



U.S. Department of Veterans Affairs

Veterans Health Administration

Neuropsychology Service

Geriatric Research, Education, and Clinical Centers



POSTDOCTORAL FELLOWSHIP IN CLINICAL NEUROPSYCHOLOGY

Central Arkansas Veterans Healthcare System

Eugene J. Towbin Health Care
116 / NLR
2200 Fort Roots Drive
North Little Rock, AR 72114
501-257-1684

Applications due: **15 JAN 2021**

Positions offered: 2

Total Fellows: 4

<https://appcn.org/member-programs/entry/648/>

https://www.littlerock.va.gov/services/Mental_Health/Neuropsychology_Postdoctoral_Fellowship.asp

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List of Abbreviations

ABPP	American Board of Professional Psychology
ADHD	Attention-Deficit Hyperactivity Disorder
APA	American Psychological Association
CARF	Commission on Accreditation of Rehabilitation Facilities
CAVHS	Central Arkansas Veterans Healthcare System
CBOC	Community-Based Outpatient Clinic
CDP	Clinical Demonstration Project
CVA	Cerebral Vascular Accident (stroke)
EEO	Equal Employment Opportunity
GRECC	Geriatric Research, Education, and Clinical Center
INS	International Neuropsychological Society
IRB	Institutional Review Board for Human Subjects
MDD	Major Depressive Disorder
MHC	Mental Health Clinic
MHS	CAVHS Mental Health Service
MIRECC	Mental Illness Research, Education, and Clinical Center
NMS	National Matching Services
PM&RS	Physical Medicine & Rehabilitation Service
PTSD	Post-Traumatic Stress Disorder
SUD	Substance Use Disorder
TBI	Traumatic Brain Injury
UAMS	University of Arkansas for Medical Sciences
VA	Veterans Affairs

PROGRAM AIMS

Fellows are prepared to meet eligibility requirements for board certification through the American Board of Professional Psychology (ABPP) in Clinical Neuropsychology and will be well suited to pursue employment in a Veteran Affairs or academic medical settings.

TWO positions are available for the FY2021-2023 training years, including: 1) The Mental Health Service (MHS) and Neuropsychology Section Track and 2) The Geriatric Research Education and Clinical Center (GRECC) and Neuropsychology Section Track.

APPLICATION PROCEDURES

Eligibility Requirements:

- Applicants must possess a PhD or PsyD in Clinical or Counseling Psychology with education and experience in neuropsychology from an APA accredited doctoral scientist-practitioner/practitioner-scholar programs. Dissertation (or equivalent) must be defended prior to the start of the Fellowship.
- Successfully completed an APA accredited Internship where $\geq 50\%$ of the clinical training included neuropsychology relevant experience(s).
- United States citizenship.
- Be able to pass a background check as is required to work within VA setting(s).
- Selective Service registration for males born after 12/31/1959. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the United States Office of Personnel Management; exceptions are very rarely granted.
- Understand that this is a drug tested position located at a tobacco free campus.
- The Fellowship welcomes, encourages, and will consider applications from all qualified candidates regardless of gender, racial, ethnic, age, sexual orientation, disability or other minority status.

Application Requirements:

- A 1-2 page cover letter regarding current/past training, career goals, expected date of internship completion.
- Curriculum Vitae.
- Copy of doctoral program transcripts. Note that originals will be required by Human Resources as part of onboarding and credentialing.
- Letter from Internship Training Director verifying standing in program and expected date of completion.
- Three letters of professional recommendation from current or former clinical supervisors – preferably from clinical neuropsychologists (all of whom should email their letter directly).
- Two written neuropsychology reports examples with redacted protected health information.
- Optional: Research writing sample such as a co-authored publication.

Application Submission Procedure:

Interested applicants should email the application materials to Scott.Mooney@va.gov.

RECRUITMENT & SELECTION PROCEDURES

We are a member of the *Association of Postdoctoral Programs in Clinical Neuropsychology* and do participate in the matching program for clinical neuropsychology postdoctoral residencies, administered by National Matching Services (NMS). (www.natmatch.com). Match program number: 9101. We adhere to all policies regarding the matching program.

Applicants are encouraged to attend the annual North America Meeting of the International Neuropsychology Society (INS) in February where many applicants are interviewed. For more information about this meeting, including locations and specific dates see the INS website (www.the-INS.org). Applicants unable to attend the INS meeting can arrange for an on-site interview, phone interview or teleconferencing interview prior to the deadline for submission of the rank order lists for this program. In the event of continued SARS-CoV-2/COVID19 pandemic, all interviews will be held via phone or teleconferencing modality.

Prior to beginning the Fellowship year, it will be necessary for applicants selected for the program to complete paperwork (e.g., Declaration for Federal Employment and Application for Health Professions Trainees). During the training program, Fellows are responsible for adhering to the policies and procedures of the postdoctoral Neuropsychology Training Program, GRECC, and Neuropsychology section(s). Also, many of the laws, rules, and guidelines that apply to Federal employees are also applicable to trainees in Federal training positions. For example, fellows are subject to random drug screening. A copy of the policies and procedures of this training program will be made available to fellowship applicants and is provided to each fellow during orientation at the beginning of the training year.

The Central Arkansas Veterans Healthcare System (CAVHS) is committed to upholding an inclusive environment so that the associated stakeholders (including Veterans; supervised trainees; technical, clerical, and licensed clinical staff) feel encouraged and supported to incorporate all aspects of themselves into their experience at our facility. We believe that the honoring of the unique aspects of each individual is compulsory for the optimal development of highly qualified, effective and satisfied professionals, and ultimately, improves the quality of the services that we provide to our Veterans. As a result, we especially encourage applicants with knowledge and experience with cultural and ethnic diversity issues to apply.

NON-DISCRIMINATION POLICY

The VA is committed to ensuring Equal Employment Opportunity (EEO), promoting workforce diversity, workplace inclusion, and constructively resolving conflict to sustain a high-performing organization in service to our Nation's Veterans. VA will vigorously enforce all applicable Federal EEO laws, executive orders, and management directives in order to ensure equal opportunity in the workplace for all VA employees. This document summarizes VA's EEO, Diversity and Inclusion, Notification and Federal Employee Antidiscrimination and Retaliation Act (No FEAR), and Whistleblower Rights and Protection policies.

CAVHS does not tolerate unlawful discrimination, including workplace harassment, based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation, and pregnancy), age (40 or older), disability, genetic information, marital status, parental status, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination-complaint process. This applies to all terms and conditions of

employment, including recruitment, hiring, promotions, transfers, reassignments, training, career development, benefits, and separation.

VETERANS HEALTHCARE MISSION, VISION, & CORE VALUES

Mission

To honor America's veterans by providing exceptional health care that improves their health and well-being.

Vision

Veteran's Healthcare Administration will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient-centered and evidence-based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery, and continuous improvement. It will emphasize prevention and population health and contribute to the nation's well-being through education, research, and service in national emergencies.

Core Values

<i>Integrity</i>	Acting with high moral principle.
<i>Commitment</i>	Working diligently to serve veterans and other beneficiaries.
<i>Advocacy</i>	Be truly veteran-centric by identifying, fully considering, and appropriately advancing the interests of veterans and other beneficiaries.
<i>Respect</i>	Treating all those you serve and with whom you work with dignity and respect.
<i>Excellence</i>	Striving for the highest quality and continuous improvement.

DIVERSITY MISSION STATEMENT

CAVHS serves Veterans from a highly diverse area, encompassing urban and suburban communities around the Central Arkansas area. Our heterogeneous setting gives Fellows the opportunity to provide services to Veterans from a variety of backgrounds and psychosocial circumstances including unemployment and homelessness. Veterans in the healthcare system catchment area are ethnically diverse, providing trainees with the opportunity to develop competencies in working with patients from many different cultural backgrounds. Lesbian, gay, bi-sexual, and transgendered Veterans are increasingly seeking services at our medical center. Increasingly, the Veteran population includes greater numbers of women, which presents opportunity for Fellows to develop skills for competently addressing sex and gender issues in their training. CAVHS provides services tailored to address the needs of Veterans across their lifespan and Fellows are offered opportunities to work in settings where age related issues are relevant (e.g. younger Veterans with military TBI seeking assistance with college and employment, middle-aged Veterans adjusting to retirement and medical problems, and elderly with cognitive difficulties facing difficulties managing day-to-day activities of life).

The Neuropsychology Fellowship is deeply committed to fostering multicultural competence and diversity awareness. The overall goal of our training activities is to produce neuropsychologists that are sensitive to individual differences and demonstrate the ability to apply diversity-based models in clinical settings.

FACILITIES, POPULATIONs SERVED, & SERVICE PROVISION



CAVHS is a large and comprehensive medical complex located in the North Little Rock and Little Rock metropolitan area of over 725,000 people and draws from a primary service area of 275,000 veterans whose ages and demographics are wide ranging. CAVHS providers also serve Active Duty and National Guard personnel from nearby Little Rock Air Force Base and Camp Robinson as well as family members.

Accredited by both the Joint Commission of Accreditation of Healthcare Organizations and the Commission on Accreditation of Rehabilitation Facilities during the most recent accreditation reviews, CAVHS is a Category 1A flagship healthcare provider and one of the largest and busiest VA medical centers in the country. Its two consolidated campuses, located in Little Rock and North Little Rock, anchor a broad spectrum of inpatient and outpatient healthcare services, ranging from disease prevention to primary care, complex surgical procedures and extended rehabilitative care. Comprehensive healthcare is provided through primary, tertiary, and long-term care in areas of medicine, surgery, mental health, physical medicine and rehabilitation, neurology, dentistry, ophthalmology, geriatrics and extended care, women's health, and others. Across its two main campuses, CAVHS has 280 hospital beds as well as a 119-bed Residential Rehabilitation Treatment Unit that provides long-term rehabilitative care and a 152-bed Community Living Center (formerly Nursing Home Care Unit). CAVHS also reaches out to Veterans across Central Arkansas through its eight Community-Based Outpatient Clinics (CBOCs) in the cities of Conway, El Dorado, Hot Springs, Mena, Mountain Home, Pine Bluff, Russellville, and Searcy. When care in one of the two main hospitals or eight outpatient clinics is either not possible or medically recommended, the Home Based Primary Care program provides primary health care to eligible veterans in their homes. A Day Treatment Center and Vet Center are also located in the Little Rock Metro Area. Finally, CAVHS offers an active telemedicine program, which provides remote services using advanced telemedicine technology directly from the North Little Rock campus to the area CBOCs. Fellows complete training primarily in the North Little Rock Campus.

North Little Rock Campus

Eugene J. Towbin Healthcare Center

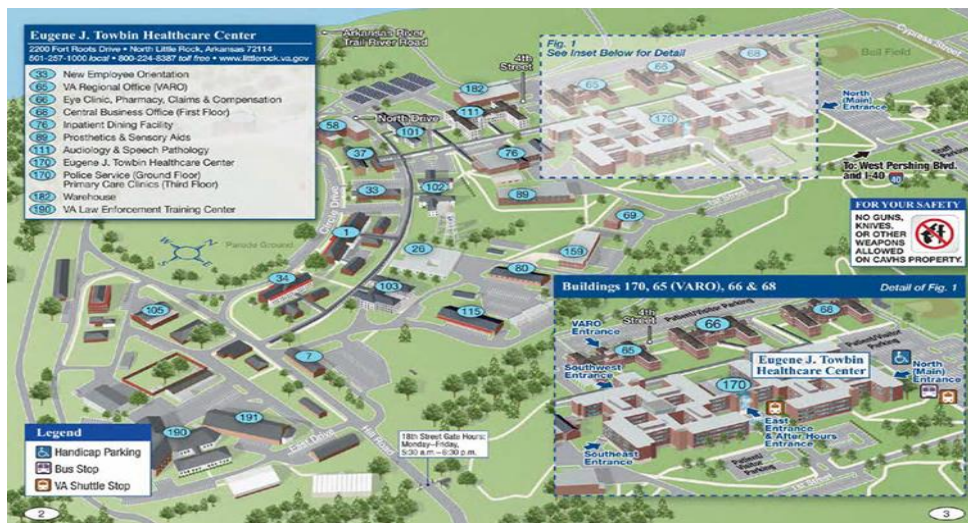
116/NLR

2200 Fort Roots Drive,

North Little Rock, AR 72114

Phone: (501) 257-1000

Situated atop scenic bluffs overlooking the Arkansas River and the Little Rock Metropolitan skyline, our North Little Rock campus occupies the late-19th century Fort Roots military installation that had been originally commissioned for the US Army Cavalry prior to World War I and is now a functioning hospital complex and National Historic Site. Located on the North Little Rock campus, the Eugene J. Towbin Healthcare Center is a large four-story building, which was constructed in 1983. It houses each of this division's outpatient programs, residential rehabilitation programs, and inpatient beds. This building also contains a cafeteria, canteen store, medical library, bowling alley, barber shop, and indoor walking trail. The grounds of the North Little Rock campus are large and contain two small fishing lakes, an employee fitness center (available to Fellows on a 24-hour basis), a fitness trail, a softball field, a newly constructed State Veterans Home, and numerous historic buildings operating as administrative offices for the VA. Also co-located on the North Little Rock Campus are the VISN 16 Mental Illness Research, Education, and Clinical Center (MIRECC), GRECC, and the VA's Federal Law Enforcement Training Center, which trains the *entire* Federal VA police force.



The North Little Rock campus contains the medical center's Primary Care Clinics, Outpatient Mental Health Clinic, Outpatient and Residential Substance Use Treatment Clinics, Outpatient and Residential PTSD Clinics, Intermediate Medicine, Neuropsychology, Vocational Rehabilitation, Inpatient Psychiatry, Domiciliary, Community Living Center, Physical Medicine and Rehabilitation Service, and the Psychosocial Rehabilitation and Recovery Center. The North Little Rock division also serves as the primary setting for most clinical rotations and experiences offered in the Neuropsychology Fellowship program.

Little Rock Campus

John L. McClellan Memorial
Veterans Hospital
4300 W. 7th Street,
Little Rock, AR 72205-5484
Phone: (501) 257-1000

Approximately eight miles and just a 15-minute drive away from the North Little Rock division and conveniently situated in the heart of Midtown Little Rock, the John L. McClellan Memorial Veterans Hospital is our Little Rock campus. It is adjacent to, and physically connected to, the University of Arkansas for Medical Sciences (UAMS). This medical center houses inpatient wards including acute medicine, oncology, cardiology, surgery, neurology, neurosurgery, and intensive care units. It also serves hemodialysis patients and houses many medical and surgical outpatient clinics, a women's clinic, and an active emergency room. A cafeteria, canteen store, and medical library are also available at this campus.



HISTORY OF TRAINING

Throughout its rich history, CAVHS has been widely recognized, first and foremost, for a tradition of quality and caring for Arkansas Veterans as well as for excellence in education, research, and emergency preparedness. To that end, CAVHS serves as a teaching facility for more than 1,500 students and Fellows enrolled in more than 65 educational programs; its principal affiliate is University of Arkansas for Medical Sciences (UAMS).

The history of CAVHS includes training for the field of psychology since the 1950s, including its APA accredited (since 1979) Psychology Internship Program, 1-year APA accredited (since 2013) Clinical Psychology and Interdisciplinary Postdoctoral Fellowship Program in PTSD or Psychosocial-Recovery for Seriously Mentally Ill (eligible to clinical or counseling psychologists, clinical social work, and/or occupational therapists), and a re-established 2- year GRECC and MHS Neuropsychology Postdoctoral Fellowship Program (applying for APA *Accreditation-on-Condition* status).

PROGRAM TRAINING PHILOSOPHY & GOALS

Our Neuropsychology Postdoctoral Fellowship program training philosophy is consistent with the International Neuropsychological Society, American Psychological Association Division 40 (Neuropsychology), and Houston Conference specialty guidelines for training in Clinical Neuropsychology. The Fellowship program follows scientist-practitioner training model.

The educational goals for this training program include:

Professionalism

Fellows will develop a greater understanding regarding various professional and ethical issues faced in the field of Neuropsychology.

Individual and Cultural Diversity

Fellows will develop a greater appreciation of themselves from a cultural standpoint, how others are shaped by diversity, and the impact of this on the neuropsychological evaluation from both an administration and interpretation standpoint.

Self-Assessment/Self-Care

Fellows are expected to engage in self-reflection and evaluation to gain an appreciation of their current strengths and relative weaknesses as well as develop a plan to foster development of weaknesses into strengths. They will also gain knowledge about the importance of self-care.

Ethical Standards

Fellows will develop a deeper appreciation for the common ethical situations that can occur in neuropsychology as well as how to handle these types of situations appropriately.

Research

Fellows will become a more refined consumer of research to inform assessment, disposition, and possible treatment planning recommendations. They will also gain greater confidence and knowledge in producing original research themselves with support

of research mentors to assist them through the process of developing an idea, collecting data, statistically analyzing datasets, to eventual presentation at a professional scientific meeting or publication.

Neuropsychological Assessment

Fellows will gain advanced skill in conducting a neuropsychological evaluation that answers the referring provider's request and takes into account relevant multicultural and psychosocial issues. They will also develop extensive knowledge of brain-behavior relationships in regard to a variety of neurological, medical and psychiatric conditions that contribute to cognitive deficits that can cause functional impairment while possessing advanced knowledge of neuroanatomy and functions related to structures therein.

Neuropsychological Intervention

Fellows will learn to provide Veteran-centered neuropsychological evaluations within a therapeutic framework, where the feedback session serves as a powerful standalone intervention. Fellows will also learn to develop appropriate recommendations for providers and Veterans based on clinical findings.

Neuropsychological Consultation

Fellows will learn how to develop working relationships with various medical providers/referral sources as well as how to effectively communicate test results into clinically meaningful solutions.

Interdisciplinary Systems

Fellows will increase their knowledge of other professions within a healthcare setting that can contribute to the overall health of an individual. During their training, Fellows will be functioning in a multidisciplinary context and gain valuable experience working closely with other professionals.

Supervision / Teaching

Fellows will have opportunity to learn effective supervision methodologies as well as teach our predoctoral psychology Interns and Practicum Students from our academic partners.

TRAINING PLAN

Our program offers TWO Fellowship training tracks, including the 1) The MHS and Neuropsychology Section and 2) The GRECC and Neuropsychology Section.

At present, the CAVHS Neuropsychology Section is permanently staffed with 3 neuropsychologists, 2 psychometrists, and 3 administrative assistants. Postdocs, predoctoral Interns, and Practicum students also train in this workspace. Referrals are received from Neurology, Neurosurgery, Memory Disorder's Clinic, Inpatient and Outpatient Geriatrics, Primary Care, MHS, and nearby Active Duty military bases. In that end, Fellows from both tracks gain experience working with a myriad of heterogenous neurological and psychiatric Active Duty and Veteran outpatient and inpatient populations.

GRECCs are centers of excellence that address the healthcare needs of older Veterans through research, education, and training of healthcare professionals and students. The Little

Rock GRECC conducts research directly relevant to aging Veterans with focus areas that include: (a) The biological outcomes of normal aging and disease as manifest in skeletal muscle, the central nervous system and cardiovascular system; (b) Exercise, nutrition and rehabilitation; (c) Treatment of mental health and behavior problems in dementia; and (d) Research focusing on the prevention of dementia.

Clinical Training

While a high standard of patient care is expected, the workload distribution emphasizes training in neuropsychology at the postdoctoral level. In that end, Fellows can expect that $\geq 60\%$ of their time is spent training in clinical neuropsychology in terms of provision of direct clinical care, participation in neuropsychology relevant didactics, and supervision by faculty. There are no work-load targets in terms of *work relative value units*, but it is expected that as Fellows progress through the program, they become more efficient in service delivery. The number of typical patient encounters week-to-week depends on setting (e.g., MHS Minors rotations; GRECC Memory Disorders Clinic versus Neuropsychology Service).

The emphases of clinical training opportunities include:

- Very Strong: Outpatient neuropsychological assessment, neuropsychological consultation
- Strong: Research, cognitive rehabilitation, rehabilitation psychology, geriatric psychology
- Less Strong: Forensics, psychotherapy

Availability of Patient Populations:

- Very Strong: Geriatrics, medically complex patients, dementia, CVA, military TBI, psychiatric conditions (incl. PTSD, MDD, SUDs, chronic pain, ADHD), racial/ethnic minorities
- Strong: Movement disorders, neurosurgical candidates
- Less Strong: Moderate-to-severe TBI, neoplasm, viral/bacterial, multiple sclerosis, epilepsy, hydrocephalus, allograft transplantation, autism
- None: Pediatrics

MHS Fellows spend 2.5 days/week training in adult and geriatric neuropsychology in the Neuropsychology Service (under the auspices of Drs. Mooney and Mathis). MHS Fellows will spend another 1.5 days/week participating in an elective (minor) rotational experience. MHS Fellows define goals and interests with their supervisor, which in turn directs their individualized focused training experiences to foster further growth in defined areas of weakness. Minors are 6 months in duration and can be repeated. The Minor rotational offerings include: Research, Neuropsychological Rehabilitation, Acute Rehab, Inpatient Geropsychology, and/or Evidence Based Psychotherapy. See [Appendix A](#) for a description of rotational offerings.

Clinically, GRECC Fellows spend 2.5 days/week training in adult and geriatric neuropsychology. They split time between the Neuropsychology Service (as above) and Memory Disorder Clinic (MDC) with Dr. Prasad Padala and his interdisciplinary team.

Scholarly Activity

MHS Fellows are required to complete an individual research project during her/his 2-year training experience. Fellows are assigned a research mentor at the start of their first year and will have access to a multitude of databases. The research mentor will assist the Fellow in all aspects of the research endeavor, to include formulating a research question(s), IRB paperwork, data query and analysis, and write up. Minimally, the research requirement can be met by presenting a research poster at a professional scientific meeting or single publication. If the MHS Fellow elects to have one or more 6-month *Research* minor rotational experience(s), then the Fellow's expectations for scholarly productivity would be adjusted and increased to reflect 1 presentation and 1 manuscript submission/6 month minor.

GRECC Fellows have a strong research emphasis in geriatrics – spending 1.5 days/week engaged in scholarly activity for the duration of their 2 year Fellowship. Research project(s) involvement encompasses collaboration between GRECC and Neuropsychology Service, with mentorship in IRB, research production, and possibly grant writing experience. GRECC Fellows are expected to minimally present research at 2 conferences and submit 2 manuscripts for possible publication/year of training.

Didactics, Supervision, Vertical Supervision of Others, & Teaching

MHS and GRECC Fellows spend 1 day/week participating in didactics, supervision/teaching, and other administrative requirements rounds out the remainder of the training week.

Didactic opportunities include weekly *required* neuropsychology Fellow Seminar series, Case Conference, and Journal Clubs --- as well as *optional* brain cuttings, Neurology, Neuroradiology, and Psychiatry Grand Rounds. A mock ABPP neuropsychology fact finding practice opportunity occurs monthly. Fellows complete a *required* mock neuropsychology board written exam at the end of their first year. *Required* mock neuropsychology oral exam with ethics and fact finding components also is completed towards the end of their second year of Fellowship. See [Appendices B](#) and [C](#) for additional Fellow Didactic and specific Seminar details, respectively.

From a supervision standpoint, each Fellow will be provided with a minimum of 2 hours of face-to-face individual supervision on a weekly basis with her/his assigned neuropsychology supervisor. Fellows also understand that neuropsychology supervisors do have an open door policy and are open to meeting with Fellows to discuss their clinical cases when needed. Assigned neuropsychology supervisors (Mooney, Mathis) will switch every 6 months. Each supervisor has her/his own expectations for what the Fellow needs to be prepared to present on during the supervision encounter. These expectations will be clearly articulated. Relatedly, each supervisor also has her/his own style of teaching and supervision. Having said that, supervision time is typically structured with a collaboratively developed agenda. Fellows will commonly experience supervision initially as something more directive and prescriptive. Developmentally, with the passage of time and demonstration of increasing competence, Fellows experience and participation in supervision will be transitioned to that of a junior colleague kind of interaction. Fellows also participate in 1 hour of weekly group supervision in our Neuropsychology Case Conference along with our Interns and Practicum Students.

Vertical Supervision & Teaching

Fellows gain experience providing vertical supervision to less advanced neuropsychology trainees including Interns and/or Practicum Students with whom their assigned neuropsychology supervisor is working with. Thus, Intern and Practicum trainees, whom the Fellow may provide vertical supervision to, will likely switch every 6 months.

Fellows are expected to participate in and prepare/teach topics as part of the Neurotrack Internship Seminar series. See Appendix D. The seminars will typically be led by neuropsychology postdoctoral Fellows with faculty oversight, attendance, and participation. From a division of labor standpoint, Faculty will also be presenting some of the topics.

PROGRAM REQUIREMENTS for COMPLETION

The Fellow's progress is assessed at the middle and end of each 6-month epoch by each Faculty member with whom the Fellow is/has been working with --- for a total of 4 evaluations of their core competencies during the 2-year training program.

General Requirements:

- The Neuropsychology Postdoctoral Fellowship program is a 2-year full-time program. Fellows are expected to report to and train at CAVHS 40 hours/week. The Fellows are required to complete a minimum of 4160 (2,080 hours per year) hours over the course of the 2-year program. Having said that, over the course of 104 weeks, after factoring in possible leave (i.e., 20 Federal holidays + maximum usage of accrued 26 days of Annual leave and 26 days for Sick leave), Neuropsychology Fellows are required to complete 3,584 hours of training *on site* over the course of their 2-year training experience.
- Successful completion of all clinical, research, and educational requirements.

Rating Fellow Competencies

Rating Scheme:

5	Well above expected level of competency – routinely demonstrates outstanding, advanced and independent performance of ability in area being evaluated; seeks consultation as needed.
4	Above expected level of competency – frequently demonstrates advanced and independent performance of ability in area being evaluated; seeks consultation as needed.
3	At expected level of competency – regularly demonstrates advanced and independent performance of ability in area being evaluated; seeks consultation as needed.
2	Below expected level of competency – infrequently demonstrates advanced and independent performance of ability in area being evaluated; supervision often needed.
1	Well below expected level of competency – rarely demonstrates advanced and independent performance of ability in area being evaluated; close supervision and intensive train-up required.
N/A	Not applicable or not demonstrated on this learning experience.

At the beginning of the Fellowship, each Fellow in consultation with her/his supervisor, conducts a self-assessment via ratings across different core competencies. For each “mid-point” (at the 3-month mark) and end of 6-month time frame and prior to switching to a different neuropsychology supervisor and starting a new elective minor (if MHS Fellow track), Fellows and her/his primary supervisor review each competency area together. Supervisor provides

ratings of how frequently and competently the objectives are demonstrated based on the specific behavioral criteria provided.

The standard for demonstrating core neuropsychology competencies is considered relative to that of an *independent, board eligible neuropsychologist who has just completed 2 years of post-doctoral training in clinical neuropsychology*. Thus, it is expected that for much of the first year of training, Fellows will be rated at the level of “1” or “2” in neuropsychology core competencies with some relative strengths potentially rated higher. In contrast, the standard for demonstrating competency for the elective 6-month Minors rotations is considered to be that of a first year postgraduate, doctoral level Fellow – but beyond that expected of an Intern who is still completing a graduate program.

In that end,

- At the time of the initial self-appraisal at the start of the first year of training, Fellows are expected to have the majority of their ratings at a “1” or “2”.
- At the time of the initial supervisor competency ratings (after first 6 months), Fellows will have progressed and the majority of their ratings (greater than 50%) should be at a “2” or above.
- At 12 months, all of the Fellows ratings will be at a “2” or above, with higher ratings in areas of relative strength also expected. And any rating less than 2 will result in the development of a remediation plan.
- At 18 months, the Fellows will have the majority of their ratings (greater than 50%) at a 3 or above. And any rating less than 3 will result in the development of a remediation plan.

Exit Criteria:

- At the end of their Fellowship, all of the Fellow’s ratings will be at a “3” or above, indicating the Fellow is prepared to begin independent practice as a board eligible neuropsychologist.

Consistent with the Houston Conference Guidelines on specialty training in Neuropsychology, the exit criteria include the following:

- Advanced skill in the neuropsychological evaluation, treatment and consultation to patients and professionals sufficient to practice on an independent basis.
- Advanced understanding of brain and behavior relationships.
- Scholarly activity (e.g., publication, presentation, etc.).

FELLOW TRAINING RESOURCES

Fellows use a private staff office for conducting evaluations. Neuropsychological assessment tools, test instruction manuals, norms, are readily available.

Fellows may or may not share an office space for completing other tasks. Shared office space is equipped with desks, telephone with private voicemail, and networked computer which allows access to medical records including progress notes, consult reports, laboratory findings, imaging films and reports, and access to remote records from other VA facilities across the nation. VA email access, internet access, and a virtual library for literature searches are also available on each computer.

Fellows are provided copies of primary and secondary source reading materials.

The NLR campus does house a medical library that Fellows can gain access to. If a book or article cannot be found via the onsite libraries or virtual libraries, an online inter-library loan request can be made.

Fellows enjoy ample free parking.

Administrative support is provided by the CAVHS Mental Health Service.

FUNDING, SALARY, & BENEFITS

Funding for the postdoctoral Fellowship is through the VA Central Office of Academic Affairs. Current stipend for the training years is \$46,102 and \$48,594 for the first and second year, respectively. Fellows are eligible for life and health insurance for self, spouse, and legal dependents. Fellows receive 10 annual Federal holidays. In addition, Fellows accrue 4 hours of sick leave and 4 hours of annual leave for each full two-week pay period.

PROGRAM ADMINISTRATION

The 2-year Neuropsychology Postdoctoral Fellowship program is housed within the Neuropsychology section of the Mental Health Service of CAVHS. It is coordinated, organized and directed by board certified neuropsychologist, Dr. Scott Mooney. Dr. Mooney reports directly to Chief Psychologist. Dr. Mooney also receives oversight and support from the CAVHS Associate Chief of Staff for Education concerning training program issues.

Dr. Mooney is granted protected time to fulfill his responsibilities for the Fellowship. Dr. Mooney meets monthly with Neuropsychology Fellowship staff to discuss training issues and review progress of trainees. Fellows are included in this monthly meeting except for when trainee evaluation discussions occur at the end. Dr. Mooney meets with program staff supervisors as needed. Staff supervisors and trainees are aware that Dr. Mooney, Chief Psychologist, and Associate Chief of Staff all have an open-door policy with regard to issues or concerns regarding training.

Education and training is one of the four missions of the Veterans Health Administration, the other three being Clinical Services, Research, and as back-up for the Department of Defense.

FACULTY



Scott Mooney, PhD, ABPP serves as the *Chief/Program Manager for Neuropsychology and Rehabilitation Psychology Services, Director of Training for Neuropsychology Postdoctoral Fellowships*, and Chairs the *MHS Practicum Committee*. Dr. Mooney is a Fellowship and Residency trained, board certified Neuropsychologist with 11+ years of post-doctoral outpatient and inpatient experience working with heterogeneous civilian, Department of Defense, and Veteran neurological and psychiatric populations. Over the course of his training and career, he has served as an instructor for more than 45 predoctoral and postdoctoral psychology

trainees, mentored ABPP candidates, served as a research mentor for medical residents and other postdoctoral trainees, has co-authored scientific papers, served as co-investigator and/or site Primary Investigator/Associate Investigator on >\$25 million dollars' worth of grant funded studies, and is a frequent presenter at professional scientific conferences in Neuropsychology. Dr. Mooney is a member of the American Academy of Clinical Neuropsychology, International Neuropsychological Society, American Congress of Rehabilitation Medicine, and Divisions 19 (Military Psychology), 22 (Rehabilitation Psychology), and 40 (Neuropsychology) of the American Psychological Association. Email: Scott.Mooney@va.gov



Prasad R. Padala, MD, MS is the *GRECC Associate Director for Clinical Programs, Memory Disorders Consultation Clinic Director*, and *Transcranial Magnetic Stimulation Service Program Director*. Dr. Padala is a Geriatric Psychiatrist who's clinical and research interests are in the treatment of behavioral problems associated with dementia - particularly apathy. He also is interested in studying the impact of apathy on outcomes of diabetes and the role of motivation in adherence to activity promotion.

Dr. Padala is currently conducting pharmacological and non-pharmacological clinical trials for treatment of apathy. He leads the Transcranial Magnetic Stimulation lab at the GRECC, a Center of Excellence in the VA to promote geriatric knowledge through research, education and innovative clinical models. As the Associate Director for Clinical programs for GRECC, Dr. Padala oversees seven innovative Clinical Demonstration Projects (CDPs) which utilize Quality Improvement/ Implementation Research methodology to bridge the gap between evidence based medicine and clinical practice. These CDPs are funded through grants from the Office of Rural Health, Office of Health Equity and T21 grants from the VA. Email: Prasad.Padala@va.gov



Jennifer A. Mathis, PhD is a staff neuropsychologist in the outpatient neuropsychology clinic. She also serves as the *Internship Selection Chair* for the CAVHS APA accredited psychology Internship program and teaches research methods, statistics and other courses at the University of Arkansas – Little Rock Department of Psychology. She received her doctorate from the California School of Professional Psychology at Alliant International University in 2016. She completed her neuropsychology emphasis internship at the Southern Arizona Veterans Healthcare System and her postdoctoral neuropsychology fellowship at CAVHS. Her

preferred theoretical orientations include flexible battery and integrative approaches to

assessment and intervention. Clinical and teaching interests include neuropsychology, ACT-informed neuropsychological feedback, neurocognitive rehabilitation, performance validity assessment, and ACT for chronic pain. Research areas include biological and cognitive aspects of stress response and chronic pain. Dr. Mathis is a member of the American Academy of Clinical Neuropsychology, International Neuropsychology Society, National Academy of Neuropsychology, Association of Contextual Behavioral Science, Cognitive Neuroscience Society, International Society of Traumatic Stress Studies, and Divisions 19 (Military Psychology) and 40 (Neuropsychology) of the American Psychological Association. Email: Jennifer.Mathis3@va.gov



Alissa B. Kolb, PsyD is a staff rehabilitation psychologist on the acute inpatient medical rehabilitation unit. She also serves as an *Assistant Director of Training* for the CAVHS psychology predoctoral Internship program. She received her doctorate from the University of Indianapolis in 2013. She completed her geropsychology emphasis predoctoral Internship at the South Texas Veterans Healthcare System and her Rehabilitation Psychology postdoctoral Fellowship at the Louis Stokes Cleveland VA Medical Center. Her preferred theoretical orientation is integrative with primarily cognitive-behavioral and interpersonal psychotherapy

approaches. Clinical and teaching interests include adjustment to disability, cognitive assessment, spinal cord injury and disorders and TBI. Research interests include program development and measurement of treatment outcomes as related to post-spinal cord injury sexual health and post-TBI socio-communication interventions. Dr. Kolb is a member of Division 22 (Rehabilitation Psychology) of the American Psychological Association. Email:

Alissa.Kolb@va.gov



A'mie Preston, PsyD is a staff geropsychologist in the CLC. Dr. Preston received her doctorate from Adler University in 2018. She completed her predoctoral Internship at the James H. Quillen VA Medical Center and her postdoctoral Palliative Care Fellowship at South Texas Veterans Health Care System. Her preferred theoretical orientation is existential. Clinical and teaching interests include palliative and hospice care, dementia care, and family therapy in the context of end-of-life issues. Research areas include interventions for survivors of military sexual

trauma and social interests and activities with geriatric patients. Dr. Preston is a member of Division 19 (Military Psychology) of the American Psychological Association. Email:

Amie.Preston@va.gov

LIFE in CENTRAL ARKANSAS

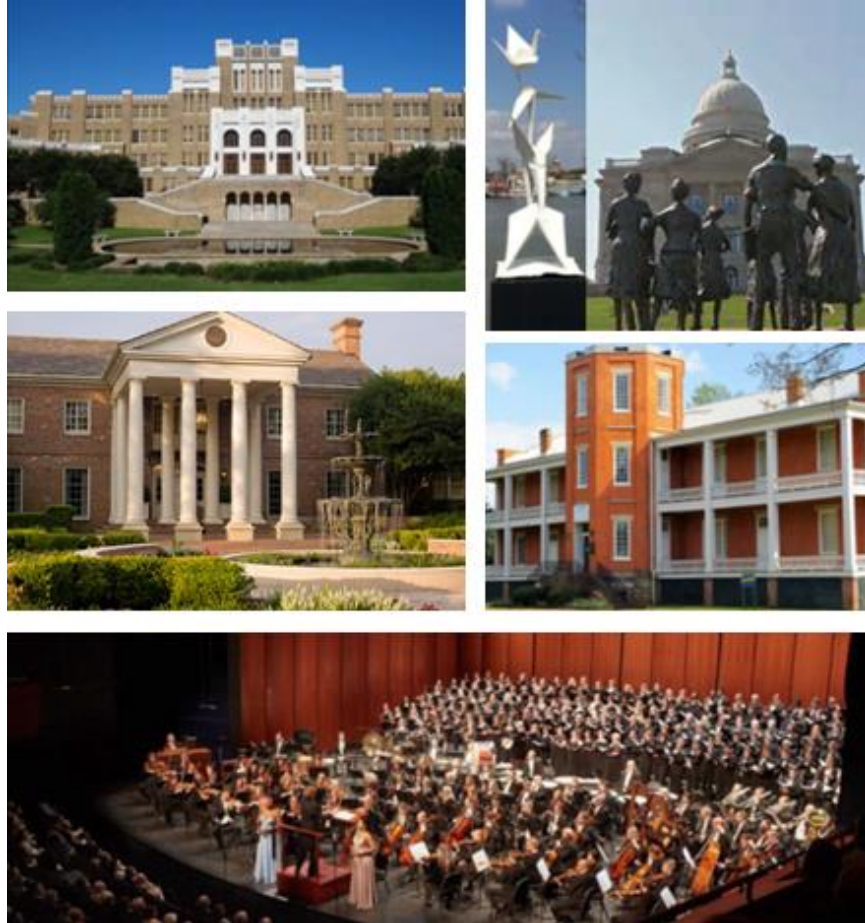
Located in beautiful central Arkansas, Little Rock is one of the country's best-kept secrets for a high quality of living!



Little Rock accommodates a variety of tastes. Neighborhoods range from luxurious, well-appointed loft apartments in midtown and downtown Little Rock, to the suburban and family-oriented dwellings of Chenal Valley, Hillcrest, and The Heights. It has a lower cost of living than the national average. The median sale price of a home also is lower than the national median. Relatedly, Little Rock Fellows generally pay less for things like food, utilities, and health care than the average American.

Getting around Little Rock is a cinch! Virtually any place in the region can be easily reached by car within 30 minutes. Those who prefer not to drive can rely on the Rock Region Metro bus system, which offers routes throughout downtown Little Rock and well into the suburbs. The metro area also features a streetcar with two lines operating between Little Rock and North Little Rock. When you're ready to take a break from Little Rock and the responsibilities of home and work life, the Clinton National Airport offers daily direct flights to many regions across the nation, provided by major airlines like American, Delta, and United Airlines. Amtrak and Greyhound also provide ground transportation to nearby metro areas.

You may also be interested to know that Little Rock experiences all four seasons. For those looking to escape the harsh weather conditions of other areas farther north, you'll be happy to know that Winters in Little Rock are historically mild; on the other hand, Summers can be intense and are typically characterized by humid heat. You may find, however, that enduring our Summers is worth it when you are rewarded with gorgeous Arkansas Fall and Spring seasons year after year.



Central Arkansas is rich in history and culture...

Little Rock Arkansas is the home of the Clinton Presidential Library. Little Rock also is known for events that followed the famous Supreme Court's *Brown v. Board of Education* decision in the late 1950s, when the Arkansas National Guard tried to prevent nine black teenagers from entering Little Rock High School. The region has come a long way since the "Little Rock Nine" incident and is now home to a diverse population. Today, Arkansas' capital has earned a reputation among history buffs, foodies, and art lovers as an exciting place to live. Fellows can spend their weekend exploring the historic Arkansas State Capitol, wandering through the Arkansas Art Center, or enjoying libations at one of the area's many microbreweries.



...includes some of the very best of the Great Outdoors!

The region is an easy drive from Pinnacle Mountain State Park, Ouachita National Forest, the stunning Ozark Mountains --- and Hot Springs National Park is only an hour away. Fellows can also take advantage of golf courses and trails found within the city limits.



...home to a vibrant growing Metropolitan area!

The downtown and midtown Little Rock areas feature a variety of local restaurants and microbreweries. The metro area also enjoys a great live music scene, which ranges from piano bars to the Arkansas Symphony Orchestra. The local Arkansas Arts Center hosts theater performances, and the region also contains a handful of art galleries. There are also local stores and boutiques for shopping. More family-oriented entertainment can be found at neighborhood pools, the year-round ice rink, and the Little Rock Zoo.

And don't forget about all the opportunities to follow local Arkansas sports, whether it's watching the Arkansas Razorbacks play at War Memorial Stadium in Little Rock or Razorback Stadium in Fayetteville or the Arkansas Travelers at Dickey-Stephens Park!

ACCREDITATION STATUS

The 2-year Neuropsychology Postdoctoral Fellowship was re-established at CAVHS in 2020. The program is applying for *Accreditation-on-Condition* status thru the Commission on Accreditation of the American Psychological Association as a 2-Year Postdoctoral Residency in Clinical Neuropsychology.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

All other questions about the program should be directed to:

Scott Mooney, PhD, ABPP-CN
Director of Training, Neuropsychology Postdoctoral Fellowship
Central Arkansas Veterans Healthcare System
2200 Fort Roots Drive (116/NLR)
Building 89, RM 206D
North Little Rock, AR 72114
E-mail: Scott.Mooney@va.gov
Phone: (501) 257-1684
Fax: 501-257-1671

APPENDIX A

MHS FELLOW TRACK ELECTIVE MINOR ROTATION DESCRIPTIONS

At the start of their first year, MHS Fellows define goals and interests with the Director of Training, which in turn directs their individualized focused training experiences in the way of selection of elective minors to augment their learning experience(s). Minors are 6-months in duration and can be repeated. The Minor rotational offerings include: Research, Neuropsychological Rehabilitation, Acute Rehab, Inpatient Geropsychology, and/or Evidence Based Psychotherapy. Below is a narrative description of each.

Research

The *Research* rotation affords the MHS Fellow an opportunity to engage in scholarly activity in a more intensive manner with commensurate increased expectations for productivity. In that end, the MHS Fellow would spend 1.5 days of protected time/week involved in research related activity(ies) for the duration of her/his 6- month rotation. At the start of the rotation, the Fellow would identify a Faculty mentor (i.e., Drs. Mooney, Padala, Mathis, Kolb, and/or Preston) who will assist the Fellow in developing a plan of action with clear expectations for exit criteria denoting a successful completion of the rotation (i.e., minimally submit research for 1 conference and submit 1 manuscript for possible publication). The research mentor also will assist the Fellow in all aspects of the research endeavor, to include formulating a research question(s), IRB paperwork, data query and analysis, write up, and revision(s).

Mentor: To be determined.

Neuropsychological Rehabilitation

Neuropsychological rehabilitation begins with the Veteran's experience, notes that symptoms are a mixture of premorbid ability and personality, together with changes resulting from brain dysfunction. Thus, the focus of neuropsychological rehabilitation is on both the difficulties (e.g., memory, decision making, etc.), as well as interpersonal situations/interactions, at the same time, identifying the direct and indirect effects of the difficulties to establish meaningful and functionally relevant goals.

The *Neuropsychological Rehabilitation* rotation consists of group and individual work with Veterans who have been referred via neuropsychology, neurology, and other teams throughout the hospital. Through participation in group development and individual treatment planning, Fellows will gain an in-depth understanding of the two-way, interactive process of neuropsychological rehabilitation. Theoretical underpinnings to neuropsychological rehabilitation will also be provided via required readings and weekly supervision.

Fellows will be expected to co-facilitate a weekly neuropsychological rehabilitation group, with the expectation of increasing autonomy throughout the rotation. While group work will make up the bulk of the rotation, development and facilitation of individual neuropsychological rehabilitation sessions will also be an essential experience. Fellows will be encouraged to participate in vertical supervision of interns on the rotation as well. Specific goals will be developed at the onset of the rotation. Fellows can expect to:

- (1) Develop skills to conduct neuropsychological rehabilitation independently;
- (2) Continue developing an understanding of brain-behavior relationships and functional neuroanatomy;
- (3) Expand knowledge of empirical research related to neuropsychological rehabilitation;
- (4) Refine psychotherapy skills in a neuropsychological framework; and
- (5) Enhance supervision skills of neuropsychology interns/students.

Supervisor: Jennifer Mathis, PhD, Neuropsychologist

Acute Rehab

The Physical Medicine and Rehabilitation Service (PM&RS) operates a 15-bed, inpatient, CARF-accredited, acute medical rehabilitation program. The unit serves a large veteran population, and individualized programs are available to provide targeted interventions for individuals with a variety of complex medical and rehabilitation needs. Veterans served on this unit are typically recovering from or improving their level of function as a result of various acute or chronic traumatic, progressive, or congenital injuries and illnesses that may result in a wide variety of physical, sensory, neurocognitive, behavioral, and/or emotional disturbances. Veterans typically served on this unit include individuals who have experienced cerebrovascular accidents, traumatic or other acquired brain injuries, spinal cord injuries or disorders, limb amputations, neuromuscular disorders, brain tumors, cardiac arrest, cancer, orthopedic problems, burns and/or disfigurement, chronic pain, deconditioning, and other medical conditions that limit functioning or participation in valued life activities.

Treatment programs are designed and implemented by an interdisciplinary team of professionals with the goals of broadening patient opportunities as well as facilitating maximal individual functioning and participation in social relationships and activities, recreation, education, employment, and the community in general. This team includes the veteran and his/her family, attending physiatrist, advanced practice registered nurses, rehabilitation nurses, physical therapists, occupational therapists, kinesiotherapists, speech-language pathologist, social worker, rehabilitation psychologist, dietician, recreational therapist, pharmacist, and other consultants. The interdisciplinary team meets bi-weekly to discuss each Veteran's progress and prognosis for recovery, rehabilitation goals, participation in his or her therapies, and plans for discharge.

Fellows who choose this rotation will provide brief, focused, and time-limited assessment and intervention services to assist Veterans living with disability, activity limitations, and/or societal participation restrictions as well as their significant others in coping with and adapting to the effects of the injury or illness, with the primary goals of increasing overall function and quality of life. Fellows function as an embedded team member, providing consultation, assessment, and intervention services to assist veterans and the team with managing various emotional, cognitive, and behavioral barriers to participation and recovery, including but not limited to poor adjustment to disability, depression, anxiety, cognitive impairment, questions of capacity, substance use, treatment adherence issues, acute and chronic pain, family conflict, and psychosocial issues.

Fellows will also have the opportunity to provide vertical supervision of psychology interns who select the acute rehab rotation.

Supervisor: Alissa Kolb, PsyD, Rehabilitation Psychologist

Inpatient Geriatric Psychology

The *Inpatient Geriatric Psychology* rotation occurs in the CAVHS Community Living Center (CLC). The CLC is a 152-bed extended care facility located within the North Little Rock campus. The CLC is comprised of four inpatient units that provide rehabilitation in an interdisciplinary setting for geriatric Veterans experiencing a myriad of medical and psychiatric comorbidities.

The *Inpatient Geriatric Psychology* rotation provides an intensive inpatient training experience where Fellows further develop/refine their specialized skill sets in psychological assessment, intervention, and interdisciplinary consultation with older adult populations in medical, psychiatric, and long-term care settings. On this rotation, the Fellow will work as a member of an interdisciplinary treatment team comprised of geriatricians, pharmacists, nursing, dieticians, geropsychologist, social workers, recreational therapists, occupational therapy, and physical therapy. Developmental goals are established early in the rotation and are specifically suited to the abilities and experiences of each Fellow. At a minimum, Fellows can expect to:

- (1) Experience a deeper understanding of the aging process and the associated psychological needs of the elderly from both theoretical perspectives and clinical experiences;
- (2) Further increase her/his competence in interviewing and psychological assessment relevant to geriatric patients who are often medically and psychiatrically complex;
- (3) Gain valuable experience working within an interdisciplinary treatment team model of veteran-centered care to include participation in the STAR-VA program --- a behaviorally based program to address difficult behaviors in dementia in order to reduce reliance on psychotropic intervention;
- (4) Further develop her/his evidenced-based psychotherapy skills effective with geriatric and medical populations (e.g., Interpersonal Therapy, Motivational Interviewing, Cognitive Behavioral Therapy); and
- (5) Further develop her/his crisis intervention, consultation, and behavioral management techniques.

Supervisor: A'mie Preston, PsyD, Geropsychologist

Evidence Based Psychotherapy

The *Evidence Based Psychotherapy* rotation in the MHS Mental Health Clinic (MHC) consists of individual therapy, group psychotherapy, and psychological/personality evaluations of Veteran psychiatric outpatients. The MHC is comprised of an interdisciplinary team of more than 40 providers (i.e., psychiatrists, psychologists, social workers, pharmacists, and nursing staff) in addition to support personnel staff. An essential part of the rotation will be collaboration with other treatment providers, including providing feedback on psychological assessments to various disciplines of referring providers.

The MHC serves a diverse patient population, not only in terms of ethnicity, but also in terms of socioeconomic status, gender, age, sexual orientation, and educational and occupational backgrounds. Our psychiatric patients are also diverse in terms of diagnoses, ranging from relatively mild problems (e.g., adjustment disorder) to more severe psychopathology such as schizophrenia, personality disorders, and dual diagnoses.

Fellows will have the opportunity to gain experience in a myriad of evidence-based psychotherapies during their time on the rotation. Therapeutic approaches include, but are not limited to, Cognitive Behavioral Therapy, Cognitive Behavioral Treatment for Insomnia, Dialectical Behavior Therapy, and Interpersonal Psychotherapy. Weekly supervision provides ongoing feedback on performance. Fellows are evaluated on competencies in therapy and assessment through direct observation, supervision, audio recording, review of progress notes, and review of assessment reports. The rotation is designed to be flexible in meeting the training needs and interests of Fellows.

Supervisor: Mental Health Clinic psychologist. To be assigned.

Appendix B

Fellow Didactic Offerings for FY 2021-2023

<u>Required</u>	<u>Time(s)</u>	<u>Location</u>
Recovery and Diversity Journal Club	When offered, TUE afternoon	BLDG 170, RM 1N-101
Professional Development Seminar	When offered, TUE afternoon	BLDG 170, RM 1N-101
Psychology Community Meeting	When offered, TUE afternoon	BLDG 170, RM 1N-101
Brown Bag Lunch Multidisciplinary Journal Club	Weekly, THR at 1200	BLDG 89 or 170
Neuropsychology Fellow Seminar Series	Weekly, FRI at 0900	BLDG 89, RM 206D
Case Conference	3x/Month, FRI at 1030	BLDG 89, RM 206D
Oral Mock Board Fact Finding Exercise ¹	1x/Month, FRI at 1030	UAMS ²
<i>(Optional)</i>		
Diversity Outings	When offered.	TBD ³
Morgue Brain Cuttings	When available, WED at 0915	UAMS
Neuroradiology Grand Rounds	Weekly, WED at 1200	UAMS
Psychiatry Grand Rounds	Weekly, THR at 1500	UAMS
Neurology Grand Rounds	Weekly, FRI at 1200	UAMS

Notes:

¹Fellows are required to participate in a few exposures and can either opt to continue or not in favor of a more individualized train-up.

²University of Arkansas for Medical Sciences (UAMS).

³To be determined (TBD).

APPENDIX C

Fellow Seminar Series Syllabus for FY2021-2023

Primary Source Materials:

- Stucky, K.J., Kirkwood, M.W., & Donders, J. (2014). *Neuropsychology Study Guide & Board Review*. Oxford University Press, NY: New York.
- Morgan, J.E., & Ricker, J.H. (2018). *Textbook of Clinical Neuropsychology*. 2nd Ed. Routledge, NY: New York.
- Blumenfeld, H. (2010). *Neuroanatomy Through Clinical Cases*. 2nd Ed. Oxford University Press, NY: New York.
- Gould, D.J. (2019). *Neuroanatomy*. 6th Ed. Wolters Klower, NY: New York.
- McPherson, S., & Koltai, D. (2018). *A Practical Guide to Geriatric Neuropsychology*. Oxford University Press, NY: New York.
- Smith, G.E., & Bondi, M.W. (2013). *Mild Cognitive Impairment and Dementia: Definitions, Diagnosis, and Treatment*. Oxford University Press, NY: New York.
- Bush, S.S., & Martin, T.A. (2005). *Geriatric Neuropsychology: Practice Essentials*. Psychology Press, NY: New York.

Supplemental Materials:

- Hamilton, R. (2020). *Tarascon Pocket Pharmacopoeia*. Deluxe Lab-Coat Edition. Jones & Barlett, MA: Burlington.
- Other articles and chapters will likely be assigned - and provided.

Year 1

<u>Week</u>	<u>Topic¹</u>
	<i>Orientation</i>
1	Orientation I – Rotations and Faculty meet and greet
2	Orientation II
	<i>Foundational Biomedical Acumen</i>
3	Neuroanatomy I – Overview
4	Neuroanatomy I – Cont.
5	Neuroradiology
6	Deconstructing the Medical Chart
7	Biomedical I – Serum Lab Abnormalities for Neuropsychologists
8	Biomedical II – When Psych masks Medical
9	Neuropsychology of Psychiatric Conditions
10	Neuropsychology of Substance Use Disorders
11	Neuropsychology of Neurotoxicology
12	Biomedical III - Pharmacotherapeutics & Pharmacokinetics
	<i>Topics Relevant to The Scientific Practice of Neuropsychology</i>
13	Refresher: Statistics, Reliability, and Validity
14	Norms

- 15 Performance and Symptom Validity
- 16 Scientific Approach to Neuropsychological Practice, including Psychometrics I

Disorders in Adults

- 17 Neuroanatomy & Radiology II - Cerebral Hemispheres, vascular System
- 18 Neuroanatomy & Radiology III – Visual System
- 19 Neuroanatomy & Radiology IV – Higher Order Cerebral Functions
- 20 Stroke, Hypoxic and Ischemic brain injury
- 21 Aphasia(s)
- 22 Military and Civilian TBI
- 23 Epilepsy and Seizure Disorders
- 24 Neuroanatomy & Radiology V – Somatosensory Pathways
- 25 Neuroanatomy & Radiology VI – Corticospinal tracts and other motor pathways
- 26 Spinal Cord Injury
- 27 Cerebral Palsy
- 28 Multiple Sclerosis
- 29 Neuroanatomy & Radiology VII – Cranium, Ventricles, and Meninges
- 30 Brain Neoplasm
- 31 Congenital and Acquired Hydrocephalus
- 32 Neuroanatomy & Radiology VIII – Cerebellum
- 33 Neuroanatomy & Radiology IX – Basal Ganglia
- 34 Huntington’s Disease
- 35 Parkinson’s Disease
- 36 Other Movement Disorders

Disorders in Older Adults

- 37 Neuroanatomy & Radiology X – Limbic System
- 38 Delirium
- 39 Normal Aging and MCI
- 40 Alzheimer’s Disease
- 41 Vascular Dementia
- 42 Lewy Bodies Dementia
- 43 Frontotemporal Dementia I – bvFTD
- 44 Frontotemporal Dementia II – Language & Motor subtypes
- 45 Atypical Dementias

End of First Year Wrap-up

- 46 Mock Boards: Written Exam
- 47 Mock Boards: Written Exam and Year 1 Seminar Feedback

Year 2

Week	Topic ¹
1	Psychometrics II
	<i>Special Topics</i>
2	Professional Development I: Considerations for Employment Settings
3	Professional Development II: Let's Talk Business, wRVUs, Billing Codes, and Practice Management
4	Teleneuropsychology
5	Computer Based Testing
6	APA Standards, Ethics Codes, Neuropsychology Practice, and You
7	Medical and Financial Decision Making Capacity
8	Revisiting Neglect: Clinical, Anatomical, & Neuropsychological Considerations
9	Revisiting Agnosia's: Visual object, Prosopagnosia, Color processing, Auditory, Tactile, and Others
10	Bedside Consultation with Non-Standardized Assessment Techniques
11	Neuropsychology of Everyday Functioning, Driving, and Medical Compliance
12	Geropsychology Interventions: A Primer
13	Geropsychiatry For Non-Prescribers
14	Cross-Cultural Neuropsychology
15	Neurocognitive Rehabilitation
16	Neuropsychology of Viral, Bacterial, & Proteinaceous Agents
17	All About The Thalamus
18	Neuroanatomy & Radiology XI – Brain Stem & Cranial Nerves
19	Consciousness Disorders
20	Sleep Disorders and Neurocognitive Correlates
21	A Deeper Dive Into Alcoholism
22	Tactical Herbicides / Agent Orange
23	Somatoform, Factitious, and Malingering Disorders
24	Mock Boards: Oral Exam I, Ethics Vignette & Fact Finding
25	Mock Boards Oral Exam Feedback
	<i>Pediatric:</i>
26	Genomics, Phenomics & Disorders
27	Intellectual Disability
28	Learning Disability
29	ADD/ADHD
30	Autism Spectrum Disorders
31	Cancer
32	TBI
33	Gilles de la Tourette Syndrome

+ 16 week Neuroanatomy Course thru National Academy of Neuropsychology

Note: ¹Subject to modification at Faculty's discretion

APPENDIX D

Internship Seminar Series Teaching Topics FY 2021-2022

<u>Week</u>	<u>Topics¹</u>
1	Intro/Orientation to Seminar
2	Overview of Neuroanatomy
3	Neuroradiology
4	Cerebrovascular System
5	Biomedical Contributions
6	Psychometrics & Norms
7	Performance & Symptom Validity
8	Psychiatric & SUD Contributions
9	Sleep
10	<i>Intern Fellowship Application Preparation, Assistance, & Mentorship</i>
11	Visual System
12	Auditory System
13	Military & Civilian TBI
14	Multiple Sclerosis
15	Epilepsy
16	Brain Cancer
17	<i>Thanksgiving Federal Holiday - No Seminar</i>
18	Normal Aging & MCI
19	Alzheimer's Disease
20	Vascular Dementia
21	<i>Winter Break - No Seminar</i>
22	<i>Winter Break - No Seminar</i>
23	Synucleinopathies
24	Frontotemporal Dementias
25	Movement Disorders
26	<i>Intern Fellowship Interview Preparation and Coaching</i>
27	<i>Annual INS Meeting - No Seminar</i>
28	ADD/ADHD & Learning Disabilities
29	Viral, Bacterial, & Proteinaceous Agents
30	Neurotoxicology
31	The Zebras
32	Feedback/Wrap Up

Note: ¹Subject to modification at Faculty's discretion

APPENDIX E

Postdoctoral Fellowship Admissions, Support, and Initial Placement Data

Program Tables Updated: 8JULY2020

Postdoctoral Program Admissions

Important information:	
<p>The aim of the CAVHS Postdoctoral Fellowship in Clinical Neuropsychology is to provide training which prepares one for employment as a neuropsychologist in a VA or academic medical setting in addition to being eligible for board certification in Clinical Neuropsychology through the American Board of Professional Psychology.</p> <p>Application materials include: 1) A 1-2 page cover letter regarding current/past training, career goals, expected date of internship completion; 2) Curriculum Vitae; 3) Copy of doctoral program transcripts. Note that originals will be required by HR as part of onboarding and credentialing; 4) Letter from Internship Training Director verifying standing in program and expected date of completion; 5) Three letters of professional recommendation from current or former clinical supervisors – preferably from clinical neuropsychologists (all of whom should email their letter directly); 6) Two written neuropsychology reports examples with redacted protected health information; and 7) <i>Optionally</i>: Research writing sample such as a co-authored publication</p>	
Minimum criteria:	
<ul style="list-style-type: none"> • Applicants must possess a PhD or PsyD in Clinical or Counseling Psychology with education and experience in neuropsychology from an APA accredited doctoral scientist-practitioner or practitioner-scholar program. • Successfully completed an APA accredited Internship where $\geq 50\%$ of the clinical training included neuropsychology relevant experience(s). • USA citizenship. • Be able to pass a background check as is required to work within VA setting(s). • Selective Service registration for males. • This is a drug tested position located at a tobacco free campus. • The Fellowship welcomes, encourages, and will consider applications from all qualified candidates regardless of gender, racial, ethnic, age, sexual orientation, disability or other minority status. 	

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Fellows	1 st Year: \$46,102 2 nd Year: \$48,594
Annual Stipend/Salary for Half-time Fellows	N/A
Program provides access to medical insurance for Fellow?	Yes
If access to medical insurance is provided Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes

Coverage of legally married partner available? Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	13 days
Hours of Annual Paid Sick Leave	13 days
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/Fellows in excess of personal time off and sick leave?	Yes
Other Benefits (please describe)	10 Federal Holidays, annually

Initial Post-Fellowship Positions

	FY 2020-Present	
Total # of Fellows who were in the 1st cohort	2	
Total # of Fellows who remain in training in the Fellowship program	2	
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	2	
Military health center		
Academic health center		
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		

Note. "PD" = Post-doctoral Fellowship position; "EP" = Employed Position.