



Patton State Hospital

Postdoctoral Residency In Clinical Neuropsychology

2022-2024 Residency Cohort



Postdoctoral Training Program

Department of Psychology

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MISSION AND VALUES

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 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).* 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. It is also our hope that trainees will go on to become leaders in the field of clinical neuropsychology. In addition to the specialty-specific training in clinical neuropsychology, all postdoctoral training programs at Patton State Hospital emphasize the following:

- Awareness of important cultural issues that impact patient lives, clinical presentations, and assessment results.
- Integration of cultural 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 postdoctoral training programs at Patton State Hospital are 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).

Program Administrative Structure

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-CN and Dominique Kinney, Ph.D., ABPP-CN. 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

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. 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. 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.

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 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, two professional basketball teams, two NHL teams, and two professional football teams. Soccer participants will appreciate the year-round availability of teams and playing fields. Snow skiing is within 45 minutes; boating, fishing, camping, and water skiing are within 30 minutes; and surf and sand are within 60 minutes. If one so chooses, the endless adventure of Los Angeles, Beverly Hills, and Hollywood are about one hour away. San Diego also has numerous recreational and cultural activities and is about 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.

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

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 for both fellowship programs have completed their general clinical training. They should already possess facility in the selection, administration, and interpretation of traditional psychological tests; in writing concise yet thorough 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 the Fellowship Director, the Training Director of the relevant fellowship program (Neuropsychology or Forensic Psychology), and often one other Fellowship Committee member. Final rankings are determined through the consensus of the Director and the committee members of the Fellowship.

NOTE: As a safety precaution due to the COVID-19 pandemic and to reduce the expense of applying to Patton, we will be conducting all interviews via videoconference for the 2022 incoming cohort.

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 is 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 mail the materials listed above to Dominique Kinney, Ph.D., ABPP and Steve Nitch, Ph.D., ABPP, Department of Psychology AX-234, 3102 E. Highland Ave., Patton, CA 92369. The materials can also be emailed to Drs. Kinney and Nitch at Dominique.Kinney@dsh.ca.gov and Steve.Nitch@dsh.ca.gov.

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

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 \$4,507.00 per month (approximately \$54,084 per year). 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.

CORE REQUIREMENTS OF THE NEUROPSYCHOLOGY RESIDENCY

Clinical neuropsychology is an applied science concerned with the behavioral expression of brain function and dysfunction. The Clinical Neuropsychology Residency Program at Patton State Hospital is one of the few programs nationally that has a focus in *psychiatric* neuropsychology in addition to providing comprehensive training in the general practice of clinical neuropsychology. The program emphasizes certain core competencies, while also providing a limited number of opportunities for elective experiences. It is our ambition that our residency will provide the opportunity to expand upon fundamental neuropsychological assessment skills in order to achieve a high standard of work in any chosen clinical setting.

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.

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.

Approach to Neuropsychology: 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.

Core Experiences

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.

Seminars

- **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., and Mark Williams, Ph.D.):** This seminar meets weekly throughout the training year. 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.). This seminar culminates in a mock “Fact Finding” exercise designed to mimic the “Fact Finding” portion of the ABPP-CN oral exam.
- **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., & Mark Williams, Ph.D.):** This seminar meets weekly throughout the year. Residents will be required to research and present an informal talk on recent advances in the field of neuropsychology.
- **Case Conference/Professional Development Seminar (Instructor: 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.

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. Our last five neuropsychology residency graduates all published their projects as first authors in peer-reviewed research journals or currently have their project under review. 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.

Supervised Practice:

The neuropsychology residency involves two years of full-time clinical practice. The following types of cases are considered core experiences and are mandatory for all neuropsychology fellows. The overall curriculum for Year 1 and Year 2 of the Neuropsychology Residency is provided in Appendix A. Residents are expected to complete a minimum of two neuropsychological assessments per month:

- **Chronic Mental Illness:** The majority of patients at PSH have longstanding mental illness, with the majority of our patients diagnosed with a psychotic spectrum illness. Therefore, it is important that residents learn to identify the neuropsychological correlates of these conditions. Adjunctive opportunities such as pre-and-post ECT cognitive assessments and cognitive testing of medication effects are also available.
- **Dementia & 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 Disorder:** 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.
- **Neuropsychology consultations:** The Neuropsychology Service provides consultation to all disciplines. Residents acting as consultants may be asked to present at treatment conferences, the rehabilitation management committee, the HIV committee, and other teams.
- **Cognitive Remediation:** While the residency emphasizes neuropsychological assessment, each resident will be required to provide some form of cognitive remediation, either on an individual or group basis (e.g., the Functional Rehabilitation Education Experience, or “FREE” program).

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, provide summaries of previous test data from patients, and assist with overall assessment of the patients.

Cognitive Remediation

First year neuropsychology residents typically work in the Functional Rehabilitation Education Experience (FREE) program, which is a manualized cognitive remediation program designed to assist patients in achieving competence to stand trial. Second year fellows generally are assigned to the Recovery Inspired Skills Enhancement (RISE) program, which focuses on developing social cognition for cognitively limited

patients. Both first year and second year residents have opportunities to provide cognitive remediation treatment on a one-to-one basis.

Training and Supervision

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 be strongly encouraged but not required to prepare a presentation on a topic of their interest suitable to be delivered to other professional staff. 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. The additional supervision hours can occur in a group format during seminar times. Residents will be expected to participate in the supervision of interns and practicum students and first-year neuropsychology resident teaches a five-week portion of the internship assessment seminar that is dedicated to neuropsychological assessment.

ELECTIVE OPPORTUNITIES

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 FREE program.
- **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 a pediatric neuropsychology private practice during most years.
- A Forensic Mental Health Conference is held each spring at Patton.
- Monthly Continuing Professional Information Forums ("CPIF") are arranged within the Psychology Department.

Outside Conventions and Workshops

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

SUPERVISION AND EVALUATION

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

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, Psy.D., 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, and advancing mental health treatment within the Latinx community. Dr. Aguilar is a fluent Spanish speaker, and currently provides neuropsychological assessments and treatment to Spanish speakers. She is actively involved in research at Patton in various aspects of psychiatric neuropsychology.

Michael Cummings, MD, Residency Faculty, received his medical degree from the Loma Linda University School of Medicine in 1981 and subsequently completed postgraduate training in both psychiatry and research. He has published numerous articles and made professional presentations in psychopharmacology research and forensics. He is board-certified in psychiatry and neurology, and in the subspecialty of forensic psychiatry. He is the Psychopharmacology Consultant at Patton State Hospital and coordinates the Forensic Rotation for medical residents from Loma Linda. He currently co-facilitates the Landmark Cases seminar.

David Glassmire, Ph.D., 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, Psy.D., 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 Post-Doctoral fellows.

Loren King, Ph.D., 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, Ph.D., 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, Ph.D., 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.

Mark Williams, Ph.D., Neuropsychology Residency Supervisor, received his Ph.D. in Clinical Psychology from Binghamton University (State University of New York). He completed his internship in the neuropsychology track at Patton. After his internship, he completed Patton's fellowship in Clinical Neuropsychology. Dr. Williams is a neuropsychologist at Patton and directs the cognitive remediation and skills training treatment provided at the RISE program.

APPENDIX A: NEUROPSYCHOLOGY RESIDENCY REQUIREMENTS BY YEAR

Postdoctoral Residency In Neuropsychology Curriculum

YEAR ONE

Patton State Hospital

2021-2022

Mission Statement

The Neuropsychology Residency at Patton State Hospital (PSH-Member of APPCN) aspires to provide training to postdoctoral residents 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

Objectives

- At the end of the year, residents 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)*. The Neuropsychology Postdoctoral Residents and the Neuropsychology Intern(s) will rotate each week presenting an article of their choosing, with **the first-year post-doctoral resident in charge of managing the calendar of presenters**. 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 in some way inform the day-to-day work of a clinical neuropsychologist. Once a month (or as needed), the Neuropsychology Postdoctoral Residents will present/discuss progress on his/her research project.

2. *Advanced Neuropsychology Seminar* (Wednesdays 1:30-3:00 pm). Staff and invited lecturers will present on various topics. **The first-year postdoctoral resident 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 residents 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

- Didactic Requirements
 - Attend weekly seminars (Advanced Neuropsychology, Case Conference, Research and Theory). It is expected that the resident will actively participate in seminar discussion.
 - In advance of each seminar, it is expected the resident 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 resident 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 two** thorough neuropsychological assessments per month that will address the majority of cognitive domains including

- attention/concentration/working memory, language, visuospatial skills, learning and memory, and executive functioning.
- At the end of each assessment, the resident must contact the treatment team and present the test results. The resident 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.
- 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*. This includes preparing a summary of the article. The article must be emailed to members of the service a minimum of 3 business days prior to seminar.
 - Present/Discuss progress on research project once per month in *Theory and Research*.
 - Presentation in ANS
 - Treatment Requirements
 - Participate in 3 (face-to-face) hours per week of cognitive rehabilitation/social cognition in the RISE program. *Does not include time required for group preparation.*
 - Participate in 1 (face-to-face) hour of cognitive rehabilitation training in FREE. *Does not include time required for group preparation.*
 - Depending upon interest or training needs, resident may provide individual cognitive remediation or run an additional cognitive remediation group.
 - Research Requirements
 - The residents will develop an original research project at PSH that is publication ready by the end of his/her fellowship.
 - The residents will have a research proposal completed no later than December 2021.
 - The residents will initiate the CA State IRB process no later than March 2022.
 - Training In Supervision Requirements
 - Residents 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.
 - Residents will supervise interns in their neuropsychological assessment requirement.
 - Residents will supervise reports written by neuropsychology practicum student(s) as needed.

Post Doctoral Residency In Neuropsychology Curriculum
YEAR TWO

Patton State Hospital
2021-2022

Mission Statement

The Neuropsychology Residency at Patton State Hospital (PSH) aspires to provide training to postdoctoral residents to equip them with the requisite skills to:

- Provide Neuropsychology services to a psychiatric population
- 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

Objectives

- At the end of the fellowship, the resident 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

It is expected that the 2nd year resident will attend the majority of the Advanced Neuropsychology Seminars. However, the resident is required to attend all of the seminars scheduled for Theory and Research.

6. *Neuropsychology: Research and Theory (TBD)*. The Neuropsychology Post Doctoral Residents and the Neuropsychology Intern(s) will alternate presenting on a recently published neuropsychologically related article of his/her choice. Please limit your articles to those that are related to the field of neuropsychology and those published in mainstream peer reviewed neuropsychology journals. Your choice of article should be relevant to your current practice. Once a month, the Neuropsychology Post Doctoral Residents will present/discuss progress on his/her research project. Please see the Research and Theory Seminar Schedule for a list of presenters.
7. *Advanced Neuropsychology Seminar* (Wednesdays 1:30-3:00 pm). Staff and invited lecturers will present on various topics. In your second year, you are required to present

at least once in ANS. Please plan to attend most lectures. Please see the Advanced Neuropsychology Seminar Schedule for a list of topics and presenters.

8. *Post-Doctoral Case Conference & Professional Issues* (TBD). All post doctoral residents participate in presenting cases. Occasionally, staff will also present cases. This seminar is lead by Dr. Kerry Hannifin.
9. *Mock ABCN Oral Examination*
10. *Mock ABCN Written Examination*

Requirements

- Didactic Requirements
 - Attend weekly seminars (Advanced Neuropsychology, Case Conference, Research and Theory). It is expected that the resident will actively participate in seminar discussion.
 - In advance of each seminar, read articles provided that correlate to the seminar topics. Be prepared to discuss the readings.
 - Completion of the NAN Neuroanatomy Online Course (or alternate educational seminar). ***Pending Available Funding
 - Strongly Recommended Reading
 - Stucky (Ed.) Clinical Neuropsychology Study Guide and Board Review (American Academy of Clinical Neuropsychology)
 - Kolb & Wishaw (7th Edition). Fundamentals in Human Neuropsychology
 - Snyder & Nussbaum. Clinical Neuropsychology: A Pocket Handbook for Assessment
 - Blumenfeld Clinical Neuroanatomy
 - Vanderploeg Handbook
 - Netter Neuroanatomy
 - Dementia (Mendez & Cummings)
- Supervision Requirements
 - Minimum of 1 hour per week of individual supervision with primary supervisor.
 - Minimum of 1 hour per week of individual supervision from the designated off-site supervisor.
 - Minimum of 30 minutes per week of individual supervision with at least one secondary supervisor.
 - Minimum of 2 hours of group supervision attained through seminar attendance

** *Note:* Each resident 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 two thorough neuropsychological assessments per month that will address the majority of cognitive domains including

- attention/concentration/working memory, language, visuospatial skills, learning and memory, and executive functioning.
- At the end of each assessment, the resident must contact the treatment team and present the test results. The resident 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.
- Ancillary Clinical Experience (pending agreement with PSH Neurology)
 - Resident will consult onsite during the weekly Neurology Clinic at PSH (currently on Thursday mornings)
 - Resident will coordinate with the Neurology nurse to identify patients scheduled to be seen by Neurology and will provide onsite case summaries of patients already tested.
 - Resident may engage in some "bedside" testing in the Neurology clinic.
 - Resident may also provide consultation for additional cases brought into the clinic by the neurologist.
 - Presentation Requirements
 - Presentation of cases during *Advanced Neuropsychology* seminar.
 - Review and present one to two articles per month in *Research & Theory* Seminar. This includes preparing a summary of the article. The article must be emailed to members of the service by the end of the business day on the Monday prior to your presentation.
 - Present/Discuss progress on research project once per month in *Research and Theory*.
 - Treatment Requirements
 - Participate in 3 hours per week of cognitive rehabilitation in FREE program.
 - Depending upon interest or training needs, residents may provide individual cognitive rehabilitation or run an additional cognitive rehabilitation group
 - Research Requirements
 - The resident will have a completed manuscript that is publication ready by the end of the fellowship.
 - Training In Supervision Requirements
 - Resident will supervise interns in their neuropsychological assessment requirement
 - Resident will supervise psychology practicum students.