



California Department of  
**State Hospitals**

# **POSTDOCTORAL RESIDENCY IN CLINICAL NEUROPSYCHOLOGY**



## **Patton State Hospital**

A Member of the Association of  
Postdoctoral Programs in  
Clinical Neuropsychology  
(APPCN)

# DEPARTMENT OF PSYCHOLOGY

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# CONTENTS

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DEPARTMENT OF PSYCHOLOGY .....	i
Contact Information for Neuropsychology Residency Co-Directors .....	i
NEUROPSYCHOLOGY CONSULTATION SERVICE.....	1
INSTITUTIONAL MISSION AND VALUES .....	1
Excellence .....	1
Innovation .....	1
Dedication to Patients.....	1
Accessibility and Inclusivity .....	2
Research and Training.....	2
THE NEUROPSYCHOLOGY FELLOWSHIP .....	3
MISSION AND VALUES.....	3
CORE EXPERIENCES OF THE NEUROPSYCHOLOGY RESIDENCY.....	4
Neuropsychological Assessment.....	4
Cognitive Remediation .....	6
Neuropsychological Services for Spanish Speakers.....	8
Applied Neuropsychological Research .....	8
Neurology Clinic .....	9
TRAINING AND SUPERVISION .....	9
CORE COMPETENCIES.....	10
General Psychology.....	10
Ethical Principles .....	10
Neuropsychological Assessments .....	10
Communication and Consultation.....	10
Fundamentals of Neurobehavioral Syndromes.....	10
Cognitive Remediation .....	10
Specific Practice Areas .....	11
SEMINARS AND DIDACTICS.....	11
Advanced Neuropsychology Seminar.....	11
Advanced Practice of Neuropsychology.....	12
Neuropsychology: Research and Theory.....	12
Case Conference/Professional Development Seminar.....	12
TRAINING PROGRAM AT PATTON STATE HOSPITAL.....	13

ADMINISTRATIVE STRUCTURE OF THE FELLOWSHIP .....	13
THE HOSPITAL .....	14
THE AREA .....	15
RESIDENT SELECTION REQUIREMENTS .....	17
STATE EMPLOYMENT INFORMATION .....	20
STARTING DATE .....	20
SALARY .....	20
MEDICAL BENEFITS .....	20
SICK/VACATION LEAVE, HOLIDAYS, AND ANNUAL LEAVE.....	20
TIME REQUIREMENTS.....	21
OUTSIDE EMPLOYMENT .....	21
ELECTIVE OPPORTUNITIES.....	22
LICENSING SEMINAR .....	22
PROGRAM EVALUATION .....	22
HOSPITAL-WIDE CONSULTATION.....	22
IN-SERVICE TRAINING.....	22
OUTSIDE CONVENTIONS AND WORKSHOPS .....	23
SUPERVISION AND EVALUATION.....	24
RESIDENCY SUPERVISORS AND FACULTY .....	25
APPENDIX: CURRICULUM (YEAR ONE) .....	28
APPENDIX: CURRICULUM (YEAR TWO).....	33

# NEUROPSYCHOLOGY CONSULTATION SERVICE

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## INSTITUTIONAL MISSION AND VALUES

The Neuropsychology Consultation Service (NCS) is a specialty service that provides neuropsychology assessments, cognitive rehabilitation treatment, and consultation within Patton State Hospital. NCS has been providing neuropsychology services within the hospital for approximately **26** years, cementing its role as an integral component of clinical care within the hospital. Currently, NCS is comprised of six full time neuropsychologists, three of which are board certified in clinical neuropsychology through the American Board of Professional Psychology (ABPP-CN). In addition to full time staff, NCS is proud to have a robust training program that includes two neuropsychology residents, one neuropsychology intern, and one neuropsychology practicum student.

As a service, NCS holds the following values as the roadmap for the quality of service that is provided to patients:

- Excellence
- Innovation
- Dedication to Patients
- Accessibility and Inclusivity
- Research and Training

### Excellence

NCS is honored to work with the marginalized population that it has been entrusted to serve. Our goal is to provide high quality neuropsychological assessment and cognitive rehabilitation services to underprivileged individuals committed to the department of state hospitals so that they can more effectively reach their forensic and treatment goals.

### Innovation

In order to provide optimal patient care, NCS has strived to develop assessment protocols and cognitive remediation programs that best help meet a patient's treatment goals within the hospital. This is accomplished by providing neuropsychological assessments and cognitive rehabilitation services that are rooted in scientific knowledge as they relate to our forensic setting and underserved patient population.

### Dedication to Patients

A primary mission of NCS is to work in the interest of fairness, tolerance, and justice. NCS prides itself in its mission to provide high quality services for individuals with cognitive, learning,

and/or social challenges. Our aim is to assist individuals with cognitive challenges in reaching, to their highest potential, their functional and forensic treatment goals.

### **Accessibility and Inclusivity**

In its mission to deliver services that are accessible, NCS is dedicated to providing services that are culturally competent and representative of the population that is housed within Patton State Hospital. We recognize that the population we serve at Patton State Hospital is part of a justice system that includes individuals that have been chronically marginalized and underserved in society. As a service, we pride ourselves in providing services that are culturally and socially aware, and that strive to account for the specific needs of our patient population. In addition, NCS strives to provide equitable services that are accessible to individuals that require extra accommodations, including individuals with aphasia syndromes, sensory deficits, psychomotor impairments, and significant educational limitations. NCS has also dedicated itself to provide equitable services to Spanish speaking patients within the hospital, and runs a thriving service dedicated to providing Spanish speaking assessments as well as cognitive rehabilitation services.

### **Research and Training**

The services provided to our patients are evidence based and outcome driven. In order to provide optimal assessments and treatment to our patients, we strive to dedicate time and resources for research, program development, and trainings that will help inform the services that we provide for patients within the California Department of State Hospitals.

# THE NEUROPSYCHOLOGY FELLOWSHIP

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## MISSION AND VALUES

The goal of our Residency in Clinical Neuropsychology is to provide the highest quality training experiences in clinical neuropsychology. The residency provides the necessary postdoctoral supervision requirements for licensure in California, and most residents become licensed in California or another jurisdiction prior to completion of their residency. Upon completion of the program, neuropsychology residents will be able to provide neuropsychological services in a wide range of settings and will understand the interface of neuropsychology and forensic psychology. ***It is a goal of the neuropsychology residency that graduates of our program will pursue board certification in clinical neuropsychology through the American Board of Professional Psychology (ABPP-CN).***

In addition, and in a similar vein to the mission of the Neuropsychology Consultation Service, it is also our hope that trainees will go on to become leaders in the field of clinical neuropsychology. We hope that our trainees will be able to leave their neuropsychology fellowship with the following values:

- Awareness of important cultural issues that impact patient lives, clinical presentations, and assessment results
- Integration of cultural and societal variables into case formulation, test interpretation, and patient interactions
- The ethical and practical differences between clinical and forensic work
- The necessity to develop and maintain competence in psychological research impacting neuropsychological practice, as well as the broader field of clinical psychology
- Awareness of current controversies in the field
- Facility with the selection and use of specialized clinical, neuropsychological, and forensic test instruments
- The ability to provide quality services in cognitive rehabilitation

The postdoctoral training program at Patton State Hospital is dedicated to the highest standards of practice. At minimum, residents and supervisors commit themselves to complying with the ethical standards articulated by the relevant professional groups, including the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association (APA), the Specialty Guidelines for Forensic Psychologists, and the Standards for Educational and Psychological Testing. The neuropsychology residency follows

all guidelines specified for membership in the Association of Postdoctoral Programs in Clinician Neuropsychology (APPCN).

## CORE EXPERIENCES OF THE NEUROPSYCHOLOGY RESIDENCY

The Clinical Neuropsychology Residency Program at Patton State Hospital is one of the few programs nationally that has a focus in the interplay between **forensic and psychiatric** neuropsychology in addition to providing comprehensive training in the general practice of clinical neuropsychology. This fellowship takes place in a state hospital setting, and as a result, is uniquely positioned to serve a population that has traditionally been chronically underserved and underrepresented in the general population.

The majority of patients at Patton State Hospital have longstanding mental illness, with the majority of our patients diagnosed with a psychotic spectrum illness. Therefore, residents will have the opportunity to learn and identify the neuropsychological correlates of these conditions. Adjunctive opportunities such as pre-and-post ECT cognitive assessments and cognitive testing of medication effects will also be available.

Due to the medicolegal setting of the postdoctoral fellowship, residents will become well versed in the legal implications related to various legal penal codes in California. In addition, residents will have the opportunity to take on advocacy roles that extend beyond traditional clinical care. For example, there are opportunities to be involved in consultations with community programs and with local attorneys, as well as be involved with research geared towards topics related to legal sentencing, recidivism, and program outcomes.

When our residents complete their two-year fellowships, they will be well versed in conducting comprehensive neuropsychological assessments and treatment in a medicolegal setting. The following areas are considered core experiences in the two-year neuropsychology fellowship:

### Neuropsychological Assessment

**The Residency in Clinical Neuropsychology is a two-year residency training program that provides the foundations for later board certification in clinical neuropsychology through ABPP. The requirements are designed to facilitate completion of the basic training requirements articulated at the Houston Conference by APA Division 40.**

DSH-Patton is a hospital that houses approximately 1,500 patients at any given time. Given the number of patients that are serviced throughout the hospital, there is ample opportunity to conduct comprehensive neuropsychological assessments for individuals with a myriad of neurobehavioral syndromes. As a result, by the end of their fellowship, residents



are expected to have a working knowledge of various clinical syndromes, with special emphasis on those of a psychiatric nature (e.g., psychotic spectrum illnesses). Residents will also have a working knowledge of the neurological basis of common neurobehavioral syndromes (e.g., dementias, amnesic syndromes, etc.).

While residents will become well versed in conducting neuropsychological evaluations that are psychiatric in nature, Patton State Hospital also affords the resident to be exposed to a variety of referrals that are found in traditional medical settings. The following types of cases are considered core experiences and are mandatory for all neuropsychology fellows:

**Dementia and other neurodegenerative conditions:** There is a wide age range of patients at PSH, including a significant geriatric population. All types of dementia are seen, including Alzheimer's Disease, Frontotemporal Lobar Degeneration, Vascular Dementia, Lewy Bodies Dementia, as well as other neurodegenerative conditions (e.g., Parkinson's Disease, Huntington's Disease).

**Seizure Disorders:** The prevalence rate of seizure disorders is higher in the psychiatric community than in the population at large. Opportunities to assess both primary and secondary seizure disorders are available.

**Traumatic Brain Injury:** Although acute cases are occasionally seen, a large percentage of patients have a reported history of head trauma. Many of our patients have comorbid conditions that complicate the diagnostic picture (e.g., substance abuse, chronic mental illness, learning disorders).

**Chronic viral infection:** There is the opportunity to provide ongoing and serial assessments of patients with chronic viral infections (HIV, Hepatitis C, etc.).

**Cognitive Malingering:** A variety of commitment types are represented at PSH, including those adjudicated to be incompetent to stand trial. In addition to other mediating factors, this creates the potential for exaggeration of cognitive deficits in patients who are assessed.

**Other forensic issues:** At PSH, the Neuropsychology Service is often called upon to help address how the cognitive functioning of patients might impact their legal status and readiness for community release. Neuropsychological assessments will typically include recommendations that will help guide treatment related to these forensic issues.

**Neuropsychology consultations:** The Neuropsychology Service provides consultation to all disciplines. Residents acting as consultants may be asked to present neuropsychological findings during treatment conferences, the rehabilitation management committee, the HIV committee, and to other teams as needed.

**Cognitive Remediation:** The resident will have the opportunity to provide neuropsychological assessments to inform treatment as it related to cognitive remediation.

Residents will be able to plan and perform neuropsychological evaluations addressed to the specific referral questions and will be able to write comprehensive reports, outlining the relevant conclusions and recommendations. They will be able to clarify the reason for assessment and deliver a helpful work product, appropriate for a forensic setting. They will be competent in the administration and interpretation of standard neuropsychological tests.

In terms of comprehensive neuropsychological assessments, the program emphasizes a "Process" model, which utilizes a flexible (rather than fixed) battery based on a hypothesis-testing method. To respond to referral questions in this setting, neuropsychologists integrate both qualitative and quantitative data (cognition, personality, and behavior) to help provide effective treatment recommendations to meet forensic and clinical goals.

## Cognitive Remediation

Cognitive remediation is considered an integral part of the NCS team's role at Patton. Our approach embodies the goal of not just educating and training our patients, but in *empowering* them throughout the rehabilitation process. This of course means looking beyond data and diagnoses in isolation, but rather cultivating a holistic framework for all individuals as we guide them through treatment. We aim to elevate innate ethnocultural and socioemotional strengths, while also calling attention to vulnerabilities which might be missed in the usual milieu of care. As such, participation in cognitive remediation programming at Patton entails dynamic neurobehavioral assessment and structured intervention which aligns with each patient's needs. Our prerogative is to avoid judgment, and instead to do what we can to heal and move our patients forward.

Below is the description of the two primary cognitive rehabilitation programs at DSH-Patton. In addition to these formal cognitive remediation programs, residents may have the opportunity to provide individual cognitive remediation to patients on an as needed basis.

### *Functional Rehabilitation and Education Experience (FREE) Program*

The Functional Rehabilitation and Education Experience (FREE) Program is an innovative cognitive rehabilitation program designed to meet the unique needs and challenges of individuals committed to the California Department of State Hospitals (DSH) pursuant to PC

1370, Incompetent to Stand Trial. It was developed because everyone has the right to a fair and speedy trial and therefore deserves effective and accessible treatment when it is needed to obtain trial competency. To achieve that goal, the cognitive skills building component of the program is informed by cognitive science and focuses on improving attention, memory, and decision-making. The court competency skills building component of the program focuses on learning the roles of various courtroom personnel, entering a plea, plea bargaining, and the trial process. Members are enrolled in FREE after being identified as having significant cognitive challenges and not progressing in the standard trial competency restoration treatment offered in the hospital milieu. FREE is a time-limited, manualized treatment that integrates various methods to assist individuals in achieving their treatment goals. Lesson plans are engaging, provide frequent opportunities to practice newly acquired skills, and incorporate cutting edge technology to make learning fun. FREE is grounded by data and driven by outcomes. Objective, standardized measures of treatment fidelity and patient progress are regularly administered to ensure quality of services. FREE is offered in multiple languages and prides itself in providing patients equal access to treatment. Currently, FREE is available for both English and Spanish speaking populations. All neuropsychology post-doctoral fellows at DSH-Patton take an active role in providing FREE treatment and conducting pre- and post-evaluations of individuals referred to the program.

### *Cognitive Rehabilitation with Long-Term Patients at DSH-Patton: RISE & SHINE*

Cognitive rehabilitation programs for our long-term patients utilize multifaceted neurocognitive and social cognition training exercises for individuals with psychiatric disorders and severe cognitive needs and challenges. The guiding principle of these programs is to create an environment of support and hope for the individual to engage in attitudes and activities that are recovery focused, enjoyable and life enhancing. A means to facilitating recovery is to reduce maladaptive behaviors and psychiatric symptoms. This can be achieved through increases in social and adaptive behaviors. Our cognitive rehabilitation programs for long-term patients aim to assist participants in modifying cognitive structures by transforming their passive and dependent cognitive style into one that is autonomous and based upon increased self-efficacy. The ultimate goal is to assist individuals in the development of specific behaviors relevant to improving deficits in social interactions, social information processing and emotional regulation.

Strategies and therapeutic interventions set forth in our long-term cognitive rehabilitation programs are grounded in the recovery philosophy. Recovery is seen as a process, a way of life, an attitude, and a way of approaching the day's challenges. The need is to meet the challenge of the disability and to re-establish a new and valued sense of integrity and purpose within and beyond the limits of the disability; the aspiration is to live, work and develop meaningful relationships in a community in which one makes a significant contribution. A recovery paradigm is each person's unique experience on his or her road to recovery. Recovery is not the same as cure. Recovery involves developing a sense of fulfillment of being oneself, by striving to maximize innate talents and abilities. Recovery

involves self-acceptance including accepting of illness as well as working towards health, through conscious effort and personal responsibility.

Currently, there are two primary structured cognitive remediation groups offered for long-term patients at DSH-Patton: RISE & SHINE. The purpose of RISE (**R**ecovery **I**nspired **S**kills **E**ducation) – Social Cognition Training Group is to develop, enhance, and strengthen social skills deficits that are common among individuals with schizophrenia and other neurocognitive disorders. Informed by the science of social cognition and cognitive remediation, the RISE Social Cognition Training Group utilizes a manualized and multimodal treatment model designed to incrementally improve an individual's ability to engage in appropriate responses to social and environmental challenges. Participants in the RISE Social Cognition Training Group learn how to appraise and assign value to social information to inform appropriate behavioral responses, ultimately helping the individual navigate through real world social situations in a safer and more effective manner.

The SHINE Program (**S**upporting **H**ealth & **H**appiness **I**n **N**ew **E**nvironments) uses the principles of cognitive remediation to help patients achieve their treatment goals and confidently advance toward outpatient readiness. It strives to employ research-based practices that work in concert with the interventions carried out by treatment teams. The dignity and unique learning style of each individual is valued along with the belief that everyone has the potential for meaningful recovery.

## Neuropsychological Services for Spanish Speakers

One of our missions within the NCS department is provide equity of care to all of our patients. In parallel to its location in Southern California, Patton State Hospital houses many individuals whose primary language is Spanish. As a result, NCS has dedicated itself to provide equitable and accessible services to Spanish speaking patients within the hospital, and runs a thriving service dedicated to providing Spanish language assessments as well as cognitive rehabilitation services. For residents that are interested in the experience, there is an opportunity to provide comprehensive neuropsychological evaluations for monolingual Spanish speaking patients throughout the hospital. There are also opportunities to provide cognitive remediation treatment in Spanish, and the opportunity to conduct research that directly impacts assessment and treatment to our Spanish speaking populations.

## Applied Neuropsychological Research

Neuropsychology residents are required to participate in Patton's neuropsychology research group under the supervision of neuropsychology faculty. Various research projects are ongoing including evaluation of the appropriateness and utility of various neuropsychological instruments in a psychiatric setting, normative studies of psychiatric patients on neuropsychological measures, cognitive malingering, and the relationship between neuropsychological functioning and competency to stand trial.

Neuropsychology residents are required to complete their own empirical investigation suitable for publication during their residency. Most of our neuropsychology residency graduates have published their projects as first authors in peer-reviewed research journals. Neuropsychology residents are also expected to contribute to the overall functioning of the research program by assisting with projects such as data collection, data entry, supervision of undergraduate and graduate research assistants, IRB submission/renewal, and manuscript editing.

### Neurology Clinic

Second year neuropsychology residents participate in Patton's Neurology Clinic once per week for 12 months. In this capacity, they provide in vivo consultations to the neurologist, generate summaries of previous test data from patients, and assist with overall assessment of the patients.

## TRAINING AND SUPERVISION

The neuropsychology fellowship strives to prepare residents to be the leaders and educators in the field of neuropsychology. As a result, the resident will be afforded the opportunities to practice being effective leaders in the field. The fellows will be able to:

- Present in local conferences
- Provide training related to neuropsychological issues to other professional staff
- Provide trainings and teaching seminars to graduate psychology students that are in the practicum and internship levels
- Present research at neuropsychology research conferences

One of the missions of the residency program is to raise the awareness of neuropsychological issues in a psychiatric setting by providing training to staff. The neuropsychology resident will have the opportunity to prepare presentations on topics of their interest suitable to be delivered to other professional staff. The second-year neuropsychology resident will also be directly involved in offering tiered supervision to the incoming neuropsychology practicum student. In addition, the first-year neuropsychology resident teaches a five-week portion of the internship assessment seminar that is dedicated to neuropsychological assessment.

Residents receive a minimum of four hours of supervision per week, two of which involve individual supervision from neuropsychologists. All neuropsychologists at Patton completed postdoctoral residencies in clinical neuropsychology, and three of our neuropsychologists are board certified in Clinical Neuropsychology through ABPP.

## CORE COMPETENCIES

By the end of the residency program, we expect our residents to have mastered the following core competencies:

### General Psychology

Residents will build upon their earlier training to round out their competencies in all areas of general psychology that are assumed to be required for licensure in most states.

### Ethical Principles

Residents will be able to articulate and apply the APA Ethical Principles of Psychologists and Code of Conduct and Standards for Testing. They will be able to meaningfully discuss the major areas of potential ethical conflicts and liability in the practice of neuropsychological assessment.

### Neuropsychological Assessments

Residents will be able to plan and perform neuropsychological evaluations addressed to the specific referral questions and will be able to write comprehensive reports, outlining the relevant conclusions and recommendations. They will be able to clarify the reason for assessment and deliver a helpful work product, appropriate for a forensic setting. They will be competent in the administration and interpretation of standard neuropsychological tests.

### Communication and Consultation

Residents will be able to communicate clearly with all members of the treatment team and relevant outside agencies. Written reports will clearly answer the referral questions and will provide meaningful recommendations. At times residents also provide consultation and feedback in the context of ongoing clinical care of the patients.

### Fundamentals of Neurobehavioral Syndromes

Residents are expected to have a working knowledge of various clinical syndromes, with special emphasis on those of a psychiatric nature (e.g., psychotic spectrum illnesses). Residents will also have a working knowledge of the neurological basis of common neurobehavioral syndromes (e.g., dementias, amnesic syndromes, etc.).

### Cognitive Remediation

It is expected that residents will become proficient in the delivery of effective cognitive remediation services. This will entail providing empirically based treatment modalities as well

as evaluating their effectiveness. It is our philosophy that a competent neuropsychologist not only provides assessment, but also needs to be able to deliver useful follow-up services aimed at remediating cognitive weaknesses discovered through evaluation and testing.

## Specific Practice Areas

Regardless of the resident's eventual work setting, certain areas are key to the residency and we expect all postdoctoral neuropsychology trainees should master them. These include the following:

- Advanced neuropsychological assessment skills
- Advanced neuropsychological diagnostic abilities (e.g., differential diagnosis of neurobehavioral syndromes)
- Integration of neuropsychological and personality testing
- Cognitive remediation treatment and interventions
- Multicultural aspects of assessment and treatment
- Cognitive performance validity testing
- Neuropsychological assessment and treatment of specialized populations (e.g., TBI, geriatric, CVA, HIV, psychiatric, deaf, etc.)
- Program evaluation and empirical studies
- Hospital-wide consultation
- In-depth case studies

Additional areas of neuropsychological importance will be included in the seminars and elective experiences that are described later. We expect the resident to be ready for independence in the performance of neuropsychological evaluations by the conclusion of the training program.

## SEMINARS AND DIDACTICS

Toward the goal of achieving the core competencies listed above, the residency program provides a series of core experiences including didactic seminars, supervised practice, and teaching. A list of seminars offered throughout the program is presented below.

### Advanced Neuropsychology Seminar

*Facilitators: Stephen Nitch, Ph.D., ABPP-CN, Dominique Kinney, Ph.D., ABPP-CN, Loren King, Ph.D., ABPP-CN, Cynthia Aguilar, Psy.D., Kiera Himsl, Psy.D., & Shelby Hunter, Ph.D.*

This seminar meets three times a month. Topics discussed will include neuroanatomy, neuropsychological assessment, and neurobehavioral syndromes, as well as other topics of interest. Reading assignments will be provided at the beginning of the training year (e.g., Lezak, Kolb & Wishaw, Heilman and Valenstein, Snyder & Nussbaum, etc.).

### **Advanced Practice of Neuropsychology**

*Facilitators: Stephen Nitch, Ph.D., ABPP-CN, Dominique Kinney, Ph.D., ABPP-CN, Loren King, Ph.D., ABPP-CN, Cynthia Aguilar, Psy.D., Kiera Himsl, Psy.D., & Shelby Hunter, Ph.D.*

This seminar meets once a month throughout the training year. This seminar is designed to provide trainees with more in-depth preparation for board certification (e.g., ABPP Oral Exam: Fact Finding Preparation, ABPP Oral Exam: Ethics Preparation, etc.) and professional development issues (e.g., Job Interview Preparation, Testimony Preparation, etc.).

### **Neuropsychology: Research and Theory**

*Facilitators: Dominique Kinney, Ph.D., ABPP-CN, Stephen Nitch, Ph.D., ABPP-CN, Loren King, Ph.D., ABPP-CN, Cynthia Aguilar, Psy.D., Kiera Himsl, Psy.D., & Shelby Hunter, Ph.D.*

This seminar meets weekly throughout the year. Residents will be required to engage in a meaningful discussion on recent advances in the field of neuropsychology.

### **Case Conference/Professional Development Seminar**

*Facilitator: Kerry Hannifin, Psy.D.*

This seminar meets one to two times per month throughout the year and provides an opportunity for residents to present their own cases and also be exposed to other cases through invited faculty guests. This seminar is attended by residents from the neuropsychology program and fellows from the forensic program and focuses on broad clinical issues that apply to all clinical work regardless of subspecialty.



# TRAINING PROGRAM AT PATTON STATE HOSPITAL

Patton State Hospital has several training programs including an APA-accredited internship in clinical psychology, a residency in clinical neuropsychology, a fellowship in forensic psychology, and a practicum program.

The neuropsychology residency involves two years of full-time clinical practice. The overall curriculum for Year 1 and Year 2 of the Neuropsychology Residency is provided in the [Appendix](#).

## ADMINISTRATIVE STRUCTURE OF THE FELLOWSHIP

Our neuropsychology residency is designed to fulfill the two-year residency requirement for the American Board of Clinical Neuropsychology (ABCN; the neuropsychology subspecialty of ABPP). **The Clinical Neuropsychology residency is a member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) and participates in the APPCN match.**

Patton has a Psychology Training Director (Dr. Glassmire) who is responsible for the overall administration of all psychology training at the hospital including the fellowship, APA-accredited internship, practicum program, and psychologist continuing education program. Within the overall fellowship program, we have two distinct training programs: Clinical Neuropsychology and Forensic Psychology. The Clinical Neuropsychology residency is co-directed by Stephen Nitch, Ph.D., ABPP (Neuropsychology) and Dominique Kinney, Ph.D., ABPP (Neuropsychology). The Forensic Psychology fellowship is directed by David Glassmire, Ph.D., ABPP Forensic). This program administrative structure allows for an overall administrator who facilitates training at all levels while also providing program directors who have specialization in the relevant areas for the two specialty training programs.

# THE HOSPITAL

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Patton State Hospital has been accredited as a forensic mental health facility by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) since 1987 and is the largest maximum-security forensic hospital in the nation that houses male and female criminally insane patients. Patton has a long and interesting history that dates back to 1893 when the hospital was first opened as the “Highland Insane Asylum.”

The current population at Patton State Hospital is composed of approximately 1,500 judicially committed patients with a wide range of mental disorders including psychoses, mood disorders, personality disorders, substance abuse disorders, and neuropsychological impairment. Patton is the largest forensic psychiatric hospital in the California state hospital system. Because Patton is a maximum-security institution, only those patients who cannot be safely housed in less secure hospitals are admitted. Patton houses most of the female Penal Code patients in California—currently about 300 persons. Some patients are remanded to the hospital because they became mentally ill prior to, or during, a trial and were unable to complete judicial proceedings. Others have been tried and found not guilty by reason of insanity. Some units house criminal offenders who became acutely symptomatic while imprisoned and required psychiatric treatment, and other units house inmates paroled to the Department of Mental Health prior to release to the community. Some patients who have not committed criminal offenses are admitted through civil commitment procedures because they present a substantial danger due to their mental illness. The patients' varied diagnoses and legal commitments make this a challenging and exciting setting for staff and residents, requiring maturity and flexibility. This setting provides unique exposure to the complex interactions among severe mental illness, character disorders, substance abuse, criminality, and dangerousness. In addition, the setting within Patton State Hospital, our fellowship provides the opportunity to work closely with a patient population that has historically been underserved and underprivileged in our society

Because we have such a large census, our neuropsychology service receives regular referrals for many medical and traditional neuropsychological conditions including traumatic brain injuries, cerebrovascular disease, cortical and subcortical dementias, and other medical conditions. Patton has two cognitive remediation programs and a neurology clinic that are also training sites for the neuropsychology residents.

All of the psychology training programs (fellowship, internship, and practicum) have offices that are located outside of the secure treatment area in Patton's Administration Building. We have separate offices for the two forensic fellows and the two neuropsychology residents (two residents per office). Each trainee is assigned their own computer with all Microsoft Office applications and SPSS. We have electronic access (including scanned copies of raw

data and completed test forms) to most previous psychological and neuropsychological assessments completed by patients at Patton, which helps with record review for clinical cases and facilitates collection of archival research data from the comfort of the training offices. Each resident is assigned her/his own phone line and alphanumeric pager. The neuropsychology residency office is stocked with neuropsychological testing kits. We have a full-time secretary, and the residency offices are down the hall from our staff library, which is staffed by a full-time librarian. Our library has subscriptions to most major neuropsychology, forensic, and assessment journals and we have interlibrary borrowing privileges at several other hospitals and universities. The Psychology Training Director, Chief of Psychology, and several other psychologists and neuropsychologists also have offices in the same hallway as the residents. Patton has an on-site fitness center that can be used by residents during lunch or after hours.

## THE AREA

San Bernardino, California, is a city of approximately 190,000, within a county of over one million people. It is in a valley surrounded by mountains and foothills that are snow-covered in the winter. In the summer, one can fully appreciate the variety of trees planted on the hospital grounds by a former Medical Director, who had an interest in botany. Summers are warm, as the climate is desert-like.

There are opportunities multiple opportunities for recreation, sports, shopping, and cultural events within a short drive from Patton. Within a 30-mile radius there are six major universities. Not only do these institutions offer an opportunity for continuing education, they also host special events in art, music and drama. Sports fans will find, within a 1½ hour drive, two major league baseball teams (the Dodgers and Angels), three professional basketball teams (the Sparks, Lakers, and Clippers), two NHL teams (the Ducks and Kings), three professional soccer teams (Angel City FC, Los Angeles FC, and the Los Angeles Galaxy), and two professional football teams (the LA Chargers and Rams). Soccer participants will appreciate the year-round availability of teams and playing fields. Snow skiing is within 45 minutes; boating, fishing, and camping are within 30 minutes; surf and sand are within 60 minutes; and the golf courses in Palm Springs are less than 60 minutes away. The endless adventure of Hollywood, Los Angeles and Beverly Hills is less than two hours away. San Diego also has numerous recreational and cultural activities and is little more than two hours away.

It is not necessary to travel far to find entertainment. In the area there are more than 20 movie theaters, two community concert associations, the well-known Redlands Bowl Summer Music Festival, fairs, museums, and parks. Upscale shopping and entertainment areas, such as Victoria Gardens and Claremont Village, are also nearby.

Though the San Bernardino Inland Empire is one of the fastest growing areas in California, housing is less expensive than most communities in southern California. Many staff members choose to live in the nearby university community of Redlands or in the mountain communities. Others choose to commute from Rancho Cucamonga (about a 25-minute commute) or other cities closer to Los Angeles, such as Pasadena.

# RESIDENT SELECTION REQUIREMENTS

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*Patton State Hospital is an Equal Opportunity Employer and does not discriminate on the basis of race, gender, color, gender identity, sexual orientation, ethnicity, national origin, disability, or age.*

Prospective residents are recruited nationally from individuals who hold a doctoral degree in **clinical** psychology and have completed an internship in clinical psychology. Candidates from APA accredited institutions and APA accredited internships are strongly preferred; however, other candidates will be considered as required under state civil service regulations. Prior to beginning the fellowship year, the doctorate must be completed.

We expect that incoming fellows have completed their general clinical training and have demonstrated a strong foundation in clinical neuropsychology. They should already possess facility in the selection, administration, and interpretation of traditional neuropsychological tests; in writing concise yet thorough neuropsychological assessment reports that integrate the data from various sources; in addressing their findings to audiences of varying levels of psychological sophistication, and in conceptualizing appropriate treatment recommendations.

The selection process begins when the applicant accesses application materials from the Patton psychology training website for the residency. The first level of review confirms that all required materials have been received prior to the deadline date. The second level of review is a thorough examination of all documentation by the Director and members of the Fellowship Committee. Subsequent to this review, a decision is reached whether to interview the candidate. Personal interviews are required. Interviews are conducted by one of the Neuropsychology Residency Co-Directors, and frequently include one or more of the neuropsychologists that comprise the Neuropsychology Consultation Service. Final rankings are determined through the consensus of the Director and the committee members of the Fellowship.

**Note: To reduce the expense of applying to Patton, we will be conducting all interviews via videoconference.**

***The Neuropsychology Residency participates in the APPCN Match and adheres to all rules and procedures of the Match.***

**The application deadlines for the Neuropsychology Residency are posted on our website and updated annually.**

Please note that our Neuropsychology Residency accepts one new resident every year for two-year residency appointments. Therefore, we have two neuropsychology residents each year (one first-year resident and one second-year resident).

All application materials must be postmarked or emailed by the application deadline indicated on our website to allow the Selection Committee sufficient time to review applications for the selection process.

**Completed applications require receipt of the following:**

- ✓ Cover letter addressing why Patton's neuropsychology residency is a good fit for the applicant. Please include the dissertation defense date (or expected date), clinical interests, and research interests in your cover letter.
- ✓ Completed [California Examination and/or Employment Application Form](#)
- ✓ Three letters of recommendation including one from the dissertation chair and two from supervisors who can speak to the applicant's experiences clinical neuropsychology
- ✓ Official transcripts from all graduate schools attended
- ✓ Current Curriculum Vita
- ✓ Personal Statement (similar to the internship AAPI personal statement in length and content)
- ✓ Table documenting the number assessment instruments administered and/or interpreted (similar to the AAPI assessment tables)
- ✓ One sample neuropsychological report (neuropsychology applicants)
- ✓ *Applicants to the neuropsychology residency* should email the materials listed above to Dominique Kinney, Ph.D., ABPP and Steve Nitch, Ph.D., ABPP. The materials can also be emailed to Drs. Kinney and Nitch at [Dominique.Kinney@dsh.ca.gov](mailto:Dominique.Kinney@dsh.ca.gov) and [Steve.Nitch@dsh.ca.gov](mailto:Steve.Nitch@dsh.ca.gov).

Applicants will also need to create a CalCareers account (<https://calcareers.ca.gov/>) and complete the online state application process. Please note that the California Examination and/or Application Form (STD678) must be completed in CalCareers. A copy of this form can be saved and submitted with the application packet to Drs. Kinney and Nitch. Please note that this form needs to be submitted via CalCareers and as part of the application packet sent to our training directors. In addition, prior to beginning employment as a postdoctoral

resident, a criminal justice background and fingerprint check is mandatory, and the resident must complete a pre-employment physical exam.

Please note that all application materials, including the California Examination and/or Employment Application form must be completed in their entirety. Our Human Resources Department will not accept these forms with notations such as "see attached vita" in lieu of completing the items in the actual forms.

After a preliminary review of applications, the top candidates will be invited for interviews. Applicants will be provided with de-identified data to interpret and asked to write a brief interpretation as part of the selection process.

# STATE EMPLOYMENT INFORMATION

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## STARTING DATE

The fellowship begins on the first day of the State of California's September pay period, which is usually the first weekday in September.

**Although residency offers are made through the APPCN match, actual employment in September is contingent on passing a physical examination (including drug-screening) and a security clearance including fingerprinting. These must be arranged with the Human Resources office to be completed before the start date. Additionally, proof that the candidate has completed all requirements of his or her graduate program (including dissertation) is required prior to beginning the residency.**

## SALARY

Residents are Limited Term Employees, hired for two-year appointments. The current salary is approximately \$8,420.00 per month (approximately \$101,040 per year) for unlicensed residents and approximately \$9,940.00 per month (approximately \$119,280) for licensed residents (most residents become licensed approximately one year into the two-year residency). Residents are paid once per month, usually on the last day of the month on the state calendar. The first payday is the last day of September. There are no unpaid positions.

## MEDICAL BENEFITS

Medical, dental, and vision benefits are provided. Several medical insurance plans are provided for employees to choose from, with set amounts paid by the state depending on marital status and number of children.

## SICK/VACATION LEAVE, HOLIDAYS, AND ANNUAL LEAVE

Residents receive either sick and vacation time (sick leave days can only be used for sick leave, whereas vacation days can be used for anything) or annual leave time (which can be used for any purpose), depending on the plan they select. When sick/vacation time is selected, residents get approximately two weeks of vacation per year. When annual leave is selected, residents receive additional time off, but must use annual leave days for any time off due to illness. Residents have the same holidays as other state employees.



## TIME REQUIREMENTS

The residency is a two-year full-time placement using the State of California calendar and workweek. Regular hours are 8:00 am to 4:30 pm, Monday through Friday. Although residents are not expected to perform patient-related work after hours, there are times when reading, study, or research may occur beyond the regular workweek.

## OUTSIDE EMPLOYMENT

Because the residency program is demanding, outside employment is *strongly* discouraged. If a resident must work outside of the program during off-duty hours, he or she must complete an “Incompatible Activities Statement” required by the State of California to ensure that there is no conflict of interest.

## ELECTIVE OPPORTUNITIES

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Patton State Hospital provides an environment of rich clinical opportunities and a wide variety of qualified psychologists and psychiatrists, each with areas of interest and expertise. Elective experiences may be drawn from this variety and are arranged in consultation with the Director according to the fellow's previous experience, goals, and time demands. It should be noted that all elective experiences are subject to the requirement that the fellow be "on track" with acquiring the core competencies described above.

## LICENSING SEMINAR

In years when Patton has newly hired unlicensed psychologists on staff, the department provides a licensure seminar focused on the content covered by the Examination for Professional Practice in Psychology (EPPP).

## PROGRAM EVALUATION

Opportunities exist for fellows to participate in the evaluation of existing programs at PSH, such as the cognitive rehabilitation programs offered within NCS.

## HOSPITAL-WIDE CONSULTATION

A multitude of opportunities exist for working on diverse and interesting cases in conjunction with different consultation teams.

## IN-SERVICE TRAINING

One of Patton's strengths has been the quality and relevance of in-service presentations available to psychology staff and trainees, including the residents. You will be notified of all available opportunities during the residency. These always include:

- When the budget permits, residents are encouraged to complete the National Academy of Neuropsychology (NAN) online course in functional neuroanatomy during the first year of residency training
- A field trip is arranged to neuropsychology private practice during most years
- A Forensic Mental Health Conference is held each fall at Patton
- A Cognitive Informed Care Conference is held each fall within the Department of State Hospitals

- Monthly Continuing Professional Information Forums (“CPIF”) are arranged within the Psychology Department

## OUTSIDE CONVENTIONS AND WORKSHOPS

Neuropsychology faculty members keep the residents apprised of conventions and workshops relevant to the practice of clinical neuropsychology.

## SUPERVISION AND EVALUATION

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The residency provides each trainee the required supervised experience to meet licensing regulations in most states. For instance, in California psychologists must acquire 1500 hours of supervised postdoctoral experience to qualify for licensure. Our trainees typically accrue about 1800 hours each year on site and approximately 200 additional hours at home doing additional reading and working on research projects, for a total of approximately 2000 hours of supervised professional experience.

In order to comply with APA, APPIC, and state standards for supervised experience, residents are provided with at least the following core supervision hours:

- One hour per week of individual supervision with the primary supervisor
- At least one hour per week with another qualified supervisor
- At least two hours per week of group supervision with qualified supervisor(s)

Each resident is formally evaluated at the beginning, middle, and end of each training year; supervisors are expected to review their evaluations in person with the resident prior to submission. Residents are also observed providing services and are provided oral and written feedback following the live observations. The evaluations of each supervisor are integrated and summarized by the Residency Co-Directors and discussed in person with the resident. A written summary of the feedback is prepared and signed by the Directors and the resident at the completion of the program.

Residents are asked to participate in the formal evaluation of the residency at the end of the program and are surveyed after graduation from the residency as part of the program's ongoing self-study process.

## RESIDENCY SUPERVISORS AND FACULTY

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The supervisors listed below are the primary neuropsychology residency supervisors. Patton has a department of approximately 80 psychologists. Therefore, residents have opportunity to be supervised by several additional psychologists depending on interest.

**Cynthia Aguilar, PsyD, Neuropsychology Residency Supervisor**, earned her doctorate degree from Indiana University of Pennsylvania in 2014. During her graduate training she specialized in neuropsychology. She then completed an internship at the Bruce W. Carter VA Medical Center, with a specialization in geropsychology, and a subsequent two-year neuropsychology fellowship at Patton State Hospital. She has interests in aging and neuropsychological assessments, cognitive remediation treatment, and advancing the accessibility and equality of mental health treatment within the Latinx community. Dr. Aguilar is a fluent Spanish speaker, and currently directs the FREE program for Spanish speakers, as well as neuropsychological assessments for monolingual Spanish speakers. She is actively involved in research at Patton in various aspects of psychiatric neuropsychology.

**Rosemary Chequer, MD, Residency Faculty**, is a licensed neurologist in both Brazil and the United States. Dr. Chequer attended medical school in Brazil. She further completed an Internship at Drew University Medical Center and a Residency in Neurology at the Kaiser Permanente Medical Center/UCLA Affiliated Program. Dr. Chequer has dedicated her career to providing medical care to patients, conducting research, and teaching future generations of medical providers. Dr. Chequer has been involved in research projects within major hospital and university settings, including Stanford University, UCSF, and Huntington Medical Research Institute. She has further held visiting professorship positions at both Stanford University and UCSF and has worked for several major hospitals in her capacity as a neurologist. Dr. Chequer currently leads the neurology clinic for Patton State Hospital. Dr. Chequer currently provides supervision to our second-year resident by having them provide in vivo consultation services to the neurology clinic once a week.

**David Glassmire, PhD, ABPP, Director of Psychology Training and Director of Forensic Fellowship Training**, received his Ph.D. from the Pacific Graduate School of Psychology in 2001. He completed the neuropsychology concentration at Patton's internship. Dr. Glassmire also completed Patton's fellowship in forensic psychology in 2002 with an additional emphasis in neuropsychology and is board-certified in forensic psychology through ABPP. He has interests in symptom and performance validity assessment, competency assessment, and the use of multi-scale inventories such as the MMPI-2-RF and PAI, and he conducts research in the aforementioned areas at Patton. Dr. Glassmire is a forensic psychologist and does not directly supervise neuropsychological assessments. However, in his role as Psychology Training Director, he is available for administrative support for all neuropsychology residents.

**Kerry Hannifin, PsyD, Forensic Fellowship Supervisor**, received her Psy.D. in Clinical Psychology with an emphasis in Family Systems from Azusa Pacific University in 2008. She completed an internship at The Guidance Center in Long Beach. As part of her internship training, she completed specialty rotations in neuropsychology at Jonathan Jaques Children's Cancer Center at Long Beach Memorial Medical Center and in child/adolescent trauma and abuse at the federally funded MCAVIC-USC Child and Adolescent Trauma Center in Long Beach. Dr. Hannifin also received one year of formal Dialectical Behavior Therapy (DBT) training at Harbor UCLA. Dr. Hannifin was hired as a staff psychologist at DSH-Patton in 2008 and worked on admission units until 2019 when she joined the Forensic Evaluation Department (FED) as a forensic evaluator. In 2021, Dr. Hannifin became one of the Senior Psychologist Supervisors in the FED. Dr. Hannifin also has a private practice in which she completes forensic evaluations and serves as a Qualified Medical Evaluator (QME). Dr. Hannifin has provided supervision at the practicum and intern level and is currently the professional development seminar supervisor for the postdoctoral fellows.

**Kiera Himsl, PsyD, Neuropsychology Residency Supervisor**, received her doctoral degree from Loma Linda University in 2017. She completed her APA accredited internship at the VA Black Hills Healthcare System, and she completed her two-year postdoctoral fellowship in neuropsychology at Patton State Hospital. Dr. Himsl is particularly interested in the intersection of neuropsychology and cognitive rehabilitation.

**Shelby Hunter, PhD, Neuropsychology Residency Supervisor**, earned her doctoral degree from the University of Alabama within the Psychology & Law track. She completed her predoctoral internship training at the University of Massachusetts (UMass) Chan Medical School and Worcester Recovery Center & Hospital with emphases in both forensic psychology and neuropsychology. She completed a 2-year fellowship in clinical neuropsychology at DSH-Patton in 2024 and was thereafter hired into her current position. Dr. Hunter's clinical and research interests lie at the intersection of forensic psychology and neuropsychology. Specifically, she is interested in how neuropsychological services and approaches can be integrated into forensic contexts to improve standard and efficiency of care.

**Loren King, PhD, ABPP-CN, Neuropsychology Residency Supervisor**, completed his doctoral degree in clinical psychology at the California School of Professional Psychology at Alliant International University, San Francisco campus. He completed his internship and two-year postdoctoral residency in neuropsychology at DSH-Patton. He then earned board certification in clinical neuropsychology through ABPP. Subsequently, he worked in a variety of settings as a neuropsychologist, including DSH-Coalinga, Loma Linda University, Kaiser Permanente, and private practice. He has experience working with patients across the lifespan and in a variety of departments, such as developmental and behavioral pediatrics (e.g., autism-spectrum disorders), neurology (e.g., memory disorders), and neurosurgery (e.g., awake craniotomies). He has also taught graduate courses in cognitive assessment, personality assessment, and clinical neuropsychology. Dr. King is currently a

neuropsychologist at DSH-Patton and directs the FREE program, which incorporates cognitive skills building into trial competency restoration treatment for patients with cognitive impairment.

**Dominique Kinney, PhD, ABPP-CN, Co-Director of Neuropsychology Residency Training**, received her Ph.D. from the Pacific Graduate School of Psychology in 2002. During her graduate training, she completed an emphasis in clinical neuropsychology. She completed the neuropsychology concentration at Patton's internship and then completed the postdoctoral residency in neuropsychology at Patton. She is board certified in Clinical Neuropsychology through the ABPP. She has interests in neuropsychological assessment, cognitive remediation, the interface between culture and psychology, and positive psychology. She is actively involved in research at Patton in various aspects of psychiatric neuropsychology.

**Stephen Nitch, PhD, ABPP-CN, Co-Director of Neuropsychology Residency Training**, earned his doctorate in 2002 from Loma Linda University with a minor in Neuropsychology. He subsequently completed a two-year neuropsychology fellowship at Harbor-UCLA Medical Center. He has additional training in rehabilitation psychology and completed a master's degree in psychopharmacology. He is board certified in Clinical Neuropsychology through ABPP. His clinical interests include assessment of cognitive malingering, cognitive remediation, and psychopharmacology. He is actively involved in research at Patton in various aspects of psychiatric neuropsychology.

# APPENDIX: CURRICULUM (YEAR ONE)

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## Postdoctoral Fellowship In Neuropsychology Curriculum

### YEAR ONE

Patton State Hospital

#### Mission Statement

The Neuropsychology Fellowship at Patton State Hospital (PSH-Member of APPCN) aspires to provide training to postdoctoral fellows to equip them with the requisite skills to:

- Provide Neuropsychology services to a psychiatric population presenting with a variety of neurobehavioral syndromes
- Understand the interface between neuropsychology and forensic issues
- Integrate didactic training into "hands on" practical experience
- Competently account for cultural issues in the assessment, interpretation, and presentation of neuropsychological data
- Prepare fellows for board certification in clinical neuropsychology

#### Objectives

- At the end of the year, fellows will be competent in the areas of:
  - Comprehensive neuropsychological assessment
  - Basic neuroanatomy
  - Neuropathology
  - Cognitive rehabilitation
  - Neurobehavioral syndromes
  - State-of-the-art neuropsychological research and theory
  - Interdisciplinary consultation
  - Cultural issues in neuropsychological assessment and treatment



## Seminars

1. *Neuropsychology: Research and Theory (Tuesdays 2:00-3:00)*. During R&T Seminar, trainees will rotate each week presenting an article of their choosing followed by a teams-based discussion of the article. The **first-year postdoctoral fellow is in charge of managing the calendar of presenters**. Periodic updates on ongoing research projects at DSH-Patton will also be required of all postdoctoral fellows. When selecting articles to present, trainees are encouraged to select manuscripts that have direct relevance to the practice of clinical neuropsychology. In other words, the article should inform the day-to-day work of a clinical neuropsychologist. A trainee should select a **Clinically Relevant Peer-Reviewed Research Manuscript** to present. Further instruction on the format for R&T is provided in the R&T Seminar handout.
2. *Advanced Neuropsychology Seminar (Wednesdays 1:30-3:00 pm)*. Neuropsychology staff and invited lecturers will present on various topics. **The first-year postdoctoral fellow will be responsible for teaching one seminar and participating/presenting in advanced clinical practice seminars**. Please see the Advanced Neuropsychology Seminar Schedule for a list of topics and presenters.
3. *Postdoctoral Case Conference & Professional Issues (TBD)*. All postdoctoral fellows (includes Neuropsychology and Forensic fellows) participate in presenting cases. Occasionally, staff will also present cases. This seminar is led by a member of the Postdoctoral Training Committee.
4. *Mock ABCN Oral Examination*
5. *Mock ABCN Written Examination*

## Requirements

**Note: The requirements outlined below represent the basic requirements of this fellowship. Additional duties may be assigned as needed based upon the needs of the Neuropsychology Consultation Service and the Department of Psychology.**

- Didactic Requirements
  - Attend weekly seminars (Advanced Neuropsychology, Case Conference, Research and Theory). It is expected that the Fellow will actively participate in seminar discussion.
  - In advance of each seminar, it is expected the Fellow will read articles provided by seminar leaders. Be prepared to discuss the readings.
  - **Required Reading**
    - Stucky (Ed.) Clinical Neuropsychology Study Guide and Board Review (American Academy of Clinical Neuropsychology)
    - APA Ethics Code

- Distributed articles and handouts
- *Strongly Recommended Reading*
  - Kolb & Whishaw (Current Edition). Fundamentals in Human Neuropsychology
  - Snyder & Nussbaum (Current Edition). Clinical Neuropsychology: A Pocket Handbook for Assessment
  - Blumenfeld. Clinical Neuroanatomy
  - Schoenberg & Scott (Eds). The Little Black Book of Neuropsychology
- Supervision Requirements
  - Minimum of 1 hour per week of individual supervision with primary supervisor.
  - Minimum of 30 minutes per week of individual supervision with at least one secondary supervisor.
  - Minimum of 3 hours of group supervision attained through seminar attendance

\*\* Note: Each fellow is expected to keep a detailed (i.e., date, length of supervision, and name of supervisor) log of their supervision throughout the training year.
- Assessment Requirements
  - **Completion of a minimum of four neuropsychological assessments per month** that address the majority of cognitive domains including attention/concentration/working memory, language, visuospatial skills, learning and memory, and executive functioning. **All reports must be finalized within 30 business days of beginning the evaluation.**
- Consultation Requirements
  - **At the end of each assessment, the Fellow must contact the treatment team and present the findings.** The Fellow is strongly encouraged to attend the Individual's treatment conference to relay the test information and to assist the Wellness and Recovery Team in integrating the findings into the Individual's treatment plan.
  - The Fellow must be prepared to consult with other individuals involved in the assessment and care of patients including but not limited to the Forensic Evaluation Department, CONREP, and other disciplines.
- Diversity Requirements
  - The fellow is expected to consider the impact of culture in every case formulation. Every evaluation will include the patient's cultural history.

- The fellow must complete **at least 2 neuropsychological assessments** with an individual who requires the use of an **interpreter**.
  - The fellow will create a personal “Call to Action Plan” (inspired by Mindt, et al, 2010) for how to improve neuropsychological services for underrepresented groups.
- Presentation Requirements
    - Presentation of one case per month in the *Case Conference*.
    - Review and present one to two articles per month in *Research & Theory Seminar*. The article must be emailed to members of the service a minimum of 5 business days prior to seminar. For further details see R&T Seminar handout.
    - Present/Discuss progress on research project once per month in *Theory and Research*.
    - Presentation in ANS
    - Presentation in Intern Assessment Seminar
- Treatment Requirements
    - Participate in **minimum of 3 (face-to-face) hours** per week of cognitive rehabilitation treatment in the **RISE** program. The Fellow is expected to **prepare and lead all groups**. *Does not include time required for group preparation and notes.*
    - Participate in **1 (face-to-face) hour** of cognitive rehabilitation training in **FREE**. The fellow is expected to **prepare and lead the group**. *Does not include time required for group preparation and notes.*
    - Depending upon interest or training needs, fellow may provide individual cognitive remediation or run an additional cognitive remediation group.
- Research Requirements
    - The Fellow(s) will develop an original research project at PSH that is publication ready by the end of his/her fellowship.
    - The Fellow(s) will have a research proposal completed no later than **December 2022**.
    - The Fellow(s) will initiate the CA State IRB process no later than **March 2023**.

- Training In Supervision Requirements
  - Fellow(s) will organize and act as the primary presenters for the 6-week Neuropsychology Seminar presented to the PSH Psychology Interns. Scheduling is to be arranged in coordination with the Assessment Seminar Leader. **It is the responsibility of the fellow to contact the Assessment Seminar Leader no later than October 1<sup>st</sup>** to schedule their section of the seminar.
  - Fellows will supervise interns in their neuropsychological assessment requirement.
  - Fellows will supervise reports written by neuropsychology practicum student(s) as needed.
  
- Training in Neuropsychology in a Forensic Setting Requirements
  - The Fellow is expected to learn the relevant legal commitments along with the legal requirements for discharge for various commitments. The fellow is expected to reference the most recent CA Penal Code as needed.
  - The 1<sup>st</sup> year Fellow must participate in **Mock Court** scheduled at the end of Year 1.
  - The Fellow is expected to complete a psycholegal evaluation as a part of their cognitive assessment of FREE participants.
  - As needed, the Fellow is expected to complete intake assessments (i.e., Admission Psychological Assessments), which must include violence risk assessments (e.g., DASA, START), inpatient suicide assessment (i.e., Columbia), and may also include a trial competency assessment.
  - On occasion, fellows have been called to testify at trial. If subpoenaed, the Fellow must follow the demands set forth in the court order. The supervisor for the case will provide mentorship during the process.

# APPENDIX: CURRICULUM (YEAR TWO)

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## Postdoctoral Fellowship In Neuropsychology Curriculum

### YEAR TWO

Patton State Hospital

#### Mission Statement

The Neuropsychology Fellowship at Patton State Hospital (PSH-Member of APPCN) aspires to provide training to postdoctoral fellows to equip them with the requisite skills to:

- Provide Neuropsychology services to a psychiatric population presenting with a variety of neurobehavioral syndromes
- Understand the interface between neuropsychology and forensic issues
- Integrate didactic training into "hands on" practical experience
- Competently account for cultural issues in the assessment, interpretation, and presentation of neuropsychological data
- Prepare fellows for board certification in clinical neuropsychology

#### Objectives

- At the end of the fellowship, the fellow will continue to refine his/her competence in the following areas:
  - Comprehensive neuropsychological assessment
  - Basic neuroanatomy
  - Neuropathology
  - Cognitive rehabilitation
  - Neurobehavioral syndromes
  - State-of-the-art neuropsychological research and theory
  - Interdisciplinary consultation
  - Cultural issues in neuropsychological assessment and treatment

## Seminars

1. *Neuropsychology: Research and Theory (Tuesdays 2:00-3:00)*. The Neuropsychology Postdoctoral Fellow(s) and the Neuropsychology Intern(s) will rotate each week presenting an article of their choosing. **The second-year Fellow is expected to train the first-year Fellow on managing the R&T presentation calendar.** Periodic updates on ongoing research projects at DSH-Patton will also be required of all postdoctoral fellows. When selecting articles to present, trainees are encouraged to select manuscripts that have direct relevance to the practice of clinical neuropsychology. In other words, the article should inform the day-to-day work of a clinical neuropsychologist. A trainee should select a **Clinically Relevant Peer-Reviewed Research Manuscript** to present. Further instruction on the format for R&T is provided in the R&T Seminar handout.
2. *Advanced Neuropsychology Seminar (Wednesdays 1:30-3:00 pm)*. Neuropsychology staff and invited lecturers will present on various topics. In your second year, **you will be responsible for teaching one seminar and participating/presenting in advanced clinical practice seminars.** Please see the Advanced Neuropsychology Seminar Schedule for a list of topics and presenters.
3. *Post-Doctoral Case Conference & Professional Issues (TBD)*. All post doctoral fellows participate in presenting cases. Occasionally, staff will also present cases. This seminar is led by a member of the Postdoctoral Training Committee.
4. *Mock ABCN Oral Examination*
5. *Mock ABCN Written Examination*

## Requirements

**Note: The requirements outlined below represent the basic requirements of this fellowship. Additional duties may be assigned as needed based upon the needs of the Neuropsychology Consultation Service and the Department of Psychology.**

- Didactic Requirements
  - Attend weekly seminars (Advanced Neuropsychology, Case Conference, Research and Theory). It is expected that the Fellow will actively participate in seminar discussion.
  - In advance of each seminar, read articles provided by seminar leaders. Be prepared to discuss the readings.
  - **Completion of the NAN Neuroanatomy Online Course** (or alternate educational seminar—Discuss alternate education seminar with Dr. Nitch).

- **Required Reading**
  - Stucky (Ed.) Clinical Neuropsychology Study Guide and Board Review (American Academy of Clinical Neuropsychology)
  - APA Ethics Code
  - Distributed articles and handouts
- *Strongly Recommended Reading*
  - Kolb & Whishaw (Current Edition). Fundamentals in Human Neuropsychology
  - Snyder & Nussbaum (Current Edition). Clinical Neuropsychology: A Pocket Handbook for Assessment
  - Blumenfeld. Clinical Neuroanatomy
  - Schoenberg & Scott (Eds). The Little Black Book of Neuropsychology
- Supervision Requirements
  - Minimum of 1 hour per week of individual supervision with primary supervisor.
  - Minimum of 1 hour per week of individual supervision with at least one secondary supervisor.
  - Minimum of 2 hours of group supervision attained through seminar attendance and/or observed group treatment.

\*\* Note: Each fellow is expected to keep a detailed (i.e., date, length of supervision, and name of supervisor) log of their supervision throughout the training year.
- Assessment Requirements
  - **Completion of a minimum of four neuropsychological assessments per month** that address the majority of cognitive domains including attention/concentration/working memory, language, visuospatial skills, learning and memory, and executive functioning. **All reports must be finalized within 30 business days of beginning the evaluation.**
- Consultation Requirements
  - **At the end of each assessment, the Fellow must contact the treatment team and present the findings.** The Fellow is strongly encouraged to attend the Individual's treatment conference to relay the test information and to assist the Wellness and Recovery Team in integrating the findings into the Individual's treatment plan.

- The Fellow must be prepared to consult with other individuals involved in the assessment and care of patients including but not limited to the Forensic Evaluation Department, CONREP, and other disciplines.
- Diversity Requirements
    - The fellow is expected to consider the impact of culture in every case formulation. Every evaluation will include the patient's cultural history.
    - The fellow must complete **at least 2 neuropsychological assessments** with an individual who requires the use of an **interpreter**.
    - The fellow will create a personal "Call to Action Plan" (inspired by Mindt, et al, 2010) for how to improve neuropsychological services for underrepresented groups.
  - Ancillary Clinical Experience (pending agreement with PSH Neurology)
    - Fellow will consult onsite during the **weekly Neurology Clinic at PSH** (Fellow will coordinate schedule with Neurology Clinic).
    - Fellow will coordinate with Neurology nurse to identify patients scheduled to be seen by Neurology and provide onsite summaries of patients already tested.
    - Fellow must be prepared to provide "bedside" testing in the Neurology clinic as needed.
    - Fellow may also provide consultation for additional cases brought into the clinic by the neurologist.
    - Fellow must complete a **Brief Neuropsychological Assessment for every patient evaluated in the Neurology Clinic**.
  - Presentation Requirements
    - Presentation of cases during *Advanced Neuropsychology Seminar*.
    - Review and present one to two articles per month in *Research & Theory Seminar*. The article must be emailed to members of the service a minimum of 5 business days prior to seminar. For further details see R&T Seminar handout.
    - Present/Discuss progress on research project once per month in *Research and Theory*.
    - Present at the DSH-PSH Forensic Conference. Topic to be determined at a later date. The submission deadline will be announced in the Summer.



- Treatment Requirements
  - Participate in **minimum of 3 (face-to-face) hours per week** of cognitive rehabilitation treatment in the FREE program. The Fellow is expected to **prepare and lead all groups**. *Does not include time required for group preparation and notes.*
  - Depending upon interest or training needs, fellows may provide individual cognitive rehabilitation or run an additional cognitive rehabilitation group
  
- Research Requirements
  - The Fellow will have a completed manuscript that is publication ready by the end of the fellowship.
  
- Training in Supervision Requirements

*All supervision training experiences will be supervised by a licensed psychologist.*

  - Fellow will supervise interns in their neuropsychological assessment requirement
  - 2<sup>nd</sup> Year Fellow will provide primary supervision for neuropsychology practicum student(s).
  
- Training in Neuropsychology in a Forensic Setting Requirements
  - The Fellow is expected to learn the relevant legal commitments along with the legal requirements for discharge for various commitments. The fellow is expected to reference the most recent CA Penal Code as needed.
  - The 2<sup>nd</sup> year Fellow will assist in coordinating **Mock Court** for the first year Fellow.
  - The Fellow is expected to complete a psycholegal evaluation as a part of their cognitive assessment of FREE participants.
  - As needed, the Fellow is expected to complete intake assessments (i.e., Admission Psychological Assessments), which must include violence risk assessments (e.g., DASA, START), inpatient suicide assessment (i.e., Columbia), and may also include a trial competency assessment.
  - On occasion, fellows have been called to testify at trial. If subpoenaed, the Fellow must follow the demands set forth in the court order. The supervisor for the case will provide mentorship during the process.