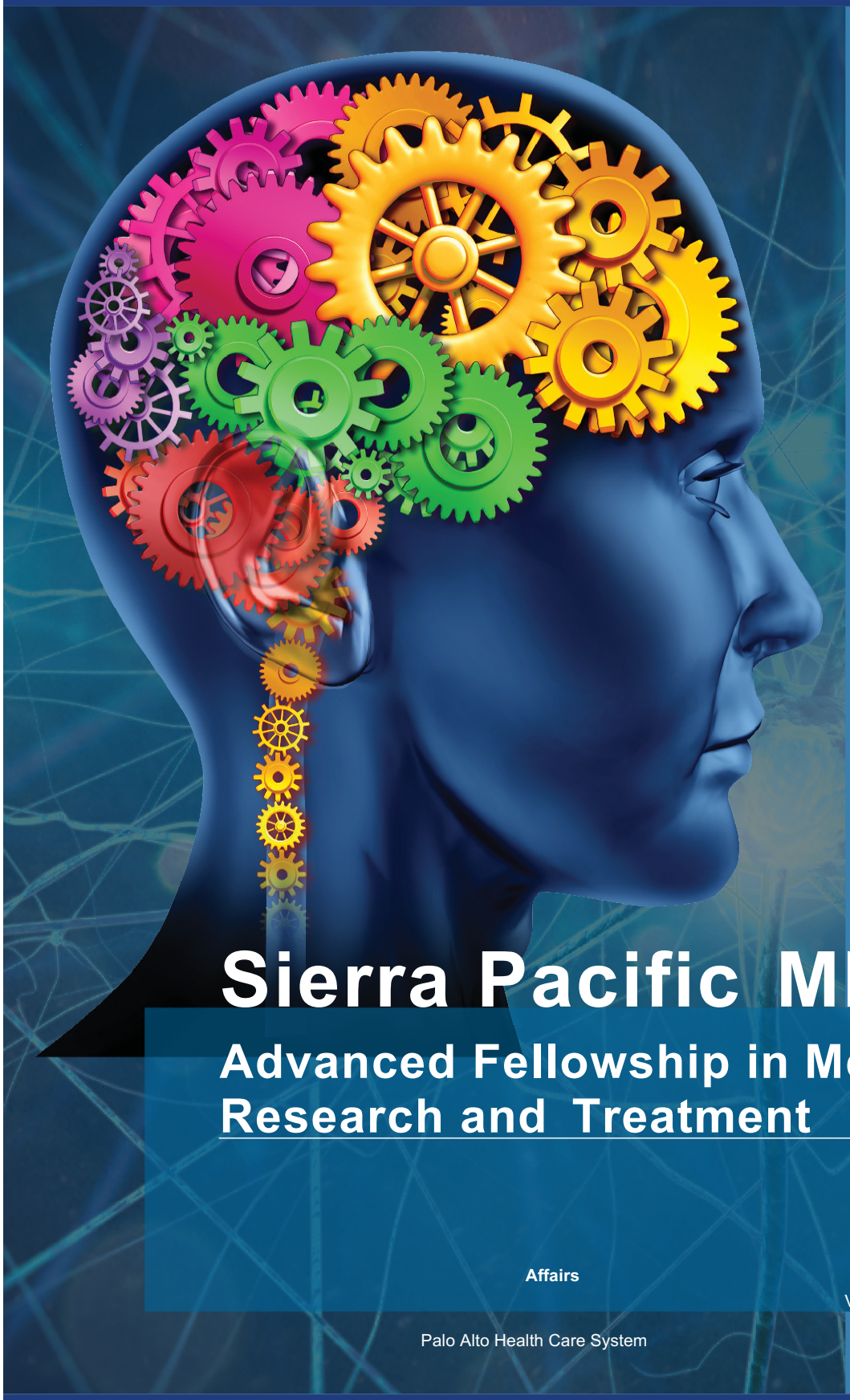

MIRECC
2021 – 2023

Sierra Pacific MIRECC

Advanced Fellowship in Mental Illness Research and Treatment

PAO P1688

U.S. Department of Veterans Affairs

Veterans Health Administration

VA

Palo Alto Health Care System

VA

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Introduction

The Sierra Pacific Mental Illness Research, Education, and Clinical Center (MIRECC) Fellowship is one of 28 sites in the VA Advanced Fellowship Program in Mental Illness Research and Treatment, which is sponsored by the Office of Academic Affiliations. Congress established the MIRECCs and CoEs (Centers of Excellence) to research the causes and treatments of mental illness as well as to disseminate new knowledge for implementation into VA clinical care. See more at http://www.mirecc.va.gov/index.asp.

The mission of the Sierra Pacific MIRECC is to build an integrated system of clinical, research, and educational efforts designed to improve the clinical care for aging veterans with dementia and with PTSD both in VISN 21 and system wide. Dementia and PTSD share common clinical symptoms including cognitive difficulties, sleep disorders, and agitation. The Sierra Pacific MIRECC aims to evaluate current approaches and develop new treatments for these clinical problems.

In support of this mission, the Sierra Pacific MIRECC Fellowship provides specialized training in two emphasis areas: Aging/Dementia and PTSD. We do not provide funded postdoctoral training in any other areas than those described in this brochure. No postdoctoral training program is perfect for everyone; you will be seeking the best match for your own interests and needs, just as we will be seeking the best matches for our program. We hope this brochure can help you decide whether you want to submit an application to the Sierra Pacific MIRECC Fellowship at VA Palo Alto.

The national training mission of VA is broad and explicitly includes training of health care professionals for the nation, as well as for the VA system. We train Fellows who go on to VA jobs, and we train others who go on to work in academia, other medical centers, the private sector, etc. The profession of Psychology and the whole health care system in this country are served by having well-trained, enthusiastic, creative professionals. We strive to support VA's training mission, for VA's specific goals and for the nation.

Training at Sierra Pacific MIRECC

The mission of the Sierra Pacific MIRECC Fellowship is to train psychologists who meet general advanced practice competencies in psychology and can function effectively as professional psychologists in a broad range of multidisciplinary settings. Prior to beginning the postdoctoral experience, Fellows are expected to have attained a high level of accomplishment in generalist training. The primary goal of the postdoctoral program is for Fellows to develop the full range of skills required for independent functioning as a psychologist, including skills involved in clinical assessment and intervention; consultation, supervision, and teaching; scholarly inquiry; organization, administration, management, and program evaluation activities; and awareness of and sensitivity to professional, ethical, legal, and diversity issues. We are committed to the scientist-practitioner model of psychology, and the postdoctoral training experience is organized accordingly. Our postdoctoral fellowship program has been continually accredited by the American Psychological Association (APA) since 2004, with our most recent APA site visit confirming our accreditation until 2028 (when our next site visit will be scheduled).

Complementing our goal of preparing Fellows to function as independent psychologists, we aim to prepare Fellows for practice in high priority areas of health care for veterans which include primary care, geriatrics, mental health and rehabilitation. The Sierra Pacific MIRECC Fellowship draws its emphasis areas from these priorities: Geropsychology and PTSD. In collaboration with their mentors, Fellows will develop and implement a research project, publish and present findings, participate in grant writing, and utilize the latest technology for educational activities and clinical service delivery. Our Fellows receive mentorship in these emphasis areas from internationally renowned clinical researchers. Please see Appendix A for a listing of our Faculty Mentors.

In this Introduction, we describe the key procedures such as application, selection, and discuss how the program

is organized. In addition, we discuss our philosophy of training and provide additional information about expected competencies that postdoctoral Fellows will acquire.

MIRECC/COE VA Advanced Fellowship in Mental Illness Research and Treatment

The VA Advanced Fellowship in Mental Illness Research and Treatment exists across 26 VA sites that include MIRECCs, SMITREC (Serious Mental Illness Treatment, Research, and Evaluation Center), NCPTSD (National Center for PTSD), and CoEs. The primary goal of the fellowship program is to train MDs, psychologists, and other allied health professionals to become leading clinical researchers in high priority areas of mental health. Over the course of the training, Fellows receive training in academic and health systems research, advanced clinical care delivery, and program administration in an interdisciplinary setting. Fellows in the Sierra Pacific MIRECC regularly interface with Fellows across the country through regular videoconference seminar series that addresses both professional development and recent advances clinical research in mental health. Past seminars included VA and academic career development, procurement of funding and resources, behavioral genetics, health informatics, and clinical trials methodology.

VA Palo Alto Health Care System Facilities

VA Palo Alto is part of a national network of hospitals and clinics operated by the Department of Veterans Affairs to provide comprehensive health care to men and women who have served in the armed forces. This health care system is responding to many national changes in the health care field; our training program changes in concert with the changing organization and emphases of health care.

The Veterans Affairs Palo Alto Health Care System (VAPAHCS) is a teaching hospital, providing a full range of patient care services across 10 different hospital/clinic sites, with state-of-the-art technology as well as education and research. Fellowship training sites are available at four campuses within the health care system (Palo Alto, Menlo Park, San Jose, and Livermore), with the great majority concentrated in the Palo Alto Division and the Menlo Park Division. The Palo Alto and Menlo Park Divisions are separated by 7 miles (15 minutes by car or shuttle). As of June 2018, this health care system has over 7000 employees and volunteers, is located on more than 300 acres, and operateson an annual budget of over $1.1B. Our health care facilities operate 808 inpatient beds, including three Community Living Centers (formerly known as nursing homes) and a 100-bed homeless domiciliary, and over 50 primary care and specialty outpatient clinics, serving over 93,000 unique patients per year.

VAPAHCS has the third largest research program in VA and maintains a strong cooperative affiliation with Stanford University. The research portfolio at VAPAHCS is vast and includes areas such as Alzheimer's disease, spinal cord regeneration, genomics, diabetes, drug abuse, pain management, cancer, musculoskeletal issues, hypertension, dermatology, atherosclerosis, nephrology, immunology, PTSD, polytrauma, vision rehab, and cardiology. The VHA Office of Research and Development also supports several Centers at the VAPAHCS, including the VA Cooperative Studies Program (CSP), QUERI Coordination Center, Center for Innovation to Implementation (Ci2i), Program Evaluation Resource Center (PERC), and Health Economics Resource Center (HERC). Training resources are available for research or consultation at these and other programs.

VAPAHCS has a variety of specialized regional programs, including a Polytrauma Rehabilitation Center, a Spinal Cord Injury Center, a Comprehensive Rehabilitation Center, the Western Region Blind Rehabilitation Center, a National Center for PTSD, a Women's Trauma Recovery program, Homeless Veterans Rehabilitation program, and a Geriatric Research, Educational, and Clinical Center (GRECC). Special psychological programs are available in health psychology, geropsychology, inpatient and outpatient psychiatric care, drug and alcohol treatment, and brain injury rehabilitation. Clinical training opportunities are available in all of these programs.

Organizationally, the Sierra Pacific MIRECC Fellowship is housed within Psychiatry Service, Division of the MIRECC, at VAPAHCS. This fellowship program operates conjointly with MIRECC and the broader Clinical Training Program within VAPAHCS Psychology Service. The MIRECC operates in an interprofessional, collegial fashion with other disciplines, and Fellows obtain training and clinical experience in interprofessional work.

Sierra Pacific MIRECC Postdoctoral Fellow Funding, Benefits, and Eligibility

The Sierra Pacific MIRECC Fellowship is funded by the Office of Academic Affiliations of the Department of Veterans Affairs Central Office as an annual, earmarked allocation to the medical center. The current annual postdoctoral stipend at the Sierra Pacific MIRECC is $64,268.00 This stipend requires a full calendar year of training. VA provides health care benefits for postdoctoral fellows as for any other VA employee. Health insurance is also available to dependents and married spouses of fellows, including to legally married same-sex spouses of fellows. Unmarried partners are not eligible for health benefits, even those in legal civil unions or domestic partnerships. Insurance programs can be selected from a wide array of options. More information about VA stipends and benefits are available at www.psychologytraining.va.gov/benefits.asp.

Our postdoctoral training is geared to individuals who will have completed their doctoral degrees from American Psychological Association (APA) or Canadian Psychological Association (CPA)- accredited clinical, counseling, or combined psychology program or PCSAS-accredited Clinical Science program, and will have completed an APA- or CPA- accredited psychology internship program, are functioning at an advanced level, and have clinical and research experience in the emphasis area of interest (i.e., Geropsychology, PTSD). Eligibility requirements for VA postdoctoral fellowships are determined nationally and we have no authority to over-ride these requirements locally. All information about VA eligibility requirements is available at www.psychologytraining.va.gov/eligibility.asp.

In order to be eligible to begin the Fellowship, the selected applicant must have completed the dissertation and all other doctoral degree requirements before September 1. The training program may rescind offers of postdoctoral positions for applicants selected for the postdoctoral fellowship, but who have not completed all doctoral degree requirements by September 1. The number of postdoctoral positions available within this Fellowship has varied in the past but is expected to be at least 1 in the 2021-2023 training year. Applicants with interest in Geropsychology or PTSD are strongly encouraged to apply.

MIRECC Fellowship Structure

The Fellowship consists of two calendar years of full-time supervised training; our start date can be flexible, depending on the Fellow's date of graduation and other needs. Generally, Fellows start on or around September 1 each year. The Fellowship ending date will be determined based on the specific start date of each fellow. Fellows must complete the full two years of training, so a start date should be determined with consideration of hopes for availability for future employment (e.g., ending in time to begin an academic position). The training provided meets the requirements for licensure in California and meets or exceeds licensure requirements in every other state at this time.

Training is based on a 40-hour workweek, so the total hours over a year come to 2,080. Out of those 2,080 hours, there is time off for vacation (13 days), illness (up to 13 days), Federal holidays (10 days), and authorized absence for professional activity. Like staff, Fellows are paid for 40 hours per week, no matter how much time is spent. Most staff do not get their work done in the allotted 40 hours, and we suspect that most Fellows will not either. A key notion in VA is that we are a "Service," not a department. To serve patients we must be available, and Fellows will see considerable emphasis on being available, especially

during working hours. On the other hand, this is not a 60-hour per week or more Fellowship. Each Fellow will work at least 40 hours intensively each week. How much more a Fellow works depends on many factors, including interest in additional training experiences, research involvement, time-effectiveness in completing paperwork and other work demands, etc. The Fellow's Research Mentor, Clinical Supervisor, and the Fellowship leadership will develop an individualized training plan that balances taking advantage of training and professional development opportunities with time for a full, rich life outside of work. Regardless of the specific training plan, Postdoctoral Fellows will receive at least 4 hours per week of clinical supervision, with at least half of that in individual, face- to- face supervision. In addition, Fellows will have at least two different supervisors during the year.

Research Opportunities and Expectations

Each Fellow is expected to actively participate in research during their training tenure with the Fellowship. Fellows choose research projects within their stated area of emphasis (Geropsychology; PTSD) and work collaboratively with their Research Mentors to: a) identify or develop meaningful clinical research projects that address key areas of veterans mental health needs; b) identify roles on ongoing clinical research projects (including the numerous clinical trials available at MIRECC) that may foster the advanced development of both clinical and research skills; and c) participate in the development and submission of empirical manuscripts, grants and other scholarly projects focused on the mental health needs of today's veterans.

Fellows are expected to complete a meaningful research project during their two-year Fellowship, and to consistently show clear markers of their research productivity. Key markers of productivity may include a) the development of a grant proposal; b) generating an article and submitting it for publication; c) presentation of this project at a professional meeting; d) developing and presenting an in-service training module, or some other marker of productivity. Fellows have substantial protected time for research each week, which facilitates expeditious completion of these projects. In addition, many Fellows are involved with research concerning direct clinical hypotheses, so some of their clinical experiences will be in the context of research programs, such that the clinical work contributes to data collection and ongoing generation of hypotheses about the area of research.

Clinical Rotations

Each Fellow has a chance to participate in decisions about rotations within the relevant emphasis area. Each experience is crafted to fit the Fellow's training needs and interests, within the expectations and resources of the program. Discussion of this process will be emphasized during interviews that occur prior to admission. We affirm collaborative decision-making between Fellows and training staff regarding each Fellow's development and the design of each Fellow's program. In addition, evaluation is a mutual process among Fellows, supervisors, and the training program as a whole. We believe this is necessary to insure continued growth for each Fellow and for the training program.

Didactics

MIRECC Fellows have the opportunity to participate in many didactics throughout the training year. There are several required core year-long seminars for the Fellows. The Research Professional Development Seminar covers issues in professional development as a psychologist and development of professional identity as a clinical researcher. This seminar is attended by trainees in Research Track training programs across VAPAHCS, thus affords Fellows an opportunity to meaningfully interact with trainees in similar training programs. Attendance at this seminar is required of first year fellows and optional for second year fellows.

Fellows also participate in didactics specifically focused upon the national community of Fellows in the Advanced Fellowship Program for Mental Illness Research and Treatment. Fellows from all participating training sites join by video-teleconference (V-Tel). Twice monthly, the *V-Tel Core Didactic Series on Career Planning, Statistics, Clinical Issues, Treatment and Neuroscience of Mental Health* features "hot topics" in clinical practice, clinical and research ethics, research methods and biostatistics, academic citizenship (e.g., participation in the peer review process), mental health priorities within VHA, research methods, as well as broader aspects of personal (work life balance) and career development (promotion and tenure). Fellows also have the have the opportunity to participate in monthly Grant Writing and Scientific Writing Workshops

through V-Tel. The objectives of the Grant Writing Workshop include critically analyzing grant proposals and developing key skills in grantsmanship. Similarly, the Manuscript Writing Workshop provides Fellows the opportunity to both review manuscripts as well as receive intensive training in different elements of scientific writing.

We strongly encourage but do not require Fellows to prepare for and attain California licensure during their Fellowship. Information and discussion about the licensure process are included in the research professional development seminar series. Fellows typically participate in an optional licensing preparation group, led by the Fellows themselves. More information about licensure in California can be found at www.psychboard.ca.gov. The program also provides recent licensure study materials to assist Fellows in their licensure preparation.

Other Educational Opportunities for Postdoctoral Fellows

California Psychology licensing law requires that psychologists have specific training in Human Sexuality, Child Abuse Assessment and Reporting, Partner/Spousal Abuse Assessment and Treatment, Aging and Long-term Care, and Substance Dependence Assessment and Treatment. With the exception of Partner/Spousal Abuse training (now requiring 15 hours), Psychology Service at VAPAHCS provides each of these classes during the year; Fellows who have not already received training in any of these areas are welcome to attend when the topics are covered for the trainees. Licensed psychologists in California are required to have continuing education; we are approved by APA to provide that training, and most CE training for staff is open to Fellows. In addition, each year there are several full day conferences at the VAPAHCS attended by interdisciplinary staff and open to trainees; topics vary from year to year. Several VA clinical research centers (GRECC, Ci2i, National Center for PTSD), offer regular seminars or grand rounds, which are open to Fellows.

Sierra Pacific MIRECC Fellowship Training Program

We have two overarching goals for our postdoctoral training program:

1. Fellows will develop the full range of skills required for independent functioning as a psychologist.
2. Fellows will develop skills required to function effectively as a psychologist in a high priority area of health care for aging veterans (e.g., Aging/Dementia; PTSD).

Competencies for our first goal are defined by the general advanced practice competence domains identified by APA's Committee on Accreditation. Specifically, Fellows are expected to demonstrate, by the end of the year, competence in the following areas:

- Science-practice integration
- Ethical and legal standards
- Individual and cultural diversity
- Professional values, attitudes, and behaviors
- Communication and interpersonal skills
- Assessment
- Intervention
- Supervision
- Consultation and interprofessional skills

The competencies for our second goal are defined as much as possible by national accepted or emerging criteria defining expertise in the specific area of emphasis. Many of the specific competencies for each emphasis area are consistent with the general advanced practice competencies described above. The specific emphasis
area competencies are the following:

Clinical Geropsychology emphasis area ensures attainment of the advanced general clinical competencies as well as competencies delineated by the Pikes Peak Model for Training in Geropsychology (Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009).

This emphasis area involves training in these areas of Geropsychological competency:

- Research and theory in aging
- Cognitive psychology and change
- Social/psychological aspects of aging
- Biological aspects of aging
- Psychopathology and aging
- Problems in daily living
- Sociocultural and socioeconomic factors
- Assessment of older adults
    - Methodology of assessment of the older adult
    - Specific issues in assessment of older adults
    - Assessment of therapeutic and programmatic efficacy
- Treatment
    - Modalities: individual, group, couples, family, environmental modifications
    - Specific psychotherapy interventions for the aging
    - Issues in providing services in specific settings
- Prevention and Crisis Intervention Services
- Consultation
- Interface with other disciplines
    - Appropriate referral to other disciplines
    - Work within multidisciplinary or interprofessional teams and across a range of sites
- Special ethical issues

Post-Traumatic Stress Disorder emphasis area competencies are derived from a review of number of relevant and respected sources (for example, the National Center for PTSD and APA Division 56 – Trauma Psychology), as well as from review of existing core competencies in other PTSD postdoctoral fellowships, since national standards defining competency in the treatment of PTSD are still evolving.

This emphasis area involves training in the following competency areas:

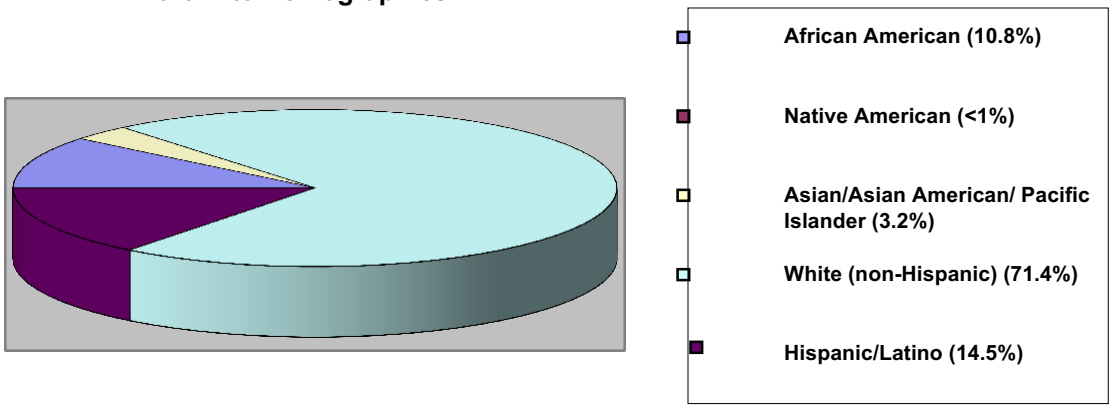
- Empirically validated and supported treatments for PTSD across the full continuum of care
- PTSD research and theory
    - Research and theory pertaining to combat-related PTSD in Vietnam and post-Vietnam era veterans (e.g., OEF, OIF, OND), active duty military personnel, military reservists, and National Guard members
    - Research and theory pertaining to military sexual trauma, complex PTSD, and gender specific treatment issues
- Empirically validated and supported treatments for PTSD with commonly occurring co-morbid disorders and conditions, specifically substance abuse disorders and mild to moderate traumatic brain injury
- Military culture and gender-specific cultural issues, and their impact on the course and treatment of PTSD
- Therapist self-care
- Assessment
    - Core PTSD assessment modalities
    - Assessment modalities pertaining to diagnoses and conditions commonly co-morbid with PTSD, specifically substance abuse disorders, mild to moderate traumatic brain injury, and anxiety disorders other than PTSD
    - Assessment of therapeutic and programmatic efficacy

Opportunities for Working with Diverse Patient Populations and for Developing Multicultural Competence

VA Palo Alto serves an ethnically diverse population of veterans and active-duty personnel ranging in age from 19-90+, with more and more younger ages represented due to our nation's recent military conflicts. While most of the patients are male, VA Palo Alto has specific women's mental health programs drawing

female veterans and active-duty personnel from around the nation. Female patients now account for approximately 10% of the VA Palo Alto patient population. Patients also range in socio-economic status, from high-income employees of local technology companies to low-income and/or homeless veterans. The overall VA Palo Alto population reflects the distribution of self-reported ethnic backgrounds in the pie chart below.

VA Palo Alto Demographics



Our didactics and seminar series devote a significant section of the trainings to directly addressing multicultural competence and diversity issues, as well as encouraging presenters for all topics to model critical thinking about diversity issues throughout the seminar series. Furthermore, supervisors address multicultural competence and diversity issues in each rotation and during the course of supervision. The postdoctoral program also takes seriously the support of fellows' professional development with regard to ethnic identity, sexual orientation, gender, disability, and other significant identifications. Towards this goal, our diverse supervisory staff is available for mentoring of fellows from a wide range of backgrounds. Multicultural competence is valuable to us and something we consider essential to ongoing professional development.

Training Objectives and Trainee Self-Disclosure in Training and Supervision

In the most recent version of the APA Code of Ethics (2010), APA described what a program can reasonably expect of students in training regarding personal disclosure. Because this clause is particularly relevant for clinical training programs, such as our internship and postdoctoral programs, we have reproduced this ethics clause and discuss how we approach this issue in our training program:

> *7.04 Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if*
> *(1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.*

We fully endorse the spirit of the clause, believing that trainees should not be forced to reveal more personal information than they feel ready to process, until they feel some comfort with the supervisory situation, and feel safety regarding how shared information will be handled. At the same time, self- disclosure is an important part of the training experience and serves at least two important purposes. First, the supervisor is ultimately legally and ethically responsible for the welfare of any patient seen by the trainee; thus, any important information about the trainee's internal experience that may affect the conduct of assessment or therapy is expected to be a part of the supervision process. Second, the general competencies expected in our program, especially those described under the category of Professionalism, include some particularly relevant to this new ethics clause, e.g.:

- Shows emotional maturity in professional contexts by tolerating ambiguity and anxiety and considering the views of others, even in charged situations.
- Accurately evaluates level of competency and considers own limitations when working with patients;

knows when own level of expertise is exceeded; seeks appropriate consultation when needed.
- Demonstrates knowledge of self and the impact of self on the conduct of therapy, within the theoretical perspective being utilized.

Feelings and the thoughts, beliefs, and circumstances that propel them cannot be simply expunged by a psychologist when it comes time to see a patient or to interact with colleagues. Learning to identify, utilize, and control feelings, attitudes, and actions in the consulting room and all other professional interactions is a lifelong process for all psychologists. We believe it is important that supervision be a place where the Fellow is assisted to explore and understand the qualities and experiences that he or she brings to every aspect of professional work and how these facilitate or hinder effective interactions. We intend that Fellows will recognize, improve, and employ those personal qualities that will assist in forming effective working relationships with patients, peers, MIRECC staff, staff and trainees of other professions with whom they work in the health care system, etc. – all professional work is influenced by the personal qualities of the trainee, and these are appropriately included in the supervisory process. At the same time, we re-affirm that this needs to be done in a sensitive way, in which the Fellow is given time to develop a safe and effective working relationship with the supervisor. This work should occur such that the underlying APA philosophy is respected. Fellows should not be required or forced to divulge information that is not relevant to the work they are doing or in a way that is not designed to promote and enhance professional development.

Evaluation Process

Supervisors, Mentors, and Fellows are expected to exchange feedback routinely as a part of the supervisory process; other evaluation procedures are meant to formalize this continuous information flow. It is the responsibility of the Fellowship leadership, Research Mentor, and Clinical Supervisors to ensure that formal evaluation occurs in a timely and constructive fashion, but Fellows are encouraged and expected to take an active role. Evaluation is a mutual process between Fellows, Supervisors, Mentors, and the training program as a whole. Fellows are encouraged to delineate their learning goals, to evaluate their progress at mid-rotation in terms of those original goals, to modify their goals as appropriate, and to plan for attaining these goals during the remainder of the rotation.

We have developed well-specified, measurable exit competencies for our two overarching training goals (i.e., general advanced practice competencies, emphasis area specific competencies). For each clinical setting/experience in the Fellow's training plan, supervisors complete both mid-rotation and end- of-rotation evaluations. Mid-rotation evaluations provide an opportunity for mid-course corrections, while end-of-rotation evaluations are a chance to reflect on overall progress that was made. Twice yearly, the Research Mentor evaluates Fellow's overall progress toward reaching the general advanced practice competencies and the emphasis area specific competencies, based on feedback from supervisors and on their own experience working with the Fellow. If any supervisor notes a problem that could affect successful completion of the Fellowship, Due Process procedures are in place to work towards resolution of the problem if possible. The Due Process procedure is reviewed in detail with Fellows during orientation at the start of the year.

Training Considerations During COVID-19 Pandemic

In the San Francisco Bay Area, there has been some form of a shelter-in-place order since 3/17/2020 with an indefinite end date; health care workers (including MIRECC Fellows) are considered "essential workers" and allowed to travel to work. You can see the VA Palo Alto COVID updates and details of our county shelter-in-place order at links below. Given the uncertain and dynamic nature of the COVID-19 pandemic, we do not know whether and how the 2021-2022 year will be impacted. The information below is provided to show you the current impact of the pandemic and how we have modified training to protect your health and safety as well as meet your training goals.

VA Palo Alto COVID-19 Current Operating Status: https://www.paloalto.va.gov/emergency/index.asp. Since March 2020, we have been fortunate that we have had relatively low numbers of COVID-19 patients hospitalized in our facility. You can see current and total patient and employee cases at any VA facility at this website, including at Palo Alto: https://www.accesstocare.va.gov/Healthcare/COVID19NationalSummary. VA Palo Alto has implemented universal masking, meaning that anyone who enters our campuses is required to wear a mask, including patients who have outpatient appointments. All screening checkpoints are ensuring that patients and their caregivers have a mask,

or are provided a mask if they do not have one. You will be asked health screening questions at the entrance checkpoints. VA Palo Alto is committed to providing all necessary PPE for its employees and trainees, as well as providing a hygienic work environment. You will also be provided masks for use at work; these are cloth masks for non-clinical use, and medical procedure masks for clinical settings where in-person patient contact is expected (one per day). You will also be issued a plastic face shield for your use, if needed in your training setting. Training settings will also provide cleaning supplies to sanitize your work areas. Finally, under shelter-in-place orders, you are required to have your PIV ID badge when traveling to and from work to verify your standing as an essential government healthcare worker.

Santa Clara County COVID-19 Website: https://www.sccgov.org/sites/covid19/Pages/home.aspx

Modifications to Training: The orientation of Fellows will be a combination of virtual and in-person orientation and will include a discussion of COVID-19 including information about how health and safety are maintained at VA Palo Alto. All new Fellows will complete telehealth TMS trainings during their first week, and the MIRECC will prepare ad hoc telework agreements for each Fellow to allow the training program the most flexibility in arranging training during the year. Trainees will not be providing services to patients with known COVID; these patients are treated in two separate, isolated medical units on the Palo Alto campus. Please note the following:

The VA campuses have strict restrictions on patients or other members of the public visiting (only for urgent patient care or limited specialty care). All employees and visitors must wear a mask in all public areas on campus as part of our universal masking policy, and are expected to follow social distancing guidelines (6-foot distance from others).
All outpatient clinics stopped seeing patients in person in March 2020, providing services only via telehealth (telephone or video when possible). Starting at the end of June 2020, outpatient clinics were permitted to increase to 20% in-person capacity for the near future; other increases have been placed on hold at this time (August 2020). For most outpatient settings at the onset of the 2020-21 training year, all or nearly all Fellow patient encounters will be by phone or video. As these restrictions change, we will continue to have collaborative discussions with Fellows regarding these matters. As much as possible, sites will work to limit in-person patient contact and will take into account individual trainee circumstances and preferences in returning to in-person patient care.
In residential or inpatient settings, nearly all patient contacts are done through telephone or video visits. The exceptions are in the Polytrauma System of Care and the Spinal Cord Injury Center where they are practicing extra vigilant hand hygiene and social distancing, are using a gown/mask/glove protocol when appropriate, and have a no visitor policy to the units. In addition, inpatient psychiatry units have recently been conducting group therapy with small numbers of patients in outdoor courtyards with appropriate social distancing. The SCI Center will require COVID testing for trainees in SCI rotations.

Some inpatient medical units with very vulnerable patients (e.g., CLC/nursing homes, hospice unit) are operating with limited in-person staff and trainee contact with patients. At this time, Fellows will be allowed on the CLC and hospice units (but not the Hospice unit) with restrictions, including required COVID testing, as well as use of telehealth (phone, video) with in-person staff support as needed to provide services to CLC patients. Some of the residential treatment units (e.g., PTSD and SUD residential programs) currently have very few residential patients. Current services in these programs have included intensive outpatient formats, via telehealth, as the programs consider and plan for limited new admissions.

All Fellows will continue to receive the required hours of weekly supervision (individual and group in-person or video is preferable, telephone only when needed). Fellows should expect routine supervisory observation using in-person or telehealth modalities, as well as co-treatment with supervisors and other licensed mental health staff.

All didactics and seminars are currently held remotely. Any future in-person seminars will be planned with appropriate social distancing. Currently, in-person team meetings or group supervision may occur with 6 or fewer people and only with appropriate social distancing; otherwise, video or telephone conferencing is being used.

The training program will develop an individualized plan for each Fellows which may range from full-time on-site work, part-time telework, or full-time telework with remote access from home which can include telehealth, didactics, individual and group supervision, team meetings, clinical documentation, and other projects in line with their training goals. Telehealth from VA or from home will occur with supervision and provision of clinical services as appropriate to clinical setting, supervision plan, and trainee's level of training. Telework plans will to be made collaboratively with supervisors with discussion of the pros/cons of different arrangements, the range of what is possible, and how other trainees and staff have made these decisions. Note that these arrangements will differ by training setting and trainee circumstances, and can change over time.

All MIRECC Fellows are expected to communicate with their supervisors regularly regarding health and safety concerns and issues. Trainees with exposure to a person with COVID and/or experiencing potential COVID symptoms or should not report to work and follow CDC guidelines for self-quarantine or self-isolation. All trainees should inform Occupational Health if they are diagnosed or tested positive for COVID-19, or who are exposed to a person with COVID, to allow for contact tracing of all potentially exposed staff and patients at VA. If possible, we ask that the trainee gets promptly tested and does not return to work until a confirmed negative test, or what the current CDC guidelines recommend at that time. See below for the current (August 2020) guidance from the CDC:

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html#:~:text=You%20should%20stay%20home%20for,after%20exposure%20to%20the%20virus.
https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html
See the website below for multiple free COVID-19 testing sites in Santa Clara County: https://www.sccgov.org/sites/covid19/Pages/covid19-testing.aspx

Application and Selection Process

Selection of Fellows is done by the Postdoctoral Selection Committee, with input from the staff in each emphasis area, using the following criteria (not in priority order):

- Breadth and quality of previous general clinical or counseling training experience
- Breadth, depth, and quality of training experience areas relevant to the Sierra Pacific MIRECC mission
- Quality and scope of scholarship, as indicated partially by research, convention papers, and publications
- Relationship between clinical and research interests/experience of the applicant
- Evidence of personal maturity and accomplishments
- Thoughtfulness of answers to the application questions
- Goodness of fit between the applicant's stated objectives and the training program and medical center's resources
- Strength of letters of recommendation from professionals who know the applicant well

The Fellowship program follows a policy of selecting the most qualified candidates and is an Equal Opportunity Employer. Our commitment to diversity includes attempting to ensure an appropriate representation of individuals along many dimensions, including (but not limited to) gender, sexual orientation, age, ethnic/racial minorities, and persons with disabilities.

In order to apply to our fellowship program, you must submit **via email** the required application elements listed below. The fellowship brochure is updated in the fall of each year and may be obtained on the MIRECC's website (www.mirecc.va.gov/visn21) or by emailing the Fellowship Director, Kaci Fairchild, PhD, ABPP, at JenniferKaci.Fairchild@va.gov. This year the due date will be **December 4, 2020. All application materials must be received by us on or before this date**.

Incomplete applications will not be read by the Postdoctoral Selection Committee.

All application elements from you (#1-3) should be sent electronically to JenniferKaci.Fairchild@va.gov in one email. A separate electronic cover letter is not expected (note that any text in your transmittal email will not be saved as part of your application). Letters from your recommendation letter writers (# 4) should be emailed to JenniferKaci.Fairchild@va.gov from their institutional (e.g., university or agency) email address with your name indicated in the subject line. We encourage all files to be sent as Microsoft Word or Adobe Acrobat files. Please do not mail any materials in hard copy form.

Application Requirements List:

1. A signed letter of interest that strictly follows the instructions. Please review the Sierra Pacific MIRECC Fellowship Training Brochure, which describes our

programs training goals and opportunities with Training Faculty. In your letter please described,

- Your previous educational, clinical and research experiences
- Your areas of clinical and research interest and its alignment with the MIRECC emphasis area(s) and mission
- Specific clinical and research goals and objectives for your Fellowship year
- You career "next steps"

2. Current Curriculum Vitae
3. Work Sample, such as a published manuscript on which you are first author or other written product that highlights your work relevant to your identified emphasis area
4. Three letters of recommendation from faculty members or clinical supervisors who know your research work well. One of these letters must be from your primary research mentor. Letter writers should email an electronic copy from his/her university or agency email address, and this will be considered an official "signed" copy. We encourage letter writers to send documents as Microsoft Word orAdobe Acrobat files.

Following receipt of these materials, a select number of applicants will be invited to interview in person or by telephone, in early January. **Initial fellowship offers will be made by telephone on or before January 4th**. We look forward to hearing from you. Further information can be obtained by contacting the Fellowship Director preferably by email at JenniferKaci.Fairchild@va.gov or at (650) 493- 5000 X 63432.

Fellowship Admission, Support, and Initial Placement Data Tables

Fellowship Program Admission
Date Program Tables are updated: 10.04.20

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:
The mission of the Sierra Pacific MIRECC is to build an integrated system of clinical, research, and educational efforts designed to improve the clinical care for aging veterans with dementia and/or PTSD. As such, the Sierra Pacific MIRECC provides specialized training in two emphasis areas: Geropsychology and PTSD. Fellows devote the majority of their time to patient-oriented research and education activities and 25% to direct patient clinical care. Our training is consistent with the scientist-practitioner model of psychology. Our program fits best with Fellows who have been trained as scientist-practitioners or clinical scientists.

Describe any other required minimum criteria used to screen applicants:
Applicants must have obtained a doctorate from an APA or CPA accredited clinical, counseling or combined psychology program and completed an APA or CPA accredited internship program. Applicants are evaluated on the breadth and quality of previous general clinical or counseling training experience; breadth, depth, and quality of training experience areas relevant to the Sierra Pacific MIRECC mission; quality and scope of scholarship, as indicated partially by research, convention papers, and publications; relationship between clinical and research interests/experience of the applicant; evidence of personal maturity and accomplishments; thoughtfulness of answers to the application questions; goodness of fit between the applicant's stated objectives and the training program and medical center's resources; strength of letters of recommendation from professionals who know the applicant well.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Residents	$64,268
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for Fellow?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe): Up to 10 days of professional leave may be granted for conference attendance, job interviews, or advanced trainings. Up to $1000 can by conference or education related travel. Free parking and available public transit subsidy benefit. For more details on VA benefits, see https://www.psychologytraining.va.gov/benefits.asp	

* Note. Programs are not required by the Commission on Accreditation to provide benefits listed in this table.

Initial Post-Residency Positions

	2015-2019	
Total # of residents who were in the 4 cohorts	6	
Total # of residents who remain in training in the residency program	3	
	PD	**EP**
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	3	1
Military health center		
Academic health center		1
Other medical center or hospital		
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		1
Unknown		

Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. Former trainees working in more than one setting, select the setting that represents their primary position.

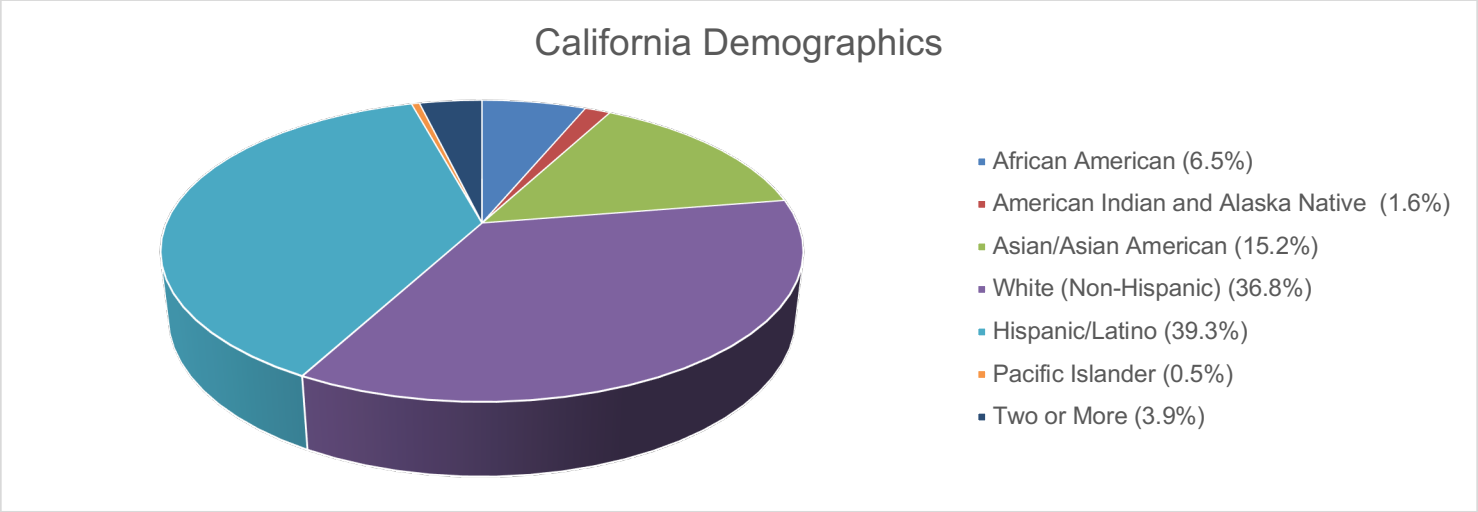
Living in the San Francisco Bay Area

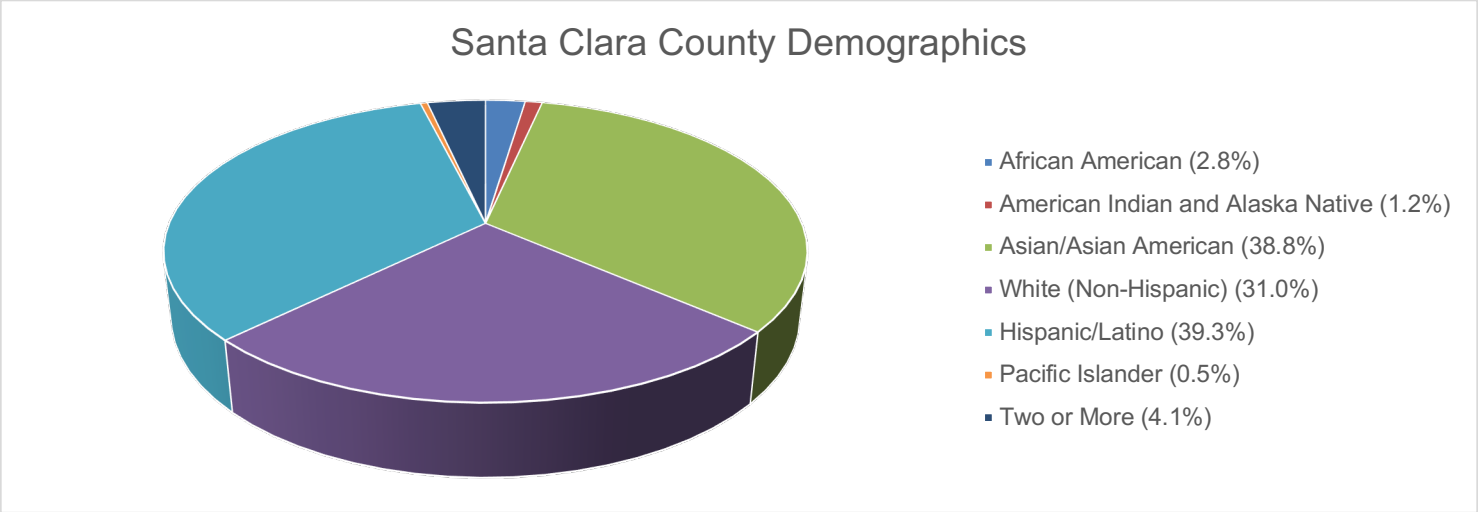
The San Francisco Bay Area is a geographically and ethnically diverse area surrounding the San Francisco Bay in Northern California. Home to world-class universities such as Stanford University, UC San Francisco and UC Berkeley as well as the headquarters of leading Silicon Valley high-tech companies such as Google, Yahoo!, Facebook, Apple, Houzz, Intel, Twitter, Netflix, Uber, YouTube and eBay, the Bay Area is one of the most culturally, intellectually, and economically dynamic areas of the country. Palo Alto is located on the San Francisco Peninsula about 35 miles south of San Francisco, which is referred to as “The City” and the cultural center of the Bay Area.

The Bay Area has three major airports (San Francisco International, San Jose Mineta International, and Oakland), as well as an extensive freeway system. Public transportation on BART (Bay Area Rapid Transit) and local bus systems connect the cities and suburbs of the Bay Area, though most residents drive themselves. Housing for

renters and homebuyers is one of the most expensive in the country.

The Bay Area is the fifth most populous metropolitan area in the United States, with high levels of international immigration. Palo Alto is part of Santa Clara County, which has slightly different demographics than the Bay Area and the state overall, with greater numbers of Asians and Asian Americans and fewer numbers of African Americans. Also, thirty-seven percent of the people living in Santa Clara County were born outside the U.S. There are 58,015 Veterans living in Santa Clara County. See pie charts below for specifics on state and county demographics from U.S. Census data (retrieved October 8, 2019 from https://www.census.gov/quickfacts/fact/table/santaclaracountycalifornia/PST045216 and https://www.census.gov/quickfacts/fact/table/CA/PST045216).





The region has a lot to offer, making the Bay Area one of the most desirable places to live in the country – mild weather, beaches, mountains, and open space perfect for outdoors enthusiasts, a thriving business and technology sector, and excellent universities and academically-affiliated medical centers providing resources for intellectual and scholarly activities. Visitors and residents alike can enjoy the diversity of social and cultural attractions, such as museums, cultural events, top-rated restaurants, and wineries in the Napa and Sonoma Valleys. In addition to easily accessible outdoor recreation areas for skiing, surfing, hiking, and biking, sports fans can follow the many Bay Area sports teams (Oakland A's, SF Giants, SF 49ers, San Jose Sharks, Golden State Warriors).

The Sierra Pacific MIRECC Fellowship values practicing balance in one's professional and personal life, which our Mentors strive for and hope to be good models for our Fellows. If you come to Sierra Pacific MIRECC for fellowship, we hope you will have many opportunities to explore and enjoy living in this great area.

Contacting MIRECC

The Sierra Pacific MIRECC is open for business Monday through Friday, 8AM - 4:30PM Pacific Time, except on Federal holidays. The Fellowship administration can be reached at the following address and contact information:

Kaci Fairchild, PhD, ABPP
Director, Psychology Fellowship
Sierra Pacific MIRECC (151Y)
VAPAHCS
3801 Miranda Avenue
Palo Alto, CA 94304
Telephone: (650) 493-5000 x 63432
Email: Jenniferkaci.Fairchild@va.gov

Michelle Madore, PhD
Co-Director, Psychology Fellowship
Sierra Pacific MIRECC (151Y)
VAPAHCS
3801 Miranda Avenue
Palo Alto, CA 94304
Telephone: (650) 493-5000 x 64221
Email: Michelle.Madore@va.gov

An electronic copy of this brochure may be obtained by accessing the Sierra Pacific MIRECC's website at http://www.mirecc.va.gov/visn21 or by emailing the Fellowship Director at JenniferKaci.Fairchild@va.gov. Thanks for your interest in our program. Feel free to be in touch Dr. Fairchild if you have additional questions.

The VA Palo Alto Health Care System MIRECC Psychology Fellowship is an APA-accredited program. The APA Office of Program Consultation and Accreditation can be reached at the American Psychological Association, 750 First St. NE, Washington DC 20002-4242; phone number 202 336-5979.

Appendix A
Sierra Pacific MIRECC Fellowship Research Mentors

Sherry A. Beaudreau, PhD, ABPP

Dr. Beaudreau is a licensed clinical psychologist with board certification in geropsychology. Her research focuses on the reciprocal relationship between late life mental health symptoms and cognitive functioning and their implications for mental health treatment. She obtained her B.A. in Psychology at Smith College in Northampton, MA and her Ph.D. in Psychology with an aging and neuropsychology emphasis at Washington University in St. Louis, MO. She completed her clinical internship at VA Palo Alto in 2005 and VA Advanced Fellowship in Mental Illness Research and Treatment (MIRT) at the Sierra Pacific MIRECC in 2008 . She is currently national Director of the 28-site MIRT fellowship program. She is also a Clinical Professor (Affiliated) at Stanford University School of Medicine in the Department of Psychiatry and Behavioral Sciences and an Honorary Associate Professor at the University of Queensland in Brisbane, Australia.

Dr. Beaudreau's research examines association of cognitive functioning on the development of psychiatric symptoms, suicidal thinking and behaviors. She leverages this work to develop behavioral interventions for mental health disorders and suicide prevention in older Veteran, and has a particular interest in problem-solving therapy. Dr. Beaudreau is available to work with Fellows as a primary or secondary mentor in the areas of interventions for late life mental health disorders, including cognitive and other baseline predictors of treatment response. Fellows have opportunities to conduct problem-solving therapy with older Veterans at risk for suicide. Fellows may also work with her existing data to conduct studies on mental health symptoms and genetic moderators in relation to neurocognitive performance in older adults. Opportunities to work with large secondary datasets such as the Aging Demographics and Memory Study (ADAMS), Health and Retirement Study (HRS), and Wisconsin Longitudinal Study (WLS) are also available to trainees. She serves on two journal editorial board is currently funded by a VA multi-site clinical trial on late life suicide prevention. As a research mentor, Dr. Beaudreau encourages professional development for academic readiness through attendance at NIH research institutes, first authorship and co-authorship on several peer-reviewed publications during fellowship, and actively applying for pilot funding or career development grants. Past and current fellows with an aging or lifespan focus have attended NIH research institutes as funded participants through NIA, NIMH, and OBSSR, and have received funding from the Brain and Behavior Research Institute (NARSAD), Stanford Innovator Training grant program, and VA Career Development Award program.

Timothy C. Durazzo, PhD

Dr. Durazzo is an Associate Professor of Psychiatry and Behavioral Sciences at Stanford University, and an Investigator and Clinician in the VA Sierra-Pacific Mental Illness Research Education and Clinical Center (MIRECC) at the Palo Alto VA. He is a licensed clinical psychologist with postdoctoral training and extensive experience in clinical neuropsychology and neuroscience. Dr. Durazzo joined the Stanford School of Medicine and Palo Alto VA in 2015 following his 15 years at the University of California, San Francisco and San Francisco VA Medical Center.

Dr. Durazzo's BRASS lab serves both Veterans and non-Veterans and his current research program is focuses on: 1) Evaluation of repetitive transcranial magnet stimulation (rTMS) for treatment for alcohol use disorders: At least 60% of individuals with an alcohol use disorder (AUD) relapse within 6 months after inpatient and/or outpatient treatment. More efficacious treatments are needed to decrease the high rate of relapse in those with AUD. Dr. Durazzo is PI on VA and Stanford funded clinical trials to evaluate the efficacy of intermittent theta burst rTMS to target neural circuits known to show significant neurobiological abnormalities in AUD and treat common comorbidities (e.g., depressive disorders, cigarette smoking) that are associated with relapse in AUD; 2) Neurobiological and neurocognitive predictors of relapse in alcohol/substance use disorders: While multiple psychosocial correlates of relapse after treatment have been identified, the neurobiological and neurocognitive risk factors for relapse are largely unspecified. Our methods involve multimodality MR neuroimaging and neurocognitive assessments to identify the neurobiological and neurocognitive factors that predict relapse in alcohol/substance use disorders. This research will inform the development of more efficacious treatments for alcohol/substance use disorders to prevent the high rate of relapse seen in these conditions. This research is conducted in conjunction with BRASS lab rTMS studies; 3) Neurobiological and neurocognitive consequences of cigarette smoking: The vast majority of research on the adverse health effects of cigarette smoking has focused on cardiac and pulmonary functions, vascular systems, and risk for cancer. It is clear that smoking involves adverse effects on the human brain. Dr. Durazzo is Co-PI on a dual site NIH/NIAAA funded project to employ the advanced multimodality MR neuroimaging and neurocognitive assessments to delineate the under-appreciated neurobiological and neurocognitive consequences of

smoking in those with alcohol use disorders, traumatic brain injury and “healthy” individuals. Understanding the neurobiological and neurocognitive consequences of smoking, and the mechanisms by which smoking injures the brain, is necessary to promote development of more efficacious smoking cessation interventions.

J. Kaci Fairchild, PhD, ABPP

Dr. Fairchild is a board-certified Geropsychologist who serves as the Associate Director of the VISN 21 MIRECC and Fellowship Director at the VISN 21 MIRECC at VAPAHCS as well as a Clinical Associate Professor (affiliated) of Psychiatry and Behavioral Sciences at Stanford University School of Medicine. Her research seeks to understand the relationship between physical activity and brain health, and then apply that knowledge towards the design of effective interventions for late life cognitive impairment. She obtained her PhD in Clinical Geropsychology with a geropsychology emphasis at the University of Alabama, completed her internship at the Palo Alto VA followed by a postdoctoral fellowship with a dementia emphasis at the MIRECC/Stanford University School of Medicine, before joining the faculty in 2009.

The primary focus of Dr. Fairchild’s lab is to reduce the negative effect of late life cognitive impairment and neuropsychiatric disorders in those affected by late life cognitive impairment. This work is accomplished through a three-tiered approach that includes the development and evaluation of interventions that promote healthy function and prevention of future impairment through: 1) the identification of risk and protective factors for late life cognitive impairment, 2) development of non-pharmacological treatments for cognitive impairment and neuropsychiatric disorders; and 3) identification of demographic, cognitive and biological mechanisms of treatment response. Ongoing work addresses these questions through investigation of the role of physical activity and cognitive training in older adults with amnestic MCI as well as the role of physical activity and psychosocial interventions in caregivers of veterans with dementia and/or Traumatic Brain Injury. Fellows have the opportunity to contribute to ongoing in investigations of the effects of physical activity on brain health. Current funded projects in Dr. Fairchild’s lab include: a VA RRD funded RCT of water-based exercise + cognitive training in Veterans with MCI; a NIA funded trial of the effects of exercise on cognitive and physiological outcomes in older adults with MCI; and a DOD funded trial of a combined physical execise + skills training intervention for caregivers of persons with either a TBI or Dementia. Fellows also have the opportunity to work with Dr. Fairchild’s extensive databases from recently completed Department of Defense and VA ORD funded trials of exercise for cognitive function in older adults with MCI. These databases include full cognitive, psychological, physiological, biological (e.g., neurotrophic factors, myokines, etc.) and genome sequecing of participants thus hold great potential as a secondary data source. Furthermore, Dr. Fairchild encourages fellow involvement in manuscript writing, grant preparation, and collaboration with colleagues in Psychology, Psychiatry, Cardiology, and Neurology. Accordingly, much of Dr. Fairchild’s mentorship focuses on manuscript writing and grantsmanship.

Andrea Goldstein-Piekarski, PhD

Dr. Goldstein-Piekarski is a Clinical Assistant Professor in the Psychiatry and Behavioral Sciences Department at Stanford University and an Investigator in the MIRECC at the Palo Alto VA. She is also the director of the Computational Psychiatry, Neuroimaging, and Sleep Laboratory (CoPsyN Sleep Lab). Dr. Goldstein-Piekarski received her bachelor’s degree in Cognitive Science and Psychology at the University of California, San Diego and a doctorate in Neuroscience/Psychology at the University of California, Berkeley. Following obtaining her PhD, she completed a postdoctoral fellowship at Stanford supported by a postdoctoral NRSA.

Her research program utilizes human neuroimaging and computational approaches to understand how sleep disruption and individual differences in sleep physiology affect psychiatric disorder symptomology and treatment response across the lifespan. Sleep disruption is now recognized as both a feature of most major psychiatric disorders and a potential causal factor in their development and maintenance. However, the manner in which sleep physiology contributes to behavioral and neural dysfunction remains unknown. Further it is not known whether therapeutic outcomes are mediated by treatment dependent changes in sleep physiology, whether measures of sleep physiology can be combined with other neuroimaging, genetic, and behavioral biomarkers to predict which therapeutic interventions a patient will respond to, or whether some psychiatric symptoms that are present in neurodegenerative diseases such as Alzheimer’s may arise as a direct result of deteriorating sleep. By using human neuroimaging, high-density EEG (hd-EEG) sleep recordings, and computational approaches her research aims to: (1) identify the neural mechanisms that underlie the relationship between sleep and mood, (2) identify biomarkers of vulnerability to the affective consequences of disrupted sleep, and (3) identify sleep and

brain related biomarkers that can identify who is likely to benefit from psychosocial and pharmacological interventions for insomnia, anxiety, and depression. The ultimate goal of this research is to develop mechanistically informed interventions that directly target aspects of sleep to prevent and treat affective disorders.

Current projects include: an NIH funded clinical trial examining the impact of a sleep intervention on emotion regulation brain function in individuals with depression; an NIH funded clinical trial studying sleep disturbance and emotion regulation in individuals with Mild Cognitive Impairment (MCI) and mild Alzheimer's Dementia, a NIH and VA funded clinical trials examining mediators and moderators of response to non-drug treatments for insomnia in older adults and Gulf War Veterans, a project examining if a brief telehealth sleep intervention targeting acute insomnia will help mitigate the mental health burden created by the COVID-19 pandemic, and a Kleine-Levin Syndrome (KLS) Foundation funded study which aims to identify actigraphy derived subtypes of KLS.

Corey Keller, MD, PhD

Dr. Corey Keller is an Assistant Professor in Psychiatry and Behavioral Sciences at Stanford University and an Investigator and Psychiatrist at the VA Palo Alto. Dr. Keller received his MD and PhD in neuroscience from the Medical Scientist Training Program at Albert Einstein College of Medicine. Dr. Keller completed his residency in psychiatry at Stanford University Medical Center. During his training, he has received a pre-doctoral NINDS F31 award, a mentored NIMH K23 award, and the NIH DP5 Early Independence Award.

Using neuroimaging and electrophysiological techniques, the goal of Dr. Keller's Laboratory (kellerlab.stanford.edu) is to improve Transcranial Magnetic Stimulation (TMS) by better understanding the fundamental principles of human brain plasticity and building trans-diagnostic real-time monitoring platforms for personalized brain stimulation. TMS is a non-invasive brain stimulation technique that is FDA-approved for depression, OCD, migraines, and smoking cessation, with clinical trials underway for PTSD, addiction, and Alzheimers. Unfortunately, TMS is typically applied in a one-size-fits-all manner without reference to one's biology. TMS has the potential to treat many of the disorders that affect veterans, and as such we are in critical need for a personalized and more effective approach. Dr. Keller emphasizes an environment conducive to team-based learning in order to train the next generation of clinically-informed circuit neuroscientists, question the status quo with rigorous scientific experiments, and make important contributions in understanding how brain stimulation alters neural circuits and behavior and translate these findings to develop targeted, personalized, and more effective treatments.

Fellows in Dr Keller's lab will have the opportunity to contribute to ongoing investigations from funded research and work at the intersection of psychiatry, neuroscience, electrophysiology, brain stimulation, engineering, clinical trials, and precision neurotherapeutics. They will analyze already collected human multi-layered electrophysiological signals (high density scalp and intracranial EEG) paired with brain stimulation to better understand the relationship between 1) how brain circuits interact; 2) how treatments change these brain circuits; 3) how these changes map onto clinical symptoms. In addition, fellows will have the opportunity to contribute to our randomized clinical trial on personalized EEG-based closed-loop TMS treatment for depression. Dr. Keller will provide mentorship around analyzing brain signals, networking, grantsmanship, and manuscript writing.

Michelle R. Madore, PhD

Dr. Madore is a licensed clinical psychologist and neuropsychologist. She is currently the Fellowship Co-Director at the Sierra Pacific MIRECC, Director of the VA National Clinical TMS Program, and Clinical Assistant Professor at Stanford University School of Medicine. Her research, broadly speaking, focuses on environmental and biological influences on brain function, mood regulation, and cognition. More specifically, Dr. Madore's research seeks to explore the predictive value of biological markers in mood dysregulation and cognitive impairment with the goal of investigate mechanisms, such as transcranial magnetic stimulation (TMS), which may influence these markers. She earned her B.A. in cognitive science at the University of California, Irvine; her M.A. in clinical psychology at California State University, Northridge; and her doctorate in Psychology, with a specialization in Clinical Neuropsychology, at the University of Cincinnati. She completed her pre-doctoral internship in neuropsychology at VA Palo Alto Health Care System. She went on to receive post-doctoral training at VA Northern California Health Care System – Martinez, San Francisco VA Medical Center, and VA Palo Alto Health Care System/Stanford University School of Medicine. In her post-doctoral education, she received specialized training in clinical neuropsychology, cognitive rehabilitation, and polytrauma. She is a member of the American Psychological Association – Society for Clinical Neuropsychology (APA-SCN), Asian Neuropsychological Association (ANA), the International Neuropsychological

Association (INS), and the Asian American Psychological Association – Division on Filipino Americans (AAPA-DoFA). She is also involved in several leadership positions within these organizations, serving as the Treasurer for the ANA, Co-Finance Officer in AAPA and the chair of the Public Interest Advisory Committee of APA-SCN. In addition to serving as a research mentor, she is available to mentor fellows in a variety of other areas, such as clinical neuropsychology training and professional development, such as gaining involvement in national organizations. Research fellows in her lab would have the opportunity to work on her current projects looking at biomarkers, such as fRMI, EEG, or blood-based markers, of treatment response to neuromodulation treatments (e.g., TMS).

Claudia Padula, PhD

Dr. Padula is a Research Health Science Specialist at the Palo Alto VA and an Instructor (affiliate) of Psychiatry and Behavioral Sciences at Stanford University. She directs the Padula BRAVE Lab, which focuses on Brain Research on Addiction and Veterans' Emotions. Her research program is aimed at providing novel, innovative, and exciting science to improve treatment outcomes for Veterans with addiction. She uses a combination of multimodal brain imaging techniques, cognitive and neuropsychological measures, socio-demographic and clinical information to understand each individual person in the context of their life experiences. Her vision is for Veterans with addiction to eventually receive precision care based on their individual brain and symptom profiles, instead of a one-size-fits-all approach to treatment. In addition, the BRAVE Lab is committed to fostering a diverse and representative lab. To this end the BRAVE Lab aims to 1) provide safe, equitable, and inclusive environment through deliberate actions, 2) value differences and use them to better our science, 3) respect individual needs, styles, and career goals and mentor accordingly, and 4) find areas to change the status quo in order to broaden representation in STEM, in an attempt to correct historical opportunity imbalances.

Dr. Padula lab focuses is on using multi-modal brain imaging methods together with clinical evaluation and outcome measurement to define the underlying neural circuits underlying addiction in Veteran men and women. The long-term goal of this line of research is to personalize interventions can ultimately be employed with the goal of improving treatment outcomes and reducing risk of relapse. The current studies focus on alcohol use disorder, and affiliate studies are examining stimulant use disorders. To define brain circuits within these populations, she uses multiple sources of information from brain imaging, including resting and task-based functional MRI, spectroscopy, diffusion tensor imaging, and T1 weighted structural imaging techniques. These sources of information are then integrated with assessments of general and emotional cognition, psychological symptomatology, and life history. Additional studies in the lab are testing the efficacy of an interventional component to try and augment current treatment. Specifically, she uses repetitive transcranial magnetic stimulation (rTMS) to increase neural plasticity and promote neural recovery during the early stages of addiction recovery. Future studies will aim to integrate rTMS with psychotherapy to understand additive or synergistic effects. Because the BRAVE Lab takes a translational and transdiagnostic approach to research, she includes Veterans with co-occurring depression, anxiety, and PTSD, as these conditions are highly co-morbid in Veterans with addiction.

Allyson Rosen, PhD, ABPP-CN

Dr. Allyson Rosen is a board certified, clinical, geriatric neuropsychologist and Director of Dementia Education for the MIRECC. She has been conducting research on neuropsychological measures, brain imaging and noninvasive brain stimulation in young and older adults for over 10 years at Stanford, National Institutes on Aging, and the Medical College of Wisconsin. She completed her undergraduate training at Brown University, clinical psychology Ph.D. from Case Western Reserve University. She completed specialty training in clinical neuropsychology during internship at Long Island Jewish Hospital and postdoctoral specialization at the Medical College of Wisconsin. She also research fellowships at the National Institute on Aging (Intramural) and the Psychology Department at Stanford University (F32 NRSA). Throughout her years of research Dr. Rosen has focused on relating neuropsychological tests to novel measures of brain integrity to study older adults with mild cognitive declines. The ultimate goal is to make these imaging and brain stimulation tools directly helpful to older adults for diagnosis and clinical intervention.

Dr. Rosen's lab focuses on understanding, preventing, and treating the effects of age-related brain degeneration by applying neuropsychology and cutting-edge models and techniques from cognitive neuroscience. These techniques include structural and functional imaging, clinical neuropsychology, and non-invasive brain stimulation. Her early work focused on healthy aging but now she is developing concrete ways of applying this work to enhance clinical care in older adults. One line of research focuses on how to prevent subtle cognitive decline associated with surgical interventions to prevent stroke. The other line of research is a multi-site fMRI grant focused on the most effective approaches to adapt transcranial magnetic stimulation (TMS) for depression to improve treatment effectiveness in

older adults with age-related brain atrophy. Dr. Rosen also is strongly interested in ethics and neuroethics and leads a feature in the Journal of Alzheimer's Disease on ethical issues in dementia.

Joy Taylor, PhD
Dr. Taylor is the Associate Director of the Stanford/VA Aging Clinical Research Center and the Sierra Pacific MIRECC Dementia Core, and a Clinical Professor (affiliated) of Psychiatry and Behavioral Sciences at Stanford University School of Medicine. Her clinical research is directed towards identifying risk factors for dementia; non-pharmacological neuromodulation-based interventions for cognitive impairment; neuroimaging/neurocognitive correlates of neuropathological vs. super aging and biomarkers of response to neuromodulation.

Dr. Taylor's clinical research lab is studying multi-session repetitive Transcranial Magnetic Stimulation (rTMS) as a potential treatment for Mild Cognitive Impairment. Ongoing research will test the hypothesis that rTMS can significantly improve memory and cognitive function. This trial involves innovative stimulation sites, as well as MRI and plasma-based biomarkers of response. MIRECC Fellows will have the opportunity to learn techniques for network-targeted rTMS, analyze multimodal neuroimaging data, contribute to posters and manuscripts, and travel to present findings.

Julie Weitlauf, PhD
Dr. Weitlauf is Director of the Women's Mental Health and Aging Core at the MIRECC and a Clinical Professor of Psychiatry and Behavioral Sciences at Stanford School of Medicine where she directs the Women's Sexual Functioning Clinic within Women's Wellness. Her clinical research interests relate to the intersection of women Veterans' physical and mental health, with particular emphasis on the impact of interpersonal violence and posttraumatic stress disorder on: a) psychosocial functioning, i.e., personal safety related behaviors, family and relationship conflict, sexual functioning; b) preferences and patterns of utilization for preventive women's health care; and c) salient co-factors (e.g., sleep, vasomotor symptoms, mood disturbance) associated with women's peri-and post-menopausal health and mortality risks, and d) sexual dysfunction in women, with emphasis on the intersection of genital pain disorders in women with prior trauma or abuse exposure. Dr. Weitlauf currently works clinically in a variety of settings (VA and Stanford) where she helps to address these issues in women Veterans (VA) and civilian women (Stanford). Specifically, Dr. Weitlauf facilitates DBT skills groups, cognitive therapy for vasomotor symptoms treatment protocols, and cognitive behavioral and exposure based therapeutic protocols to address women's sexual pain disorders. She collaborates with WellConnect at Stanford, is also actively involved in program evaluation efforts related to the effectiveness of the national career development award programs (NIH K awards, VA and AHRQ CDA awards), improvement of post-doctoral and early career mentoring relationships, and efforts to enhance career development of women in the medical sciences.

For Post-doctoral Fellows within the MIRECC program, Dr. Weitlauf views her primary role to be one of fostering independence and facilitating Fellows' progress towards securing competitive research funding and initiating their own laboratories. <u>All of her prior fellows have gone on to secure tenure track positions in competitive departments around the country</u>. As such, she encourages early engagement in grant writing, and welcome trainees who want to "initiate" their own projects related to health/mental health functioning in women Veterans--particularly those Veterans with prior exposure to interpersonal violence. That said, she deeply understands each Fellow's need for research related products during their time on Fellowship. To that end, her lab offers ample opportunities for Fellows to mine large, archival databases replete with information on women Veterans physical and mental health, psychosocial functioning, health risk behaviors, and patterns of health care utilization--and to take a lead role in developing a series of meaningful manuscripts that can serve as the foundation of their future grants. There are opportunities for clinical and/or research related roles within her currently funded research portfolio which includes research on elder abuse detection in women, treatment of sexual pain disorders in women with trauma, and assessment and treatment of sleep disturbances in peri and post-menopausal women with hot-flashes. Finally, there will be both clinical, health policy, and research related roles for trainees on projects associated with the study of women veterans' sexual health and functioning, with particular emphasis on the menopausal transition, throughout the 2020-2021 academic year.

Lea Williams, PhD
Dr. Williams is a Professor of Psychiatry and Behavioral Sciences at Stanford University and at the Palo Alto VA. She directs the Williams PanLab and Center for Precision Mental Health and Wellness which have twin sites at Stanford and at the Palo Alto MIRECC. She is Director of Education and Precision Medicine at the MIRECC. The PanLab and Center

function around a collaborative ethos.

Her research programs are aimed at developing and testing a precision approach to mental health. Insights from human neuroscience are used to characterize forms of trauma, mood and anxiety disorders, and to personalize clinical care in order to improve outcomes. The research integrates across five related themes: advanced imaging and 'biotyping', mechanistic trials, biotype-guided trials, computational approaches, and clinical and field translation. Fellows, postdocs, research coordinators, and grad students within the PanLab and Center have complementary backgrounds and expertise that make possible both the research outcomes and thriving collaborations.

Outcomes from her research contributed to over 300 publications to the field and attracted awards that include the $1M Pfizer Foundation Research award and the American Psychosomatic Society Presidential award. Prior to joining the Stanford faculty in 2013, Dr. Williams was founding chair and professor of Cognitive Neuropsychiatry at the Sydney Medical School and Director of the Sydney Brain Dynamics Center. Her PhD was awarded in 1996; it was completed with a British Council scholarship for study at Oxford University, in the Experimental Psychology department. Her undergraduate training was in clinical and cognitive psychology, and her PhD was in clinical affective and cognitive neuroscience.

In Dr. Williams' PanLab and Center, imaging, biotyping and biotype-guided trial research focuses on large-scale neural circuits that have been implicated in core human functions that are disrupted in trauma and mood disorders; including emotional reactivity, emotion regulation, cognitive control and self-reflection. To delineate these circuits, research studies use multiple sources of information acquired from functional Magnetic Resonance Imaging (fMRI) and EEG. These sources of information are then integrated with assessments of general and emotional cognition, symptom profiles and life history, in order to relate circuit information to a deep understanding of phenotypes. In some studies, additional genetic or other biomarkers are also investigated as moderators. Modern computational and machine learning techniques are used to identify new ways to develop and test a taxonomy of mental illness based on these data. To ensure the insights have clinical and real-world relevance, these multiple sources of data and computational approaches are deployed in both mechanistic and biotype-guided interventional studies. One set of current projects focuses on the use of human connectome imaging to characterize subtypes of mood and anxiety disorders. A second set focuses on imaging of cognitive control circuits and executive function as biomarkers for response to repetitive transcranial magnetic stimulation (rTMS). The rTMS studies are precision medicine mechanistic trials of veterans undertaken in partnership with the National Clinical TMS Program coordinated from the Palo Alto VA. Because Dr. Williams' research takes a cross-disorder point of view, the research embraces the heterogeneity of trauma, mood and anxiety disorders and their comorbidity with other disorders.

Jamie Zeitzer, PhD

Dr. Zeitzer is an associate professor in Psychiatry and Behavioral Sciences at Stanford University and the VA Palo Alto Health Care System. He is a member of a variety of programs at Stanford, including the Wearable Electronics Initiative, Precision Health and Integrated Diagnostics Center, Program in Neuroscience, Center on Longevity, Program in Human Biology, Neurosciences Institute, and the Child Health Research Institute. He obtained a bachelor's in biology from Vassar College (1993) and did his doctoral dissertation (neurobiology) on human circadian photoreception and melatonin physiology in the laboratory of Dr. Charles Czeisler at Harvard University (1999). Dr. Zeitzer did two post-doctoral fellowships, one in neurology, examining the role of neuromodulators in the control of human sleep in the laboratory of Dr. Charles Wilson at UCLA (2001), and the other in psychiatry, developing a primate model with which he examined hypocretin physiology in the laboratory of Dr. Emmanuel Mignot at Stanford University (2006). He has more than 100 peer-reviewed publications in the sleep and circadian fields.

Dr. Zeitzer's laboratory has multiple avenues of study. The first is an examination of human-centric lighting, that is the effects of light on human health and disease. His lab specifically studies ways to use artificial lighting to augment processes governed by the circadian system, alertness centers, and mood regulators in humans. A second area of study is an examination of the reciprocal role of the circadian and sleep systems in various brain-based diseases or conditions, including Alzheimer's disease, breast cancer, spinal cord injury, depression, chronic pain, and traumatic brain injury. Dr. Zeitzer studies these areas using both in a specialized in-patient laboratory here at the VA and in a variety of outpatient settings both here and with people at other institutions. A third area of study is the determination of the objective correlates of subjective sleep phenomenology quality through the use of large, publicly available data sets. His lab uses a variety of data collection techniques (blood and salivary hormones, EEG, balance, vision, actigraphy, cognitive testing) with advanced statistical techniques (machine learning, functional data analysis) to accomplish their goals.