

**NEUROPSYCHOLOGY
POSTDOCTORAL
RESIDENCY
PROGRAM**

Neuropsychology Faculty

John Linck, Ph.D., ABPP-CN
Director of Residency
405-271-8001 ext. 47659
405-818-7768 Cell
John-Linck@ouhsc.edu

Jim Scott, Ph.D., ABPP-CN
Director of Training
405-271-8001 ext. 47653
405-213-4588 Cell
Jim-Scott@ouhsc.edu

Christopher Copeland, Ph.D.
Neuropsychologist
405-271-8001 ext. 47602
Christopher-Copeland@ouhsc.edu

Daniel Heyanka, Ph.D., ABPP-CN
Neuropsychologist
405-271-8001 ext. 47747
Daniel-Heyanka@ouhsc.edu

Jessica Holster, Ph.D.
Pediatric Neuropsychologist
405-271-8001 ext. 47751
Jessica-Holster@ouhsc.edu

William Ruwe, Psy.D., Ph.D. (VA)
Neuropsychologist
405-456-3148
William.Ruwe@va.gov

Deborah Lowe, Ph.D.
Neuropsychologist
405-271-8001 ext. 47645
Deborah-Lowe@ouhsc.edu

Kristi Wall, Psy.D. (VA)
Neuropsychologist
405-456-3082
Kristi.Wall@va.gov

Neuropsychology Postdoctoral Residents

Haley Amsbaugh
Haley.Amsbaugh@va.gov

Morgan Glusman
Morgan-Glusman@ouhsc.edu

Stacey Feeley, Ph.D.
Stacey.Feeley2@va.gov

Megan McArthur
Megan-McArthur@ouhsc.edu

University of Oklahoma Health Sciences Center/ OKC VA Clinical Neuropsychology Residency

University of Oklahoma Health Sciences Center
Department of Psychiatry & Behavioral Sciences
Oklahoma City, Oklahoma 73104
(405) 271-8001, Ext. 47631

John Linck, Ph.D., ABPP-CN, Director
Residency in Neuropsychology
Program Assistant: Nina-Jones@ouhsc.edu

The University of Oklahoma Health Sciences Center Residency in Clinical Neuropsychology is a two-year specialty training program which includes didactic, clinical, and research activities. The program is accredited by APA as a Residency in the Specialty of Clinical Neuropsychology. The program conforms to the Houston Conference Guidelines for Training in Clinical Neuropsychology. It is also a member of APPIC. The program currently has four full-time resident positions. Two Residents are funded by OU Medical Center and two by the VA Medical Center. The faculty includes 8 full-time neuropsychologists. There of the 8 neuropsychologists are Board Certified in Clinical Neuropsychology.

We have 3 positions in the Residency in Neuropsychology with an adult emphasis. We also have 1 Neuropsychology Residency position funded through the VA with an emphasis in Geropsychology. The resident in this position completes both years at the VA, but spends two, 6-week rotations in the OUHSC Department of Psychiatry and Behavioral Sciences. Typically, the adult residents complete 1 year in the OUHSC Department of Psychiatry and Behavioral Sciences and 1 year at the VA.

The Residency in Neuropsychology is one of the oldest and most established training programs in the country. Our first Resident graduated in 1979. Approximately 80% of the graduates of this program have gone on to achieve diplomate status from the American Board of Professional Psychology.

Application and Selection Information

Applicants must have completed all requirements of an APA/CPA-approved doctoral program in Clinical or Counseling psychology and a one-year APA accredited clinical internship. Applications will also be accepted from individuals who have completed all requirements of a university based *APA-approved program of postdoctoral education for retraining in clinical or counseling psychology*. The program must conform to the guidelines established by the APA Council of Representatives. Applications may be considered from graduates from outside the United States or Canada, on a case-by-case basis. We cannot accept candidates from School Psychology programs as we cannot provide appropriate degree congruent supervision or experiences to make that student eligible for licensure.

For the 2020 application cycle, non-US citizens will not be eligible as this resident will complete their first year of training at the VA.

The program is a full time 24 month program. All requirements for the Doctoral degree must be completed before the two year Residency can start. Residents may under some circumstances be allowed to participate in Residency activities prior to defending their dissertation, but any participation prior to completing all degree

requirements cannot be counted toward meeting Residency requirements and will necessitate extending the Residency time to fulfill the 24 month requirement. The **start date of the Residency in Neuropsychology is the last working day of August** of the given year. Verification of completion of all degree requirements is required by your degree granting institution's Director of Training and/or Departmental Chair or Registrar's Office (transcripts).

As a member of the APPCN, neuropsychology applicants must register with National Matching Services, Inc. It is recommended applicants register with National Matching Services by January of the year the applicant wishes to apply. Each applicant is to submit a complete set of application material on the APPA-CAS System. In order to submit your application on the APPA-CAS System please [click here](#).

The following materials will be needed in order to complete the application process and be reviewed:

1. A letter of interest, clearly stating which of the two emphasis tracks you are interested in applying for (General Clinical Neuropsychology or Gero-Neuropsychology), including a discussion of career goals.
2. A dissertation completion [status form](#) signed by your dissertation chair or Department Chair doctoral Training Verification form.
3. Three letters of recommendation.
4. A current curriculum vitae.
5. Two sample de-identified neuropsychological reports.
6. A copy of your graduate school transcript.

The deadline for the submission of application material is January 4th, 2020. A selection committee will be reviewing each application. We must limit the number of applicants who interview. All site visits and interviews are on an invitation-only basis. A site visit is not required, but those attending a site visit should plan to stay for a full day (8am-3pm). Interviews at INS will also be conducted. INS interviews will be approximately 45 minutes in length. After receiving your application material we will contact selected applicants for an INS interview. Telephone interviews for invited interviewees are also available upon request if you are not able to do on-site interview or an interview at INS. The selection committee will meet and rank applications for the National Matching Service process.

The Setting

The Clinical Neuropsychology Residency Consortium is offered through the University of Oklahoma Health Sciences Center (OUHSC) Department of Psychiatry and Behavioral Sciences, and the Oklahoma City Veterans Health Care System (OKC VA HCS). The program is fully accredited by APA. The program is administered through the OUHSC Department of Psychiatry and Behavioral Sciences, in cooperation between OUHSC and the OKC VA. The OUHSC Department of Psychiatry and Behavioral Sciences the OKC VA, and affiliated training agencies are located together in a large medical complex.

In addition to the Clinical Neuropsychology Residency, the educational programs of the department of Psychiatry and Behavioral Sciences include a Clinical Psychology Residency, General Psychiatry Residency, a Predoctoral Clinical Psychology Internship, a Pediatric Psychiatry Fellowship, and undergraduate medical education. The department offers all students, whether they be psychology residents, psychiatric residents, or medical students, many opportunities and interactions with other professionals in mental health service and other interdisciplinary providers across all settings.

Philosophy, Aim and Competencies

The Neuropsychology Residency Program operates as a Consortium between the University of Oklahoma Health Sciences Center (OUHSC) and the Oklahoma City Veterans Administration Health Care System. Residency sites include the OUHSC hospitals and clinics and the Veteran's Administration Hospital and clinics. The Residency is consistent with the overall training goals of the OUHSC and the VA, which are committed to providing quality training to all health professionals. The OUHSC and the VA are also committed to ensuring students in all health disciplines are fully prepared, both academically and clinically. Because the OUHSC and OKC VA are training facilities for a variety of healthcare providers, the Residency program fits well with the overall culture of the institution. The training culture includes an ongoing emphasis on the provision of clinical services, involvement in and understanding of research, and providing a challenging and supportive teaching and learning environment.

Aims and Competencies

Our program subscribes to the scientist-practitioner model of training. The Residency program selects individuals for the subspecialty of Neuropsychology. In addition to the broad training in Clinical Psychology, training also provides a focus on developing advanced clinical skills within the area of Clinical Neuropsychology as well as experience in research methodology. The dual focus on clinical and research training is consistent with the program's adherence to the scientist-practitioner model.

Additionally, the program conforms to the Houston Conference Guidelines on Specialty Education and Training in Clinical Neuropsychology. Science provides the backbone for our clinical programs and activities. The majority of our faculty members are involved in research projects in their clinical arenas. Much of the resident's clinical and research training takes place in the same setting. Residents have experiences in assessment, psychotherapy/intervention, and consultation. Our major aim is to prepare residents for the advanced practice in clinical neuropsychology. In accordance with the Houston Conference Guidelines our program is "designed to provide clinical, didactic and academic training to produce an advanced level of competence in the specialty of clinical neuropsychology and to complete the education and training necessary for independent practice in the specialty".

The aim of the Clinical Neuropsychology Residency program is to provide the Residents with advanced skills and competencies necessary to function independently as licensed health service psychologists. As a result of the training received, Residents at the end of training will be able to perform at an advanced level in the following competency areas:

1. Demonstrate skills in assessment sufficient to practice at an advanced level.
2. Demonstrate skills in psychological treatment/intervention sufficient to practice at an advanced level.
3. Demonstrate advanced practice skills in the provision of consultation to providers in related disciplines and function effectively in consulting roles across settings.
4. Demonstrate an advanced understanding and awareness of individual and cultural diversity and integration of these issues into professional practice.
5. Demonstrate advanced knowledge related to the integration of science and practice in clinical psychology in addition to research and methods through scholarly activity.
6. Complete the clinical training and supervisory experiences necessary for applying for or obtaining state or provincial license or certification for the independent practice of psychology (or to obtain a certificate of proficiency in specific areas of practice as applicable).

7. Demonstrate advanced professionalism with patients and colleagues and in professional situations independently across settings and contexts. This includes an understanding of professional conduct, ethics and law, and professional standards for providers of psychological services sufficient to practice at an advanced level.

In addition to the primary aim and competencies for Clinical Psychology, the Clinical Neuropsychology Specialty has a primary aim of producing graduates prepared for independent practice in the specialty area of Clinical Neuropsychology.

At the completion of the 2-year residency, Neuropsychology Residents will be able to perform the following specialty area competencies at an advanced level of competency in addition to the competencies noted above (1-7):

1. Demonstrate advanced understanding of brain-behavior relationships across the lifespan, including the neuropsychology of behavior, behavioral neurology, neuroanatomy, and neuropathology.
2. Demonstrate advanced knowledge of methods of measurement and psychometrics relevant to psychology and clinical neuropsychology.
3. Demonstrate skill in neuropsychological assessment including information gathering, interpretation, and report writing sufficient to practice at an advanced level.
4. Demonstrate skill in teaching and supervision sufficient to practice at an advanced level.
5. Complete the specialty clinical and supervisory experiences sufficient for eligibility for board certification by the American Board of Professional Psychology in Clinical Neuropsychology.

Training Settings

The training setting will vary based on the emphasis area (adult vs. adult with geropsychology emphasis) the resident is in. For those in the general adult track, the resident typically completes one year of training at OUHSC in the Department of Psychiatry and Behavioral Sciences and one year at the VA. For the resident who is in the neuropsychology track with emphasis in geropsychology, both years are completed within the VA Medical Center. However, this resident will complete two 6-week rotations at OUHSC in the Department of Psychiatry and Behavioral Sciences.

1. Within each training setting, a resident may work with several different clinical neuropsychology supervisors for specified periods of time. The specific activities, the time spent with each supervisor, and the portion of a year spent in each setting are identified at the beginning of a year in the Resident's Training Plan (RTP), which is jointly composed by the resident and a faculty supervisor. The training plan will provide the resident an opportunity to expand on the Clinical (1-7) and Neuropsychology Specialty (1-5) competencies listed above in order to develop a detailed plan for how they will meet the expectations for each competency.

Opportunities for assessment, intervention/psychotherapy, and consultation exist within all major training settings. The relative amount of each type of activity for each resident is based upon the resident's prior experience and training needs. All Residents will have some experience in all three types of activities.

As indicated above, the residency consists of (a) general and neuropsychology core didactics; (b) required and elective (optional) clinical placements; and (c) research and other departmental or related activities.

OUHSC Neuropsychology Lab

The primary supervisors are John Linck, Ph.D., ABPP-CN and James G. Scott, Ph.D., ABPP-CN. Two adult providers, Christopher Copeland, Ph.D., and Daniel Heyanka, Ph.D., ABPP-CN, also provide clinical supervision. Jessica Holster, Ph.D., is a pediatric neuropsychologist who also provides supervision in the clinic. Deborah Lowe, Ph.D. sees both adults and children and is also available for supervision. Clinical Neuropsychology services are primarily outpatient, but limited inpatient experiences are available, particularly with Wada and brain mapping procedures. Populations include primarily adults and older adolescents. Some pediatric neuropsychological assessment experiences are available with Drs. Holster and Lowe. Typical referrals are obtained from physicians within the University Medical Center and from other hospitals and physician groups in the Oklahoma, North Texas, Southwest Missouri, and Northwest Arkansas areas.

Patient populations at OUHSC include the gamut of neuropsychology cases and include those with neuropsychiatric disorders, known and suspected neurodegenerative dementias of various types, mild cognitive impairment, brain tumors, stroke, traumatic brain injury, multiple sclerosis, toxic exposure, epilepsy and chronic pain. In addition to the above experiences, a unique opportunity exists to be involved in:

1. Civil forensics cases (i.e. worker's compensation, FAA Pilot exams, legal cases and independent medical exams).
2. Kidney donor evaluations and solid organ pre-transplant evaluations.
3. Pre- and post-surgical DBS evaluations.
4. Pre- and post-surgical epilepsy evaluations.
5. Pre and post-surgical evaluations with adult brain tumor patients and participation in intraoperative brain mapping.
6. Wada testing.

The OUHSC Neuropsychology Laboratory is well equipped with 8 testing labs and a broad array of assessment instruments. Three full time psychometricians are housed within the clinic in order to provide testing support. A personal computer is available in the laboratory for use in administering and/or scoring some assessment instruments. Most scoring is completed through an automated worksheet.

Residents at OUHSC can expect to be involved in completing the clinical and collateral interviews, test administration and scoring, integrative report writing, consultation, patient feedback, treatment planning, and brief supportive therapy involving adjustment to disability and/or cognitive rehabilitation. Additionally, each trainee has their own personal office with computer and other essential office equipment.

Neuropsychology – Veteran's Administration

The Oklahoma City Veterans Affairs Medical Center is geographically a part of the OU Medical Center and University of Oklahoma Health Sciences Center Faculty are affiliated with the VAMC. Adult residents generally complete a one-year program of intensive clinical neuropsychology training at the VAMC, although major rotations (part-time placements) may be possible (e.g. for non-US citizens). The primary supervisors are Bill Ruwe, Psy.D., Ph.D. and Kristi Wall, Ph.D. Neuropsychology services include a mixture of outpatient and inpatient evaluations (80%-20%).

Referrals for evaluation, including both outpatient and inpatient requests for services, are generated by providers throughout the hospital, with the most frequent requests coming from ambulatory mental health care (both psychology and psychiatry), neurology, primary care, the Polytrauma Clinic associated with Operation

Enduring Freedom/Operation Iraqi Freedom, medicine, inpatient psychiatry, and neurosurgery. The clinic completes assessments on patients with brain injuries, suspected dementia, and a number of other CNS pathologies affecting neurocognitive functioning.

The Clinical Neuropsychology Service is well equipped with a broad assortment of assessment instruments. A personal computer is available in the laboratory for use in administering and/or scoring some assessment instruments as well as for writing reports.

Residents can expect to be involved in completing the clinical and collateral interviews, test administration and scoring, integrative report writing, consultation, patient feedback, treatment planning, and brief supportive therapy involving adjustment to disability and/or cognitive rehabilitation. Additionally, each trainee has their own personal office with computer and other essential office equipment.

Adult with emphasis in Geropsychology

The resident completing the clinical neuropsychology residency with an emphasis in geropsychology will have Bill Ruwe, Psy.D., Ph.D. and Kristi Wall, Ph.D. serve as their clinical supervisors. However, they will also work with the VA Geropsychologist, Kristen Sorocco, Ph.D., on the Community Living Center (CLC) and Home Based Primary Care (HBPC) rotations. Additionally, they will complete two, six (6) week rotations at OUHSC in the Department of Psychiatry and Behavioral Sciences.

Neuropsychology services during this residency experience will include a mixture of outpatient and inpatient evaluations, though it is likely that the resident will conduct more inpatient evaluations than the resident in the general adult track. Likewise, cases seen by the resident at the VA on this rotation will be primarily with older adults. Cases seen at OUHSC may be with younger adults, adolescents, and children in order to provide additional training outside of the geriatric emphasis area.

One of the primary opportunities for this resident during the two-year residency, is the opportunity to gain additional experience and emphasis in meeting the mental health needs of older adults. In order to accomplish this goal, the resident will spend time on the CLC, a 23-bed unit that fits between a nursing home and an intensive rehabilitation program along the continuum of care. Typically, veterans in the CLC have recently lost some physical, occupational, or cognitive functioning and are expected to be capable of significant recovery to avoid placement in a nursing home. The resident participates in an interdisciplinary team setting designed to assist the veteran in recovery to as independent a lifestyle as possible. The unit's emphasis is on meeting those needs with older adults who have physical problems threatening their level of independent functioning.

The rotation also offers training and experience on an 8-bed Palliative Care Unit (PCU). Outpatient training and experience is offered through a Home-Based Primary Care Program as well as a home telemental health program.

The rotation offers the following activities:

- Assessments (neuropsychological bed-side screenings, MSE's, psychosocial evaluations, some formal testing).
- Individual therapy (brief Cognitive Behavior Therapy, problem solving, adjustment to illness, change in lifestyle, behavior modification, pain management, relaxation training, etc.)
- Group psychotherapy (cognitive rehabilitation, stress management, problem solving, etc.)
- Home visits (Home-Based Primary Care Program)

- Home telemental health services
- Readings in geriatrics (with the psychology supervisor and the Geriatric Journal Club)

Referrals for evaluation, including both outpatient and inpatient requests for services, are generated by providers throughout the hospital, with the most frequent requests coming from ambulatory mental health care (both psychology and psychiatry), neurology, primary care, medicine, inpatient psychiatry, and neurosurgery. The clinic completes assessments on patients with brain injuries, suspected dementia, and a number of other CNS pathologies affecting neurocognitive functioning.

Residents can expect to be involved in completing the clinical and collateral interviews, test administration and scoring, integrative report writing, consultation, patient feedback, treatment planning, and brief supportive therapy involving adjustment to disability and/or cognitive rehabilitation.

CLINICAL NEUROPSYCHOLOGY POSTDOCTORAL RESIDENCY SUMMARY OF RESIDENCY ACTIVITIES

The following represents a concise summary of the clinical activities, requirements, and didactics included in the OUHSC/OKC VAHCS Clinical Neuropsychology Residency Program. *In total, you will complete 2000 hours during each year of residency and you will accumulate over 1000 hours of face-to-face contact during the residency. Most residents evaluate between 110-120 patients each year.*

Design of Residency: The residency in neuropsychology is designed to provide extensive didactic training, clinical assessment, treatment experiences in neuropsychology, and development of research skills. Residency activities include both general and specific elements. Residents have the opportunity to choose certain clinical and research activities to fit with their goals and interests which is implemented and determined by their training plan. Additionally, residents work closely with one or more faculty members to develop and execute at least one research project or paper each year.

Resident Training Plan (RTP): We will provide you with an outline to complete a training plan that will serve as a guide for all of the clinical, research, and didactic experiences you will complete during residency. This training plan will help you meet the seven Clinical Competencies and five Neuropsychology Specialty Competencies contained within our program. We have several samples to help guide this progress.

Clinical: You will be scheduled to see three clinical cases each week with your supervisors. You are responsible for testing one patient each week (except during Medical Neuroscience course and Clerkship) and writing three reports (except during Clerkship). In all, you will likely average 12-14 hours of face-to-face clinical contact each week and another 25-30 hours of clinical documentation, research, and didactic activities.

Supervision: Residents will have two hours of regularly scheduled face-to-face supervision on a weekly basis. You will likely have additional informal supervision beyond this, but a minimum of two hours must be scheduled in an individual format with your clinical supervisors each week.

Didactics: You will spend a significant portion of your residency completing regularly scheduled didactic activities each week throughout the residency. Two additional required didactics are offered at certain times during the residency. Medical Neuroscience course (Fall of 1st year) and 4-week Neurology Clerkship (Spring of 2nd year). Didactics include:

- A. Neuroscience course with Medical Students – (12 weeks **during 1st Fall Semester**)
- B. Neuropsychology Case Conference (1.0 hour weekly)
- C. Neurology Chairman’s Morning Report (1.0 hour weekly)
- D. Neurology Rounds (1.0 hour weekly)
- E. Neurosurgery Rounds (1.0 hour monthly-Optional)
- F. Psychiatry & Behavioral Sciences Grand Rounds (2.0 hours monthly; 75% attendance required)
- G. Clinical Neurology Clerkship (1 month **during second year**)
- H. Professional Development Seminar (3 hours monthly)
- I. ABPP Preparatory Didactic (2-3 hours monthly)
- J. Research Meetings (2 hours monthly)
- K. Directors’ Meetings (1 hour monthly broken into 15 minute segments with I and J)
- L. Geropsychology didactics and team meetings (for resident with geropsychology emphasis).

Research: Each year you will complete a research project. Research meetings occur on the 2nd and 4th Fridays at noon. You will also have a research supervisor. Past projects that have been published are included in this packet. Other projects that would count towards this requirement aside from peer review studies include completing an extension of your dissertation with additional analyses, a quality improvement project within your section/department, or completion of a grant application for the funding of a research study.

By the end of your Postdoctoral Fellowship, you will have completed all of the formal course work and clinical rotations of our Medical Students at graduation.

Didactics

A. Neuroscience course with Medical Students – (12 weeks during Fall Semester)

The neuroscience course is attended by the first year residents along with the 2nd year medical students. The class is in session approximately 3-4 hours each day and includes a brain dissection/gross anatomy lab experience. During this 12 week experience, residents continue to see cases with their supervisors, but the 1 day per week testing requirement is suspended during this time. While lectures are recorded and can be viewed at any time, residents are encouraged to attend class on a daily basis.

B. Neuropsychology Case Conference (1.0 hour weekly)

Neuropsychology case conference is attended by the core neuropsychology faculty, neuropsychology interns, neuropsychology residents and other trainees on rotation. Residents are typically expected to present twice each year with the 2nd year residents also taking on administrative duties associated with scheduling presenters. Presenters typically include neuropsychology faculty, neurology faculty, residents, and interns.

C. Neurology Chairman’s Morning Report (1.0 hour weekly)

Morning report is facilitated by the Chair of Neurology and essentially works like a min-fact finding session with the neurology residents and attendings. This is primarily an observational experience for our residents and interns, but provides insight into how neurologists conceptualize cases from a medical perspective. This is often one of the favorite didactics of the residents.

D. Neurology Rounds (1.0 hour weekly)

This didactic is a lecture type experience that occurs weekly and is facilitated by neurology. There are a vast number of speakers from neurology, radiology, neuropsychology, and neurosurgery and is a well-attended didactic experience.

E. Neurosurgery Rounds (1.0 hour monthly-Optional)

Neurosurgery rounds occurs on a monthly basis. Given some topics fall outside of the purview of neuropsychology, this is an optional seminar.

F. Psychiatry & Behavioral Sciences Grand Rounds (2.0 hours monthly; 75% attendance required)

Psychiatry rounds occurs on the 2nd and 4th Thursdays. Topics include those relevant for psychiatrists, psychologists, and social workers with topics addressing issues related to clinical work, education, ethics, teaching and research.

G. Clinical Neurology Clerkship (1 month during second year)

The clerkship is a month long experience that takes place within neurology during which all other neuropsychology related activities are suspended so that one might immerse themselves in the clerkship experience. Activities including learning the neurologic exam, education and training on interpreting structural imaging, understanding the principles of lesion location, and gaining an understanding of the role of neurology in the medical setting. Residents will take all quizzes and exams and are expected to attend and participate in all assigned activities.

H. Professional Development Seminar (3 hours monthly)

This seminar is attended by the psychology interns, clinical psychology residents, and neuropsychology residents. It is comprised of topics related to professional issues, ethics, licensure, and cultural diversity.

I. ABPP Preparatory Didactic (2-3 hours monthly)

This is a didactic attended by only the residents and neuropsychology faculty. The purpose is to engage in a discussion of assigned readings that may assist in preparing residents for the written portion of the board exam.

J. Research Meetings (2 hours monthly)

Residents will meet with faculty to discuss ongoing research projects, solicit feedback from the group, and assist one another with establishing timelines for project completion.

K. Directors' Meetings (1 hour monthly broken into 15 minute segments with I and J)

This is an opportunity for the residents and director to discuss clinical, research, and didactic activities on a weekly basis.

L. Geropsychology didactics and team meetings (for resident with geropsychology emphasis).

The resident will participate in the monthly geropsychology didactic/journal club, which focuses on education regarding the biological, psychological, social, and cognitive aspects of normal aging vs. pathology, as well as appropriate clinical interventions to assess and address these changes. The resident will also participate in multidisciplinary team meetings for the Acute Geropsychiatric Inpatient Unit, as well as the Community Living Center.

Current Research Projects and Recent Publications

The neuropsychology section in the Department of Psychiatry maintains a clinical database with over 12,000 subjects and many smaller databases from previous studies with specific populations. With appropriate IRB approval, these databases are available to trainees to explore and to facilitate research. Additionally, trainees have the option of proposing prospective studies to their supervisor and obtaining IRB approval for original data collection. Research meetings on the 2nd and 4th Fridays of each month during the noon hour provide an

opportunity for each resident to discuss their ongoing project(s). Additional supervision is provided during weekly face-to-face supervision with either the program director or other individual neuropsychology supervisors.

Current/Recent Trainee Projects:

- 1) Factor analysis of the Texas Functional Living Scale to further examine its psychometric properties and latent structure in a mixed clinical sample [accepted for publication].
- 2) Additionally, our research lab has been building a line of research looking at outcomes of neuropsychological services; collaboration on development of a novel approach to feedback delivery to patients.
- 3) A prospective study in which we are collecting data to test the effectiveness of the novel feedback tool, including how it may help improve patient comprehension, satisfaction, and adherence to recommendations.
- 4) Development of a provider survey associated with the feedback tool including provider perceptions of its usefulness.
- 5) Are Differences in Performance Validity Associated With Health Care Resource Utilization? This study addressed prior findings that invalid responding on cognitive performance tests is associated with hospital resource utilization (Horner et al., 2014). Validity, utilization, and health data were collected in a mixed clinical sample of 474 neuropsychology clinic outpatients at a Veterans Affairs hospital.

Publications:

- Lowe, D.A., Nguyen, C.M., Copeland, C.T., & Linck, J.F.** (2019). Factor analysis of the Texas Functional Living Scale in an outpatient clinical sample. *Archives of Clinical Neuropsychology*
- Nguyen, C.M., Lowe, D.A., Copeland, C.T., Heyanka, D.J., & Linck, J.F.** (2019). Contribution of executive functioning to instrumental activities of daily living in older adults. *Applied Neuropsychology*.
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- Linck, J.F., Copeland, C.T., Lokhande, A., Baranskaya, I., et al.** (2017). Delirium and Dementia: Bedside assessment of confusional states, *Psychiatric Annals*, 47(4), 177-183.
- Carter, K.R., Scott, J.G., Adams, R.L., & Linck, J.F.** (2016). Base rate comparison of suboptimal scores on the RBANS effort scale and effort index in Parkinson's disease. *The Clinical Neuropsychologist*, 30(7), 1118-1125.
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- Thaler, N.S., Hill, B., Duff, K., Mold, J., & Scott, J.G.** (2015). Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) intraindividual variability in older adults: Associations with disease and mortality. *Journal of Clinical and Experimental Neuropsychology*, 37, 622-629.
- Logue, E., Scarisbrick, D., Thaler, N., Mahoney, J., Block, K., Adams, R., & Scott, J.** (2015). Criterion Validity of the WAIS-IV Cognitive Proficiency Index (CPI). *The Clinical Neuropsychologist*, 29, 777-787.

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Heyanka, D.J., Thaler, N.S., Linck, J.F., Pastorek, N.J., Miller, B., Romessor, J., and Sim. A. (2015). A factor analytic approach to the validation of the Word Memory Test and Test of Memory Malingering as measures of effort and not memory. *Archives of Clinical Neuropsychology*, 30(5), 369-376.

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Thaler, N.S., O'Rourke, J.J., Scott, J.G., Duff, K., Mold, J., & Adams, R.L. (2014). Longitudinal stability of the RBANS in a geriatric community-dwelling sample. *The Clinical Neuropsychologist*, 28(2), 269-280.

Thaler, N.S., Linck, J.F., Heyanka, D.J., Pastorek, N.S., Miller, B., Romessor, J., Sim, A., and Allen, D.N. (2013). Heterogeneity in Trail Making Test performance in OEF/OIF Veterans with mild traumatic brain injury. *Archives of Clinical Neuropsychology*, 28, 798-807.

Thaler, N., Scott, J.G., Duff, K., Mold, J., & Adams, R. (2013). RBANS cluster profiles in a geriatric community dwelling sample. *The Clinical Neuropsychologist*, 27, 794-807.

OMahar, K.M., Duff, K., Scott, J.G., Linck, J.F., Adams, R.L. & Mold, J.W. (2012). The temporal stability of the Repeatable Battery for the Assessment of Neuropsychological Status Effort Index in geriatric samples. *Archives of Clinical Neuropsychology*, 27, 114-118.

Resident Stipends, Benefits, and Support

The base stipends currently vary from \$41,600 to \$46,102 depending on area and funding source. Stipend levels are contingent on annual budgetary approval, but are typically stable. Health insurance is available for all non-VA positions free of charge. The VA Residents can purchase health insurance at a subsidized cost. Professional liability coverage is encouraged but at the Resident's expense. Residents receive 15 days of sick leave and annual leave and 5 days of academic leave. Additionally, any conference time added to the Resident Training Plan by September 30th of each year does not count against annual or academic leave.

Training Plan and Evaluation Procedures

The majority of didactic, research, and clinical activities are within the Clinical Neuropsychology specialty area. The Resident, working with a faculty supervisor, develops a Training Plan within the first month of the residency. As the Neuropsychology Training Director, Dr. Linck must approve this plan. The sections of the Training Plan correspond to the list of competencies for the program. Within each competency, the resident will document specific activities they will engage. The Resident's Training Plan (RTP) specifies clinical activities for the year, where these activities will take place, and the duration of training at each site. Didactics, including seminars, conferences and directed readings, are listed. The topic area and a timeline for the Resident's research

are also specified. Evaluations are completed by the training faculty every four months. The evaluations correspond to the 7 clinical and 5 specialty competencies of the Neuropsychology Residency. Copies of the evaluations are available in the Policy and Procedure manual for the program and the faculty are required to review the evaluation with the resident upon completion of each four month segment of the residency.

Psychology Training Faculty (PTF)

Training is provided by a large number of psychologists who comprise a group known as the Psychology Training Faculty (PTF). The PTF are a diverse group of licensed psychologists employed by the OUHSC Department of Psychiatry, the Oklahoma City VA HCS, and/or the OUHSC Department of Pediatrics. All training faculty hold an appointment (primary, secondary or volunteer) in the Department of Psychiatry and Behavioral Sciences. Approximately 68 full-time psychologists belong to the PTF and participate in the training programs.

Neuropsychology Core Training Faculty

While residents will have exposure to a number of other psychology and non-psychology faculty through various didactic, clinical, and research activities, the following represent the core faculty involved in training for the Neuropsychology residents.

Christopher Copeland, Ph.D.

Dr. Copeland is a neuropsychologist and Assistant Professor in the Department of Psychiatry and Behavioral Sciences. His clinical interests are in neuropsychological assessment of neurodegenerative disorders, movement disorders, cerebrovascular disorders, and traumatic brain injury. He is involved in clinical and research supervision of residents in neuropsychology.

Daniel Heyanka, Ph.D., ABPP-CN

Dr. Heyanka is a neuropsychologist and Assistant Professor in the Department of Psychiatry and Behavioral Sciences. His clinical interests are in neuropsychological assessment and diagnosis of neurodegenerative disorders, brain tumors, movement disorders, cerebrovascular disorders, and traumatic brain injury. He has a special interest in the neuropsychological evaluation of patients prior to and following brain tumor surgery and treatment, as well as involvement in intra-operative brain mapping during tumor resection surgery.

Jessica Holster, Ph.D.

Dr. Holster is an Assistant Professor and Clinical Neuropsychologist in the Department of Psychiatry and Behavioral Sciences at OUHSC. She has amassed extensive pre- and post-doctoral training in neuropsychology among patients across the lifespan. Her current focus is in pediatric neuropsychology; she primarily provides clinical services to children and adolescents with a variety of developmental and neurological disorders in inpatient and outpatient settings. As an educator, Dr. Holster participates in the training of Psychiatry and Psychology interns and residents. She is active in research as well.

John Linck Ph.D., ABPP-CN

Dr. Linck is a neuropsychologist and Assistant Professor in the Department of Psychiatry and Behavioral Sciences. He is the Director of the Residency in Neuropsychology. His clinical interests are in neurocognitive assessment of neurosurgical and neurological populations. He also has some interest in forensic and completes evaluations in this area. He conducts evaluations in both inpatient and outpatient settings. He is involved in clinical and research supervision of residents in neuropsychology. He also lectures in the resident didactic series.

Deborah Lowe, Ph.D.

Dr. Lowe is a neuropsychologist and Assistant Professor in the Department of Psychiatry and Behavioral Sciences. She provides clinical services to patients across the lifespan, with particular focus in geriatrics and adult neuropsychology. Her clinical interests include neuropsychological assessment and diagnosis of neurodegenerative disorders, movement disorders, and other neurological and neurosurgical populations. She is active in research and involved in clinical and research supervision of residents in neuropsychology.

William Ruwe D., Psy.D., Ph.D.

Dr. Ruwe is a neuropsychologist at the VA Medical Center and is a Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences. His clinical interests are in neurocognitive assessment as well as individual and group psychotherapy of patients with neurologic illness. He is involved in clinical supervision of psychology residents, interns, and practicum students at the VA.

Jim Scott Ph.D., ABPP-CN

Dr. Scott is a Professor in the Department of Psychiatry and Behavioral Sciences, Vice-Chair and Director of Clinical Psychology training Programs, and a neuropsychologist in the Adult Neuropsychological Assessment Laboratory. His clinical interests are in assessment of neurosurgical and neurological populations. He also has interest in forensic and completes evaluations in this area. He is involved in clinical and research supervision of residents in neuropsychology. He also lectures in the resident didactic series.

Kristin Hilliard Sorocco Ph.D.

Dr. Sorocco is an Associate Professor of Research in the Donald W. Reynolds Department of Geriatric Medicine, University of Oklahoma Health Sciences Center. She is the Director of the Geropsychology emphasis track within the Clinical Residency Program, and a psychologist for the Community Living Center and Palliative Care Unit at the VA Medical Center, Oklahoma City, OK. She offers training opportunities to interns and residents interested in geropsychology, palliative care, interdisciplinary treatment teams, and clinical research.

Kristi Wall Psy.D.

Dr. Wall is a Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Oklahoma Health Sciences Center and a staff neuropsychologist at the Oklahoma City VA HCS. She works on the Outpatient Neuropsychology Service in addition to managing the inpatient neuropsychology consult service. Dr. Wall is active in clinical training, didactics, and research, as well as the development of a referral pipeline to streamline neuropsychological service delivery to geriatric veterans. She is available for supervision and consultation on issues related to geriatric neuropsychology and inpatient neuropsychology. Her clinical and research interests include clinical supervision, the role of neuropsychology in geriatric integrated care, and therapeutic neuropsychological feedback.