



Clinical Neuropsychology Postdoctoral Residency Program

VA Northern California Health Care System
in affiliation with University of California Berkeley and
University of California, Davis School of Medicine

150 Muir Road
Martinez California, 94553
(925) 372-2102

<http://www.northerncalifornia.va.gov/>



Application Due Date: DECEMBER 18, 2015

Accreditation Status

The Postdoctoral Residency Program in Clinical Neuropsychology at the VA Northern California Health Care System is fully accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be in 2016.

The [APA Office of Program Consultation and Accreditation](#) can be reached at:

American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
Phone: 202-336-5979
Email: apaaccred@apa.org
Website: <http://www.apa.org/ed/accreditation/>

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

Application and Selection Procedures

The VA NCHCS Postdoctoral Residency in Clinical Neuropsychology begins September 6, 2016. This is a two year full-time program with VA benefits. Current salaries are \$50,006 for Year One, increasing to \$52,709 for Year Two. Our program is organized to provide two years of postdoctoral training; however, advancement to the second year is contingent on successful completion of first year requirements.

We will be recruiting for two positions in 2016: (1) one Neuropsychology Postdoctoral Resident position at our Martinez (East Bay) site, and (2) one Neuropsychology Postdoctoral Resident position at our Sacramento site.

Eligibility

Applicants must be U.S. citizens who are candidates in (or have completed) an APA-accredited doctoral program in clinical or counseling psychology. They must have completed an APA accredited internship program and earned their Ph.D. or Psy.D. prior to the start of the residency. Successful applicants must also be aware of the following Federal Government requirements:

The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. Residents will have to complete a Certification of Citizenship in the United States prior to beginning the fellowship. VA conducts drug screening exams on randomly selected personnel as well as

new employees. Thus, it is likely that selected Residents will have to complete drug testing as part of a pre-employment medical screening. Residents are also subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens. **You do not need to submit any documentation related to these issues at this stage.**

Application Materials

The program will use the APPIC centralized postdoctoral application system (APPA CAS <https://appicpostdoc.liasoncas.com/>).

Applicants should use the APPA CAS to submit the following:

1. A Letter of Intent, including the Track(s) in which you are interested ([see below for descriptions](#)). Please indicate in your letter how our training program fits with your career goals.
2. Curriculum Vita
3. Three Letters of Recommendation
4. In addition to your three letters recommendation, we require a separate letter from your Graduate Program Director of Training specifying current dissertation status and the projected timeline for completing all requirements for the doctoral degree. If you have already completed your degree, a copy of your diploma or other indication from your graduate program is acceptable.
5. Graduate academic transcripts
6. Two sample neuropsychological evaluation reports with identifying information redacted.

Application Process

Application materials must be received by **December 18, 2015.**

Please contact us at VANorCalPsychResidency@va.gov or 925-372-2102 with any questions about the application process.

The VA Northern California Clinical Neuropsychology Postdoctoral Residency training program strongly seeks and values diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, veteran status, and political affiliation. Residents are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. The program seeks to admit trainees from diverse backgrounds while selecting the most qualified candidates. As such, individuals from diverse backgrounds are strongly encouraged to apply. The VA is an Equal Opportunity Employer and the training program follows institutional guidelines in this regard.

Selection Procedures

The selection committee is composed of the Training Director, Associate Training Director, Neuropsychology Postdoctoral Training Faculty, and current Neuropsychology Residents who will review and rank order all completed applications.

The selection committee evaluates the following criteria: (1) Breadth and quality of prior general clinical or counseling training, (2) Quality and extent of specialized training in clinical neuropsychology, (3) Quality and scope of research productivity, (4) Strength of letters of recommendation, (5) A clear, thoughtful, and meaningful writing style in application materials and sample reports, (6) Goodness of fit between the 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).

We will be available to interview applicants at our Martinez and Sacramento sites. We can also conduct interviews by video conferencing or telephone if an on-site interview is not feasible. Following interviews, the selection committee will again rank order applicants and an offer will be extended to the top applicant for each training site (Martinez, Sacramento). **Offers will be extended as soon as possible after committee consensus. 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 the end of January 2016, and we typically require a response within 24 hours of the verbal offer. We expect our two positions to be filled by February 2nd which is prior to the start of the International Neuropsychological Society Meeting in Boston**

For additional questions, please contact Jay Uomoto, Ph.D., Training Director, Neuropsychology Postdoctoral Residency Program, (jay.uomoto@va.gov), (925) 372-2384.

Training Setting

The [VA Northern California Health Care System](#) (VA NCHCS) forms a unique network of health care services comprising outpatient and inpatient services organized to provide a continuum of coordinated and comprehensive health care for eligible Veterans throughout 19 counties in Northern California. VA NCHCS includes outpatient clinics in Oakland, Martinez, Travis Air Force Base in Fairfield, Mare Island, Sacramento, McClelland, Chico, Redding, Yreka, and Yuba City that are staffed and equipped to provide a comprehensive range of outpatient health care services. There are approximately 350,000 outpatient visits per year at our VA clinic sites. Our residency program is focused in the Martinez, Sacramento, Fairfield, and Oakland facilities. Together these clinics account for the vast majority of our system's annual visits. Neuropsychology, neurobehavioral, and neurocognitive rehabilitation outpatient clinics administered by neuropsychology and behavioral neurology staff at these sites provided services for over 2000 Veteran patients last fiscal year.



In addition to our outpatient clinics, the VA NCHCS operates 24 medical/surgical beds, 10 intensive care unit beds, 16 transitional care unit beds, and 16 Behavioral Health Inpatient Care Unit beds in our medical center in Sacramento. Additionally, there is a 12-bed, locked inpatient psychiatric unit that is jointly managed by the Air Force and the VA in Fairfield. More relevant to our residency program, we also provide inpatient sub-acute medical, extended care, and neuro-rehabilitation services in our 120 bed Center for Rehabilitation and Extended Care (CREC) on the Martinez campus. Annually, there are nearly 600 patients admitted to the CREC,

accounting for over 34,000 bed days. One-third of the CREC admissions are to the 30 bed, specialized neurocognitive rehabilitation unit.

Psychology services at VA NCHCS are organized under the Mental Health Service line. We have a long history of excellence in organized psychology training at VA NCHCS. Our Clinical Psychology Internship Program is directed by Dr. Joel Schmidt and has been continuously accredited by the American Psychological Association since 1977. The selection ratio for this internship is among the most competitive in the nation. For more than 40 years we have served as a site for practicum training for graduate students in clinical psychology from several programs in the greater San Francisco Bay Area. We also have an established training affiliation with U.C. Berkeley for graduate students and postdoctoral fellows from the Helen Wills Neuroscience Institute. In addition, our psychologists have long been involved in the training of general medical Residents in medicine, neurology, and psychiatry through our affiliation with the U.C. Davis School of Medicine (UCDMC). Furthermore, the VA Neuropsychology Service has had an affiliation with UCDMC since 1993 to train postdoctoral Residents in neuropsychology. In that time, over 32 Residents in clinical neuropsychology have trained in our settings.

The VA Northern California Clinical Neuropsychology Postdoctoral Residency is organized as an independent training program that is focused on assessing and treating neurobehavioral problems in our Veterans. We have 10 full-time neuropsychologists that provide clinical services in three Neuropsychology Assessment Units (Martinez, Oakland, and Sacramento), two Neurocognitive Rehabilitative Programs (Martinez and Sacramento), a Memory Assessment Clinic (Martinez), and two Inpatient Psychiatric Units (David Grant Medical Center/Fairfield and BHICU Sacramento). Within the Martinez and Sacramento clinics we have several behavioral neurologists and psychiatrists (Rehabilitation Medicine physicians) who provide services. A large number of didactics are offered at the Martinez VA in conjunction with joint didactics with UC Davis Medical Center and UC Berkeley. Didactics target preparation for Board Certification in Clinical Neuropsychology, and provides a solid foundation for independent practice in neuropsychology. Regarding research, many opportunities are available at the Martinez VA, UC Davis and UC Berkeley for completion of research requirements with world-class investigators in the areas of language, dementia, and frontal systems functioning, among many other areas.

Training Model and Program Philosophy

The professional standards in clinical neuropsychology suggest that a minimum of two years of advanced training in the field is required to produce fully competent independent practitioners in this specialty area. In line with this standard, the VA NCHCS Clinical Neuropsychology Postdoctoral Residency is structured to provide advanced clinical, didactic, and research experiences during the course of a two-year, full-time residency. Although we expect that the Resident will be able to function at an advanced level following one year of training, the second year builds upon the competencies developed during the first year. This is accomplished through participation in increasingly more advanced and/or specialized and complex training experiences requiring greater autonomy and responsibility as well as increased participation in research, administration, and supervision activities. Across all sites and rotations, training experiences serve to deepen knowledge of brain-behavior relationships, develop expertise in the evaluation and treatment of major neurological syndromes and their neurobehavioral sequelae, and advance professional development through increasing involvement in direct supervision of pre-doctoral trainees, administration/management of neuropsychology and neurobehavioral clinics, and leadership roles within multi-disciplinary treatment teams.

At the start of each training year, Residents meet with the Neuropsychology Training Faculty, and choose a Primary Supervisor. The Primary Supervisor is responsible for ascertaining the Resident's general neuropsychological skills, prior experiences, strengths areas for growth, and training goals. This discussion leads to developing a Training Plan that guides assignment to training experiences targeting development of nine competency areas (see [Program Competencies](#)). Shortly after the beginning of the program the Track II Resident also chooses a research mentor with the assistance of their primary program supervisor. The primary program supervisor is responsible for coordinating the Resident's overall training experiences, and works closely with rotation supervisors, the research mentor and other teaching faculty to facilitate and assess the Resident's progress in achieving advanced neuropsychological competencies.

The VA NCHCS Clinical Neuropsychology Postdoctoral Residency Program has two tracks for training, which are described below. See also the [Program Structure](#) section for more details regarding these tracks.

Tracks

For the 2014-2015 training year we will be recruiting 1 postdoctoral Resident for the Sacramento location (Track I) and 1 postdoctoral Resident for the Martinez location (either Track I or Track II).

Clinical Neuropsychology Track I (Clinical Emphasis: Martinez, Sacramento): This track emphasizes the clinical practice of neuropsychology with an emphasis upon the evaluation, diagnosis and treatment of a wide array of neurological and neurobehavioral disorders. Clinical training opportunities

are also provided to obtain more extensive training in areas of specialization (e.g., TBI Clinic, neuropsychology of neuropsychiatric disorders, Movement Disorders, Memory Disorders Clinic, Geriatric Clinic, PTSD, etc.). This track also allows the Resident to engage in the production of scholarly work (e.g., peer-reviewed publication, meeting abstract, review article, grant proposal, outcome assessment).

Clinical Neuropsychology Track II (Clinical Research Emphasis; Martinez Only): This track consists of clinical training with a significantly increased emphasis on research activities as compared to *Clinical Neuropsychology Track I*. Residents will have at least one full day of protected time during both their first and second years of training to conduct research activities.

Emphasis and Purpose

The VA NCHCS Clinical Neuropsychology Postdoctoral Residency Program delivers high-quality advanced training in the practice of clinical neuropsychology applied to common neurological disorders including a variety of dementias, stroke, and movement disorders. In addition, the program provides unique and ample opportunities for the Resident to obtain training in the treatment of patients through neurocognitive rehabilitation strategies and techniques. Residents also receive extensive experience in the assessment and treatment of traumatic brain injury and complex problems of polytrauma with co-occurring disorders, particularly among Veterans from the wars in Iraq and Afghanistan. Impairments in central nervous system functioning can result in extended and distressing changes in the quality of life for patients and their families, and we believe that providing care for persons experiencing these distressing life changes requires extensive specialized training in clinical and cognitive psychology, behavioral neurology, neuroanatomy, and neurocognitive rehabilitation. Further, adherence to the scientist-practitioner model is crucial for competent practice and rapid incorporation of new knowledge into clinical practice. Our program comprises clinical, didactic, and research experiences leveraging our resources at VA NCHCS and its affiliated universities (UC Davis and UC Berkeley). Our overall goal is to produce highly trained, scientifically knowledgeable, clinically skilled independent practitioners who will be competent to work as advanced clinical neuropsychologists in clinical and academic settings.

Teaching Methods

Training experiences build on skills learned in predoctoral training. Clinical and educational experiences are graded in complexity with a progression from basic to more complex experiences requiring advanced skills, and from close supervision to greater autonomy. There is an emphasis on assigning Residents a wide variety of patients with a diversity of cultural backgrounds and clinical needs, and familiarizing them with an array of neurological and psychiatric evaluations and treatments.

Residents receive a minimum of 4 hours of individual supervision each week, including one-hour weekly individual supervision with a primary program supervisor and rotation supervisors, and regular meetings with a research mentor. In-vivo observation, role modeling, and post-session review of neuropsychological evaluation sessions, as well as joint participation in teaching clinics are among the supervision models employed. In addition, monthly meetings are scheduled between all program faculty and neuropsychology trainees (Residents and interns), which serve both as further opportunity for supervision and teaching, and for on-going evaluation and modification of the program. Residents also have the opportunity to provide supervision of clinical psychology practicum students and predoctoral psychology interns under the supervision of one of the Neuropsychology Training Faculty. Finally, formal required and optional didactics, including individual lectures and seminars, core courses, case conferences and grand rounds at the VA NCHCS, UC Davis and UC Berkeley occur throughout the training year.



Program Competencies

Upon completion of the program, each Resident will be able to demonstrate advanced competency in the following nine areas:

1. Comprehensive assessment of neurobehavioral problems;
2. Cognitive rehabilitation and psychotherapeutic treatment of patients with neurobehavioral disorders;
3. Neuropsychological consultation to other medical specialists regarding neurobehavioral disorders;
4. Membership/participation in multidisciplinary treatment team planning;
5. Ethical and professional behavior;
6. Appreciation of cultural and individual differences;
7. Scholarship/Research in Neuropsychology
8. Supervision and Teaching;
9. Organizational, Management and Leadership Roles as a Psychologist.

Program Structure

The Clinical Neuropsychology Postdoctoral Residency Program is comprised of two full time years of training. The table below summarizes the breakout of effort for Track I (Clinical) and Track II (Clinical Research) Residents for each of the two years of training. Please note these are relative estimates of time allotment, and each Resident's program may differ based on their unique training needs and interests. Further explanation of each of the rotations appears below under "Training Experiences".

Year 1			
Track 1		Track II	
Rotation	% of time	Rotation	% of time
Neuropsych Service	40%	Neuropsych Service	40%
DGMC/SAC BHICU	10%	DGMC	10%
Neurocognitive Rehabilitation	10%	Neurocognitive Rehabilitation	10%
Oakland BHC/UC Davis	10%	Oakland BHC	10%
Elective	10%	Elective	0%
Didactic/Education/ Research	20%	Didactic/Education/Research	30%
Year 2			
Track 1		Track II	
Rotation	% of time	Rotation	% of time
Neuropsych Service	20%	Neuropsych Service	20%
Administrative	5%	Administrative	5%
Neurocognitive Rehabilitation	20%	Neurocognitive Rehabilitation	20%
Oakland BHC/UC Davis	10%	Oakland BHC	10%
Elective	20%	Elective	10%
Didactic/Education/ Research	25%	Didactic/Education/Research	35%

Key: DGMC – David Grant Medical Center; SAC BHICU – Sacramento – Behavioral Health Inpatient Care Unit; Oakland BHC – Oakland Behavioral Health Clinic

In Year One, 70% of the time for Track I and Track II Residents is spent in **core clinical activities**. This includes the VA NCHCS Neuropsychology Service doing primarily outpatient neuropsychological evaluations, 10% of the time working on the inpatient psychiatry services at DGMC (MTZ Resident) or at the SAC BHICU (SAC Resident), 10% time in the Neurocognitive Rehabilitation Service (MTZ, SAC), and

10% time in additional neuropsychological assessment experience at the Oakland BHC (MTZ Resident), or at the UC Davis Medical Center (SAC Resident).

In Year One, 10% of the time Track I Residents are engaged in **elective rotations**. They can do two (4 hour) rotations, one for each six-month period, OR, one (8 hour) rotation for one six month period. Residents have been placed in the following elective rotations: PTSD Clinic (SAC), Neurology, BHICU (SAC), General Mental Health Clinic, Physical Medicine and Rehabilitation, teleneurocognitive rehabilitation, DGMC, inpatient neuropsychological assessment (CREC), Memory Disorders Clinic, extension of neurocognitive rehabilitation activities (MTZ). Track II Residents do not do an elective rotation but spend additional time in clinical research.

In Year Two, 50% of the time is spent in core clinical activities as outlined in the table above for both Tracks. Time allotted for elective rotations differs for Track I versus Track II Residents. Additional time is allotted for Residents to engage in administrative activities, such as learning clinic management and patient triage for neuropsychology, and engagement in clinical program development activities. Allotment of research time slightly increases from Year One to Year Two for both track Residents.

Clinical Training Experiences

VA NCHCS Neuropsychology Service

The VA NCHCS Neuropsychology Service, under the direction of Donna Sorensen, Ph.D., operates both an outpatient and inpatient clinical consultation service. Staff includes the Neuropsychology Training Faculty and a number of neuropsychology Residents and interns. The Neuropsychology Service operates outpatient clinics at the Martinez OPC, Sacramento OPC and the Oakland BHC, as well as an inpatient service at the CREC.

Martinez Outpatient Neuropsychology Clinic: The Outpatient Neuropsychology Clinic receives consults from a variety of practitioners, most prominently from Neurology, Psychiatry, and Primary Care. Many Veterans present with complicated diagnostic pictures, and with comorbid neurologic, psychiatric, medical, and substance abuse problems. Common neurologic illnesses seen within this clinic include Alzheimer's disease, Vascular Dementia, Alcohol Dementia, Parkinson's disease, focal stroke, and Multiple Sclerosis. We also receive a large number of consults on a young cohort of patients who experienced Traumatic Brain Injury and Polytrauma while serving in the conflicts in Iraq (Operation Iraqi Freedom – OIF; Operation New Dawn – OND) and Afghanistan (Operation Enduring Freedom – OEF). Patients experiencing cognitive deficits secondary to psychiatric disorders (e.g. depression, post-traumatic stress disorder, schizophrenia) are also frequently referred. Clinical services include comprehensive neuropsychological evaluations, neurocognitive screenings on more severely disabled individuals, conducting medical and financial decision-making capacity evaluation, and providing detailed feedback and recommendations to patients, family, and referral sources. Training faculty include Donna Sorensen, Ph.D., Jay Uomoto, Ph.D., and Kristi Steh, Ph.D.



Inpatient Neuropsychology Service: The Inpatient Neuropsychology Service provides consultation services at the Center for Rehabilitation and Extended Care (CREC). The CREC is a 120-bed inpatient facility that provides acute and subacute rehabilitation, neurocognitive evaluation, and long-term and palliative care to Veterans who reside in Northern California. Patients present with a wide variety of neurologic, medical, and psychiatric difficulties with varying levels of acuity. Neuropsychological consultations include relatively rapid and brief evaluations of patients, participation in patient rounds and family care conferences, and liaison work with unit staff regarding treatment and management of patients. This setting also allows trainees to become familiar with conditions not routinely seen in our outpatient clinics including delirium, motor disorders (e.g., Huntington's disease, Cortical

Basal Ganglia Degeneration) as well as infectious diseases (e.g. syphilis, HIV). Training faculty include Donna Sorensen, Ph.D., Jay Uomoto, Ph.D., Kristi Steh, Ph.D., and Brigid Rose, Ph.D.



Oakland Outpatient Neuropsychology Clinic: The Neuropsychology Clinic in Oakland provides outpatient neuropsychological consultations to Veterans receiving care at the Oakland VA Behavioral Health Clinic (Oakland BHC). The Oakland BHC serves a large urban ethnically diverse population, Veterans with severe chronic psychiatric illness, significant substance abuse histories, and the psychosocial sequelae of impoverishment. This service receives a full array of diagnostic referrals including questions regarding dementias, traumatic brain injury, and capacity evaluations. A strong community-based model of care at the Oakland OPC, with substantial interdisciplinary collaboration among medical and mental health personnel (i.e., psychiatry, neuropsychology, social work, nursing, and substance abuse staff) enhances the training environment. The current training faculty member (for the MTZ Resident) is Donna Sorensen, Ph.D.

Sacramento Outpatient Neuropsychology Clinic: Outpatient referrals are received from providers in a variety of departments, including Neurology, Psychiatry, Behavioral Health, Primary Care, Social Work, and Vocational Rehabilitation. Patients are seen for a variety of diagnostic issues such as dementia, traumatic brain injuries, epilepsy, movement disorders, vascular disorders, and autoimmune disorders. Patients often present with comorbid psychiatric (e.g., substance abuse, PTSD, Depression) and medical problems. Services include comprehensive neuropsychological assessments, neuropsychological screens, and detailed feedback to patients, family members, and other health care providers. Training faculty include Traci Sitzer, Ph.D., Dani Binengar, Ph.D., and Kimberly Miller, Ph.D.



VA NCHCS Neurocognitive Rehabilitation Service

The Neurocognitive Rehabilitation Service, directed by Jeffrey Kixmiller, Ph.D., provides inpatient and outpatient intervention services to Veterans with neurobehavioral disorders. The neuropsychology staff consists of three Neuropsychologists with a specialty in Neurocognitive Rehabilitation, one psychological technician, and neuropsychology trainees who rotate through the service. This service permits Residents to develop competencies in a broad range of interventions for patients with neurobehavioral disorders in both inpatient and outpatient settings.

Inpatient Neurocognitive Rehabilitation Program (NCP- MTZ): The inpatient Neurocognitive rehabilitation service, housed in the CREC on the Martinez campus, is located on the 30-bed Neurocognitive/Neurology ward, co-directed by Drs. Mark D'Esposito and Jeffrey Kixmiller. The NCP evaluates and treats Veterans with cognitive impairments associated with neurological disorders and targets optimizing recovery, quality of life, independence, and family/community re-integration. Care planning and rehabilitation goals are developed and monitored through weekly interdisciplinary treatment team meetings, attended by Behavioral Neurologists, Neuropsychologists, Cognitive Rehabilitation Specialists, Speech-Language Pathologists, Physical Medicine & Rehabilitation staff (i.e., Physical, Occupational, Recreational Therapists), Social Workers, Nurses, Dieticians, and Pharmacists. Treatment modalities consist of individual, group and milieu interventions and target ecologically valid functional goals. Treatment approaches consist of empirically validated and/or investigational strategies and intervention methods that attempt to maximize restoration of function, cognitive/functional remediation and compensation, and adaptation to persistent impairments. Training faculty for inpatient neurocognitive rehabilitation services in Martinez include Jeffrey Kixmiller, Ph.D. and James Muir, Ph.D.

Outpatient Neurocognitive Rehabilitation Clinic (MTZ): The Outpatient Neurocognitive Rehabilitation Clinic receives a steady flow of consultation referrals from Neurology, Mental Health, PM&R and Primary Care, as well as community-based medical facilities/hospitals. Treatments consist of tailored group and individual modalities aimed at optimizing independence, community integration, interpersonal awareness and relationships, real-world problem solving, management of stress and, when appropriate, return to school and employment. Efforts are made to integrate treatments with other health care providers,

community/work leaders, and families. Training faculty for outpatient neurocognitive rehabilitation services in Martinez include Jeffrey Kixmiller, Ph.D. and James Muir, Ph.D.

Sacramento Outpatient Neurocognitive Rehabilitation Clinic:

The Outpatient Neurocognitive Rehabilitation Clinic evaluates and treats Veterans with cognitive difficulties resulting from known or suspected neurologic injuries. Neuropsychological and psychological screens are provided when indicated. Interventions, administered through group and individual modalities, include cognitive rehabilitation, training in compensatory strategies, psychotherapy, and education for the patient and family. Consultation to other VA providers regarding care and management strategies for cognitive and behavioral sequelae is also provided. The Neurocognitive Rehabilitation Clinic is closely aligned with other services, particularly Speech and Language Pathology and the PTSD Clinic. Training faculty for this clinic is Traci Sitzer, Ph.D.



VA NCHCS Neurology Service at Martinez

The VA NCHCS Neurology Service at Martinez provides a full range of inpatient and outpatient neurological evaluation and treatment services to Veterans. The Neuropsychology and Neurology Services have enjoyed an extraordinarily close and productive working relationship spanning over two decades, including shared training responsibilities for neuropsychology trainees, as well as neurology Residents. This is currently evident in a number of specialty clinics co-administered and/or attended by Neuropsychology and Neurology staff and trainees.

Neurobehavior Clinic (NBC): The Neurobehavior Clinic at Martinez is a training clinic co-administered by Neurology (Mark D'Esposito, M.D.; Anthony Chen, M.D.) and Neuropsychology (Donna Sorensen, Ph.D.) and focuses on the comprehensive evaluation and treatment of patients with cognitive and behavioral disorders secondary to diverse conditions including focal strokes, atypical dementias, traumatic brain injury, anoxia, and tumor resection. Neuropsychology trainees, Neurology Fellows, Neuroscience faculty and graduate students from the Universities of California at Berkeley and Davis, as well as therapists and researchers from the VA NCHCS Aphasia Center attend this clinic. Patients receive a thorough neurological exam, neurocognitive and language screening along with patient and family interview, and medical record and neuro-imaging review. A primary function of the clinic is to identify patients who might benefit from rehabilitation either on an outpatient or inpatient (CREC) basis, and to provide continuity of care to individuals following discharge from the CREC. The clinic also serves as a major source of Veteran subject recruitment for a number of neuroscience research programs. This clinic provides an extraordinary opportunity for cross-fertilization between disciplines and dissemination of information between clinicians and researchers and is an ideal environment for advanced training in neuropsychology.

Traumatic Brain Injury Clinic (TBI): The TBI Clinics at Martinez and Sacramento (Andrew Kayser, M.D., Ph.D., Hetal Lakhani, M.D.) focus on the evaluation and treatment of patients with traumatic brain injury. These clinics are attended by neurology and psychiatry, with consultation from psychiatry, neuropsychology, speech and language, and social work. The vast majority of patients are young Veterans who suffered a TBI during the course of their service in our current conflicts in Iraq and Afghanistan (i.e. OEF/OIF/OND Veterans). Residents may provide brief neuropsychological evaluations in conjunction with the neurology and/or psychiatry evaluation (i.e. as part of the multidisciplinary team), and/or may be assigned to provide more extensive evaluations in the outpatient Neuropsychology Clinic in response to a formal consult from the attending physician.

Movement Disorders Clinic, Martinez VA campus: Neuropsychological assessments in the Movement Disorders Clinic (Ingrid Kwee, M.D.) focus on brief cognitive evaluations of patients with a variety of movement disorders, including Parkinson's disease and Parkinson's-plus syndromes such as Lewy Body Dementia, Cortico-Basal Ganglia Degeneration, and Progressive Supranuclear Palsy. This clinic is staffed by two behavioral neurologists with expertise in the diagnosis and treatment of movement disorders. The postdoctoral Resident attends the clinic on a weekly basis over the course of 6 months,

observes and participates in the neurological evaluation, and provides brief cognitive assessments as needed.

The UC Davis Alzheimer's Disease Center (ADC)

The ADC is a state and federally funded clinical services and research center serving communities in Northern California, at the UC Davis Medical Center in Sacramento. Although patients can be self-referred or referred from social services agencies, physicians within the UC Davis primary care network make the majority of patient referrals. Training faculty for this rotation (for the SAC Resident) is Sarah Farias, Ph.D., ABPP.

David Grant Medical Center at Travis Air Force Base

This rotation provides the opportunity to work on a 12-bed, locked inpatient psychiatric unit that is jointly managed by the Air Force and the VA. Patients served include active duty Air Force, military family members, and VA patients. David Grant receives Air Force members from all over the Pacific Rim and often complicated treatment and disposition decisions must be made. As such, this rotation (for the MTZ Resident) emphasizes comprehensive assessment (neuropsychological and psychodiagnostic) and acute treatment. This rotation also provides the opportunity for specialized outpatient treatment in the outpatient clinic. The clinic is part of an Air Force research project using virtual reality equipment to facilitate prolonged exposure treatment for Veterans returning from Iraq and Afghanistan. Training faculty for this rotation Bill Steh, Ph.D. (a VA neuropsychologist).



Behavioral Health Inpatient Care Unit (BHICU): The Sacramento campus operates a state-of-the-art 16-bed, short-term, inpatient unit for Veterans with acute psychiatric symptoms. Veterans receive comprehensive or screening evaluations aimed at diagnosing their disorder and assessing their emotional, behavioral and cognitive abilities. Treatment includes both individual and group modalities. The postdoctoral Resident (SAC) will have the opportunity to participate in a multidisciplinary diagnostic consensus conference and will learn to integrate psychiatric history and presentation with neuropsychological findings to provide practical information that can be used by the team to assist with treatment and intervention. Rotation supervisor is Robyn Salter, Ph.D.

Evaluation

Evaluation Intervals

Residents are assessed on summative core competencies at 6-month intervals to ensure that they are developing at the appropriate rate. Mid-rotation evaluations occur at the 3- and 9-month interval. We also solicit regular appraisals from our Residents of the quality of the training provided by rotations and program supervisors. Program and Resident effectiveness are regularly monitored at monthly Neuropsychology training faculty meetings. Quarterly joint Resident/faculty lunch meetings provide a forum for Residents to participate in program evaluation and development. We conduct a focus group with the Training Director and the four Neuropsychology Residents to understand current concerns and program development ideas as a means of quality improvement for the training program. We host an annual faculty retreat to review the previous year's curriculum and the overall effectiveness of the program. Much of the agenda for the annual faculty retreat is generated by the Resident focus group discussion. More distal measures of program effectiveness involve assessment of our graduates' success in securing employment that requires competencies in the areas of neuropsychology in which we train. Another important distal measure is the goal of having our Residents achieve full psychology licensure before the end of their program, either in the State of California or in another State in which the Resident may seek employment.

VA Neuropsychology Postdoctoral Residency Faculty Meetings

The faculty meets on a monthly basis to review trainees' progress, and to review and modify the program. A trainee representative attends a portion of each meeting to provide feedback to faculty regarding any training issues and to learn of any program developments. The full trainee class also meets monthly with the Training Director to review any issues.

Research



The VA NCHCS has a long tradition of world-class research in neuropsychology and the neurosciences. Currently, there exists well over \$15,000,000 in combined state and federal funding for neuroscience research at the VA NCHCS. A major portion of this work is conducted on the Martinez campus, and involves collaboration between neurologists, clinical and experimental psychologists, and other neuroscientists at the VA, and the University of California campuses at Berkeley and Davis. Investigators and trainees from all three sites are actively engaged in research on the Martinez campus, and have

ongoing contact with frontline clinicians through joint training and educational experiences. Gains in knowledge from this work have direct bearing on the development of more effective methods of treatment for Veterans with neurobehavioral disorders. The close collaboration between clinicians and researchers on the Martinez campus has provided an extraordinary opportunity for developing and evaluating innovative new treatment and diagnostic programs, and has created an exciting and fertile training ground for postdoctoral Residents. Residents have a large range of top-notch researchers at the Martinez VA, at the UC Berkeley Helen Wills Neuroscience Institute, and at the UC Davis Medical Center, from which they can select to be their research mentor.

Didactics

Residents are required to attend monthly didactic series at the VA NCHCS Martinez campus and another series that occurs monthly at the UC Davis Medical Center. These didactics are jointly provided by VA Neuropsychology faculty, and UC Davis and UC Berkeley Neuroscience faculty. During their first year of training, Residents also have the opportunity to attend a semester-long neuroscience course held at UC Berkeley, taught by Robert Knight, MD, Mark D'Esposito, MD (behavioral neurologists) and Michael Cole, Ph.D. (neuropsychologist). Second year Residents continue to attend the Martinez and UC Davis didactics, and other didactic/lecture offerings as determined by their training needs in discussion with their primary supervisors. They also take a more active role as junior faculty, providing lectures and leading conference discussions. The didactic experiences and tentative schedules at VA NCHCS and UC Davis Medical Center are as follows:

VA NCHCS Martinez Didactics

On the **fourth Thursday of each month**, VA Neuropsychology Residents along with VA Neuropsychology Predoctoral Interns/Practicum Students, and the UC Davis Neuropsychology Residents meet for a 3 ½ hour didactic session. These didactic sessions include: clinical case conferences, lectures on neurocognitive rehabilitation and special neuropsychology topics, neuroimaging/neuroanatomy, professional development, and Board Certification preparation

Case Conference Presentation

Residents from the VA Clinical Neuropsychology Residency Program and the UC Davis Neuropsychology Residency program present their own neuropsychological evaluation cases. Group discussion among trainees and faculty occur to discuss various aspects and illustration of brain-behavior relationships. In preparation for the Board Certification Examination in Clinical Neuropsychology, the case conference time is also spent in "Fact Finding" exercises.

Neurocognitive Rehabilitation Lecture Series

This year long seminar focuses on the current theories, research, techniques, strategies and applications of cognitive rehabilitation directed at enhancing recovery of functioning and improving quality of life in patients with neurological disorders and neurobehavioral syndromes. Pertinent literature in neuroscience, neuropsychology and rehabilitative psychology is discussed.

Neuroimaging Review

During each monthly didactic session, a focus on teaching Residents basic skills in reading/interpreting neuroimaging studies (CTs and MRIs) in a small group setting occurs at the Martinez VA. VA Neuropsychology Training faculty and VA behavioral neurologists are involved in this teaching activity.

Neuropsychology Topics

During each didactic session, a special topic in neuropsychology is presented by one of the VA Neuropsychology Training faculty. Topics in this series complements the UC Davis Didactic series (see below) and have included: case conceptualization, capacity evaluations, sleep and cognition, aphasia, neuropsychology in acute medical settings, assessment of neglect, psychopharmacology, laboratory results, MMPI, performance validity/malingering, sports concussion.

Cultural Diversity in Neuropsychology Seminar Series

Each year, a series of seminars are presented that focus on issues of cultural diversity within medicine and neuropsychology. Topics on cultural perceptions of the doctor-patient relationship, professional ethics, cultural formulation in DSM-5, alternative/complementary medicine and holistic health practices, and underrepresentation of ethnic minorities in mental health treatment have been presented in the past. Jay Uomoto, Ph.D., presents a series specifically on cultural diversity in neuropsychology, neuropsychological testing, and neuropsychological case formulation.

Required Reading for the Martinez Didactics Series:

Clinical Neuropsychology Study Guide and Board Review. Stucky, Kirkwood & Donders, Oxford, 2013.

UC Davis Medical Center Didactics

UC Davis Medical Center hosts a full day of didactics on the **first Thursday of each month**, and consists of the following:

1. **Clinical Pathological Conference (CPC).** UC Davis Alzheimer's Disease Center faculty present clinical information on patients that have been followed over time, often for several years, by the Alzheimer's Disease Center and who have donated their brains upon death. Clinical data from neurology, neuropsychology and neuroimaging are reviewed and discussions regarding diagnoses are posited. Then, the neuropathologist reviews autopsy findings, which serves as a "gold standard" for pathological diagnosis. Thus, a rare opportunity is provided to follow a patient's clinical course and how it ultimately correlates to their final diagnosis.
2. **Functional Neuroanatomy and Neuropsychological Syndromes Lecture Series.** The purpose of this lecture series is to prepare Residents for board certification in neuropsychology and covers functional neuroanatomy and neuropsychological syndromes at an advanced level.
3. **Neuropsychology Research and Case Presentation Series.** The Research Lecture Series consists of faculty presenting on their current research. The Case Presentation Series consists of fellows and/or faculty presenting cases that were particularly unique/interesting.
4. **Neurology Grand Rounds.** Grand Rounds is attended monthly by Neuropsychology Residents, and are presented by the Neurology Department at UC Davis Medical Center. Familiarity with a broad range of neurological symptoms and diseases is an important part of the Resident's development as an independent practitioner and attendance at additional Grand Rounds is encouraged.

Required Readings for the UC Davis Didactics Series:

Neuroanatomy through Clinical Cases. 2nd Edition. Blumenfeld, Sinauer Associates, Inc., 2010.

Behavioral Neurology and Neuropsychology. 2nd Edition. Feinberg & Farah, McGraw-Hill, 2003.

Additional Neuropsychology Didactic Offerings

Neuropsychology Brown Bag Lecture (NBBL) Series

The NBBL series is a weekly meeting at noon in the Center for Neurorehabilitative Services (CNS) at the Martinez VA that occurs 9-months out of the year. This meeting is attended by neuropsychology trainees and faculty, as well as speech pathology staff and trainees, and other neuroscience researchers. Research and clinical case presentations, journal club, and literature reviews are among the activities during this hour-long meeting.

OMNI Series

The Behavioral Neuroscience OMNI Series is an interdisciplinary educational program for individuals from the VA NCHCS, UC Davis, and UC Berkeley who have an interest in behavioral and cognitive neuroscience. This meeting has been held for the past 20 years and is lead by Robert Knight, M.D., Professor of Neuroscience and Director of the Helen Wills Neuroscience Institute, UC Berkeley, and is held at the Martinez VA campus. At each of these conferences, 2 – 3 patients with various neurological disorders are discussed including the relevant neuroscience research pertaining to the case, neuroimaging and neuroanatomy/neuropathology of the case is reviewed, and then a live behavioral neurology examination is performed on the patient by Dr. Knight. This format permits both faculty and trainees to be actively involved in the research enterprise and patient selection, as well as develop increased knowledge regarding the nature and etiology of neurobehavioral syndromes.

Clinical Neuroscience Seminar at UC Berkeley

Residents may attend a semester-long Clinical Neuroscience seminar at UC Berkeley taught by Robert Knight, M.D, Mark D'Esposito, M.D., and Michael Cole, Ph.D. This graduate-level seminar covers human brain dysfunction as well as neuroanatomy and neuropathology. Dr. Knight has an extensive collection of videos on neurological and cognitive exams of neurobehavior patients, neuropathologic brain specimens, and neuroimaging studies, allowing for rich experiential learning. This course is taught in the Fall Semester at UC Berkeley.

William Lynch, Ph.D., ABPP - Case Conference

In conjunction with the Neuropsychology Training Faculty, William Lynch, Ph.D., ABPP coordinates a quarterly clinical neuropsychology case conference that is hosted by the VA NCHCS. Participation also includes trainees and faculty/staff at UC Davis Medical Center, San Francisco VA neuropsychology staff/trainees, John Muir Hospital, and the Kaiser-Vallejo Rehabilitation Hospital. Members present clinical cases that often are complex or unusual, with the goal of “stumping” or challenging the experts. This conference, which has been meeting for over 15 years, is an excellent opportunity for faculty and trainees to develop professional contacts within the San Francisco Bay Area, share information and advances in the field, and become familiar with the work occurring in different settings.

Optional Activities

There are many optional educational opportunities as well:

- UC Berkeley and UC Davis offer weekly lecture series and outside speakers of interest in neuroscience.
- Coursework that prepares applicants for California psychology licensure are also available during the training year through the Palo Alto and/or San Francisco VA facilities.
- Residents are encouraged to present their research work within our group and to submit their work to conferences such as the International Neuropsychological Society, the National Academy of Neuropsychology, and other national conferences.

Facilities and Training Resources



Each Resident conducts their work in an office at the Center for Neurorehabilitative Services (CNS) or Center for Rehabilitation and Extended Care (CREC) on the Martinez campus, at the Oakland Behavioral Health Clinic (BHC), or on the Sacramento campus of the VA NCHCS. Offices have computers fully equipped with

Internet access, literature search capability, medical record keeping and word processing programs. Clinical office space is also provided on assigned rotations (Oakland BHC, Sacramento, David Grant Medical Center). In addition to personal office space, the Neuropsychology and Neurocognitive Rehabilitation Services have dedicated clinical and research space including testing and individual therapy rooms, neurological and neurocognitive screening exam rooms, group therapy and training clinic rooms with telehealth capability, and research conference rooms. VA Northern California has an excellent virtual medical library, and Residents have access to online databases and literature search assistance from the medical librarian. Access to statistical software (including SPSS and SAS) is available. Our neuropsychology service at all sites is equipped with a broad range of the latest and most commonly used clinical neuropsychological tests, as well as audio and video recording equipment. In addition to the training faculty, there are several administrative and support staff members available to help with orientation and to provide logistical support when needed. Our Residents have access to world-class research libraries at both UC Davis and UC Berkeley.

Requirements for Completion

At the outset of each training year, a Primary Supervisor is chosen by the Neuropsychology Resident, in consultation with the Training Director. The Primary Supervisor acts as the Resident's preceptor for the year. Neuropsychology Residents and the Primary Supervisor together develop a formal individualized training plan outlining training objectives, required activities, and caseload guidelines. Each of the training objectives is linked to specific behavioral competencies on a rating form that forms the basis for summative evaluations of the Resident. At the midpoint and completion of rotations (6- and 12-month intervals, respectively), written evaluations of the Resident's progress in achieving rotation-specific training objectives is provided by supervisors. A briefer written evaluation occurs at the 3- and 9- month interval to gauge progress during the rotation(s), and provide course correction as needed. The Resident and Primary Supervisor review these evaluations with systematic assessment of the extent to which individualized competencies are being met. Adjustments to the training plan to accommodate greater or less than expected advancement may be made throughout the year. The training program has established policies and procedures designed to ensure a quality training environment. In order to successfully complete the program, the Resident must receive a rating score indicating an "independent level of competency" on all the items at the 24-month evaluation interval. Two successful full-time years of training must be completed to be awarded a certificate of completion of this Clinical Neuropsychology Postdoctoral Residency Program.

Administrative Policies and Procedures

Leave

Residents receive 13 paid vacation days and up to 13 paid sick days per year. It should be noted that this leave accumulates over time (4 hours per 2 week pay period for both vacation and sick leave), so Residents should not plan on taking an extended leave early in the training year. In addition, Residents are allowed up to 5 days in Year One, and up to 10 days in Year Two to be used as "professional leave." This time can be used for research meetings, conference attendance, and job interviews and must be approved in advance by the training director and rotation supervisors.

Policy on Psychology Trainee Self Disclosure

Consistent with the American Psychological Association Ethical Principles of Psychologists and Code of Conduct, Residents in the VA Northern California Health Care System are generally not required to self-disclose sensitive topics (e.g., sexual history, history of abuse and neglect, psychological treatment or conditions, and relationships with parents/family members, peers, and spouses or significant others) during application to the program or during the course of training. The primary exception is in situations in which a Resident's personal problems or condition could reasonably be judged to put patient care, the Resident, or clinical and educational operations at risk. This policy is designed to balance the importance of trust and personal privacy in the supervisory relationship with the supervisor's responsibility for care of the patient and for the safety of all staff members and Residents. In cases when self-disclosure of personal information is necessary, the required disclosure is limited to circumscribed information related to managing the specific clinical, safety, or patient care concern. It should also be noted that disclosure

might be included as an optional exercise in a learning experience. For example, trainees are invited to complete a genogram exercise as part of the Cultural Diversity Seminar.

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

Remediation, Due Process, and Resident Termination

The goal of the program is to successfully graduate Residents into a career in Clinical Neuropsychology, and the program is designed to maximize the prospect for successful completion. The evaluation process mandates early intervention if needed to provide the opportunity for corrective action and ultimately successful mastery of each competency area.

If remediation is required, a formal remediation plan is developed with clear and specific expectations and is agreed upon by the Resident, supervisors, and Neuropsychology Residency Training Director. The Training Director is responsible to the Associate Chief of Staff for Mental Health (ACOS/MH) for carrying out the provisions of this policy as described below:

Process

- A. Supervisors are responsible for monitoring Resident's progress in achieving the specific training objectives, providing timely feedback to Residents, and developing and implementing specific training activities for ensuring professional growth and development. Supervisors are responsible for communicating about Resident's performance to the Training Director and other primary supervisors.
- B. Residents are responsible for adhering to training plans.
- C. Progress and performance within the residency program is monitored continuously using both informal and formal evaluation processes. Supervisors provide the first line of feedback to Residents about performance and identify areas requiring additional growth. Supervisors and Residents agree on training opportunities and experiences to meet the program's and Resident's objectives.
- D. The Resident's progress is tracked monthly by the primary supervisors, who discuss the Resident's progress as a group during a monthly conference call.
- E. When specific training competencies do not seem to be adequately developing as a result of the routine and ongoing supervisory feedback, the supervisor consults with the Training Director and other training staff to develop a specific remediation plan. This plan includes specific learning tasks and timelines for completion. The timelines are developed such that the adequacy of task completion can be assessed rapidly. The remediation plan is discussed with the Resident, who has opportunities for input. The plan is provided in written form to the Resident.
- F. Performance on the remedial plan items is assessed frequently. If performance is not adequately improving after one month, the Resident may be placed on academic probation for a period of one to three months. During this time, heightened oversight and assessment of the Resident's performance occurs and significant effort is made to help the Resident remediate. The Resident is provided with written feedback regarding whether the remediation plan items have been adequately resolved.
- G. If the Resident has progressed satisfactorily after the probationary period, the Resident will be formally re-instated. If performance has not sufficiently improved, but the Resident is making progress, the probationary period may be extended. If the Resident fails to progress, termination from the program may be considered. The Resident is provided with written feedback regarding his/her performance as it relates to probationary decisions.

- H. Formal actions (academic probation or dismissal) must be agreed upon by a majority of a body that includes the Training Director, Associate Training Director, primary supervisors, and at least two consultants selected from the VA Northern California Psychology training staff. Prior to any vote on formal actions, the Resident is afforded the opportunity to present his/her case before the training body that will be deciding the Resident's status (see also Grievance Policy, section F below). The Resident may invite a staff member of his/her choice to provide advocacy and emotional support.
- I. Concerns of sufficient magnitude to warrant formal action include but are not limited to: incompetence to perform typical psychological services in a clinical setting; violations of the ethical standards for psychologists; illegal acts; or behavior that hampers the Resident's professional performance.

Resident Feedback

Residents are encouraged to provide feedback about the program through multiple formats. Supervision provides the opportunity for regular, weekly communication with the primary supervisors. The Resident also has regular contact with the program Training Director and Associate Training Director. Residents formulate, lead, and participate in a yearly focus group in which the Training Director, Associate Director, and Program Administrative Assistant also participate. This forum allows the Residents to raise program issues, concerns, and recommend changes as a part of program quality improvement. These avenues of communication allows the Residents to voice ongoing perceptions of the program elements, how the fellowship is meeting the Resident's training needs, and suggestions for program improvement. During the midyear and end-of-year evaluations, Residents are asked to provide written feedback that is used for program improvement.

Resident Grievance Process

It is the training program's policy to be responsive to our Residents and their concerns. Therefore, Residents may use the process described below for the resolution or clarification of his/her grievances. The Clinical Neuropsychology Residency Training Director is responsible to the Associate Chief of Staff for Mental Health (ACOS/MH) for carrying out the provisions of this policy.

Process

- A. All training staff and Residents are responsible for attempting to resolve grievances at the lowest possible level to the satisfaction of all parties involved.
- B. Residents should attempt to resolve minor grievances directly with the individual involved utilizing existing program structure (e.g., the supervision process).
- C. In the event that Residents do not feel comfortable addressing issues within the supervisory process, they may appeal directly to the Training Director for assistance in resolution. Minor grievances processed in this manner are considered informal.
- D. A Resident may choose to file a formal grievance at any point. The grievance must be presented in writing to the Training Director. The submission of the formal grievance should include (if applicable):
 - 1. The grievance and the date when the incident occurred
 - 2. Suggestions on ways to resolve the problem
 - 3. Information regarding any previous meetings to attempt to resolve the grievance
- E. If the grievance is against the Clinical Neuropsychology Residency Training Director, the Resident can file the grievance with the Clinical Neuropsychology Associate Training Director, the VA NCHCS Psychology Training Director and/or the ACOS/MH.

The program administrative assistant or any of the training faculty members can assist the Resident in filing this grievance with the ACOS/MH.

- F. Formal grievances will be presented to a body of Psychology training staff, including the Clinical Neuropsychology Residency Training Director, Clinical Neuropsychology Associate Training Director, the primary supervisors, and at least two other consultants from the Psychology Training Staff. Residents may present their grievance directly to this body. The Resident may invite a staff member of his/her choice to provide advocacy and emotional support. The body to hear the formal grievance will be assembled as soon as possible and in all cases within three weeks from the presentation of the formal grievance. If the grievance is against the Clinical Neuropsychology Residency Training Director or another individual normally assigned to this body, that individual is not involved in the body's deliberation and may only attend to provide testimony, as indicated.
- G. Any formal grievance and its resolution will be documented.
- H. If adequate resolution cannot be achieved through this process, or Residents wish to take the grievance outside of the existing training program structure, they may appeal directly to the ACOS/MH for resolution. The ACOS/MH will review the grievance as soon as possible and in all cases within three weeks from the presentation of the formal grievance. The program administrative assistant or any of the training faculty members can assist the Resident in communicating with the ACOS/MH.
- I. Residents may appeal any formal action taken against their program status. Residents appeal first to the body itself (see item F above). This appeal is made directly by the Resident (in association with any counsel he or she may choose). The body to hear the appeal will be assembled as soon as possible and in all cases within three weeks from the written notification of appeal.
- J. If the Resident is not satisfied with the result of their appeal, the Resident may appeal directly to the ACOS/MH. After consideration, the ACOS/MH has the discretion to uphold, or overrule formal action taken by the body. Should the ACOS/MH overrule the decision of the body, the decision is binding, and the Clinical Neuropsychology Residency Training Director, the Resident, and supervisors shall negotiate an acceptable training plan. Should the ACOS/MH uphold the decision of the committee, the Resident may appeal this decision to the Chief of Staff, VA Northern California Health Care System who will appoint a board of three psychologists in the system not involved in the training program. The decision of this panel is binding.
- K. Specific questions regarding this policy should be directed to the Training Director.

Statement of Nondiscrimination

As noted above the Clinical Neuropsychology Postdoctoral Residency Program highly values diverse experiences, backgrounds, and expertise which we believe enriches the training environment. The program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) race, ethnicity, religion, gender, sexual orientation, disability, marital status, Veteran status, and political affiliation. Residents are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. If a Resident feels that any form of discrimination is occurring, he/she is encouraged to discuss this with the Clinical Neuropsychology Residency Training Director and/or follow the grievance process outlined above. In addition the Resident may elect to utilize the VA EEO process (see link for further information: <http://www.diversity.va.gov/policy/statement.aspx>). The Resident can request confidential assistance in accessing the EEO program from the Clinical Neuropsychology Residency Training Director, Clinical Neuropsychology Associate Training Director, any member of the training staff, or the program support assistant.

Training Staff

Administrative Faculty

Jay M. Uomoto, Ph.D., Fuller Theological Seminary Graduate School of Psychology, 1985
Neuropsychology Postdoctoral Residency Training Director
Staff Neuropsychologist, Martinez Outpatient Clinic, Center for Neurorehabilitation Services

Traci Sitzer, Ph.D., Saint Louis University, 2005
Associate Director, Neuropsychology Postdoctoral Residency Program
Staff Neuropsychologist, Sacramento VA

Joel Schmidt, Ph.D., University of Arkansas, 1994
Director of Psychology Training, VA NCHCS
Staff Psychologist, Oakland VA Behavioral Health Clinic

Clinical Faculty

Dani Binegar, Ph.D., Texas Southwestern Medical Center at Dallas, 2007
Staff Neuropsychologist, Sacramento VA

Anthony Chen, M.D., Harvard Medical School, 2000
Staff Neurologist, VA NCHCS, San Francisco VAMC
Assistant Professor, UC San Francisco

Mark D'Esposito, M.D., SUNY Health Science Center at Syracuse, 1987
Staff Neurologist, VA NCHCS
Professor of Neuroscience and Psychology, UC Berkeley
Director, Henry Wheeler Jr Brain Imaging Center, UC Berkeley

Sarah T. Farias, Ph.D., ABPP-CN, University of North Texas, 2000
Director of UC Davis Clinical Neuropsychology Residency Program
Associate Professor, UC Davis

Andrew Kayser, M.D., Ph.D., UC San Francisco, 2001
Staff Neurologist, VA NCHCS
Assistant Professor, UC San Francisco

Jeffrey Kixmiller, Ph.D., Ball State University, 1992
Staff Neuropsychologist, Martinez VA
Director of Neurocognitive Rehabilitation Service, VANCHCS
Assistant Clinical Professor, UC Davis

Kimberly Miller, Ph.D., University of Florida
Staff Neuropsychologist, Sacramento VA

James Muir, Ph.D., Georgia State University, 2002
Staff Neuropsychologist, Martinez VA

Brigid Rose, Ph.D., Loyola University Chicago, 2005
Clinical Psychologist, Center for Rehabilitation and Extended Care (CREC), Martinez

Robyn Salter, Ph.D., M.S., California School of Professional Psychology
Clinical Psychologist, Sacramento VA

Donna Sorensen, Ph.D., University of Houston, 1992
Director of Neuropsychology Service, VA NCHCS
Lead, Psychology and the TBI/Polytrauma Program, VA NCHCS
Associate Clinical Professor, UC Davis
Staff Neuropsychologist, VANCHCS

Bill Steh, Ph.D., California School of Professional Psychology, 2000
Staff Neuropsychologist, VA NCHCS

Kristi Steh, Ph.D., California School of Professional Psychology, 2000
Staff Neuropsychologist, VA NCHCS

Adjunct Faculty and Research Mentors

Anthony Chen, M.D., Harvard Medical School, 2000
Staff Neurologist, VA NCHCS, San Francisco VAMC
Assistant Professor, UC San Francisco

Michael Cole, Ph.D., University of Florida, 2005
Research Psychologist, VA NCHCS
Visiting Scholar, Helen Wills Neuroscience Institute, UC Berkeley
Assistant Clinical Professor, Department of Neurology, UC Davis

Mark D'Esposito, M.D. SUNY Health Science Center at Syracuse, 1987
Staff Neurologist, VA NCHCS
Professor of Neuroscience and Psychology, UC Berkeley
Director, Henry Wheeler Jr Brain Imaging Center, UC Berkeley

Nina Dronkers, Ph.D., UC Berkeley, 1985
Chief, Audiology and Speech Pathology
Director, Center for Aphasia and Related Disorders, VANCHCS
Senior Research Career Scientist, VANCHCS
Professor of Neurology and Linguistics, UC Davis

Robert Knight, M.D., Northwestern University Medical School, 1974
Professor of Psychology and Neuroscience, UC Berkeley
Director, Helen Wills Neuroscience Institute, UC Berkeley
Consulting Neurologist, VANCHCS

William Lynch, Ph.D., ABPP-CN, University of Tennessee, 1970
Neuropsychologist, Independent Practice

Tatjana Novakovic, Ph.D., California School of Professional Psychology, 1994
Staff Neuropsychologist, VA NCHCS, San Francisco VAMC

Lynn Robertson, Ph.D., UC Berkeley, 1980
Senior Research Career Scientist, VANCHCS
Professor of Psychology, UC Berkeley

Trainees

Doctoral Programs Attended by Current and Recent Fellows:

Alliant International University	U of Texas at Austin
Arizona State University	U of Texas Southwestern Medical Center
California School of Professional Psychology	University of Cincinnati
Fairleigh Dickinson University	University of Florida
Georgia State University	University of Hartford
Illinois Institute of Technology	University of Houston
Loyola Marymount University, Chicago	University of Montana
Michigan State University	Washington University in St. Louis
Radford University	Washington State University
Rosalind Franklin U of Medicine and Science	Wayne State University

Internship Programs attended by Current and Recent Fellows:

Boston VA Consortium	University of Arizona College of Medicine
Central Arkansas VA Medical Center	University of Illinois at Chicago
Coatesville VA Medical Center	University of Florida
Detroit VA	University of Texas Southwestern Medical Center
Medical University of South Carolina/	VA Northern California Health Care System
Charleston VA Medical Center	VA Palo Alto Health Care System
Portland VA Medical Center	Western New York VA Health Care Network
UCSD/San Diego VA	

Placement of Recent Program Graduates:

Alta Bates Summit Medical Center Staff Neuropsychologist
Atascadero State Hospital staff Neuropsychologist
Emory University School of Medicine Faculty/Staff Neuropsychologist
Honolulu VA Staff Neuropsychologist
Gainesville VA Staff Neuropsychologist
Palo Alto Staff Neuropsychologist
Portland VA Staff Neuropsychologist
Private practice (neuropsychological assessment and neurocognitive rehabilitation)
Stanford University faculty
University of California at San Francisco faculty
University of Colorado faculty
VA Northern California Health Care System Staff Neuropsychologist
VA Orlando Staff Neuropsychologist
VA Puget Sound Staff Neuropsychologist
William Jessup University/Rehab Without Walls

Local Information

Martinez, California is located in the San Francisco Bay Area. Sacramento is located north of the San Francisco Bay Area.

For more information, please visit:

<http://www.cityofmartinez.org>

http://en.wikipedia.org/wiki/San_Francisco_Bay_Area

<http://en.wikipedia.org/wiki/Sacramento>

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

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