

# Behavioral Medicine/ Rehab Neuropsychology Tracks

**Open House 2025**

Harborview Medical Center

University of Washington Medical Center

Ivan Molton, PhD--Track Coordinator

Jeff Sherman, Ph.D.—Track Coordinator

# Welcome to Seattle and UW!

- Goals for this morning
  - Ensure you know what to do the rest of the day
  - Did everyone get their interview schedule?
  - Please make sure your full name is displayed on Zoom
  - Present an overview of our program
  - Give you a list of totally biased, self-serving reasons to put us at the top of your Match List
  - Set you up to get the scoop from people who really know what is going on here—current residents

# Diversity — Equity — Inclusion

- We acknowledge that you will see a largely white-appearing faculty in our BMED/RN Tracks
- Our faculty looks more white than our patients and trainees
- We aspire to approach learning, teaching and clinical service in a culturally competent, anti-racist, culturally humble, open, flexible way
- We acknowledge that “Every policy in every institution in every community in every nation is producing or sustaining either racial inequity or equity between racial groups.” (Kendi, 2019; p. 18)
- We make mistakes, we try to own up to our mistakes and we want our residents and fellows to feel comfortable and safe advocating for themselves

# Track Specific Schedule (all times PST)

- 9:10-10:45A Track Overview
- 10:45-11A- Break
- 11:00-12:00A Q&A with current BMED/Rehabilitation Neuropsychology
  - <https://washington.zoom.us/j/7918985065?pwd=AEuikLEC1sEJKD7s1UTmGmvs44nDtu.1&omn=97715866356>
    - Meeting ID: 791 898 5065 Passcode: 12534
- 12:30-5:00P Individual meetings with faculty members
  - <https://washington.zoom.us/j/91448124532>
  - With any logistics questions, please email Deborah Shiff at [rehab-uwadm@uw.edu](mailto:rehab-uwadm@uw.edu) or call at (206)543-8661
- 1:00-5:00P Opportunity to drop-in and chat with current residents
  - <https://washington.zoom.us/j/7918985065?pwd=AEuikLEC1sEJKD7s1UTmGmvs44nDtu.1&omn=97715866356>
    - Meeting ID: 791 898 5065 Passcode: 12534
    - 1-2pm Emily Kelly (BMED), Tanya Smit (BMED) and Humza Khan (RN)
    - 2-3pm Clara O'Brien (BMED) and Humza Khan (RN)
    - 3-4pm Renee Martin-Willett (BMED) and Eleanor Battison (BMED)

# UW MEDICINE



**HARBORVIEW**



**NORTHWEST**



**VALLEY**



**UW MEDICAL CENTER**



**UW NEIGHBORHOOD CLINICS**



**UW PHYSICIANS**



**School of Medicine**



**Airlift Northwest**

**Happy 30th Anniversary**



# Overall Internship: Ty Lostutter & Katie Wright



wright6@uw.edu



tylost@uw.edu

# BMED and Rehab Neuropsych Tracks: Jeff Sherman & Ivan Molton



jeffreys@uw.edu



imolton@uw.edu

# Overview of Training Sites



**University of  
Washington  
Medical Center -  
Montlake**



**Harborview  
Medical Center**



DECEMBER 29, 2023

# Cord blood transplant saved woman from rare cancer



Often discarded as medical waste, cord blood can offer hope against diseases, and is especially needed among BIPOC populations.



## **4 Alaska plane crash victims sent to Seattle hospital in satisfactory condition**

All four people flown to Harborview Medical Center following a deadly plane crash in Alaska are in satisfactory condition, according to a hospital spokesperson.

## **SEATTLE**

## **5 injured in drive-by shooting near Occidental Square early on Christmas Eve**

UW Medicine, Harborview Medical Center  
December 26, 2023

# Rehab Med Department Reputation

- US News and World Report Best Hospitals
  - Always one of the top among all rehabilitation programs in the U.S.
- Grant funding
  - Consistently in the top 8 in NIH grant awards compared to other Rehabilitation programs in the country
  - Long history of serving as a national center for research in traumatic brain injury, spinal cord injury, and burn injury.



# Overview of Behavioral Medicine & Rehab Neuropsychology Tracks





# Structure of BMed / Rehab Neuropsych Tracks

- All residents complete three, 4-month rotations
- Within each rotation, residents work in 2-3 different settings at the same site
- During each rotation:
  - 6 residents at Harborview Medical Center
  - 1 resident at UW Medical Center
- All BMED and RN residents are funded by a HRSA Graduate Psychology Education Grant

# UW Medicine, Department of Rehabilitation Medicine, Division of Clinical and Neuropsychology

## Harborview Medical Center

General Consults:  
Drs. Mata-Greve,  
Narotam,  
Sherman

Burns Consults:  
Drs. Wiechman,  
Bentley

4-West IPR  
Drs Starosta,  
Wright, Knowles

Acute Pain  
Consultation Service  
Dr. Bhalla

CORP  
Multiple faculty  
Dr. Formea\*

## UW Medical Center-Montlake

Inpatient:  
Drs Molton  
McGiffin  
Narotam  
Herring  
Ho

Outpatient:  
Drs. Molton,  
Herring  
McGiffin  
Ho

Neuro Rehab  
Program  
Drs. Goldberg, Dasher,  
Sheppard, Pagulayan

CORP Neuropsychology  
Dr. Formea  
Dr. Ehde

## UW Medical Center-Northwest

Multiple Sclerosis  
Center  
Dr. Artherholt  
Dr. Herring

Madison Clinic  
Dr. Vaswani-  
Bye

Outpt Burns,  
Amputee, Post-  
COVID Clinics  
Drs. Wiechman,  
Bentley, Knowles

# Rotation Universals

All rotations include:

- Experience with medically hospitalized patients (e.g., consults, rehabilitation, burns)
- Experience with outpatients (e.g., CORP, UWOPC, Madison Clinic, Amputee Clinic, Burn Clinic)
- Experience with interdisciplinary treatment teams
- Group supervision and neuropsych seminar
- Individual supervision
- Modeling, shadowing your supervisor, being shadowed

# Example Rotations (1)

## #1 HMC Consult Service

- Consults: Follow around 10 inpatients (10-50 minute sessions)
- CORP: Scheduled up to 6-8 outpatients
- General: Attend group and individual supervision

## #2 HMC Inpatient Rehab

- IPR: Follow 50% of a team (up to 5 patients); attend Team Huddles M, W, F; attend Patient-Family Team rounds; may include inpatient neuropsych screening
- CORP: Scheduled up to 6-8 outpatients (may include neuropsych assessments)
- General: Attend group and individual supervision



# Example rotations (2)

## #3 UWMC Rehab Med

- IPR: Follow up to 8 inpatients; attend Patient-Family founds
- OP: Follow up to 8 outpatients (can include OP neuropsych assessments)
- Inpatient consults
- General: individual and group supervision

## #4 Madison HIV/AIDS Clinic

- Madison Clinic: outpatient psychotherapy
- HMC Inpatient Rehab: 4-6 consult patients
- CORP: 3-4 outpatients (can include OP neuropsych assessments)
- General: individual and group supervision

# Resident Schedule Example

GMT-08	Mon 1/11	Tue 1/12	Wed 1/13	Thu 1/14	Fri 1/15
7am					
8am		8 – 9 CORP		7:45 – 9 neuropsych seminar	8 – 9 chuck supervis   8 – 9 CORP
9am	9 – 9:45 huddles	9 – 10 CORP	9 – 9:45 huddles		9 – 9:45 huddles
10am	10 – 11 josh supervision		10 – 11 josh supervision		
11am					
12pm			12p – 1p group supervision		
1pm	1p – 5p research time	1p – 3:30p panels	1p – 3:30p panels		1p – 2p CORP
2pm					2p – 3p CORP
3pm		3p – 4p CORP RM		3p – 5p didactics	3p – 4p CORP
4pm					
5pm					
6pm					

# Resident Schedule Example

A	B	C	D	E	F
<i>MWW 2nd rotation(Nov '15 - Feb '16)- UWMC InPt Rehab</i>					
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
8:00AM		OutPt NP w/ Moe		7:45a NP Seminar	
8:30AM		OutPt NP w/ Moe			
9:00AM		OutPt NP w/ Moe	Neuro Rounds		Group Spvsn
9:30AM		OutPt NP w/ Moe	Neuro Rounds		Group Spvsn
10:00AM		OutPt NP w/ Moe	Therapy2	Therapy4	Therapy5
10:30AM			Therapy2	Therapy4	Therapy5
11:00AM			Therapy3		Therapy6
11:30AM			Therapy3		Therapy6
12:00PM	Rounds w/ Ivan	Spvsn w/ Lauren	Spvsn w/ Ivan		
12:30PM	Rounds w/ Ivan	Spvsn w/ Lauren	Spvsn w/ Ivan		
1:00PM		Research Time	Plan of Care	*Grantsmanship	Therapy7
1:30PM		Research Time	Plan of Care	*Grantsmanship	Therapy7
2:00PM	Huddles	Research Time	Plan of Care	*Grantsmanship	Huddles
2:30PM		Research Time	Plan of Care		
3:00PM	Therapy1	Research Time		Didactics	Therapy8
3:30PM	Therapy1	Research Time		Didactics	Therapy8
4:00PM		Research Time		Didactics	
4:30PM		Research Time		Didactics	
5:00PM		Research Time			
				*1:15pm-2:15pm	

# Research Training

- Everyone is assigned a research mentor; you may request a specific person; may be in another department
- Everyone is allocated 1/2 day for research—can be used to complete dissertation
- Everyone is invited to participate in grant writing seminar—2 hours per week
- Many of us have research databases available for secondary analyses and research teams for you to participate in



# Rehab Neuropsych track overview: Nickolas Dasher, PhD, ABPP



## Clinical Expertise

- Neuropsychology of:
  - Hydrocephalus
  - Neurodegenerative Disease
  - Brain Cancer, Neuro-oncology
  - Brain Injury
  - Stroke
  - TBI Education/Cognitive Rehabilitation

## RN track basics

- The RN track is a more neuropsych intensive version of the Behavioral Medicine track, and is meant to provide well-rounded training in both Behavioral Medicine and Rehabilitation focused Neuropsychology.
- Importantly, it is not an assessment-only training internship.
- All graduates of this track have gone on to Div 40 2-year postdoctoral fellowships

# How is the Bmed track different than the Rehab Neuropsychology track?

Limited NP training is available to *all* residents but is specific and required for the Rehab Neuropsychology residents.

No NP background is required of the Bmed residents.

Rehab Neuropsychology residents are expected to have significant background in this area and will receive more in-depth training and at a higher level.

# Rehab Neuro Track Rotations

- For RN residents, **two** of the three rotations will include a focus on NP
  - These two rotations require weekly outpatient NP reports, inpt NP testing, under guidance of a board certified (or soon to be) Neuropsychologist
- One rotation will **not** include a NP focus



# Neuropsychology Training

## Comprehensive Outpatient Evaluations

- Variety of conditions---mild-mod-severe TBI, stroke, brain tumor, MS, anoxic injury, movement disorders, dementia, post-chemotherapy, encephalopathy, normal pressure hydrocephalus
- Training in interviewing, psychometrics, interpretation, report writing, and feedback to patient, family and care providers
- Integration of results with neuro-rehabilitation treatment plans

***Attendings: Myron Goldberg, PhD; Gina Formea, PhD;  
Nick Dasher, PhD; Kati Pagulayan, PhD; David Sheppard, PhD***

# Neuropsychology Training

## Other Training Opportunities

- **Inpatient**

- Rehab patients
- Brief evaluations (1 hour) with short write-up
- Feedback to patient, family, team

- **Neuropsychology seminar (weekly)**

- **Neuropsychology journal club/fact-finding (~monthly)**

- **Other optional training opportunities**

- Neurology & Neurosurgery grand rounds

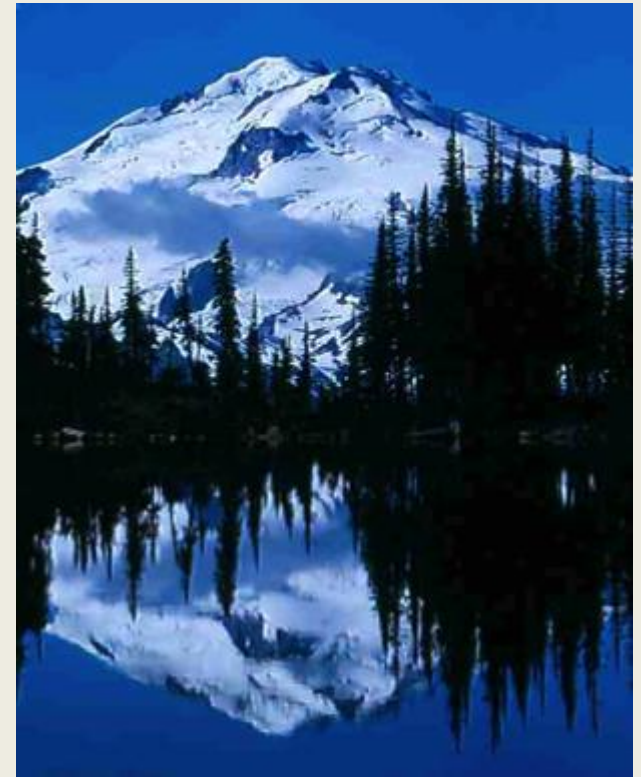
*Attendings: Myron Goldberg, PhD; Gina Formea, PhD;  
Nick Dasher, PhD;*

Top 10 Reasons to choose the  
Behavioral Medicine/Rehab  
Neuropsychology Track at the  
University of Washington for your  
internship year

# Reason #10

## Well-established training program

- We have had an accredited internship training program for nearly 30 years
- Faculty are nationally recognized for clinical and research expertise
- With input from residents over many years we have continuously refined our training programs and methods



# Reason #9

## Diverse patient population

- Medical diversity—TBI, SCI, burn injury, amputation, CVA, multiple trauma, HIV/AIDS, etc. at Harborview; organ transplant, cancer, multiple sclerosis, post-polio syndrome, amyotrophic lateral sclerosis, chronic pain at UWMC
- Disability diversity – working with people across all ranges of ability and disability
- Cultural/Language diversity—interpreter services cover over 80 languages; large immigrant populations
- Psychosocial diversity— Training sites provide excellent care for a range of vulnerable populations with complex personal histories and needs

## Reason #8

Immersion into multi-disciplinary treatment teams

- Staff members are welcoming and supportive of psychology trainees
- Psychology is considered an integral team member





# Reason #7

Rehab psychology is highly respected by the physicians and other staff in our institution

- “For our team, Rehab Psych is absolutely THE MOST IMPORTANT consultative help we get in managing our difficult psychologically/psychiatrically impaired patients...”
- “Rehabilitation Psychology is an essential part of the treatment of our ill and injured and just as essential as any emergent operation. “
- “I’ve worked at HMC now for 30 years and have been continually impressed during this time at the necessary and important service provided by you and your colleagues.”

# Reason #6

We are serious about providing excellent clinical training

- Emphasis on evidenced-based treatments
- Individual and group supervision
- Observation, modeling
- Didactics, journal club
- Neuropsych focused supervision
- Grand rounds (e.g., Rehab Medicine; Neurology)
- Clinical mentors assigned



# Reason #5

We are serious about providing excellent research training and opportunities

- We live the scientist-practitioner model
- Strong encouragement to be involved in research
  - Dedicated research time
  - Grant writing course
  - Research mentors
  - Datasets available for secondary analyses



## Reason #4

Clinical and research-oriented postdoctoral fellowships at HMC and UWMC and strong track record of residents finding desirable employment

- Two clinical post-docs
- Research postdocs available but vary each year



## Reason #3

Training adapted to your incoming level of experience and interests

- Typical training process: residents observe supervisors, co-treat with supervisors, treat with coaching/feedback, treat independently with case-supervision
- Resident skill and comfort dictates speed of process
- Generalist training but also tailored to interests: adult, neuropsych, pediatric, BMed, or by diagnosis





## Reason #2

Rehabilitation Medicine is a wonderful department to work within

- Psychology is THE mental health discipline in the department
- We are given the responsibility and authority to manage psychological aspects of care
- Deeply ingrained tradition of multidisciplinary collaboration and respect





# Reason #1 Seattle!



# Questions?



# Ivan Molton, PhD



## **Clinical and Research Expertise**

- Aging and disability (aging *with* and *into* disability)
- Managing “intolerance of uncertainty” in medical conditions
- Chronic pain and chronic pain intervention research
- PTSD
- FND/Somatoform disorders



# Amy Starosta, PhD



## Clinical and Research Interests

- TBI, SCI
- Chronic and acute pain management
- Intersection of traumatic injury, chronic pain, and co-occurring psychiatric conditions
- Coping with injury and disability
- ACT, MI
- Multidisciplinary care
- Integration of psychology into medical settings

# Arjun Bhalla, PhD



## Clinical and Research Interests

- Populations: SCI, TBI, Polytrauma, Post-ICU
- Biopsychosocial sequelae of traumatic injuries and acute medical events
- Traumatic Stress and pain
- Care-partner (caregiver) and family adjustment to injury
- Novel and technology-based interventions
- Diversity, equity, and inclusion in psychology and in healthcare

Dr. Bhalla is an Acting Assistant Professor in Anesthesiology/Pain Medicine and the Attending Psychologist on the HMC Acute Pain Service rotation



## Akansha Vaswani-Bye, PhD

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### Clinical and Research Interests

- Schizophrenia Spectrum Disorders
- First episode psychosis
- HIV and mental health
- Family interventions
- Social justice and inclusion in therapy
- Narrative and postmodern therapies

Dr. Vaswani-Bye is an Acting Assistant Professor in the Department of Psychiatry and Behavioral Sciences. She is the attending psychologist at the Madison Clinic



# Shelley Wiechman, Ph.D., ABPP

## Clinical and Research Expertise

- Long term outcomes following burn injuries
- Expanded case management following burn injuries.
- Use of hypnosis for chronic pain and itch
- Early interventions for PTSD
- CBT for body image issues



# Dawn M. Ehde, PhD



## **Clinical and Research Expertise**

- Clinical practice: neuropsychology
- Chronic pain after MS, SCI, limb loss, TBI
- Randomized controlled trials of behavioral interventions (including telehealth) for pain & depression in people with acquired disability, including MS, limb loss, TBI, & SCI
- Integration of positive psychology constructs into outcomes research after acquired disability
- Community-based participatory research approaches (aka “Participatory Action Research”)

## Jeanne Hoffman, PhD, ABPP



### **Clinical and Research Expertise**

- Consultation Liaison Service
- SCI, TBI
- Access to care
- Adjustment to disability
- Intervention research for individuals with TBI and SCI
- Health services research using large datasets
- Current research:
  - Transitions of care after TBI
  - Self-management for SCI
  - Pain/Headache after TBI