

**Postdoctoral Residency Program in
Clinical Neuropsychology**



VA Maine Healthcare System

15 Challenger Dr. (116B)
Lewiston, ME 04240
Ph: 207-623-8411

Applications due: January 6, 2017
Positions offered: 1

Accreditation Status

The Clinical Neuropsychology Fellowship at the **VA Maine Healthcare System** is a new two-year program. It has submitted its self-study for specialty accreditation in clinical neuropsychology to the Commission on Accreditation of the American Psychological Association. It is a member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN), and will be participating in the 2017 match. For more information on the matching program, see the websites for APPCN (www.appcn.org) and National Matching Services (www.natmatch.com/appcnmat).

Questions related to VA Maine's accredited status for any of its psychology training programs should be directed to:

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

Application & Selection Procedures

APPOINTMENTS:

- The clinical neuropsychology fellowship is a two-year appointment. The start date is flexible, beginning sometime between July and September based on the candidate's availability.

ELIGIBILITY REQUIREMENTS:

- Completion of APA-accredited doctoral program in Clinical or Counseling Psychology (including dissertation defense) prior to the start date of the fellowship program.
- Completion of an APA-accredited Psychology Internship Program.
- United States citizenship.
- Goodness-of-fit with the program via significant prior experiences related to clinical neuropsychology.
- Strong interest in clinical neuropsychology practice as a profession.

APPLICATION REQUIREMENTS:

Send applications to Dr. Caron (joshua.caron@va.gov)

- A. *The following four documents scanned into a single compressed PDF file:*
1. Cover letter regarding current/past training and training/career goals. Please include the following:
 - Clinical training experiences during the doctoral program and internship.

- Expected date of internship completion.
 - Current progress of completing all degree requirements, including dissertation research (if applicable).
 - Research/scholarly experience.
 - Career goals and how our fellowship program contributes to meeting those goals.
2. Curriculum Vita. Please be sure to include any employment, internship experiences, teaching, and presentations/publications relevant to clinical neuropsychology.
 3. Copies of graduate transcripts.
 4. Verification of Completion of Doctorate (to be completed by Dissertation Chair or Director of Clinical Training). The form may be downloaded from:
http://appcn.sitewrench.com/assets/1748/doctorate_verification_form.pdf.

B. Letters to be emailed to Dr. Caron from the following individuals:

1. Three letters of recommendation from current or former clinical supervisors, preferably from supervisors who are clinical neuropsychologists.
2. Applicants who are currently on internship should include an additional letter from their Director of Internship Training verifying their standing in the internship program and the expected date of completion.

APPLICATION SUBMISSION PROCEDURE:

- All application materials should be emailed to the Director of the Clinical Neuropsychology Fellowship (joshua.caron@va.gov)
- If it is not possible to send application materials via email, you may send them by traditional mail (e.g., FedEx or U.S. Postal Service). Materials should be addressed to:

Joshua E. Caron, Ph.D., ABPP-CN
 Director, Clinical Neuropsychology Fellowship Program
 VA Maine Health Care System
 15 Challenger Dr. (116B)
 Lewiston, ME 04240

RECRUITMENT/SELECTION PROCEDURES:

VA Maine is an APPCN-member and will be participating in the matching program for clinical neuropsychology postdoctoral residencies in 2017, as administered by National Matching Services (NMS). We adhere to all policies regarding the matching program. For more information on the matching program, see the websites for APPCN (www.appcn.org) and National Matching Services (www.natmatch.com/appcnmat). We encourage applicants to attend the North America Meeting of the International Neuropsychological Society (INS) in February. There we will interview applicants who have successfully completed our application materials. See the INS website (www.the-ins.org) for more information on the meeting. For those unable to attend INS, we will arrange a telephone or on-site interview prior to the NMS deadline for submission of rank-order lists.

Fellowship Setting

The VA Maine Healthcare System was established in 1866 as the first veterans' facility "Soldiers' Home" in the country. The Medical Center provides facilities for medical, surgical, psychiatric, and nursing home care, including 86 beds assigned to mental health and nursing home care. Ambulatory care clinics for medical, surgical, and psychiatric outpatient care supplement the inpatient programs at the main hospital. In addition to the main Medical Center (Togus), VA Maine HCS has 10 Community Based Outpatient Clinics (CBOC). Neuropsychology residents primarily train, practice, and learn at the Lewiston CBOC, though they will also train at times at the main hospital (Togus), which is located about 30 minutes away from Lewiston. The Medical Center (just outside of Augusta) and the Lewiston CBOC are both located on serene wooded grounds with streams and ponds. Both are nestled in the heart of Maine. Maine is a

paradise for those who love the outdoors. The VA facilities are within easy driving distance to mountains, lakes, rivers, and seacoast (www.visitmaine.com).

As mentioned above, the primary clinical training experience will be at the Lewiston CBOC. This is because this facility is one of only three VA Centers for Rural Health in the Eastern Region. Serving rural Veterans is a primary focus of our neuropsychology postdoctoral training, and developing cultural competence in rural healthcare is of high priority. Supervised outpatient activities are mainly neuropsychological assessments; however, there are many other educational experiences for residents. For example, residents co-lead outpatient groups focused on enhancing cognitive skills and efficiency. There will also be opportunities to provide telehealth neuropsychological exams, or lead cognitive skill-building groups through clinical video technology. This allows for provision of neuropsychological services to other CBOCs located in more remote and underserved areas of Maine. Opportunities for inpatient neuropsychological services are readily available at the VA Maine Medical Center (Togus). Further, residents are offered opportunities for elective training rotations at Togus, to include many of the postdoctoral rotations offered as part of VA Maine's clinical psychology postdoctoral program, which is APA accredited (see VA Maine HCS Post-Doctoral Psychology Fellowship brochure: www.maine.va.gov/psychtrain/). These elective clinical rotations at the main hospital are selected by residents based on professional interest. The placements are not guaranteed, and availability is at the discretion of the supervisor offering the optional clinical placement. Many of these rotations offer opportunities to work in multidisciplinary medical settings. Off-site opportunities in nearby communities may become available later, and are currently being explored.

Trainees can expect to provide neuropsychological services to:

- A predominantly rural population presenting with neuropsychological concerns coming from small towns, farming communities, and fishing villages. Over 80% of VA Maine's Veterans live in areas classified as rural or highly rural.
- A large French-speaking ethnic population, some of whom though U.S. born, were raised in French-Canadian homes and spoke Quebecois or Acadian French as their first language.
- People who are earning, or who have earned, their living working in the mills, woods, fields, and waters of Maine.
- Alternative life style veterans who have come to Maine to be craftsmen, artists, and/or to return to the land.

Psychology training at VA Maine Healthcare System includes an APA-accredited fellowship program in clinical psychology (six clinical psychology postdocs and two neuropsychology postdocs) and an APA-accredited professional psychology internship (three clinical psychology interns, one of which is on a dedicated neuropsychology track). Therefore, the neuropsychology fellows are a part of a large cohort of psychology trainees. VA Maine has postdoctoral stipends for two (2), two-year neuropsychology postdoctoral positions. The stipends are staggered such that every year VA Maine has one open position.

In addition to predoctoral and postdoctoral psychology trainees, VA Maine is a teaching hospital hosting several other training programs and trainees such as medical students, psychiatry residents, urology and ophthalmology residents, dental externs, optometry residents, physician assistant students, pharmacy residents, nursing students, dietetics students, social work trainees, occupational therapy students, and physical therapy students. As a result, there is a vibrant learning atmosphere, and opportunities to engage in collaborative learning activities with other disciplines.

PROGRAM ADMINISTRATION

Greg Caron, Ph.D., ABPP

Acting Training Director, Psychology Training Programs

Jerold E. Hambright, Ph.D

Chair of the Psychology Training Committee

Joshua. E. Caron, Ph.D., ABPP-CN

Director, Clinical Neuropsychology Fellowship Program

The Clinical Neuropsychology Fellowship Program is integrated with the overall psychology training infrastructure at VA Maine. Dr. Greg Caron is responsible for the administration of the Psychology Training Program. Dr. Josh Caron (no relation) is responsible for the administration of the Clinical Neuropsychology Fellowship Training Program, with input from supervisory clinical neuropsychologists and regular communication with Dr. G. Caron and the Training Committee (see below) to coordinate allocation of resources and to develop strategic plans and related policies. Dr. J. Caron receives direct feedback from supervisory clinical neuropsychologists regarding fellows' duties and performance. Likewise, Dr. J. Caron solicits feedback from the fellows regarding their training needs, the quality of their training experiences, and any other issues that may influence their training. Dr. J. Caron maintains all Clinical Neuropsychology Fellowship Program records.

The Psychology Training Committee formulates and oversees the policies and procedures concerning psychology training at VA Maine, and maintains responsibility for addressing trainee problems in the areas of conduct and/or performance brought before the committee. The Executive Training Committee, chaired by Dr. Hambright, and consisting of representatives from all psychology training areas, meets monthly to coordinate aspects of the overall training program, the progress of trainees, and assure continuity of training across various rotations and training settings. Final decisions regarding the Psychology Training Program are the responsibility of the Chief of the Psychology Section.

FACILITY AND TRAINING RESOURCES

Fellows are provided individual offices equipped with networked personal computers, with easy access to patients' computerized medical records, e-mail, and internet, in addition to facilitating report and note writing. We also have a full range of neuropsychological test materials and budgeted support for test forms and additional tests, as needed.

The Neuropsychology Program at the Lewiston CBOC is housed in its own suite of mental health offices, with offices for clinical staff, trainees, conference rooms (one with A/V presentation and telehealth systems), and a spacious waiting area to accommodate patients and family members. Computer testing is available for frequently administered questionnaires as well as some computerized neuropsychological instruments, with additional support for computerized test scoring.

Library facilities available to fellows include the Medical Center's professional library. Assistance with literature retrieval is provided through the Medical Center's professional library. The Neuropsychology Program also maintains its own library (PDFs stored on a shared drive) of key readings related to professional issues in clinical neuropsychology, neurological and general medical disorders affecting CNS functioning, and psychometrics.

ADMINISTRATIVE POLICIES AND PROCEDURES

Postdoctoral fellows receive a competitive stipend paid in 26 biweekly installments. The first year stipend is \$43,283, and the second year stipend is \$45,622. The fellowship appointment is 2080 hours per year. VA fellows are eligible for health insurance (for self, spouse, and legal dependents) and for life insurance. With the recent Supreme Court decision, health benefits are now available to legally married same-sex partners. Fellows receive the 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, for a total of between 96 and 104 hours of each during the year. According to VA Handbook 5011, Part III, Chapter 2, Section 12, trainees may be given authorized absence without charge under certain education and training circumstances. When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

Prior to beginning the fellowship year, it will be necessary for applicants selected for the fellowship program to complete paperwork (e.g., Declaration for Federal Employment and Application for Health Professions Trainees) and training modules as directed. During the training program, fellows are responsible for adhering to the policies and procedures of the Psychology Training Program and the Psychology Section. 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 may be 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.

Training Model and Program Philosophy

The VA Maine Neuropsychology Fellowship uses a scientist-practitioner model that adheres to Houston Conference Guidelines to optimally prepare our neuropsychology residents for board certification. Our goal is to train ethically grounded and culturally competent neuropsychology fellows who will use evidence-based practices. The neuropsychology fellowship program is designed to be the capstone experience of formal training that leads to independent practice in the specialty of clinical neuropsychology.

Although our program includes specific competency expectations, we also encourage self-directed learning. Prior experiences, current interests, and the resident’s ratings of specific strengths and weaknesses are used to formulate a training plan. Additionally, based on identified needs or interests that arise during the course of training, the fellow and Dr. J. Caron can elect to update the training plan at any time. As such, rotation assignments may be adjusted to meet training needs and goals.

After completing the two-year residency, the fellow will have advanced competencies in clinical neuropsychology. Trainees will be expected to demonstrate advanced knowledge of neuroscience, clinical psychology, and behavioral neurology by meeting core requirements in assessment, consultation, intervention, research, supervision, and teaching.

CLINICAL TRAINING

Neuropsychology fellows gain competencies by providing supervised clinical neuropsychological services to a wide range of adult Veterans in Maine. Residents address consults about degenerative diseases affecting the CNS, cerebrovascular disease, brain injury, developmentally based problems manifesting in adulthood (e.g., learning disabilities, ADHD, etc.), and a wide range of psychiatric disorders.

Clinical training is structured around two six-month training rotations during each year. In other words, there are four (4), six-month rotation periods across the two years of postdoctoral training. Within each of the four rotation periods, neuropsychology residents select a major and a minor rotation to meet her/his training needs/goals. A visual example might look something like the following:

Year 1	Rotation period 1 (six months)	Rotation period 2 (six months)
Major rotation	Neuropsych	Neuropsych
Minor rotation	Neuropsych	Health Psych*
Year 2		
Major rotation	Neuropsych	Neuropsych
Minor rotation	Geropsych*	Neuropsych

* signifies a non-neuropsych elective training experience chosen by a neuropsychology resident.

Elective rotations are optional training experiences offered through the APA-accredited clinical psychology fellowship program at VA Maine. The amount of time a neuropsych resident spends in an elective minor rotation is roughly 1-1.5 days per week. The time frame is flexible so that we are able to accommodate the needs of individual elective rotations. It should be noted that elective rotations are not mandatory, so it is conceivable that a neuropsychology resident could spend 100% of their time doing neuropsychological rotations if desired. Consistent with Houston Conference Guidelines, the majority of training each year is spent in neuropsychological training. As such, the program limits its

neuropsychology residents to only one elective minor rotation per year. In the example above, that elective is in the second half of year one (health psych), and the first half of year two (geropsych).

It is in the clinical neuropsychology rotations where fellows provide services to address clinical problems related to brain-behavior relationships. Clinical presentations of patients fellows see are quite varied and include dementias (e.g., Alzheimer's disease, vascular dementia, Parkinson's-plus syndromes, Lewy-body dementia, frontotemporal dementia); focal cortical syndromes from cerebrovascular accident, tumor, or other causes; traumatic brain injury; epilepsy; cerebral infections, and psychiatric disorders such as major depression, bipolar disorder, post-traumatic stress disorder, other anxiety disorders, somatoform disorders, and various psychotic disorders. Many of the patients seen also have chronic health problems such as cardiac, pulmonary, or other systemic conditions that impact cognitive abilities.

On the neuropsychology rotations fellows will gain experience in the administration and interpretation of neuropsychological evaluations, and in consulting with referring healthcare professionals from multiple units and clinics. Fellows learn both basic and advanced aspects of diagnosing disorders of higher brain functions, analysis of the interactions among cognitive impairments and psychiatric and physical illnesses, and the practical implications of patients' impairments on their functional abilities. Changes in mood or personality are often present in neurological diseases. Therefore, mood and personality assessment plays an important role in the services provided by neuropsychology. Using a variety of objective personality assessment techniques (most typically the MMPI-2 or PAI), neuropsychology assists in the differential diagnosis of psychogenic and neurogenic disorders, and assesses the effects of brain damage on premorbid personality. Likewise, the measurement of effort is important in establishing the validity of neurocognitive measures. As such, careful behavioral observations as well as the administration of formal performance validity tests and symptom validity scales are an important part of many neurocognitive assessments. Emphasis is placed on the integration of all data sources (i.e., testing, patient interview and qualitative behavioral observations, the report of family members, and extant records including other neurodiagnostic studies) in order to reach diagnostic impressions and practical implications. As part of assessment and consultation activities, fellows provide feedback on assessment results that is offered in a therapeutic manner focused on practical implications.

In addition to assessment, fellows are expected to co-lead at least one CogSMART group or one Adult ADHD/Executive Function group per year. CogSMART is a psychoeducational and cognitive rehabilitation group that helps Veterans develop strategies for improving attention, memory, problem-solving, and other aspects of cognitive function in daily life. Emphasis is on generalization of skills to "real life" through extensive practice and homework between sessions. CogSMART was originally developed at UCSD/SDVA to address the cognitive issues frequently reported by returning veterans with history of mild TBI, but is generally offered to any VA Maine Veteran who has concerns about cognitive functioning and wants to participate. The Adult ADHD/Executive Function Group employs psychoeducation as well as a cognitive-behavioral treatment modality focused on using strategies to manage symptoms of organizational difficulty, as well as secondary mood problems. Groups are also being adapted to encompass mindfulness training, as a means of harnessing both greater emotional and cognitive control. Worksheets and charts are used to monitor progress.

Generally speaking, a major neuropsychology rotation entails doing one-to-two outpatient neuropsychological assessments per week (depending on the demands of an elective minor rotation and other activities that are happening during the neuropsychology rotation). A minor neuropsychology rotation entails doing one neuropsychological outpatient evaluation per week, or some other neuropsychological activity such as program development or intervention. When not doing an outside elective, fellows are on a major and a minor neuropsychology rotation at the same time, and the major versus minor rotation distinction becomes essentially meaningless. In this situation, the fellow is doing neuropsychology four days a week (they only work 5 days a week, and 1 day per week will always be dedicated to a research activity). The resident doing both a major and minor in neuropsych at the same time is scheduled two patients a week, but is also involved in one other additional neuropsychological training activity, such as:

- 1) Supervising a junior trainee on a neuropsychological evaluation (typically an intern, and this done under the guidance of vertical supervision with a staff neuropsychologist)
- 2) Facilitating cycle or two of the weekly CogSMART group (which is a structured 12-week, group-based, cognitive rehabilitation/psychoeducation program)
- 3) Creation of a program development project.

It is also possible- based on training goals or needs- that one of the two weekly outpatient neuropsychological assessments could be substituted for one of the above activities. In other words, instead of seeing two patients a week, the resident would instead see only one patient per week, but then also supervise a junior trainee on one case per week while also running a CognSMART group, etc.

RESEARCH

Supervised research activities include reviewing empirical literature, managing clinical databases, coordinating administrative activities related to research, performing statistical analyses, interpreting findings, and preparing/submitting results for presentation and/or publication. All fellows have 20% of their time each week protected so that they may engage in this research activity. During the two-year training experience, all fellows are required to serve as primary author on at least one scholarly product (i.e., conference submission, manuscript submission, or comprehensive research presentation).

SUPERVISION AND DIDACTICS

Regarding the supervision of fellows' activities, fellows typically are assigned to multiple supervisors at any one time, either within rotations in the Neuropsychology Program or across multiple rotations. Individual supervisors on training rotations have regularly scheduled, face-to-face supervision with fellows, totaling at least two hours per week. In addition to that, the neuropsychology program requires participation in a two-hour per week group supervision. Group supervision involves all neuropsychology supervisors, clinical neuropsychology fellows, the neuropsychology track intern, and any clinical psychology interns or fellows taking an elective neuropsychology rotation.

As fellows progress in the program and their professional skills and duties develop and expand, they assume greater responsibility in clinical activities, research, supervision, teaching, and management/organization. That does not, however, equate to less supervision time. More supervision time is simply focused on higher-level competencies. As competencies develop, supervision naturally accommodates, transitioning in its character, with directive aspects decreasing as it becomes more collegial and collaborative. We consider fellows' opportunity to observe and experience various staff role models as an essential experience, with a focus on developing more independence and professional autonomy as the fellowship progresses.

The clinical psychology fellowship program offers a rich array of didactics. Fellows typically attend 3-4 hours of didactics per week, and sometimes more. Didactic offerings are designed to approach the integration of science and practice in a reciprocal fashion, presenting relevant empirical and theoretical information as well as specific case presentation and discussion. Seminars are offered to address substantive aspects of clinical neuropsychology and to enhance professional development

Seminars:

The Neuropsychology Seminar is a weekly one-hour seminar covering a number of pertinent topic areas such as basic neuroscience, neuropathology/neuroanatomy, clinical neurology, testing and psychometrics, neuropsychological assessment, and neurological and psychiatric disorders. Postdocs are required to present three topics of their choice in the first year, and five topics in the second year. (Coordinator: Joshua E. Caron, PhD, ABPP-CN).

The Cultural Diversity Seminar is a monthly one-hour seminar covering a number of topics, and particularly assessment considerations, in the context of cultural diversity. (Coordinator: Joshua E. Caron, PhD, ABPP-CN).

The Forensic Pathology Brain Cutting is a two-hour seminar held once a month at the Maine Forensic Examiner's office in Augusta, Maine. The presenters are Clare Bryce, MD (Deputy Chief Medical Examiner, Forensic Neuropathologist) and Mark Flomenbaum, MD, PhD (Chief Medical Examiner). Several disciplines from around the state attend this interdisciplinary seminar, to include forensic pathologists, surgical and autopsy pathologists, neuropathologists, neurologists, neurosurgeons, surgical pathology and forensic pathology trainees, paramedics and nursing practitioners. This monthly seminar provides a forum for discussion of forensic cases with potentially significant neuropathology and/or neurologic history. The meetings reinforce understanding of basic neuroanatomy and neuropathology, as well as knowledge of gross brain examination techniques. (Coordinator: Mark Flomenbaum, MD, PhD).

The Interdisciplinary Professional Education (IPE) seminar is a 45-minute seminar held once a month at the Lewiston CBOC and focuses on multidisciplinary rural health care topics. The allied disciplines include preceptors and trainees from primary care, social work, pharmacy, optometry, and mental health. In a rotating fashion, each discipline takes a turn presenting at the seminar. Topics are wide ranging, but generally centered around disease-state management considerations (that are often encountered by all disciplines), and issues regarding service delivery in the context of rural health care needs and military culture. (Coordinator: Kyla Duchin, O.D.).

The Case Conceptualization Conference (one hour) is a monthly seminar for all psychology residents and interns at VA Maine. It provides an opportunity for in-depth conceptualization of selected assessment and psychotherapy cases. Cases may be considered from a number of theoretical orientations. (Coordinator: Greg Caron, PhD, ABPP).

The Journal Club (one hour) is a monthly seminar for residents and interns. It offers a forum for review and discussion of relevant articles in the field. Selected readings of topical interest are selected on a rotating basis by residents and interns, and the responsible trainee prepares questions/issues for discussion and manages the discussion. This seminar is designed to encourage research-based practice. Recent topics have included treating Iraqi war veterans, treatment of female veterans with PTSD, telehealth psychotherapy, disaster intervention, multicultural training, working with suicidal patients, research concerning what works in psychotherapy, psychologists' roles in military torture, and training ethical psychologists. (Coordinator: Greg Caron, PhD, ABPP).

The Professional Development Seminar (one hour) provides practical consideration and preparation for entry-level career options in psychology. Topics may include: the EPPP, licensure, applying for psychology job positions, early career options, interviewing skills, balancing personal and professional life, service and citizenship, publication and presentation. This seminar will also incorporate discussion of relevant articles and topics related to administration, organization, and management. (Coordinator: Greg Caron, PhD, ABPP).

PROVISION OF SUPERVISION AND TEACHING

As training in supervision is a major goal of the program, clinical neuropsychology fellows supervise other trainees on clinical neuropsychology rotations, including interns and/or fellows outside of neuropsychology. Supervision experiences are generally introduced in the second year of training, as fellows continue to develop in their own competencies.

Fellows gain experience in teaching through their presentations in the Neuropsychology Seminar, Multicultural Seminar, IPE Seminar, and their formal case presentations in Case Conferences.

Program Goals, Objectives, and Competencies:

The overarching goal of the VA Maine Clinical Neuropsychology Fellowship Program is to produce psychologists with advanced competencies in clinical neuropsychology practice in adult populations, the ability to provide competent training and supervision in clinical neuropsychology, and the ability to conduct clinically relevant research. Competencies were derived by translating Houston Conference

Guidelines into specific, measurable knowledge, skills, attitudes, and values needed for independent practice in clinical neuropsychology.

Fellows are trained and evaluated in the following competencies:

General Professional Competencies

- Demonstrates knowledge and application of ethics and professional issues in psychology and neuropsychology.
- Uses supervision productively.
- Completes patient care tasks in a timely manner.
- Demonstrates effective social and relational functioning.
- Demonstrates awareness of cultural issues and diversity in professional activities.
- Demonstrates that professional activities are informed by scholarly inquiry.

Brain-behavior Relationships Competencies

- Demonstrates knowledge of functional neuroanatomy and neuropsychology of behavior
- Demonstrates knowledge of neurological and related disorders including their etiology, pathology, course, and treatment.
- Demonstrates knowledge of non-neurological conditions and their CNS effects.
- Demonstrates knowledge of neuroimaging and other neurodiagnostic techniques.
- Demonstrates knowledge of neurochemistry of behavior and psychopharmacology.

Neuropsychological Evaluation Competencies

- Demonstrates information gathering skills.
- Demonstrates knowledge and skills in psychometric theory, test selection, test administration, and specialized neuropsychological assessment techniques.
- Demonstrates competence in the diagnosis of psychiatric disorders.
- Demonstrates competence in interpretation of neuropsychological and psychological tests and diagnosis of neurobehavioral conditions.
- Demonstrates competence in report writing and written communication skills.
- Identifies practical implications and provides appropriate recommendations.

Neuropsychological Intervention Competencies

- Effectively utilizes research knowledge regarding neuropsychological and psychological interventions.
- Demonstrates ability to employ assessment, provision of feedback, and interventions for therapeutic benefit.
- Demonstrates competence in the adaption and/or delivery of interventions to neuropsychological populations.
- Provides effective psychoeducation to patients, caregivers, and/or families.

Neuropsychological Consultation Competencies

- Clarifies referral issues and educates referral sources.
- Communicates feedback and practical implications to patients and family members.
- Communicates evaluation results and recommendations to team members and other providers.

Research Competencies

- Effectively selects research topics and performs literature reviews.
- Demonstrates skills in research design and statistical analysis.
- Effectively performs research activities, monitoring of progress, and evaluation of outcomes.
- Effectively communicates research findings.

Supervision and Teaching Competencies

- Demonstrates skills in the provision of supervision.
- Demonstrates skills in leading didactics and case presentations.

Organization, Management, and Administration Competencies

- Demonstrates skills in program evaluation and program development.
- Organizes clinical resources and manages administrative requirements efficiently to meet patient care needs.
- Demonstrates skills in organization and administration of research and training activities.
- Effectively represents and promotes neuropsychological services within the VA healthcare system.

Program Structure and Requirements for Completion

GENERAL REQUIREMENTS

- Successful completion of two full years of training, consisting of a minimum of 2,080 employment hours for each year, to be completed in no less than two calendar years (including earned sick and annual leave and federal holidays).
- A minimum of five sixths (i.e., 1733 hours) of the training hours for each of the two years must take place in rotations offered at the VA Medical Center. The remaining hours may be spent in a combination of non-VA training experiences (currently being explored, and not currently available), as approved by the program.
- Successful completion of all rotation and seminar requirements. Additional seminar attendance may be required for specified rotations and training experiences.
- Ratings at or above defined competency thresholds (Advanced Competency) for all of the above competencies by the end of the two-year training experience.

ROTATION REQUIREMENTS

- First year: At least two major rotations and one minor rotation in Clinical Neuropsychology.
- Second year: Same
- One day a week is spent in research activity both years.

DIDACTIC REQUIREMENTS:

Neuropsychology fellows attend all required neuropsychology seminars as listed previously, and may additionally elect to attend any of the clinical psychology seminars of interest, provided attendance does not interfere with neuropsychological training.

ADDITIONAL REQUIRED ELEMENTS:

- Provide supervision in a clinical neuropsychology setting.
- Demonstrate teaching abilities in the context of the Neuropsychology Seminar and formal Case Conferences.
- Serve as primary author of at least one scholarly product (i.e., conference submission, manuscript submission, or comprehensive research presentation).
- Demonstrate organization and management competencies in clinical and research activities.

EXIT CRITERIA:

Consistent with Houston Conference Guidelines, 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-behavior relationships
- Scholarly activity

Training Staff

NEUROPSYCHOLOGY SUPERVISORS

VA Maine has four neuropsychology staff members who work as postdoctoral supervisors, though one position is currently unfilled. It is hoped that the fourth neuropsychologist will have been recruited and hired by the start of (or shortly after) the 2017 academic year. Current neuropsychological supervisors (in alphabetical order) include:

Joshua E. Caron, Ph.D., ABPP-CN

Graduate Program: Clinical Psychology (Neuropsychology), University Nevada Las Vegas
 Internship Program: University of Miami/Jackson Memorial Hospital, Neuropsychology Track
 Fellowship Program: Memphis VAMC, Clinical Neuropsychology
 Licensed Psychologist, Tennessee (Clinical)
 Director of Training, Neuropsychology Fellowship Program

Dr. Caron is a board-certified clinical neuropsychologist and director of the Neuropsychology Fellowship Training Program within the Mental Health Service. He has authored or co-authored book chapters on neuropsychological training in VA, performing neuropsychological assessment for VA Disability benefits (Compensation and Pension exams), forensic geropsychology, and the process approach for the Halstead-Reitan Category Test. His past research has predominantly explored classification rates for embedded measures of performance validity using popular neuropsychological tests. His recent interests include exploring the comparability of tests administered via telehealth to traditionally administered tests (in-person administration). On a more personal note, Dr. Caron is a Maine native, an Army veteran, a proud father and husband, and a rabid Boston/New England sports fan (applicants who are fans of rival sports teams should know they will be in for a rough two years).

Jason M. Kaplan, Psy.D.

Graduate Program: Clinical Psychology, Azusa Pacific University
 Internship Program: Coatesville VAMC, Clinical Neuropsychology Track
 Fellowship Program: VA North Texas Healthcare System, Clinical Neuropsychology
 Licensed Psychologist, Kansas

Dr. Kaplan is a clinical neuropsychologist with a particular interest in geriatrics. After serving in the U.S. Marine Corps, he completed a bachelor's degree in Psychology at the University of South Carolina before attending graduate school with the goal of serving veterans at the VA. During graduate school, he worked at the California Institute of Technology as a research assistant, investigating the psychological characteristics of agenesis of the corpus callosum. His recent research has included exploring provider perceptions of mild TBI and the diagnostic utility of functional assessment. Dr. Kaplan is a staff neuropsychologist at the Lewiston CBOC and certified in STAR-VA behavior management in dementia. When not working, Dr. Kaplan enjoys spending time hiking and kayaking with his wife and two children, running with his dog, and visiting local festivals.

Christine Ramsay, Ph.D.

Graduate program: University of Connecticut
 Internship Program: Boston VAMC
 Fellowship Program: Boston VAMC
 Licensed Psychologist, Maine (Clinical)
 Clinics Coordinator, Neuropsychology Program

Dr. Ramsay is a clinical psychologist who has a longstanding interest in the science of brain and behavior relationships. She earned a Bachelor's degree in Neuroscience (contract major) from Williams College before working at the Boston VA as a research assistant in the Language in the Aging Brain laboratory

(Drs. Martin Albert and Lorraine Obler). She then returned to graduate school to obtain a professional degree which would allow her to practice clinical neuropsychology. During that training, her research interests and clinical experiences expanded to include autism and other neurodevelopmental disorders (Dr. Deborah Fein), hypnosis (Dr. Irving Kirsch), neurotoxic chemical exposure (Dr. Roberta White), and aphasia (Dr. Harold Goodglass). Dr. Ramsay then worked in private practice in Yarmouth and Freeport for almost ten years before returning to the VA system, now in Maine, in 2011. She currently continues her clinical work doing neuropsychological evaluations for a varied group of patients, often using the Boston Process approach (Dr. Edith Kaplan) with which she was trained. She maintains interests in practicing neuropsychology with an appreciation to lifespan considerations and functional implications. She is a staff neuropsychologist at VA Maine Healthcare System and a member of the Psychology Training Committee. When not at work, she is often at an ice rink somewhere in New England watching her sons play hockey.

OTHER SUPERVISORS

Fellows have the option of taking up to two minor rotations outside of neuropsychology. This allows fellows to explore an area of practice within professional psychology that they may not have had prior exposure to prior to their fellowship. Supervisors for these possible elective rotations include:

VA MAINE MEDICAL CENTER

Liesl K. Beecher-Flad, Psy.D., earned her doctoral degree in clinical psychology from Alliant International University – San Francisco in 2013, and completed her clinical internship at the Boise VA Medical Center. She came to VA Maine initially as one of our first rural/telehealth residents. She then joined the staff working under a grant position funded by the Office of Rural Health, at the Lewiston CBOC providing general outpatient mental health services, including telemental health and Integrated Primary Care mental health services. She is now the supervisor of Integrated Primary Care at Togus. Her clinical interests include acceptance- and mindfulness-based treatment, family and domestic violence, evidence-based treatment for PTSD, women's issues, rural health, brief assessments in primary care settings, chronic disease management, health behaviors, and psychodiagnostic assessment.

Gregory R. Caron, Psy.D., ABPP (CL) Dr. Caron graduated from the Virginia Consortium for Professional Psychology in 1995. He served as a psychologist in the Navy, performing a variety of roles including Ship's Psychologist, Head of the Psychology Department, Interim Training Director, and director of a TBI clinic. Dr. Caron is a supervising psychologist in the PTSD Clinical Team. He has training and experience in evidence-based treatments as well as assessment, consultation, and rehabilitation.

David Faigin, Ph.D. is a staff psychologist at the Lewiston/Auburn CBOC and previously worked with the PTSD Clinical Team at Togus. Dr. Faigin received his doctorate from Bowling Green State University in Ohio. He completed his internship at the Hines VA in Chicago, and subsequently completed a two-year postdoctoral residency with the Dartmouth-Hitchcock Medical Center during which his primary role was the study clinician at VA Maine providing treatment to OEF/OIF Veterans enrolled in a national randomized controlled trial providing Acceptance and Commitment Therapy (ACT) for post-deployment distress and impairment. Dr. Faigin has specialized training in Community Psychology and is trained in a variety of evidence-based psychotherapy approaches including Prolonged Exposure, Cognitive Processing Therapy, ACT and other mindfulness-based treatments, and CBT for Insomnia. Dr. Faigin also has extensive experience developing community-based arts initiatives focused on helping warriors reintegrate and use art to share their experiences with their communities

Jerold E. Hambright, Ph.D. Dr. Hambright earned his doctorate in counseling psychology at Arizona State University in 1988. He is a staff psychologist within the VA Maine Healthcare System PTSD Intensive Outpatient Program. He serves as Chair of the Psychology Training Committee and as a secondary supervisor for the Clinical Psychology fellowship. His professional interests include assessment and treatment of PTSD, group therapy, acceptance and commitment therapy, and ethnic minority psychology.

Elizabeth Latty, Ph.D. Dr. Latty completed her Ph.D. in Clinical Psychology at Northwestern University in 2009. She is a staff psychologist on the PCT, a member of the Psychology Training Committee, and a VA-certified provider of Integrative Behavioral Couple Therapy (IBCT), PE, and CPT. Professional interests include trauma, MST, sex therapy, and provision of affirmative care for LGBT veterans.

Susan Maataoui, Ph.D. Susan Lichtman Maataoui, Ph.D., graduated from Fuller Theological Seminary Graduate School of Psychology in 1989. She is a geropsychologist working in the Geriatrics and Extended Care (GEC) service line at Togus, which includes treating veterans and their families in the Geriatric Out-Patient clinic and in the Community Living Centers (hospice, palliative care, a dementia unit, rehabilitation units, and life-stay nursing care). She provides supervision, conducts trainings for GEC staff on geriatric issues, consults with medical and nursing staff, and participates on multi-disciplinary care teams. Her professional interests include clinical ethics in gerontology, integrated models of care, and health behavior.

Katherine Russin, MSW. Ms. Russin received her Masters in Social Work from the University of Maine in 1996. She has held NASW certification since 2007; her areas of specialization include yoga, trauma and substance abuse, and complex trauma. She was the medical case manager for individuals with HIV/AIDS and seriously injured Iraq/Afganistan Veterans at Maine General. At VA Maine, she has been the program manager of the OEF/OIF Program. She is currently the coordinator of the Military Sexual Trauma Program as well as a clinical social worker in the Women's Primary Care Clinic.

Helen Smart-Perille, Psy.D. Dr. Smart-Perille received her doctoral degree in clinical psychology from the American School of Professional Psychology at Argosy University, Tampa, in 2011. She is a staff health psychologist at VA Maine, and she is a member of the Psychology Training Committee. Her professional interests include obesity, chronic illness and organ transplant.

Susanne Stiefel, Ph.D. Dr. Stiefel earned her doctorate in counseling psychology at Arizona State University in 1986. She is a staff psychologist within the VA Maine Healthcare System Mental Health Clinic. Her clinical interests are individual, group, and family therapy of adults. She is a consultant for the Clinical Psychology fellowship and a member of the Psychology Training Committee.

Shanna Treworgy, Psy.D. Dr. Treworgy earned her doctorate in Clinical-Community Psychology from the University of La Verne. She completed a predoctoral internship at the Northport VA Medical Center and a postdoctoral fellowship at the Geisel School of Medicine at Dartmouth. She was an Instructor in Psychiatry at Dartmouth from 2012-2015. With formal training in meditation and mindfulness, she integrates mindfulness into her clinical practice. In addition to mindfulness, her professional interests include resiliency, compassion based models of therapy, cognitive-behavioral therapy, and program development and evaluation. A general practitioner, she also has particular experience working with trauma, executive dysfunction, obesity and related health distress, binge eating, and coping with major medical illness. Dr. Treworgy is also a licensed yoga teacher (RYT200).

Yuriy Ustinov, Ph.D., received his doctorate in Clinical Psychology from the University of Alabama, with an emphasis in health psychology. He completed his clinical internship training at the VA Maine Healthcare System with a focus on PTSD assessment and treatment. During his internship he also pursued his research interest in Cognitive Behavioral Therapy for insomnia. Dr. Ustinov remained at VA Maine for his post-doctoral residency, based at the Lewiston/Auburn CBOC, in which he worked to expand services to rural veterans, including developing and implementing telemental health services. He is now part of the VA Maine staff at the Lewiston CBOC, supervising interns and postdoctoral residents .

CURRENT FELLOWS IN NEUROPSYCHOLOGY

Kate Charpentier, Psy.D., Clinical Psychology, American School of Professional Psychology at Argosy (Second Year)

Steve Erickson, Psy.D. Illinois School of Professional Psychology at Argosy (First Year)