Clinical Psychology Training Programs at Brown: A Consortium of the Providence VA Medical Center, Lifespan, and Care New England

Postdoctoral Fellowship Training Program

Postdoctoral Fellowship Description: CLINICAL FOCUS

Title: Postdoctoral Fellowship in Neuropsychology and Intervention

APA-accredited: YES __ NO ___

Site: Providence Veterans Affairs Medical Center

Supervisor(s): Stephen Correia, PhD, ABPP-CN (Primary Supervisor)
Megan Spencer, PhD
Donald Labbe, PhD

This two-year fellowship at the PVAMC is part of the Clinical Neuropsychology Specialty Program (CNSP) within the Postdoctoral Fellowship Training Program (PFTP) of Brown University’s clinical psychology training Consortium. The CNSP is currently in the process of obtaining APA-accreditation as a Specialty Program in Clinical Neuropsychology. Until such accreditation is received, first-year CNSP fellows are concurrently enrolled in the Clinical Psychology Program of the PFTP which is currently accredited by APA as a Traditional Practice Program.

Description of Site
The Providence VA Medical Center (PVAMC) serves as one of the major teaching hospitals for Psychiatry at Brown. The PVAMC is a 75-bed facility that provides acute inpatient and outpatient care in psychology, psychiatry, medicine and surgery to veterans in Rhode Island, eastern Connecticut, and southeastern Massachusetts. Outpatient veterans’ medical needs are managed through the primary care service with referrals available to 32 subspecialties. The PVAMC has the highest ratio of outpatient-to-inpatient services in the entire VHA system and with over 150,000 patient visits annually it ranks among the largest clinical facilities in Rhode Island.

The Neuropsychology service at the PVAMC is staffed by three neuropsychologists (Stephen Correia, PhD, APBB-CN; Megan Spencer, PhD, and Donald Labbe, PhD), one pre-doctoral neuropsychology clinical psychology resident, one neuropsychology/geropsychology postdoctoral fellow, one neuropsychology fellow (this fellowship description), and two full-time psychometrists. The service collaborates closely with other providers in MHBSS and in the Neurology and Primary Care Services. The Neuropsychology Service offers neuropsychological assessment and care in a variety of settings:

Outpatient Neuropsychology Service: The neuropsychology service at the Providence site (PVD) of the PVAMC performs 10-15 neuropsychological assessments of U.S. Military Veterans per week with wait times of approximately 30-45 days. The majority of consultation requests are for outpatient assessment of neurodegenerative disorders of aging (e.g., mild cognitive impairment, Alzheimer’s disease, vascular dementia, etc.), often in the context of multiple medical and psychiatric comorbidities. Other common referrals are for assessment of cognitive status related to chronic medical conditions, stroke, substance abuse, traumatic brain injury, attentional disorders, learning disabilities, movement disorders, and psychiatric impairment.

Community-Based Outpatient Clinic (CBOC): The PVAMC has CBOCs in Middletown, RI (MID) and in New Bedford (NBD) and Hyannis (HYA), MA. All three CBOC provide primary care, mental health, and other outpatient services. Starting in 2015, Dr. Labbe has been providing a once-weekly
neuropsychological assessment service at the NBD CBOC and bi-weekly service at the MID CBOC. The assessments focus on memory loss and characterization of cognitive impairment in psychiatric and neurologic disorders.

Dr. Labbe also conducts bi-weekly neuropsychological assessments for Veterans at the HYA CBOB. These are targeted assessments of late-life cognitive decline. These assessments are conducted via Clinical Video Telehealth (CVT). In this model, the Veteran is seated in the HYA CBOC, while Dr. Labbe conducts the assessment from PVD. Clinical staff at HYA CBOC is trained to intervene and assist if needed. CBOC and CVT assessments improve access to neuropsychological services for older Veterans whose health or situation limit their ability to travel to PVD.

Cognitive Rehabilitation: Over the past two years, Dr. Labbe has also developed Cognitive Rehabilitation Services at PVAMC. These services are psychoeducational, are based on the CogSMART protocol, and target Veterans who have sustained military-related mild traumatic brain injury. They are not designed for cognitive rehabilitation following stroke, severe traumatic brain injury, dementia, or other conditions associated with severe cognitive impairment.

Caregiver Intervention: Dr. Labbe also conducts caregiver interventions in accordance with the evidence-based REACH-VA protocol. These targeted brief interventions are designed to assist caregivers in behavioral management of Veterans with dementia and to reduce caregiver burden and stress.

Fellowship Aims
General Description: This APA-approved postdoctoral fellowship occurs within the PVAMC’s Mental Health and Behavioral Sciences Service (MHBSS). The fellowship is designed to provide specialty training in neuropsychology assessment with additional experience in neuropsychologically-informed intervention. Neuropsychological assessments will be performed across the PVD and CBOC sites described above. This includes innovative CVT-mediated assessment. The Fellow will have the opportunity to participate in brief targeted evidence-based Cognitive Rehabilitation and Caregiver interventions as described above. The fellow in this position may also have the opportunity for guided supervision of trainees including pre-doctoral interns and practicum students.

Specific Aims:
1. To provide the fellow with clinical experiences and training sufficient to develop advanced competency with regard to professional skills/conduct and ethical standards (consistent with APA principles and local regulations) and to function effectively as an independent practitioner within health service settings;
2. To provide the fellow with clinical experiences and training sufficient to develop advanced competency with regard to the basic knowledge and skills of research to function effectively as scientist-practitioners within health service settings.
3. To provide the fellow with clinical experiences and training sufficient to develop advanced competency with regard to the knowledge and skills specific to the specialty of clinical neuropsychology (consistent with the Houston Conference Guidelines) to function effectively as independent scientist-practitioners in health service settings.

Fellowship Timeline
The duration of the fellowship is 2 years, contingent upon satisfactory progress.

Clinical Activity Plan (70%)
The fellow in this position will devote 70% effort to supervised clinical activities and all clinical activities are supervised.

Training will emphasize development of clinical independence. The fellow’s specific clinical training plan (e.g., didactic experiences, direct patient care, research, etc.) and criteria for competency will be
determined collaboratively at the start of the training year. The training plan will be based on the fellow’s career goals, specific areas of clinical interest, and areas in need of further development and will promote independent competency in:

The primary activity (approximately 50%) will be performance of outpatient neuropsychological assessments at the PVD site and at the NBD CBOC site. Drs. Correia and Spencer will provide supervision for neuropsychological assessments performed at the PVD site. Dr. Labbe will supervise assessments performed at the NBD site. Performance of neuropsychological assessments at the MID CBOC and HYA-CVT assessments will occur as scheduling permits. Dr. Labbe will supervise MID and HYA-CVT assessments. The fellow will also participate in brief inpatient assessments in PVD as needed (supervised by Dr. Correia, Spencer, or Labbe). The fellow will be involved in all aspects of neuropsychological clinical assessment including triage and clarification of referral questions; review of medical records; neurocognitive diagnostic interviews; test selection, administration; scoring; interpretation, report writing; and providing written and verbal feedback to Veterans, referring providers, and other relevant stakeholders.

Approximately 10% of the fellow’s time will involve consultation to providers in mental health or allied disciplines on management of Veteran’s with cognitive impairment.

Approximately 10% of the fellow’s activities will be involved in delivering evidence-based and neuropsychologically-informed interventions. This will include delivering cognitive rehabilitation using the CogSMART protocol and/or delivering caregiver interventions following the REACH-VA protocol. The fellow will be required to participate in at least one of these secondary clinical activities on a regular basis throughout the two-year postdoctoral residency period. Dr. Labbe will supervise CogSMART and REACH-VA intervention activities.

The fellow will have functional office space physically in the neuropsychology clinic for documentation and other activities.

Research Activity Plan (20%)

The fellow in this position will devote 20% effort to clinical research. The goal is for the fellow to demonstrate the ability to develop meaningful scientific questions and hypotheses to advance knowledge in the field of neuropsychology. Clinical research activities pertaining to Veteran-focused healthcare is encouraged but not required.

Opportunities for clinical research with neuropsychology faculty or other faculty with allied interests will be explored and arranged by the primary supervisor (Dr. Correia). The fellow’s research activities will be negotiated based on faculty active research projects and collaborations and the fellow’s interests and career goals.

The fellow will be expected to develop a research plan that leads to a traditional scientific product such as a manuscript, presentation at a national conference, or grant application. The fellow is expected to generate and test research hypotheses, conduct literature searches and complete guided readings relevant to the research topic, and participate in laboratory meetings as appropriate. Opportunities for supervising undergraduate students may be possible. The research plan is expected to be partially independent from the supervisors but may build upon the research supervisor’s work and can be done in collaboration with ongoing research in the research supervisor’s lab.

Didactics (10%)

The fellow in this position will devote 10% effort to participation in formal didactic activities as follows:

Mandatory Didactics:
  Core Seminars (1 per month during first year of the fellowship).
DPHB Academic Grand Rounds (1 per month).
Clinical Ethics (1 per month during the first year of the fellowship).
CNSP Seminar (weekly during both years of the fellowship).

Optional Didactics:
   Memory and Aging Program Case Conference, Butler Hospital (weekly).
   MHBSS Colloquium Series, Veterans Affairs Medical Center (monthly).
Other Brown, and hospital didactics may be attended with permission from the primary supervisor.

The fellow will be given release time from clinical responsibilities to participate in mandatory didactic activities. The primary supervisor (Dr. Correia) will work with the other supervisors to ensure that the fellow is granted sufficient release time (including travel time) and adjustment in clinical responsibilities to participate in these activities. Release time for optional didactic experiences will be negotiated based on the relevance of the activity to the fellow’s training plan and career goals in balance with clinical responsibilities. Dr. Correia will work with the fellow and various supervisors to achieve this balance and to ensure that participation in these optional experiences does not disproportionately impact the fellow’s training in any one of the four clinical settings.

The fellow may identify other optional didactics relevant to his or her training plan (e.g., weekly neurology rounds at Rhode Island Hospital). Participation in optional didactic experiences must be balanced with clinical and research responsibilities and with training goals. These can be negotiated on a case-by-case basis with the supervisor(s).

In addition, the supervisors will provide the fellow with required and suggested readings in accordance with the fellow’s level of development, career goals, and training plan. The fellow will be expected to work with the supervisors to identify areas for didactic training as needed throughout the fellowship year.

**Supervision and Evaluation**
A minimum of two hours of supervision will be provided weekly. Supervision in the neuropsychology clinic follows an “open door” approach in which each case is reviewed with the fellow on a flexible schedule. Supervision is done through a combination of face-to-face meetings and electronic correspondence (e.g., editing reports).

Dr. Correia will serve as the primary supervisor and will have ultimate responsibility for ensuring that the fellow has a successful training experience. Dr. Correia will have strong supervisory support from Drs. Spencer and Labbe in the outpatient specialty, primary care and inpatient settings. The fellow may, at times, receive supervision from other faculty not listed above. However, these supervisors will not supplant the supervisory team listed above without modification of this Postdoctoral Fellowship Description.

At the conclusion and midpoint of the fellowship, the fellow and the supervisors will provide formal evaluations and evaluations of the program relative to the goals and learning objectives of the fellowship. Formal evaluations will follow the format and utilize forms provided by the Consortium.

**Resource Requirements**
Fellow will be provided with the following resources:
- Access to space appropriate for clinical care
- A computer and project specific software
- Internet access
- Telephone
- Equipment and computer access needed to complete CVT assessments
**Reporting and approval**
This fellowship is part of the Clinical Neuropsychology Specialty Training Program as described above (Fellowship Organizational Structure).

The position has been discussed and approved by the Neuropsychology Track faculty.

Director, Clinical Neuropsychology Specialty Program

Associate Director, Clinical Neuropsychology Specialty Program

Director, Postdoctoral Fellowship Training Program