



BROWN
Alpert Medical School

**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/Geropsychology

APA Approved: YES X NO

Site: Providence Veterans Affairs Medical Center

Supervisor(s): Megan Spencer, Ph.D. (Primary Supervisor)
Donald Labbe, Ph.D.
Pamela Steadman-Wood, Ph.D., ABPP (Geropsychology)
Ryan Van Patten, Ph.D. (*pending faculty appointment*)
Ronald Smith Ph.D. (Geropsychology, *pending faculty appointment*)
Tracy O’Leary-Tevyaw, Ph.D.
Stephen Correia, PhD, ABPP-CN (Research)

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 APA-accredited as a Specialty Program in Clinical Neuropsychology.

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 3 neuropsychologists (Megan Spencer, Ph.D., Donald Labbe, Ph.D., and Ryan Van Patten, Ph.D.), 1-2 pre-doctoral neuropsychology interns, 2 postdoctoral fellows, and 1 psychometrist. Primary referral resources include Psychology, Psychiatry, Neurology, Primary Care, and the Home Based Primary Care program. Pamela Steadman-Wood, Ph.D., ABPP is a board certified geropsychologist serves in a consultative role to the Home Based Primary Care Services. Dr. Steadman-Wood provides supervision of home-based neuropsychology referrals.

Outpatient Neuropsychology Service: The service performs 12-15 neuropsychological assessments per week with wait times of approximately 180 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, head injury, attentional disorders, learning disabilities, movement disorders, and psychiatric impairment. Inpatient referrals are also received from inpatient medical and psychiatric units with referral questions most commonly addressing suspected dementia and/or decision making capacity

among older adults. The postdoctoral fellow serves as the lead evaluator for all HBPC referrals (averaging ~2/month).

Geriatric Specialty Outpatient Mental Health Program: The Geriatric Mental Health program is housed within the Comprehensive Ambulatory Psychiatric Service (CAPS) which serves as the Providence VA's general mental health clinic. This program is staffed by 2 geropsychologists (Drs. Steadman-Wood and Smith), a geriatric social worker, and a geriatric psychiatrist (position currently under active recruitment). This clinic offers a variety of services to older adults (and caregivers) including brief cognitive and decision-making evaluations, dementia care management and evidence-based psychotherapy and dementia caregiver interventions. The postdoctoral fellow will participate in the geriatric mental health program offering (1) brief cognitive and capacity evaluations; (2) dementia care management and intervention services and (3) brief motivational interviewing interventions targeting behavioral health recommendations.

Primary Care Behavioral Health (PCBH): This service is staffed by five psychologists, one psychiatric nurse practitioner, a postdoctoral fellow, and one to two psychology interns. The postdoctoral fellow participates in the weekly team meeting to provide consultative services regarding neuropsychological issues. This meeting is also used as a platform for triage of patients in need of neuropsychological testing in the outpatient service or for more time-sensitive, brief assessments. The fellow may also provide other ad-hoc consultative services to the PCBH team. Common referrals are for assessment of cognitive status related to possible dementia as well as medical and mental health concerns with an emphasis on treatment planning.

Polytrauma/TBI Clinic: The neuropsychology service plays a leadership role in the PVAMC's Polytrauma/TBI Clinic which provides clinical assessment and ongoing care of veterans of Iraq and Afghanistan with deployment-related traumatic brain injury. The neuropsychology training experience emphasizes the impact of psychiatric, neurological, and general medical conditions on cognitive functioning. Participation in this clinic is optional for the fellow and depends on patient flow.

Cognitive Training Clinic: The neuropsychology services offers empirically validated Cognitive Training using the CogSmart Protocol for veterans with attentional and memory difficulties secondary to a variety of diagnoses, including PTSD, ADHD, and normal aging (among others). Services are offered in a group individual session format. Participation in this clinic is optional for the fellow and is dependent on successful performance in the core elements of the postdoctoral fellowship (Neuropsychology Clinic and Geriatric Mental Health Program).

Fellowship Aims

General Description: This postdoctoral fellowship occurs within the PVAMC's Mental Health and Behavioral Sciences Service (MHBSS). The fellowship is designed to provide specialty training in neuropsychology and geropsychology. It will focus on providing brief targeted psychological and neuropsychological assessment, consultation and intervention in the outpatient Primary Care Service and outpatient Neuropsychology Service. Experiences in the Neuropsychology Service focus on, but are not restricted to, assessment of older veterans. Fellows may have the opportunity to provide caregivers with evidence-based (REACH-VA protocol) intervention and training in managing problematic behaviors of their care recipients. The Fellow also has the option of participating in an evidence-based psychoeducational individual and/or group Cognitive Rehabilitation Clinic that serves veterans of all ages. The fellow will work within established mental health teams embedded within these services thereby providing a strong link between these services and neuropsychology. This collaboration advances two key priorities of the VHA and PVAMC: (1) to integrate mental health, primary care, and geriatric services, and (2) to improve early detection, diagnosis, and treatment of dementia and other

neurocognitive conditions in our nation's aging veterans. Fellows will also have the opportunity for tiered supervision of trainees including pre-doctoral interns and practicum students (when available).

Specific Aims:

1. To provide training consistent with the guidelines set forth in the *Houston Conference on Specialty Education and Training in Clinical Neuropsychology* (Hannay et al. 1998) to enable the fellow to develop clinical competence and independence in adult neuropsychology.
2. To provide the fellow with broad post-doctoral training in the area of adult neuropsychology with a strong emphasis on geropsychology.
3. To enable the fellow to gain experience providing brief, targeted neuropsychological assessment, consultation, and intervention within an interprofessional treatment model that integrates mental health services with Primary Care and other VA services.
4. To provide the fellow with geropsychology training consistent with the American Psychological Association's *Guidelines for Psychological Practice with Older Adults* (APA, 2004)
5. To provide the fellow with a strong working knowledge of dementia and geropsychology research.

Fellowship Timeline

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

Clinical Activity Plan (70%)

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:

- **ASSESSMENT (50% effort):** Demonstrate competence in evidence-based geriatric clinical neuropsychological assessment including record reviews, diagnostic interviews, test administration, report writing, and verbal communication of results. Demonstrate competence in evaluation of decision making and other functional capacities. Demonstrate competence in evaluating the psychometric properties of neuropsychological and functional tests. Demonstrate working knowledge of neurodegenerative and other disorders that are common reasons for referral.
- **TREATMENT (15% effort):** Demonstrate competence developing and implementing brief evidence-based interventions for cognitive and behavioral problems associated with neurodegenerative and other neurological disorders and psychiatric disorders. Interventions may include individual, family, systems and group modalities.
- **CONSULTATION (5% effort):** Demonstrate competence in consulting to other providers to aid diagnosis and treatment of cognitive disorders including advising on the impact of cognitive impairments on treatment (e.g., ability to benefit from psychotherapy, adherence to appointment and medication schedules, compliance with behavioral health interventions, etc.).

Training will emphasize the interface between neuropsychology and geropsychology as an emerging specialty area within professional psychology. The training will occur in the context of supervised direct patient contact. Evidence-based practices will be emphasized through all clinical activities. Clinical experience will be supplemented by didactics including directed readings on age-related changes in cognitive and social functioning, the impact of age-related medical conditions on cognition, and the influence of aging on pre-existing psychiatric conditions.

The fellow will spend 3 days per week in the Neuropsychology Service (includes neuropsychological assessments, cognitive rehabilitation, and caregiver-focused activities), and 1 day/week completing evaluations of HBPC referrals and providing intervention/assessment services within the Geriatric Mental Health Clinic. The rate to HBPC referrals may dictate the frequency of activities within the Geriatric Mental Health Clinic, but will likely average 1-2 days per month. The fellow will attend weekly Primary Care Behavioral Health team meetings where patients are discussed. The Fellow will provide neuropsychology consultation to other providers in this meeting.

The fellow will be available to provide clinical services at any time of day, but typically direct patient contact will occur in the mornings with afternoons reserved for documentation. The fellow will receive training in providing brief verbal and written reports to referring providers that focus specifically on the referral question.

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

Research Activity Plan (20%)

CLINICAL RESEARCH (20% effort): Demonstrate working knowledge of the existing research literature on geropsychology and neuropsychology of aging and dementia. Demonstrate the ability to develop meaningful scientific questions and hypotheses to advance knowledge in the field.

The fellow will devote 8 hours per week to clinical research. This effort may include the research didactic component of the Brown Training Program (Academic Friday research seminars). Clinical seminars are not included in the 20%.

Opportunities for clinical research and research supervision will be arranged by the primary supervisor (Dr. Spencer) in collaboration with Dr. Stephen Correia (Director, CNSP; Without Compensation Employee at PVAMC; Director of Psychology at Butler Hospital). The fellow's research activities will be negotiated based on Dr. Correia's active research projects and collaborations and the fellow's interests and career goals.

Alternative research experiences can be developed with other supervisors or with other faculty at Brown on a case-by-case basis. In these cases, Dr. Correia will work with the fellow and the identified faculty member to work out a mechanism for completing the research project.

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. Opportunities for supervising undergraduate students can be arranged. The research plan is expected to be partially independent from the supervisors but may build upon the supervisor's work and can be done in collaboration with ongoing research in the supervisor's lab. Neuroimaging projects will be implemented using existing data.

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).
Cardiovascular Behavioral Medicine
Capacity and Geriatric Neuropsychology Rounds
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. Spencer) 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. Spencer 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. Spencer will serve as the primary supervisor and will have ultimate responsibility for ensuring that the fellow has a successful training experience. Dr. Spencer will have strong supervisory support from Drs. Labbe and Van Patten. Primary supervision of Home Based Primary Care referrals and the Geriatric Mental Health program will be provided by Dr. Steadman-Wood, with strong supervisory support from Dr. Ron Smith. Dr. Stephen Correia will serve as primary research supervisor. Supervision may also be received from supervisors 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