

# 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 X NO \_\_\_

Site: Providence Veterans Affairs Medical Center

**Supervisor(s):** Donald Labbe, PhD (Primary Supervisor)

Megan Spencer, PhD

Ryan Van Patten, PhD, ABPP-CN

Emily Hallowell, 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 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 currently staffed by four neuropsychologists (Megan Spencer, PhD; Donald Labbe, PhD; Ryan VanPatten PhD, ABBP-CN, and Emily Hallowell, PhD). The clinic is also comprised of one pre-doctoral neuropsychology resident, one neuropsychology/geropsychology postdoctoral fellow, one neuropsychology and intervention fellow (this fellowship description), one practicum student, and one full-time psychometrist. 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 VAMC performs 12-15 neuropsychological assessments of U.S. Military Veterans per week with wait times of approximately 5 months. 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. 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.

<u>Community-Based Outpatient Clinic (CBOC)</u>: The PVAMC has CBOCs in Middletown, RI (MID) and in New Bedford (NBD) and Hyannis (HYA), MA. All three CBOCs provide primary care, mental health, and other outpatient services. Neuropsychological assessment services are provided twice monthly at the NBD CBOC.

Cognitive Training: Dr. Labbe directs the Cognitive Training Services at PVAMC. These services include a 6-week group based cognitive training course as well as individual cognitive training sessions. There is also a 6-week Healthy Cognitive Aging course offered in group or individual formats. Both services are provided virtually and face-to-face. These services are offered to veterans with multiple presenting conditions including ADHD and psychiatric and/or neurological conditions including mild traumatic brain injury, stroke, dementia, PTSD, Depression, etc.

# **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 may include both in person and telehealth evaluations. The fellow will also participate in brief targeted evidence-based Cognitive training as described above. The fellow in this position may also have the opportunity for tiered supervision of trainees including pre-doctoral interns and practicum students.

### 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) and the developing Minnesota Conference Guidelines (as issued) to develop advanced competency with regard to the knowledge and skills specific to the specialty of clinical neuropsychology in order to function effectively as an independent scientist-practitioners in health service settings.
- 2. To provide the fellow with broad post-doctoral training in the area of adult neuropsychology with a strong emphasis on neurocognitive interventions.
- 3. 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.
- 4. To provide the fellow training in the provision of empirically validated cognitive interventions, including tailoring personalized neurocognitive interventions based on neuropsychological results.

### **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 40%) will be performance of outpatient neuropsychological assessments at the PVD site and twice monthly at the NBD CBOC. Supervision of PVD cases will include all four neuropsychologists listed above on a rotating basis. Dr. Labbe will supervise assessments

performed at CBOC sites including in-person and telehealth evaluations at NBD CBOC. The fellow will also participate in brief inpatient assessments in PVD as needed. 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 30% of the fellow's activities will be involved in delivering evidence-based and neuropsychologically informed interventions. This will include delivering individual and group cognitive training interventions as well as Healthy Cognitive Aging interventions. The fellow will be required to participate in these secondary clinical activities on a regular basis throughout the two-year postdoctoral residency period. Dr. Labbe will supervise intervention activities.

The fellow will have functional office space physically in the neuropsychology clinic for documentation, patient care, 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 Dr. Labbe in collaboration with Dr. Jennifer Davis (Director of the Brown University Clinical Neuropsychology Specialty Program, and Neuropsychologist at RI Hospital). The fellow's research activities will be negotiated based on faculty active research projects and collaborations and the fellow's interests and career goals. Alternative research experiences can be developed with Brown faculty in related fields on a case-by-case basis. In these cases, Dr. Davis 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 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 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).

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. Labbe) 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. Labbe 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. 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. Labbe will serve as the primary supervisor and will have ultimate responsibility for ensuring that the fellow has a successful training experience. Dr. Labbe will have strong supervisory support from Drs. Spencer, Van Patten, and Hallowell. 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. Primary research supervisor will be determined based on availability of research projects and trainee interests.

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.

Please visit the **Brown Faculty** page to view supervisor profiles.

### **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
- VA issued laptop computer

### 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