



**MIRECC**  
2019 – 2020



# Sierra Pacific MIRECC

## Advanced Fellowship in Mental Illness Research and Treatment

U.S. Department of Veterans Affairs  
Veterans Health Administration  
VA Palo Alto Health Care System



## Table of Contents

Training at VA Palo Alto	1
VA Palo Alto Health Care System Facilities	2
Postdoctoral Program Funding, Benefits, and Eligibility	3
Fellowship Structure at VA Palo Alto/MIRECC	4
Research Opportunities and Expectations	4
Clinical Rotations	4
Fellow Seminars	5
Other Educational Opportunities for Postdoctoral Fellows	5
Training Objectives for the Year	7
Opportunities for Working with Diverse Patient Populations and for Developing Multicultural Competence	9
Training Objectives and Trainee Self-Disclosure	9
Evaluation Process	10
Application and Selection Process	11
Fellowship Admission, Support, and Initial Placement Data Tables	13
Living in the San Francisco Bay Area	14
Contacting the MIRECC	16
Appendix A: MIRECC Training Faculty	17

## Introduction

The Sierra Pacific Mental Illness Research, Education, and Clinical Center (MIRECC) Fellowship is one of 26 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 operates

on 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 \$55,656. 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](http://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](http://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 2019-2020 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 September 1 each year, but we have had Fellows start in August or later in September, up to October 1. A later start date than October 1 would not usually be considered. 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 paper work 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-conference (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 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. Below is the schedule of these didactics from the past year.

Date	Topics	Speaker
10/4/17	Orientation to Advanced Fellowship in Mental Health Research and Treatment	Ruth O'hara, PhD Sherry Beaudreau, PhD, ABPP
10/11/17	Grant Writing: First Steps in Planning Your CDA and K Award	Ruth O'Hara, PhD Joachim Hallmayer, MD
10/18/17	Establishing Your Applied Neuroscience Lab for Mental Health Disorders in our Veterans	Amit Etkin, PhD
10/25/17	How to Give a Good Presentation: New Fellows Presentation Forum	Barry Lebowitz, PhD Ruth O'hara, PhD Sherry Beaudreau, PhD, ABPP
11/1/17	Mock Grant Review	Drs. Lebowitz, Hallmayer, Beaudreau, O'hara, Hantke, Kawai
11/8/17	Obtaining Institutional Support	Ruth O'Hara, PhD Joachim Hallmayer, MD
11/15/17	Statistical Errors in Medical Research	Helena Kraemer, PhD
11/29/17	Modeling Fellows Presentation Forum	Nathan Hantke, PhD Sherry Beaudreau, PhD, ABPP
12/6/17	Non-pharmacological Treatment Approaches to Mental Health Disorders for our Veterans	Sherry Beaudreau, PhD, ABPP
12/13/17	Grant Writing Seminar: How Do you Plan the Long-Term Trajectory of Your Research?	Ruth O'Hara, PhD Joachim Hallmayer, MD
12/20/17	Work Life Balance During Fellowship and Beyond	Ruth O'hara, PhD
1/10/18	Grant Writing Seminar: Rookie Mistakes to Avoid	Ruth O'Hara, PhD Joachim Hallmayer, MD
1/17/18	Moderators and Mediators	Helena Kraemer, PhD
	Genetic Basis of Psychiatric Disorders	Joachim Hallmayer, MD
1/24/18	Fellows Presentation	Barry Lebowitz, PhD

		Sherry Beaudreau, PhD, ABPP Nathan Hantke, PhD
2/7/18	LGBT Veteran Health Disparities, Policy, and Research	Michael Kauth, PhD
2/14/18	Grant Writing Seminar: The View from Funded Fellows	Elizabeth Klingaman, PhD Keith Sudheimer, PhD Makoto Kawai, MD
2/21/18	Obtaining PhD State Licensure	Sherry Beaudreau, PhD, ABPP
	Animal Models of Psychiatric Disorders	Philippe Mourrain, PhD
2/28/18	Fellow Presentations	Barry Lebowitz, PhD Sherry Beaudreau, PhD, ABPP Nathan Hantke, PhD
3/7/18	Balancing Administrative, Clinical, and Research Components in Your Career	Ruth O'Hara, PhD Nathan Hantke, PhD
3/14/18	Grant Writing Seminar: How to Develop a Budget	Ruth O'Hara, PhD Joachim Hallmayer, MD
3/21/18	The NIH RDoC Approach	Leanne Williams, PhD
	IRB – What You Need to Know?	Emily Gere, Administrative Coordinator
3/28/18	Fellow Presentation	Barry Lebowitz, PhD Sherry Beaudreau, PhD, ABPP Nathan Hantke, PhD
4/4/18	Emotional Regulation and Its Role in Psychiatric Disorders	Amit Etkin, MD, PhD
4/11/18	Grant Writing Seminar: How Much Pilot Data do you Need?	Ruth O'Hara, PhD Joachim Hallmayer, MD
4/18/18	Gene by Environment Interactions	Joachim Hallmayer, MD
	Approaches to Handling Clinical Comorbidities	Ruth O'Hara, PhD
4/25/18	Fellow Presentations	Barry Lebowitz, PhD Sherry Beaudreau, PhD, ABPP Nathan Hantke, PhD
5/2/18	Suicide Prevention in Veterans	TBD
5/9/18	Grant Writing Seminar: Writing a Good Research Strategy	Ruth O'Hara, PhD Joachim Hallmayer, MD
5/16/18	Addiction and the Veteran	Michael Ostacher, MD
	Power and Effect Sizes	Helena Kraemer, PhD
5/23/18	Fellow Presentation	Barry Lebowitz, PhD Sherry Beaudreau, PhD, ABPP Nathan Hantke, PhD
6/6/18	How to Become a Manager	Aimee-Noelle Swanson, PhD
6/13/18	Grant Writing Seminar: Resources and Beyond: What to Include	Ruth O'Hara, PhD Joachim Hallmayer, MD
6/20/18	DSM-5: Historical Context and Current Role	Charles Reynolds, MD
	Web-based Training Approaches to Improving Cognitive Function	Hadi Hosseini, MD
06/27/18	Fellow Presentation	Barry Lebowitz, PhD

		Sherry Beaudreau, PhD, ABPP Nathan Hantke, PhD
--	--	---

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 is 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](http://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 the thirteen 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.

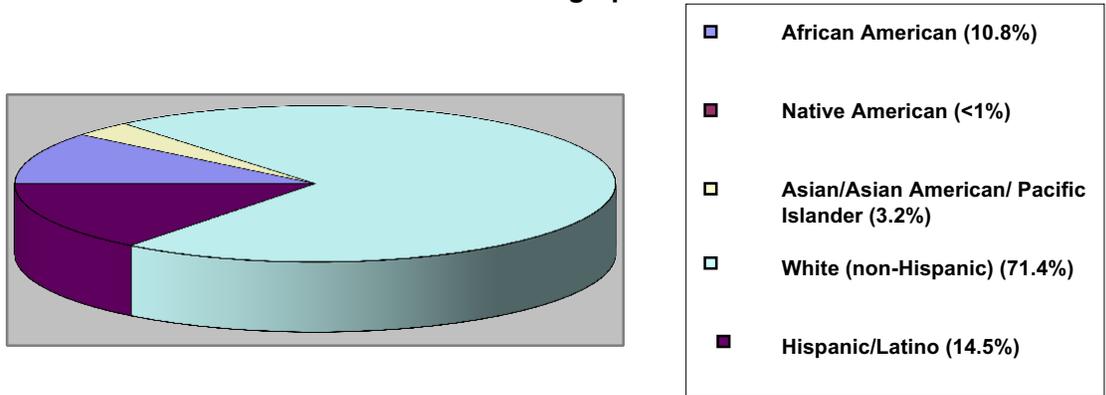
This emphasis area involves training in the following competency areas:

- 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.

## 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](http://www.mirecc.va.gov/visn21)) or by emailing the Fellowship Director, Kaci Fairchild, PhD, ABPP, at [JenniferKaci.Fairchild@va.gov](mailto:JenniferKaci.Fairchild@va.gov). This year the due date will be **December 10, 2018**. **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](mailto: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](mailto: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 or Adobe 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 18th.** 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](mailto: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: 09.30.18

**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	\$55,656
Annual Stipend/Salary for Half-time Residents	N/A
Program provides access to medical insurance for Fellow?	Yes
<b>If access to medical insurance is provided:</b>	
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)	184
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 be used for conference or education related travel. Free parking and available public transit subsidy benefit. For more details on VA benefits, see <a href="https://www.psychologytraining.va.gov/benefits.asp">https://www.psychologytraining.va.gov/benefits.asp</a>	

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

### Initial Post-Residency Positions

	2014-2017	
Total # of residents who were in the 3 cohorts	4	
Total # of residents who remain in training in the residency program	0	
	<b>PD</b>	<b>EP</b>
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		2
Military health center		
Academic health center		1
Other medical center or hospital		1
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		
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position.

### Living in the San Francisco Bay Area

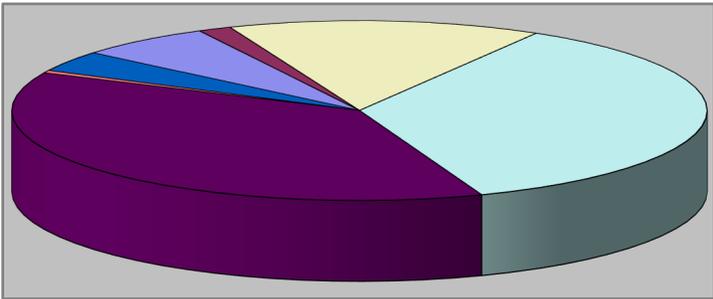
The San Francisco Bay Area is a geographically and ethnically diverse area surrounding the San Francisco Bay in Northern California. Home to world-class universities such as Stanford University, UC San Francisco and UC Berkeley as well as the headquarters of leading Silicon Valley high-tech companies 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

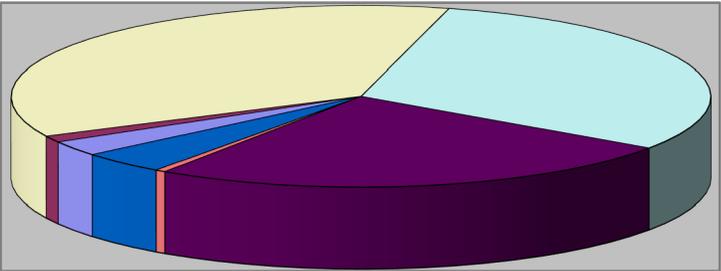
immigration. Palo Alto is part of Santa Clara County, which has slightly different demographics than the Bay Area and the state overall, with greater numbers of Asians and Asian Americans and fewer numbers of African Americans. Also, thirty-seven percent of the people living in Santa Clara County were 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 July 12, 2018, from <https://www.census.gov/quickfacts/fact/table/santaclaracountycalifornia/PST045216> and <https://www.census.gov/quickfacts/fact/table/CA/PST045216>).

**California Demographics**



- African American (6.5%)
- Native American (1.6%)
- Asian/Asian American/Pacific Islander (15.2%)
- White (non-Hispanic) (37.2%)
- Hispanic/Latino (39.1%)
- Pacific Islander (0.5%)
- Two or more (3.9%)

**Santa Clara County Demographics**



- African American (2.8%)
- Native American (1.2%)
- Asian/Asian American/Pacific Islander (37.5%)
- White (non-Hispanic) (31.6%)
- Hispanic/Latino (25.6%)
- Pacific Islander (0.5%)
- Two or more (4.1%)

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/vjsn21> 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 bidirectional relationship between late-life anxiety and cognitive functioning and its implications for 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. She completed her clinical internship at the VA Palo Alto in 2005 and her postdoctoral fellowship in the VA Advanced Fellowship program in Mental Illness Research and Treatment (MIRT) in 2008. She is currently the Hub Site Co-Director of the MIRT fellowship program, which currently serves 26 national sites. She also serves as 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 seeks to understand the association of cognitive performance, impairment, and decline on the development of late-life subsyndromal psychiatric symptoms, particularly anxiety. She aims to leverage this work to develop behavioral interventions for anxiety and related comorbidities in older Veterans 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 anxiety, including predictors of treatment response and cognitive and genetic predictors of mental health disorders in older adults. Fellows have opportunities to conduct problem-solving therapy as part of a research protocol with older Veterans and non-Veterans from the community with clinically significant anxiety, especially Generalized Anxiety Disorder, and other comorbid mental and physical health disorders. Fellows may also work with Dr. Beaudreau's existing data to conduct studies on anxiety and other mental health symptoms and issues, and genetic moderators, in relation to neuropsychological performance. 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. Postdoctoral mentorship with Dr. Beaudreau emphasizes manuscript and grant writing. She has published [over 50 articles and book chapters](#) to date and has obtained funding from private foundations, such as the Alzheimer's Association. She also serves as a mentor on a Brain and Behavior Research NARSAD and a VA Career Development Award for one of her previous fellows.

#### **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.

### **Amit Etkin, MD, PhD**

Dr. Etkin is an Associate Professor of Psychiatry and Behavioral Sciences at Stanford University, and an Investigator in the VA Sierra-Pacific Mental Illness Research Education and Clinical Center (MIRECC) at the Palo Alto VA and a member of the Stanford Neurosciences Institute. Dr. Etkin received his MD/PhD at Columbia University with Nobel laureate Eric Kandel, completed his psychiatry residency and concurrent postdoc at Stanford University with Alan Schatzberg, and joined the faculty at Stanford in 2009. He has been awarded the BRAINS (Biobehavioral Research Award for Innovative New Scientists) R01 Award from the National Institute of Mental Health and a Dana Neuroscience Scholar Award from the Dana Foundation, and is an Associate Editor at *Neuropsychopharmacology*

The overarching aim of the Etkin lab is to understand the neural basis of emotional disorders and their treatment, and to leverage this knowledge to develop novel treatment interventions. The lab’s work is organized around the neuroscientific study of emotion and its regulation in healthy subjects and individuals with psychiatric disorders. Ongoing work includes basic neuroscience of emotional and cognitive neurocircuitry, cross-sectional neuroimaging of a range of psychiatric disorders (anxiety, depression and post-traumatic stress disorder), investigation of the neural mechanisms of psychotherapeutic, pharmacological and brain stimulation treatments for these disorders, and trials of neuroscience-based brain training interventions developed in the lab. Additional work using concurrent transcranial magnetic stimulation (TMS) with fMRI or EEG is used to understand how activity in one brain region causally translates into activation in interconnected regions and networks, and how communication within defined neural circuits can be more specifically manipulated by repetitive TMS protocols, both in healthy subjects and patients. For additional information please go to [etkinlab.stanford.edu](http://etkinlab.stanford.edu).

### **Kaci Fairchild, PhD, ABPP**

Dr. Fairchild is a board-certified Geropsychologist and Fellowship Director at the Sierra Pacific MIRECC 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 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 amnesic 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 investigations of the effects of physical activity on brain health and to work with Dr. Fairchild’s extensive databases from a recently completed Department of Defense funded trial 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 genetic profiles 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 an Instructor of Psychiatry and Behavioral Sciences 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) which is located at the Palo Alto VA. 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 with Dr. Leanne Williams at Stanford supported by a postdoctoral NRSA.

The CoPsyN Sleep lab utilizes human neuroimaging, high density EEG, computational methods, and clinical psychology to examine the role of sleep physiology in the development, maintenance, and treatment of psychopathology across the lifespan. A primary goal of this research is to identify novel sleep and neuroimaging related biomarkers of treatment response that could be used to better match patients to effective treatments. She is additionally interested in using machine learning to identify transdiagnostic subtypes of dysfunction that are linked to sleep physiology and brain function, that may not rely on more traditional diagnostic separations. She is currently leading a VA merit award and an NIMH R01 award focused on identifying predictors in Cognitive Behavioral Therapy for Insomnia (CBT-I).

**Michelle R. Madore, PhD**

Dr. Madore is a licensed clinical psychologist and neuropsychologist. 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 currently the Fellowship Co-Director at the Sierra Pacific MIRECC. She is a member of the American Psychological Association – Society for Clinical Neuropsychology (APA-SCN), 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 Finance Officer in AAPA-DoFA and the chair of the Ethnic Minority Affairs Sub-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.

**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 personalized care based on their individual brain and symptom profiles, instead of a one-size-fits-all approach to treatment.

Dr. Padula is an alumnus of the MIRECC fellowship and is currently PI of a VA Clinical Sciences Research and Development Career Development Award (2016-2021). Prior to joining the VA Palo Alto Health Care System in 2013, she completed her undergraduate work and research associate positions at the University of California San Diego. She went on to receive her masters and doctorate degrees at the University of Cincinnati in psychology with an emphasis in neuropsychology in 2011 and 2013, respectively. She has a passion for integrating research and clinical work in a translational and meaningful way.

In Dr. Padula's BRAVE Lab, the focus 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, we use 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, we use repetitive transcranial magnetic stimulation (rTMS), both traditional 10Hz and intermittent theta burst protocols, to increase neural plasticity and promote neural recovery during the early stages of addiction recovery. Because the BRAVE Lab takes a translational approach to research, we include 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.

#### **Blake K. Scanlon, PhD**

Blake K. Scanlon, Ph.D., is a VA Career Development Awardee at the Sierra Pacific Mental Illness Research Education and Clinical Center (MIRECC), Clinical Assistant Professor (affiliated) of Psychiatry and Behavioral Sciences at Stanford University School of Medicine, and Co-Director of the Stanford/VA California Alzheimer's Disease Center. He also chairs the Dementia Committee for the VA Palo Alto Health Care System (VAPAHCS) and co-chairs the VISN 21 Dementia Committee. Dr. Scanlon received his bachelor's degree in Neuroscience and doctorate in Clinical Health Psychology from the University of Miami. After concluding his clinical internship in Geropsychology/Neuropsychology at the VAPAHCS, he completed fellowships in Aging and Dementia at Stanford University School of Medicine and VAPAHCS.

The overarching aim of Dr. Scanlon's research is to develop and evaluate low-cost, pragmatic and clinically translatable methods for improving management of neurodegenerative disease and dementia. His lab investigates how mHealth and burgeoning technologies can be harnessed to improve outcomes in family-centered dementia care. Current work in his lab includes a randomized controlled trial of education and skill-building intervention for dementia caregivers. Dr. Scanlon's team is also pioneering technology used to conduct virtual visits with the Stanford/VA California Alzheimer's Disease Center via iPad. The lab recently published and is studying the implementation of the Geriatric Depression and Dementia Scale, an app-based tool that automates screening patients for depressive symptoms and identifying warning signs for cognitive impairment and dementia in diverse clinical settings.

#### **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 toward defining risk factors for cognitive decline in older Veterans, and developing novel countermeasures to lessen or prevent cognitive decline. Her expertise includes genetic risk factors for cognitive decline, interventions to increase brain/cognitive reserve, and longitudinal data analysis. She has over 20 years of research experience.

Presently, the Taylor lab's clinical research is directed toward discovery of innovative non-pharmacological treatments for age-related cognitive decline, Mild Cognitive Impairment (MCI), and Alzheimer's Disease dementia. Currently, we are harnessing the potential of repetitive Transcranial Magnetic Stimulation (rTMS) to learn if precisely targeted, noninvasive brain stimulation can improve memory and cognition in MCI, and if so, for how long after a course of rTMS treatment (NCT03331796). Because the posterior cingulate cortex (PCC), a brain network "hub", is profoundly affected in amnesic MCI, we hope that targeted brain stimulation can help restore abnormal connectivity of the PCC with other regions of the brain. It would be very exciting if rTMS can ultimately delay progression to dementia. MIRECC Fellows will have the opportunity to learn state-of-the art practices in using rTMS, will be invited to contribute to posters and manuscripts, and will be mentored in writing grant applications.

### **Julie Weitlauf, PhD**

Dr. Weitlauf is Director of the Women's Mental Health and Aging Core at the MIRECC and a Clinical Professor (affiliated) of Psychiatry and Behavioral Sciences at Stanford University School of Medicine. 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) breast cancer risk and survivorship trajectories. 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 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 fostering independence and facilitating Fellows' progress towards securing competitive research funding and initiating their own laboratories. 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. Emerging work addresses cultural needs of minority populations with breast cancer, with an emphasis on interventions that improve patient-provider communication. 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 2018-2019 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 for Precision Mental Health and Translational Neuroscience which has twin sites at Stanford and at the Palo Alto MIRECC. She is Associate Chair of Precision Mental Health within the Psychiatry department at Stanford and Director of PTSD Education and Dissemination at the MIRECC. Her research programs are aimed at transforming the way we characterize and care for people experiencing mental disorder. Her vision is for a neuroscience-informed taxonomy that helps us choose the best treatment for each person and empowers each of us with an understanding of our own brain function as an essential component in ongoing mental wellness. The research is anchored in three interrelated cores: advanced

imaging with deep phenotyping, computational models and targeted therapeutics. These cores form the basis of a neuroscience-informed approach to precision mental health and wellness.

Her research has contributed over 260 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, she was foundation Professor of Cognitive Neuropsychiatry at the Sydney Medical School from 2005 to 2013 and Director of the Sydney Brain Dynamics Center from 2001 to 2013. Her PhD was awarded in 1996 and 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, the focus of the advanced imaging research is on large-scale brain circuits that have been implicated in functions relevant to mental disorder and to mental wellbeing, including emotional reactivity, emotion regulation, cognitive control and self-reflection. To delineate these circuits, research studies use multiple sources of information from brain imaging, including Magnetic Resonance Imaging (MRI) and EEG. These sources of information are then integrated with assessments of general and emotional cognition 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 a taxonomy of mental disorder based on these measures. To ensure the insights have clinical and real-world relevance, these multiple sources of data and computational approaches are deployed in both mechanistic and marker-guided interventional studies. Interventions span behavioral, pharmacological and neuromodulation approaches. Current projects focus on the spectrum of affective disorders, including major depression, PTSD, panic, social anxiety, simple phobias, and bipolar type 1. Because the PanLab takes a cross-disorder point of view, the research embraces the heterogeneity of these 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 my specialized in-patient laboratory here at the VA and in a variety of outpatient settings, as well as through collaborative efforts with people at Stanford and other institutions. A third area of study is the determination of the objective correlates of sleep 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.