies and knowledge in clinical psychology but also exposure of our trainees to the unique contributions of various disciplines in a multidisciplinary health care environment serving veterans.

The psychology staff is comprised of 22 Ph.D.'s and three PsyD. Psychologists, including four actively involved in clinical neuropsychology service delivery. The staff members are UCSF faculty and VA Medical Staff and have clinical privileges to provide a very broad range of services. Our staff and trainees have access to the UCSF library, colloquia and seminars including weekly Psychiatry Grand Rounds. Mental Health Grand Rounds occur monthly at the SFVAMC.

Our Medical Center is the #1 ranked VA Medical Center in terms of research grants. Investigations of particular relevance to this residency include: Parkinson's disease, molecular genetics of neuropsychiatric disorders, Alzheimer's disease, stroke and advances in medical neuroimaging. The SFVAMC also has a Research Enhancement Award Program (REAP) in aging.

Patient Population

The San Francisco VA Medical Center serves a predominantly male population ranging in age from 18 to 90+ years, although the number of women accessing services is increasing. A Women's Health Program serves our 2000+ women veterans. Veterans of all ages receive general medical as well as specialized evaluation and treatment at the SFVAMC and affiliated CBOC. All racial/ethnic groups are represented and there is a large LGBT community. Patients span the spectrum of socioeconomic classes but most are considered "working class." Veterans do not have to have served in a war to receive benefits; however, the largest cohorts are the World War II / Korean Conflict veterans, most of whom are 65 to 90 years old, and the Vietnam Era veterans who are now in their fifties. Veterans from the Persian Gulf War (Desert Storm, Desert Shield) and the current conflicts in Iraq and Afghanistan (Operation Enduring Freedom [OEF], Operation Iraqi Freedom [OIF]) also receive health care in the VA system. Of late, particular attention has been paid to program development and special services in order to meet the needs of our returning soldiers.

Clinical Neuropsychology Residency Training Model, Goals, and Program Philosophy

The training model for CN Residency at the San Francisco VAMC derives from the prevailing model within the field of Clinical Neuropsychology that has been outlined by the Houston Conference Guidelines. Consistent with these guidelines, our program entails two years full-time supervised clinical training and didactic experiences, embracing a scientist-practitioner philosophy and organized to gradually expose the resident to increasingly advanced training activities. In keeping with Houston Conference guidelines for training in Clinical Neuropsychology our goals for training include resident's achievement of:

- a) advanced skill in the neuropsychological evaluation, treatment, and consultation to patients and professionals sufficient to practice on an independent basis
- b) advanced understanding of brain-behavior relationships
- c) scholarly activity
- d) skills needed to teach and supervise trainees developing expertise in clinical neuropsychology.

The training model at the SFVAMC fosters development of highly specialized skill and expertise within traditional spheres of clinical neuropsychology while also challenging the resident to cultivate a complex, integrative bio-psychosocial perspective in their clinical consultation to a broad range of veteran clients. The training model is developmental in nature. We recognize that residents come to us with different levels of experience and we strive to build upon baseline skills acquired during graduate school and pre-doctoral internship. The resident will be granted progressively more autonomy and responsibility over the course of the year in an organized sequence. At completion of the training the successful resident will be eligible for state or provincial licensure or certification for the independent practice of psychology and for board certification in clinical neuropsychology by the American Board of Professional Psychology.

Advanced training in Clinical Neuropsychology is achieved at the residency level through:

- Focused learning by means of intensive immersion in supervised clinical experiences working with qualified mentors expert in clinical neuropsychology
- Didactic training to provide a background and context in the empirical, clinical and other literatures relevant to clinical neuropsychology.
- Opportunity to acquire leadership, program development and supervisory skills.
- Greater depth of supervised clinical experiences than is feasible for a psychology intern on the same rotations. Examples include exposure to a wider variety of patients, more complicated or challenging cases, or cases requiring specialized skill sets.
- Opportunity to participate in research activities relevant to clinical neuropsychology under the mentorship of psychologists, psychiatrists and neurologists and other neuroscientists involved in cutting-edge research in these areas.
- Professional development and socialization into the profession and practice of Clinical Neuropsychology, including being treated as a junior colleague and internalizing the role of Clinical Neuropsychologist and teacher.
- A variety of didactic and experiential training opportunities designed to foster multicultural competence and the ability to work effectively with individuals of various ethnic backgrounds, sexual orientation status, and religious affiliations.

We believe that adherence to the scientist-practitioner model is the most effective means to develop competent practitioners in neuropsychology who can rapidly incorporate new knowledge into their clinical practice. Our training program is sensitive to individual differences and diversity and is predicated on the idea that Clinical Neuropsychology practice is improved when we develop a broader and more compassionate view of individual differences. In our efforts to train culturally aware and competent clinical neuropsychologists, our program integrates diversity-focused training in the forms of clinical supervision, didactic seminars, and clinical case conferences. Our program faculty has expertise working with patients from various racial/ethnic groups, sexual/gender orientations, religious affiliations, and age groups. Our program's commitment to cultural competence and diversity awareness is reflected in our active and expanding Psychology Diversity Committee, with members representing all levels of psychology at the SFVA, including faculty, fellows, interns, and

externs. The Diversity Committee aims to provide a professional and open atmosphere that respects diversity and provides a forum to discuss issues related to cultural competence and diversity in evaluation and treatment settings.

Specific Training Settings

- 1) SFVAMC Neuropsychological Assessment Program: This program offered by the Mental Health Service provides specialized assessment and consultation services. Consultations are provided in response to referrals from a broad range of general medical and mental health clinics, as well as specialty programs within Neurology at the SFVAMC including the Memory Disorders, Epilepsy, TBI, and Movement disorders(Parkinson's Disease Education, Research and Clinical Center, PADRECC) clinical teams. Consultation services are provided in both inpatient and outpatient settings. The program provides neuropsychological evaluations to veterans with developmental, acquired, and neurodegenerative disorders, and to veterans with comorbid medical and mental health conditions. Specialized evaluation services include learning disability evaluations, screening for cognitive disorders in older veterans, including those with complex comorbid medical and pre-surgical assessment of patients with Parkinson's disease and other movement disorders, epilepsy and other neurologic disorders. Consultation to the multidisciplinary Pain Clinic and other specialty clinics is also offered. Depending on referral question, the evaluations may be designed to characterize the pattern of neuropsychological deficits and ability, monitor changes in functioning, facilitate refined diagnosis, care and discharge planning, rehabilitation planning, and family and caregiver adjustment. Supervisors: Serana Chester, Ph.D., Scott Mackin, Ph.D., Johannes Rothlind, Ph.D., Charles Filanosky, Ph.D.
- 2) SFVAMC Neurology Rehabilitation Medicine TBI Program: This interdisciplinary clinical program emphasizes interprofessional consultation among neurologists, rehabilitation medicine physicians, clinical neuropsychologists and other clinical psychologists, psychiatrists, social workers and primary care physicians. The program focuses on evaluation and treatment of OEF/OIF veterans suffering symptoms associated with a history of head trauma, frequently in the context of comorbid PTSD or other adjustment issues, and challenges the clinician to remain sensitive to clinical issues that lie at the interface of neurocognitive and emotional functioning. Current VA Merit Awards support the implementation and refinement of evidence-based neurocognitive rehabilitation of individuals suffering from cognitive difficulties associated with TBI and comorbid mTBI/PTSD. Supervisor: Tatjana Novakovic-Agopian, Ph.D.
- 3) UCSF Memory and Aging Center: This program provides evaluation and care for individuals with cognitive problems, conducts research on causes and cures for degenerative brain diseases, and serves to educate health professionals, patients and their families. Comprehensive evaluation services are provided in order to determine the cause or causes of the patient's symptoms and to recommend treatment. The Center is staffed by specialists from a wide-variety of disciplines including neurology, neuropsychology, geriatrics, geropsychiatry, pharmacy, nursing, social work and speech pathology. Supervisor: Joel Kramer, Psy.D. ABPP-CN
- 4) UCSF Epilepsy Center: This program offers neuropsychological assessment of surgical (pre- and post-operative) and nonsurgical patients, Wada (intracarotid amytal) assessments and extra-operative and intra-operative speech mapping related to lateralization of language and memory functioning. In this rotation, the resident interacts in clinical case conferences with neurologists, EEG technicians, neuroradiologists, clinician nurse specialists, and interventional radiology staff, becoming more familiar with the professional roles of each, and gaining familiarity with unique assessment and treatment needs of patients across the lifespan suffering different forms of epilepsy. Supervisor: Briana Paul, Ph.D.

Program Structure

Training Experiences:

Rounds and Didactics (4-6 hours weekly) include the following:

Neuropsychology Seminar/Case Conference (Wednesday 1-2:30, Friday 1-2pm): Required for first and second year residents, except for Friday meeting. This is not required while Resident is in the UCSF Memory and Aging Center rotation. The Seminar covers foundations of neuropsychology, including functional neuroanatomy, neuropathology, and assessment and consultation and clinical intervention. Residents assist in organizing the didactic presentation syllabus for this meeting which is open to pre-doctoral interns and practicum students in clinical neuropsychology rotation, as well as to other interested staff, residents, and fellows. The seminar alternates case-based with didactic presentations covering foundational topics in neuropsychology (functional neuroanatomy, relevant cognitive domains, clinical syndromes, legal and ethical considerations, human diversity, psychometric issues). The resident will be assigned specific foundational topics as related to their training needs. Neuropsychology staff will direct a review of current literature as applied to clinical case presentations to further foster evidence-based practice. The seminar meets 2 hours weekly, in two separate meetings, one focused on general topics and one more focused on topics of greater relevance in geriatric neuropsychological assessment.

Post-doctoral Fellowship Seminar (Mondays, 3-4pm): Required for first year and optional for second year residents unless new material is being presented: Residents will attend weekly seminars covering a wide range of advanced issues in psychology presented by various staff to the all VAMC post-doctoral residents (e.g., mandatory training modules necessary for professional licensure, Serious Mental Illness, Trauma, and Neuropsychology; weekly meeting).

Post-doctoral Diversity Seminar, (Second Tuesday of each Month, 2:30-3:30pm): Required for first year and optional for second year residents unless new material is being presented. Residents will attend monthly seminars covering a wide range of advanced diversity issues in psychology presented by staff from the diversity sub-committee of the Training Committee to the VAMC post-doctoral resident and residents (monthly)

Brain, Mind and Behavior UCSF School of Medicine: 10-week intensive series of lectures, small group and laboratory sessions at UCSF School of Medicine. This course work covers CNS neuroanatomy and neuropathology, the neurological examination, and reviews multiple CNS disease prototypes. This is required for residents without prior intensive neuroanatomy coursework, optional for others, but strongly encouraged.

UCSF Memory and Aging Center Neuropsychology Seminar: Weekly didactic covering a wide range of topics pertinent to clinical neuropsychology, including neuroanatomy, neuroimaging, cognitive, behavioral, and psychosocial manifestations of a variety of neurodegenerative disorders, assessment, and clinical intervention.

TBI/PTSD Journal Club (2nd Tuesday 12-1pm) Multidisciplinary meeting (neurology, neuropsychology, PTSD psychology, primary care) focusing on discussion/review of pertinent research and clinical issues related to assessment and rehabilitation of TBI and PTSD. This is required during rotation.

Monthly Cognitive Rehabilitation Psychology Seminar (4th Tuesday, 12-1pm): Multidisciplinary didactic seminar offers training on topics relevant to rehabilitation neuropsychology, including theory and technique of rehabilitation, viewed from an inclusive, adaptive, person-centered perspective. Didactics and case discussion focus on techniques to support people who have experienced a disability of any sort to live fully and richly, and incorporate a true biopsychosocial model. As such, rehab principles and practices are suitable to most any setting, not just for persons with stroke or TBI, and trainees from a range of disciplines and specialty areas are welcome. Leaders: Charles Filanosky Ph.D. and Tatjana Novakovic-Agopian Ph.D. Required.

UCSF Memory and Aging Center Behavioral Neurology Case Conference and Grand Rounds (Friday): Weekly case presentations covering complex topics in neurology. A wide range of didactic training opportunities occur through the UCSF Memory and Aging Center, including the inter professional clinical case conference where all cases are discussed, a weekly Cognitive Neuroscience Seminar, and monthly Frontotemporal Dementia Teaching Case, monthly Clinical-Pathological Case Conference. This is required during clinical rotation.

UCSF Epilepsy Clinic Case Conferences and SFVAMC Friday Epilepsy Case Conference: These interdisciplinary clinical team meetings involve comprehensive review and discussion of findings from all clinical studies and presentations by staff and advanced trainees from the various clinical disciplines involved in the care of patients with known or suspected epilepsy (neuroradiology [MRI], neuropsychology [psychological and neuropsychological test results, Wada test findings and neurology [history and clinical findings, including EEG and other results], neurosurgery, and other disciplines) for clinical formulation and treatment planning.

Neuropsychology Rounds: Dr. William Lynch Ph.D. ABPP-CN also coordinates a monthly case conference that is hosted by the VA-Northern California Health Care System and the Alzheimer's Dementia Center (Martinez campus), John Muir Hospital, Kaiser-Vallejo Rehabilitation Hospital, and Medical Hill Rehabilitation Center on a rotating basis. Members present clinical cases that are often quite perplexing and unusual, with the goal of "stumping" or challenging the experts (Monthly, fall and spring of each year).

Neuroimaging Rounds and Brain Cuttings (encouraged when available): These didactic opportunities are periodically available across the year at SFVAMC, and residents are encouraged to attend. The neuroimaging rounds cover special topics in neuroimaging and related neurological disorders and are presented through the department of radiology at the VAMC. Brain cuttings are presented through the Pathology department at the SF VAMC.

Psychiatry, Neurology, and Cognitive Neuroscience Grand Rounds/Presentations (Optional for first and second year residents): Special topics in psychiatry and neurology are presented through the UCSF School of Medicine and the San Francisco VAMC.

Martinez VA Quarterly OMNI Rounds – Imaging review with Dr Bob Knight (involves brief neurological evaluations and imaging review of 3-4 patients and scan review) –alternates between UC Berkeley and Martinez VA; Residents welcome to attend meetings of local, national and international professional societies is also strongly encouraged. (Residents are encouraged to participate in professional societies both on the local and national level. The Northern California Neuropsychological Forum (NCNF) is an active group of neuropsychologists who meet monthly for didactic presentations that vary from 1-3 hours or longer. This group also provides occasional day long presentations from a recognized leader in the field. Residents are also encouraged to attend national conferences, such as the International Neuropsychological Society (INS) National Academy of Neuropsychology (NAN), and APA (particularly the program offerings of the Division 40, Clinical Neuropsychology).

Clinical Training Experiences:

The resident will gain clinical expertise and exposure to a broad range of clinical conditions through rotations in different clinical settings. Residents receive training in clinical neuropsychological assessment and consultation through the SFVAMC Neuropsychology Assessment Program throughout the course of their training. The resident may elect one or more of the clinical programs served by the Neuropsychology assessment and consultation team (e.g. Memory Clinic, Epilepsy program, PADRECC, Medical Practice Clinic) for greater exposure and more advanced training. Either Memory and Aging Center or Memory Clinic are required for one year during the residency. One year of training in the Neuro Rehabilitation TBI clinic is required. Additional rotations may take the form of regular weekly clinical involvement over the course of the residency, or may be in the form of more time-intensive but time-limited rotations lasting from 3-12 months.

- 1) SFVAMC Neuropsychological Assessment Program: The resident gains advanced training in provision of a range clinical neuropsychological services including neurocognitive screenings, comprehensive neuropsychological evaluations and consultations, feedback and education (to patients, family, and referral sources) and brief interventions with patients and families/caregivers. Consultations are provided to general medical and mental health clinics as well as to specialty programs, including the Memory Disorders, Epilepsy and Movement disorders clinical teams. Residents gain opportunities to conduct neuropsychological assessment of pre-surgical patients in the Movement Disorders and Epilepsy programs, including Wada (sodium amytal) assessments and intra-operative speech mapping related to lateralization of language and memory functioning in epilepsy patients. Residents also gain experience evaluating and consulting regarding diagnosis and treatment of veterans with suspected psychogenic non-epileptic seizures, somatization disturbances and malingering. Evaluations are tailored to facilitate refined diagnosis, rehabilitation, optimization of residual functioning and community integration (including enhancement of patient role functioning and family and caregiver adjustment). Supervised experience with individual therapy and rehabilitation is also available. Residents also gain experience in interpreting longitudinal change in neuropsychological test performance in different clinical settings. Supervisors: Johannes Rothlind, Ph.D., Serana Chester, Ph.D., Scott Mackin, Ph.D. Allison Kaup, Ph.D.
- 2) Rehabilitation Medicine TBI-Polytrauma Program at SFVAMC: The resident will gain supervised experience focused on evaluation and treatment of veterans known or suspected to be suffering symptoms associated with head trauma and PTSD. In many cases, consultation explores clinical issues that lie at the interface of neurocognitive and emotional functioning. Skills gained by the resident will extend to TBI-related psychoeducation for recently discharged veterans, detailed neuropsychological evaluation to aid diagnosis, interdisciplinary rehabilitation planning, consultation in a multidisciplinary setting, and neurocognitive rehabilitation. Supervisors: Tatiana Novakovic-Agopian, Ph.D.
- 3) Memory and Aging Center at UCSF: The resident will become part of a multidisciplinary team that provides screening, differential diagnosis, and consultation for adults with known or suspected dementia arising in late-life. The resident gains facility in carrying out neuropsychological assessment of dementia and consultation in a multidisciplinary environment. The resident will gain more direct familiarity with the roles of other professionals (neurology, geriatric psychiatry, geriatric medicine, social work, geriatric nurse practitioners) in the evaluation, care and treatment of individuals with cognitive impairment. The resident will obtain additional experience collaborating in assessment and treatment of adults suffering less common forms of cortical dementias such as Fronto-Temporal Dementia. Supervisors: Joel Kramer, PsyD. ABPP-CN

- 5) SFVAMC Comprehensive Epilepsy Center and UCSF Epilepsy Center: The resident gains opportunities to conduct neuropsychological assessment of patients with epilepsy and psychogenic non-epileptic seizures, including Wada (intracarotid amytal) assessments and intra-operative speech mapping related to lateralization of language and memory functioning. In this rotation, the resident interacts in clinical case conferences with neurologists, EEG technicians, neuroradiologists, clinician nurse specialists, and interventional radiology staff, becoming more familiar with the professional roles of each, and gaining familiarity with unique assessment and treatment needs of patients suffering different varieties of epilepsy. Supervisors: Johannes Rothlind, Ph.D. SFVAMC; Brianna Paul, Ph.D.
- 4) SFVAMC Medical Practice Psychology and Pain Clinic. The post-doctoral resident will have opportunities to gain additional supervised experience consulting to multidisciplinary medical team, including primary care physicians, neurologists, and anesthesiologists, concerning psychological factors relating to assessment and treatment of health conditions and chronic pain (neuropathic pain, diabetic neuropathy, spinal cord injury, and other degenerative and traumatic conditions). Supervision: Charles Filanosky, Ph.D.

Opportunities for Mentored Research Experience

The resident will have the opportunity to assist or develop his/her own project within one of our ongoing clinical research studies. Some ongoing projects carried out at the SFVAMC include studies examining methods of cognitive rehabilitation for TBI, PTSD, neuropsychological functioning in Parkinson's disease, outcomes of deep brain stimulation for Parkinson's Disease, pre-clinical markers for dementia, interventions to enhance cognitive function in late life, neuropsychological and neuroimaging markers of healthy aging and neurodegenerative dementia, and methods for the assessment of self-appraisal of neuropsychological functioning in healthy adults and individuals with neurological disease. Residents are encouraged to become engaged in research and to present their research work within our group, submit it to national meetings such as the International Neuropsychological Society, the National Academy of Neuropsychology and the Cognitive Neuroscience Society, and to prepare and submit research manuscripts or other scholarly material to peer review journals. Each resident will be expected to spend at least 4 hours a week engaged in mentored scholarly activity. This may include participation in on-going research, preparation of a literature review, or development of an independent research project. Residents are expected to develop a product suitable for presentation at a scientific meeting or submission to a peer-reviewed journal during the course of their residency. (Time: 4-10 hours weekly).

Teaching and Supervision:

The resident gains experience in the teaching of neuropsychological assessment and consultation skills to predoctoral interns throughout their training experience. The resident will prepare and give formal didactic presentations on topics related to clinical neuropsychology at least twice yearly, and engage in supervision of the clinical neuropsychological assessments carried out by pre-doctoral trainees (2-4 hours weekly).

Experience in Program Administration/Management/Leadership:

In keeping with our philosophy that postdoctoral fellows are considered "junior colleagues," fellows also attend the Psychology Faculty Meeting chaired by Dr. Russell Lemle, Chief Psychologist, which meets 2-3 times per month. The agenda for this meeting focuses on issues current psychologists on staff are facing.

The resident will be encouraged to participate in ongoing program development in a continuously evolving medical center health-care environment. The resident will be provided with opportunities to participate in ongoing management and direction of clinical program, including program development, and involvement in administrative activities related to maintaining and improving service delivery and clinic functioning.

All fellows will choose an administrative project. Examples of such are serving on Externship Coordination team, assisting with Quality Improvement Projects, clinical case-load tracking procedures, organizing training seminars, etc..

Time commitment: The fellowship requires a one-year (52 week), full-time training commitment of approximately 40 hours per week. The Clinical Neuropsychology Fellowship requires a two-year commitment.

Program Structure (Example)

Year One:

A. 80% Clinical

1. Core Experience (55%)
 - a. 30% (6 patient/family contact hours) SFVAMC Neuropsychology Programs
 - b. 25% (4 contact hours) SFVAMC Neuro Rehabilitation Medicine – TBI Clinic
2. Elective Rotation Experiences (20%)
 - a. 15% time (3 contact hours) UCSF Memory and Aging Center (6-12 months).
 - b. 15% time (3 contact hours) UCSF Epilepsy Clinic (6-12 months)
 - c. 5% time (1 contact hour) Health Psychology / Pain Management

B. 25% Didactic/Research/Administrative

1. 4-6 hours per week didactics conducted at the SFVAMC, UCSF, and other local sites, including core courses, research seminars, grand rounds, neuro-imaging clinic, and neuroscience presentations.
2. The Resident must identify one or more research mentors. The mentor may be a member of the neuropsychology faculty or another investigator with a VA and/or UCSF faculty appointment.
3. The resident is encouraged to collaborate with program leaders to carry out activities related to ongoing program development and leadership/administration.

Year Two:

A. 70% Clinical

1. Core Clinical Experience
 - a. (40%) (6-8 patient/family contact hours) SFVAMC Neuropsychology Program
2. Elective Rotation Experience (30%)
 - a. 15% time (3 contact hours) UCSF Memory and Aging Center (6-12 months)
 - b. 15% time (3 contact hours) UCSF Epilepsy clinic (6-12 month)
 - c. 15% time (3 contact hours) SFVAMC Rehabilitation Medicine – TBI Clinic (6-12 months)

B. 30% Research/Didactic/Teaching and Administrative

1. Each resident will have one full day (8 hours) protected research time, contingent on demonstration of productivity during their first year. Similar to the first year, scholarly activities may include participation in on-going research, preparation of a literature review, or development of an independent research project.
2. 2-4 hours per week didactics and teaching
3. The resident is encouraged to continue collaborating with program leaders to carry out activities related to ongoing program development and leadership/administration.

Supervision: Fellows will receive at least four hours of regularly scheduled supervision per week with a minimum of two supervisors, at least two of which will be individual supervision. Supervision and evaluation methods include self-report of clinical work, supervision sessions, live observation of client and/or staff interactions; review and co-signature of all written material such as progress notes or other additions to the computerized patient record system; observation of case formulation and case presentation in staff meetings, treatment planning conferences, and other multidisciplinary settings; review of process notes, audiotape recording and/or videotape recording of psychotherapy and assessment sessions; and the review of psychological testing protocols and reports. Fellows should expect to be assigned readings and literature reviews as part of their supervision.

Evaluations: Our goal is to produce graduates who are prepared to assume different roles as professional clinical neuropsychologists. The training goals stated above describe the competencies that we feel are essential for this overarching goal. Evaluations are necessary to guide and determine our progress in obtaining this goal. Residents are formally evaluated twice per year (6 months and 12 months). Evaluations are discussed with fellows and may be modified by mutual agreement before being placed in the training files. Fellows also are asked to evaluate their supervisors and clinic rotations at each evaluation period and an exit interview with the Director of Clinical Training will be completed at the end of fellowship to solicit feedback and suggestions for the program going forward.

In response to APA's increasing emphasis on setting, measuring and objectifying criteria for acquisition of these skills, our Evaluation forms are used to quantitatively track successful mastery of each competency area. To successfully complete the residency, the resident's final rotation evaluations must be rated at competent at a postdoc exit (advanced practice) level

Requirements for Completion of the Residency

Residency is a full-time two year (52 week per year), commitment equaling approximately 4160 hours.

In order for Residents to maintain good standing in the program they must:

- For the 6, 12, and 18 month evaluation points, obtain evaluation ratings that are indicative of post-doc level competency in each domain. , with clear evidence of progress in each training rotation.

- Not be found to have engaged in any significant ethical transgressions

In order for Residents to successfully complete the program, they must:

- By the end of the second training year, obtain evaluation ratings indicating advanced practice proficiency in all competency areas noted on the Evaluation form.
- Not be found to have engaged in any significant ethical transgressions

Facility and Training Resources

The Resident will have their own workspace with lockable cabinets, drawers, with access to computer and telephone. You may inquire about your office space during your interview. Residents are not expected to use their own resources such as cell-phones, flash drives or recording equipment. Residents have access to program support, medical library at the VA as well as use of UCSF library and other resources. Clinical space will be provided through a room check-out procedure if necessary. Each VA computer has access to the Internet and on-line literature search resources as well as word processing and medical record keeping. There is a broad range of psychological and neuropsychological tests available, including software for computerized administration and/or scoring. Clerical support is available through each clinical unit as well as through Psychological Services. The SFVAMC Medical Library has over 350 current journal subscriptions, 43 of which are mental health related. Medline and Psych Info searches are provided through the library, as are numerous other resources. Interns also have access to the medical library of UCSF, with its 2,600 current journals and Center for Knowledge Management services.

Administrative Policies and Procedures

Our privacy policy is clear: we will not collect personal information about you when you visit our Website.

Procedures for due process in cases of problematic performance are in place, as are grievance procedures to be followed by residents and staff alike.

POLICY & PROCEDURES FOR PROBLEMATIC RESIDENT PERFORMANCE AND DUE PROCESS

Introduction

It is the purpose of the Clinical Psychology Training Program to foster and support the growth and the development of Residents during the training years. An attempt is made to create a learning context within which the Resident can feel safe enough to identify, examine, and improve upon all aspects of his or her professional functioning. Therefore, Residents are encouraged to ask for and supervisors are encouraged to give feedback on a continuous basis. When this process is working, there should be no surprises since a Resident is aware of his/her progress on an ongoing basis. It is a goal of training for supervisors to work with Residents to identify both strengths and problem areas or deficiencies as early in the training as possible so as to be able to develop a plan with the Resident to address the problem area(s) and build on the strengths.

Definitions of Problematic Behaviors

For the purposes of this document Resident “problematic behaviors” are defined broadly as an interference to professional functioning which is reflected in one or more of the following ways:

1. a violation of American Psychological Association or Veterans Health Administration professional and/or ethical standards;
2. repeated non-adherence to the rules and regulations of the Clinical Psychology training Program and/or the San Francisco VA Medical Center;
3. an inability to acquire professional skills that reach an acceptable level of competency, and/or;
4. an inability to control personal stress and/or excessive emotional reactions which interfere with professional functioning.

Evaluative criteria which link this definition of “problematic behaviors” to particular professional behaviors are incorporated in the specific evaluation forms for clinical work which are completed by supervisors formally at quarterly intervals. These criteria are kept in mind throughout the year and discussions regarding a Resident’s progress with respect to them are discussed by the staff in an ongoing manner.

While it is a professional judgment as to when a Resident’s behavior becomes serious rather than just problematic, for the purposes of this document a “problem” refers to a Resident’s behaviors, attitudes, or characteristics which, while of concern and which require remediation, are perceived to be not very unexpected or excessive for professional in training. Problems typically become identified as “severe” when they include one or more of the following characteristics:

1. the Resident does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. the quality of services delivered by the Resident is sufficiently negatively affected;
4. a disproportionate amount of attention by training personnel is required, and/or
5. the Resident behavior does not change as a function of feedback, remediation efforts, and/or time.

Policy

- A. It is the policy that Residents may fail a specific rotation, and/or entire Residency and/or they may be terminated from the program prior to completion. It is expected that this will be an extremely unusual event. Because the Residents come with different skills and abilities, it is not expected that all Residents will have achieved the highest level of accomplishment in all areas in order to satisfactorily complete a rotation. Failure and/or termination may occur for any of the following reasons but it is not limited to this list:
1. incompetence to perform typical clinical neuropsychological services in this setting and inability to attain competence during the course of Residency;
 2. violation of the ethical standards of psychologists;
 3. failure to meet the minimum standards for either patient contact, didactic training, or testing competence;
 4. behaviors which are judged as currently unsuitable and which hamper the Resident's professional performance;
 5. violation of VHA or San Francisco VA Medical Center regulations.
- B. It is also the policy that the Resident can invoke his/her right of appeal as specified the Procedures and Due Process section of this document.

Procedures and Due Process

A. Determination of "Severe Problematic Behavior" Status

Whenever a supervisor becomes aware of a Resident's problem area or deficiency which seems not be resolvable by the usual supervisory support and intervention, it should be called to the attention of the Director of Training. The Director of Training will gather information regarding this problem including, if appropriate, an initial discussion with the Resident. The Director of Training will then present the situation to a meeting of the Training Committee (minus the Chief Psychologist). A determination will then be made by consensus whether or not to label the Resident with, "severe problematic behaviors," which implies the possibility of discontinuing the training. This will be done after a thorough review of the Resident's work and performance, and one or more meetings with the Resident to hear his/her point of view. If such a determination is made, a further decision is made by majority vote of the Training Committee to either (1) construct a remedial plan which, if not successfully completed, would be grounds for termination; or (2) initiate the termination procedure.

B. Remedial Action

A Resident who is determined with "severe problematic behaviors" but potentially able to benefit from the remedial action will be asked to meet with the Training Committee to discuss the concern(s) and to determine the necessary steps to correct it. Depending on the preference of the Resident, members of the faculty at the Resident's graduate program may be consulted for input into this planning process. When a 21 plan for correction has been determined, the Resident will receive written explanation of the concern and specifics of the corrective plan. This plan will also specify the time frame for the corrective action and the procedure for determining that the correction has been adequately achieved. If the correction has not been accomplished,

either a revised remedial plan will be constructed, or the Training Committee will proceed to terminate the Resident.

C. Procedure for Termination and Appeal

1. Due Process: The Resident will be provided an opportunity to present arguments against termination at a special meeting of the Training Committee. Direct participation by the Director of Training or another designee from the Resident's graduate program shall be sought. If he/she is unable to attend personally, arrangement shall be made for some means of conference call communication. Additionally, other representation may be sought by the Resident.
2. Appeal: Should the Training Committee recommend termination, the Resident may invoke his/her right of appeal to the Chief Psychologist. That individual may appoint one or more psychologists to assist him/her in responding to the appeal. These psychologists would not be on the Training Committee (nor would have supervised the Resident) and may include someone from another APA-accredited program such as Palo Alto VA. The training program shall abide by the decision of the appeal process.

Grievance Policy & Procedures

It is the goal of the Psychology Training Program to provide an environment that creates congenial professional interactions between staff and Residents that are based on mutual respect; however, it is possible that a situation will arise that leads an Resident to present a grievance. The following procedures are designed to ensure that a grievance is resolved in a clear, timely and practical manner.

1. Causes for grievance could include, but are not limited to, exploitation, sexual harassment or discrimination, racial harassment or discrimination, religious harassment or discrimination, capricious or otherwise discriminatory treatment, unfair evaluation criteria, and inappropriate or inadequate supervision and training.
2. Causes for grievances should be addressed in the following steps:
 - a. The Resident should make a reasonable effort to resolve the matter with the person(s) with whom the problem exists. This might include discussion with the individual in a dyad or with a sympathetic third person to act as an intermediary. When causes for grievance involve a psychologist, the Resident should always notify the Director of Training, even if the issue is resolved.
 - b. A situation might be too difficult for a Resident to speak directly to the individual. In that instance, the Director of Training should be involved to seek an informal resolution of the matter.
 - c. If the steps taken in a. and b. above fail to resolve the matter adequately, the Resident can file a formal written grievance with the Director of Training. This grievance should outline the problem and the actions taken to try and resolve it. The Director of Training has the responsibility to investigate the grievance. The Director of Training will communicate to the Psychology Training Committee and will involve the Training Committee in the investigation as warranted. Based upon the findings of the investigation by the Director of Training (and Training Committee, if indicated), the Director of Training will decide how to resolve the matter. In most instances, this decision will be made in consultation with the Training Committee.

d. If the grievance is against the Director of Training, the Chief Psychologist will designate a member of the Psychology Training Committee to undertake the investigation of the matter and report back to that office.

e. If the Resident is not satisfied with the Director of Training's decision, the matter can be appealed to the Chief Psychologist who will review the complaint and decision and either support the decision, reject it, or re-open the investigation in order to render a decision.

Application & Selection Procedures

The application deadline for the two-year postdoctoral residency in Clinical Neuropsychology is **December 20, 2015, 11:59pm PST**.

All materials should be submitted electronically through the APPA CAS (APPIC Psychology Postdoctoral Application) System at: <https://appicpostdoc.liasoncas.com/applicant-ux/#/login>. Please do not mail any materials in hard copy form.

Contact Information

Questions regarding your application or other administrative matters should be directed to Ms. Jamye Kubick at email Sfvamc_mhs_clinical_neuropsychology_residency_program@outlook.com or via phone at 415-750-2004.

The applications can be found at the end of this brochure and on our postdoctoral website

<http://www.sanfrancisco.va.gov/education/psychologytraining.asp>.

Eligibility:

Candidates **MUST** be graduates of **APA-accredited doctoral programs in clinical or counseling psychology** with specialized training in clinical neuropsychology consistent with guidelines established in the Houston Conference on specialty education and training in clinical neuropsychology, and **MUST** have completed an **APA-accredited internship** with additional general and specialized training to prepare the applicant for clinical neuropsychology residency training. All requirements for the doctoral degree must be completed prior to the start of the residency year. Persons with a Ph.D. in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible. The VA requires that applicants are **US Citizens**, men have registered for selective service, and all have had varicella infection ("chicken pox") or vaccination for such prior to the start of the residency.

Nondiscrimination Statement

The SFVAMC Clinical Neuropsychology Residency Training Program greatly values diverse perspectives, experiences and backgrounds as a foundation for excellence in training, clinical service delivery, and other areas of professional practice. The program emphasizes respect for trainees, patients, and staff members with diverse backgrounds and perspectives, and is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, ethnicity, disability, marital status, sexual orientation, and Veteran status. This policy is

in adherence with application, selection, orientation and employment in all SFVAMC programs, services and activities. The San Francisco VAMC is an Affirmative Action / Equal Opportunity Employer.

Selection Process

Completed applications are reviewed by the supervisors of the Clinical Neuropsychology Residency (who are members of the Psychology Training Committee) and the current postdoctoral CN resident. These members, in addition to the Director of Training for Psychology Postdoctoral Fellowship and Residency, form the Residency Selection Committee for each area of emphasis.

Application ratings are based on the applicant's experience and quality of previous clinical training in the area of emphasis, academic work and accomplishments, letters of recommendation, personal qualities of the applicant (maturity, ethics, responsibility, insight, etc.) and written material. Ultimately, our selection criteria are based on a "goodness-of-fit" and we look for residents whose experience and career goals match the training that we offer.

If you have been selected to interview, you will be invited by telephone by the Director of the Clinical Neuropsychology Residency training program or another member of the selection committee. All applicants will be notified whether they will be invited or not either by telephone or by email no later than January 23rd, 2015.

Interviews

Interviews will be offered to highly ranked applicants to take place on-site at the SFVAMC and UCSF in January and February, 2016 and at the International Neuropsychological Society conference in Boston MA, scheduled for February 3-6, 2016. Interviews will typically consist of individual 30-45 minute meetings with members of the Residency Selection Committee (supervisors and Clinical Neuropsychology Residents and the Director of Training). We will work to accommodate your travel dates and preferences.

Notification

Following interviews, the selection committee will again rank-order applicants, and an offer will be extended to the top applicant as soon as possible after a decision has been made by the committee. If offers are not accepted, we will continue to extend offers down the rank-ordered list until the position is filled. We expect to extend offers by mid-February.

Training Term

The residency is a full-time, two-year, 52 week commitment beginning on or around September 1, 2016 to be determined. One year at full-time equals approximately 2080 hours. Residents are entitled to 10 federal holidays and earn sick leave and vacation (annual leave) days at a rate of 4 hours each per two-week pay period (a total of 13 days of each). San Francisco VA also offers generous professional leave for conferences and other approved educational activities.

Stipend and Benefits

The current stipend is \$50,006 per year for the first year, \$52,709 for the second. State and federal income tax and FICA are withheld from residents' checks. Residents are not covered by Civil Service retirement or leave

and are not eligible for federal life insurance benefits. The United States Government covers residents for malpractice under the Federal Tort Claims Act. VA offers individual and family health insurance plans for residents on a matching basis, (i.e., residents pay half of the premium and the VA pays the other half.) Health benefits are not offered for all recognized marriages, please check with us for exceptions. Dental and vision insurance are also available. San Francisco VA Medical Center also offers a public transportation reimbursement program. Residents are entitled to 10 federal holidays and earn sick leave and vacation (annual leave) days at a rate of 4 hours each per two-week pay period (a total of 13 days of each). San Francisco VA also offers professional leave for conferences and other approved educational activities. In most years, residents receive extra funding for a conference, although the amount is not known until the beginning of the Fiscal year (October).

Specific Application Procedures

To apply for our residency please send the following in one application packet by **December 20, 2015**:

1. The Application form (found at the end of this brochure)
2. Cover Letter
3. Current Curriculum Vitae
4. Three letters of recommendation
5. Official graduate school transcripts, sent directly from the registrar's office.
6. A letter from your dissertation chairperson describing your dissertation status and timeline if you have not completed your graduate degree. Dissertations must be complete before the postdoctoral residency begins. Please note we will be monitoring dissertation progress and status on a routine basis.
7. A letter of support from your current Internship Training Director indicating that you are in good standing to successfully complete your predoctoral internship, including the expected completion date. If internship is already completed, you can mail a copy of your pre-doctoral internship certificate.
8. Three work samples.

Submit application materials to the APPA CAS (APPIC Psychology Postdoctoral Application) System:

<https://appicpostdoc.liasoncas.com/applicant-ux/#/login>.

Contact Information

Questions regarding your application or other administrative matters should be directed Ms. Jamye Kubick at email Sfvamc_mhs_clinical_neuropsychology_residency_program@outlook.com or via phone at 415-750-2004.

Specific questions regarding the Clinical Neuropsychology Training Program in may be directed to Dr. Johannes Rothlind at Johannes.Rothlind@va.gov.

The San Francisco VA's Psychology Fellowship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC).

The San Francisco VA's Psychology Fellowship is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA); next site visit is 2014. The Postdoctoral Residency in Clinical Neuropsychology is accredited by the Commission on Accreditation (CoA) of the American Psychological Association (APA); next site visit is 2019. Our Psychology Fellowship training programs are affiliated with the University of California, San Francisco.

Commission on Accreditation (CoA), American Psychological Association 750

First Street, NE
Washington, DC 20002-4242
202-336-5979 www.apa.org/ed/accreditation/

Other Information

In accord with the Federal Drug-Free Workplace Program, fellows may be subject to urine testing for illicit drug use. Other branches of the federal government (Office of Personnel Management) may conduct routine background checks at their discretion.

The San Francisco VAMC is an Affirmative Action/Equal Opportunity Employer.

Core Faculty

Administrative Faculty

Samuel Wan, Ph.D. Director of Post-Doctoral Training in Psychology, SFVAMC

Johannes Rothlind, Ph.D., Staff Psychologist, SFVAMC Neuropsychological Assessment Program, Director of the SFVAMC Clinical Neuropsychology Residency

Primary clinical and teaching faculty

Chester, Serana, Ph.D., Neuropsychology Program
Charles Filanosky, Ph.D. ABPP-Rehab Psychology, Medical Practice – Mental Health Integrated Clinic
Joel Kramer, PsyD. ABPP-CN, UCSF Memory and Aging Center
Scott Mackin Ph.D., Neuropsychology Program
Tatiana Novakovic-Agopian, Ph.D., Neuropsychology Program; Rehabilitation Medicine TBI/Polytrauma
Brianna Paul, Ph.D., UCSF Epilepsy Program and Memory and Aging Center
Johannes Rothlind, Ph.D., Neuropsychology Program

Supervision and mentorship are available from other psychologists, psychiatrists, and neurology staff working at the training sites listed in this brochure.

Appendix A

BIOGRAPHIES, CORE FACULTY

Serana Chester, PhD

Dr. Chester is a Staff Neuropsychologist at the SFVAMC and adjunct faculty at the Wright Institute. Dr. Chester received her Ph.D. in Clinical Psychology with emphasis in Neuropsychology from the Palo Alto University, Pacific Graduate School of Psychology in 2010. She completed an APA-accredited pre-doctoral internship at the UCSD/San Diego VAMC specializing in behavioral medicine and geriatric neuropsychology, followed by a three year post-doc in Neuropsychology at San Francisco Clinical Neurosciences with Ronald Ruff, PhD. In addition to her clinical practice, she has published in the fields of traumatic brain injury, diagnosis of neurodegenerative disease, and in adapting psychotherapy for individuals with acquired brain injury. She is also interested the provision of clinical services to populations from diverse cultural and linguistic backgrounds.

Charles Filanosky, Ph.D. ABPP

Dr. Filanosky is board certified in rehabilitation psychology and serves as staff psychologist in the Medical Practice – Behavioral Health Integrated Clinic (MP-BHIC) joining the SFVAMC in 2007. Prior to this, he completed a two year post-doctoral residency in clinical neuropsychology and rehabilitation research at The Mount Sinai Medical Center in New York and a pre-doctoral internship at Tewksbury State Hospital in Massachusetts. He earned his doctorate at the Pacific Graduate School of Psychology in 2004. Dr. Filanosky provides a full range of psychological services within medical practice in support of the Patient Aligned Care Teams. His therapeutic approach integrates cognitive-behavioral, problem solving, existential, and mindfulness based therapies. He also performs neuropsychological evaluations for the Neuropsychology program where he specializes in traumatic brain injury (TBI) and geriatric assessment. His research interests include neuropsychological assessment, TBI, applications of technology in within mental health, and coping with grief and bereavement.

Allison Kaup, PhD

Dr. Kaup is a Staff Neuropsychologist and Clinical Research Psychologist at the SFVAMC, and an Assistant Professor in the Department of Psychiatry at University of California San Francisco. She obtained her PhD from the San Diego State University / University of California San Diego Joint Doctoral Program in Clinical Psychology. She completed a clinical internship at University of California San Diego / San Diego VA Healthcare System and a postdoctoral fellowship with the Mental Illness Research Education and Clinical Center (MIRECC) at San Francisco VA Medical Center / University of California San Francisco. In her research, Dr. Kaup investigates correlates and predictors of cognitive aging. She is particularly interested in identifying how to promote cognitive health in high-risk older adult populations. Related to this goal, Dr. Kaup received a VA Rehabilitation R&D Career Development Award focused on older veterans with traumatic brain injury (TBI) as a population that is at high-risk for dementia. For this work, Dr. Kaup is investigating the long-term effects of TBI on cognition in aging, the role of cognitive reserve in this context, and whether mobile neuroscience-based cognitive training can enhance cognitive functioning in older veterans with prior TBI.

Joel Kramer, PsyD, ABPP-CN

Dr. Kramer is a Clinical Professor of Neuropsychology in Neurology at the University of California San Francisco, and the Director of the Memory and Aging Center Neuropsychology program. Dr. Kramer earned his Doctorate in Psychology at Baylor University and completed a postdoctoral residency at the Martinez VA hospital. Dr. Kramer is board certified in clinical neuropsychology and serves on the Board of Directors of the American Academy of Clinical Neuropsychology. Dr. Kramer has been extensively involved in studying the cognitive changes associated with brain disorders for the past two decades. He has co-authored widely used neuropsychological measures of memory and executive functioning. Much of his work has been devoted to identifying the different ways in which neurodegenerative diseases affect memory and other abilities and in utilizing these differences to improve differential diagnosis in clinic. Dr. Kramer's active areas of research include studying the cognitive effects of cerebrovascular disease and frontotemporal dementia, identifying behavioral markers of pre-clinical Alzheimer's disease, and understanding the relationships between aging, hormones and behavior.

Scott Mackin, Ph.D.

Dr. Mackin is a staff neuropsychologist at the SFVAMC and an Associate Professor in the Department of Psychiatry at the University of California, San Francisco. Dr. Mackin received his PhD in Clinical Psychology at Pennsylvania State University, he completed an internship in Clinical Neuropsychology at the Medical University of South Carolina, and he completed his postdoctoral residency in Clinical Neuropsychology at the University of California, Davis School of Medicine. Dr. Mackin's program of research is focused on the association of structural brain abnormalities with cognitive impairment, treatment outcomes, and disability in older adults with depression. In 2011, Dr. Mackin was the recipient of the American Association of Geriatric Psychiatry Early Career Scientist Award from for his contributions to the field

Tatjana Novakovic-Agopian, Ph.D.

Dr. Novakovic-Agopian is a Rehabilitation Neuropsychologist at the SFVAMC Neurology and Rehabilitation Service and the TBI- Polytrauma Clinic. She is also an Assistant Professor at the Department of Neurology UCSF, and a Co-Director of the Program in Rehabilitation Neuroscience at SFVAMC, VANCHCS and UC San Francisco & Berkeley. She has received her graduate education from Johns Hopkins University and California School of Professional Psychology, and her postdoctoral training at UCSF. Her clinical interests include assessment and cognitive rehabilitation/reintegration of individuals recovering from brain injury. Her research focuses on development and implementation of theory driven interventions for rehabilitation of executive control functions after brain injury, PTSD and in aging, and on ecologically valid multi-level outcome assessment methods. She is currently a Principal Investigator and a Co-Investigator on VA Merit and DOD sponsored clinical research studies investigating effectiveness of cognitive trainings in Veterans with PTSD, and history of TBI. She served as chair of the Brain Injury Research Committee of the California Pacific Regional Rehabilitation Center, and is a past president of the Northern California Neuropsychology Forum. She has presented her work internationally and is an author of a number of peer reviewed publications.

Brianna Paul, Ph.D.

Dr. Paul is a clinical neuropsychologist in the Department of Neurology at the University of California San Francisco, where she is also an assistant clinical professor, since 2009. She provides clinical neuropsychological services in the Epilepsy Center, working with children, adolescents, and adults. Dr. Paul received her Ph.D. in Clinical Psychology from the UCSD/SDSU Joint Doctoral Program in 2007. She completed an APA-accredited pre-doctoral internship at the UCLA Neuropsychiatric Institute and Hospital and the Department of Psychiatry from 2005-2006, and a two-year post-doctoral residency in clinical neuropsychology (child) at the UCLA Semel Institute in 2009. In addition to clinical work, Dr. Paul has expertise in the use of neuropsychological and neuroimaging techniques to study neurodevelopmental populations, and has published on diverse topics in developmental and adult neuropsychology.

Johannes C. Rothlind, Ph.D.

Dr. Rothlind directs the Neuropsychology Program at the SF VAMC and is the director of the Clinical Neuropsychology Residency training program. He is an Associate Clinical Professor of Psychiatry at UCSF. Dr. Rothlind obtained his Ph.D. in Clinical Psychology from the University of Oregon in 1990, with a focus in neuropsychology. He completed his pre-doctoral clinical psychology internship at the UCSD/San Diego VAMC with special emphasis in geriatric neuropsychology. From 1990-1992 he completed a postdoctoral neuropsychology fellowship at the Johns Hopkins University School of Medicine. Dr. Rothlind's responsibilities at the SFVAMC include leadership of the operations of the Neuropsychological Assessment Program. He provides evaluation and consultation services to a wide range of clinical programs including the various clinics of the Mental Health Service, Medical Practice Clinics, the PADRECC, Memory Disorders Clinic, Comprehensive Epilepsy Program, and TBI clinic. He provides both teaching and supervision to clinical psychology trainees (practicum students, interns, post-doctoral residents). Dr. Rothlind also maintains active collaboration with SFVAMC and UCSF investigators on research projects examining neuropsychological functioning in Parkinson's disease. His research interests include neuropsychological outcomes following deep brain stimulation for treatment of Parkinson's disease, and methods for evaluating self-appraisal of neuropsychological functioning. He currently serves as the lead neuropsychologist for, and is active on the executive committee of the multicenter NINDS-VA Cooperative Study group investigating long-term effects of deep brain stimulation for treatment of Parkinson's disease.

Samuel Wan, PhD,

Dr. Wan is a Staff Psychologist with the SFVAMC Substance Use and PTSD Clinic (SUPT), an Assistant Clinical Professor of Psychiatry at UCSF, and also the Director of Postdoctoral Fellowship Training at the SFVAMC. He completed his predoctoral internship with the Boston Consortium in Clinical Psychology and postdoctoral fellowship in Substance Use Disorders at the San Francisco VA Medical Center. He received his PhD in Counseling Psychology from Boston College, and subsequently collaborated on a clinical research project investigating the efficacy of treatments for co-occurring chronic pain and PTSD. As team member of the SUPT clinic, Dr. Wan performs a range of clinical, administrative, and educational activities focused on the assessment, management, and treatment of co-occurring substance use disorders and PTSD in the veteran population. Dr. Wan's clinical interests include substance use disorders, posttraumatic stress disorder, multicultural psychology, particularly Asian American psychology, and gender issues. He is currently serving as Chair of the Planning Committee for the Annual VA Psychology Leadership Conference, Member-At-Large for Division 51 (Society for the Psychological Study of Men and Masculinity), Member of the VA Psychology

Training Council's Multicultural and Diversity Committee, and as Chair of the Psychology Diversity Committee. For 2014, Dr. Wan was awarded a Presidential Citation by APA President, Dr. Nadine Kaslow, and in 2012, he was selected as the James Besyner Early Career Award for Distinguished Contributions to VA Psychology by the Association of VA Psychologist Leaders. For 2008-09, Dr. Wan was an Early Career Leadership Fellow with the Asian American Psychological Association, a leadership development program that he subsequently co-chaired for several years.

Trainees

Doctoral Programs Attended by Current and Recent Fellows:

Drexel University
University of California San Diego
University of Cincinnati
University of Utah
Pepperdine University
University of Montana

Internship Programs Attended by Current and Recent Fellows

Emory University
San Francisco VA
Greater Los Angeles Health Care System VA
UCSD-VA Consortium
Jesse Brown VA
Black Hills Health Care System VA

Placements of Recent Graduates

Psychology Assistant, Private Practice (pre-licensure), San Francisco, CA
University of Vermont School of Medicine, Burlington VT
Laguna Honda Hospital and Rehabilitation Center, San Francisco CA
Anchorage VAMC, Anchorage AK, followed by SF VAMC and private practice, Fairbanks AK

APPLICATION

**San Francisco Department of Veterans Affairs Medical Center
Postdoctoral Residency in Clinical Neuropsychology**

Deadline: December 20, 2015

Identifying Information

Name	US Citizen?	Yes	No
Mailing Street Address			
City	State	Zip Code	
Email (school)			
Email (personal)			
Telephone (Work)			
Telephone (Home)			
Telephone (Cell)			

Doctoral Program

Program APA-approved?	Yes	No		
Program Type (circle)	Clinical	Counseling	University	Professional
Doctoral Degree	PsyD	PhD	Completed?	Yes
				No

If Answer to Completed above is "No", please specify the following:

- Describe in detail the status of your dissertation.
- Date on which you expect to complete all requirements for the doctoral degree.
- Include a letter from your dissertation chairperson describing your dissertation status and timeline.

Pre-Doctoral Internship

Pre-Doctoral Internship Completed?	Yes	No	Date:
Pre-Doctoral Internship APA-approved?	Yes	No	
Postdoctoral Experience(s) (if any, list)			
U.S. Citizen?	Yes	No	(You must be a US citizen to receive consideration for this position)
U.S. Military Veteran?	Yes	No	

Application Checklist

- Completion of Application Form
- Current Curriculum Vitae
- Cover letter: Please use the letter to supplement information about yourself NOT included in your CV and other application information. In your letter, you may choose to elaborate on your preparation for post-doctoral training in clinical neuropsychology, personal strengths, gaps/deficiencies in past training

or experience, goals for the residency, and/or your career goals. Please state reasons why you believe you would be a good “fit” for this residency program.

- A letter of support from current Internship Training Director indicating that you are in good standing to successfully complete your pre-doctoral internship, including completion date. If already completed, you can mail a copy of your pre-doctoral internship certificate.
- Dissertation title and date completed. If not completed, please provide letter from your dissertation chairperson describing your dissertation status and timeline (If you have not completed doctoral degree). Dissertations must be complete before the postdoctoral fellowship begins. Please note we will be monitoring dissertation progress and status on a routine basis. All requirements for the doctoral degree must be completed prior to the start of the fellowship year.
- Three letters of recommendation in support of your application
- Official graduate school transcripts mailed directly from the University Registrar
- Three work samples, at least two of which are redacted clinical evaluation summaries. Other work-samples may include published manuscripts on which you are a main author, additional clinical evaluation summaries, or other manuscripts or evidence of scholarly and/or clinical productivity and proficiency
- Graduate School Transcript

Please submit electronic applications **by December 20, 2015, 11:59pm PST** exclusively to the **APPA CAS** (APPIC Psychology Postdoctoral Application) System at:

<https://appicpostdoc.liasoncas.com/applicant-ux/#/login>.

Please do not mail any materials in hard copy form.

For further information about the residency and/or the application process, please email or call Dr. Rothlind at (415) 221-4810 ext. 26346. Johannes.rothlind@va.gov

Only Typed Applications Accepted

Application Deadline: December 20th, 2015

Start Date: On or around the 1st of September (TBD)

Interviews will be arranged for top candidates based upon a review of written application materials. In general, in-person interviews will be required; however phone interviews may be made available in the event of special circumstances. Please call us to advise us of any problems or special considerations relating to your availability for an in-person interview.

Thank you for your interest in and consideration of the SFVAMC Clinical Neuropsychology Residency for your postdoctoral training!