

Behavioral Medicine/ Rehab Neuropsychology Tracks

Open House 2026

Harborview Medical Center

University of Washington Medical Center

Ivan Molton, PhD—Assistant Program Director

Welcome to UW Open House!

- 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

Psychology Internship Program

Department of Psychiatry & Behavioral Sciences

Department of Rehabilitation Medicine

UW Medicine

January 6, 2026

Schedule of Events (times are approximate)

Topic: 2026 UW Psychology Internship Program Open House (Morning Welcome Session)

Time: January 6, 2026 – 08:00 AM Pacific Time (US and Canada)

Meeting ID: 960 3731 3871

Passcode: 7575

Zoom Link: <https://washington.zoom.us/j/96037313871?pwd=fzMleSlq61TYsr8MCPKwaaF7N62T4R.1>

8:00 – 9:00 **Greeting and Program Overview and Diversity Advancement**

Ty Lostutter, PhD, Training Director

Ivan Molton, PhD, Assistant Training Director

9:00 – 9:10 **Break**

9:10 – 10:45 **Meet with Track Coordinators and Internship Faculty**

- **Behavioral Medicine/Rehab NP Track**

Link: <https://washington.zoom.us/j/98734908291?pwd=pcFDG619ubfmSWA1XWThEk4Pgpqgn2.1>

Meeting ID: 987 3490 8291 **Passcode:** 73422

10:45 – 11:00 **Break**

11:00 – 12:00 **Question and answer sessions with panel of current residents by track**

- **Behavioral Medicine/Rehab NP Track**

Link: <https://washington.zoom.us/j/91794060400?pwd=N8WBYHlrIISh2CrUY1cQtaaW47IdHI.1>

Meeting ID: 917 9406 0400 **Passcode:** 73422

Overall Internship: Ty Lostutter & Ivan Molton



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BMED and Rehab Neuropsych Tracks: Ivan Molton/Nick Dasher ABPP



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UW MEDICINE



Overview of Training Sites



**University of
Washington
Medical Center -
Montlake**



**Harborview
Medical Center**

At a glance...

UW MONTLAKE

- Licensed beds: 810
- Employees: 8,135
- Admissions: 29,001
- Clinic visits: 467,511
- Emergency Department visits: 69,933
- Spending on uncompensated care: \$406 million

HMC

- Licensed beds: 500
- Employees: 5,383
- Admissions: 16,821
- Clinic visits: 268,144
- Emergency Department visits: 59,776
- Uncompensated care: \$301 million

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.



- Harborview Medical Center is a comprehensive healthcare facility dedicated to providing specialized care for a broad spectrum of patients from throughout the Pacific Northwest, including the most vulnerable residents of King County.
- As the only designated Level I adult and pediatric trauma and verified burn center in the state of Washington, Harborview serves as the regional trauma and burn referral center for Alaska, Montana and Idaho and the disaster preparedness and disaster control hospital for Seattle and King County.



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

HMC

Representation of low-income patients treated at the hospital

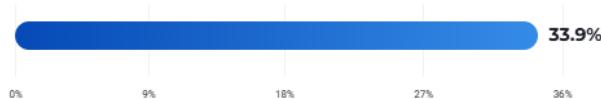
How well Medicaid patients are represented in the population treated by the hospital.

Higher than other hospitals



Demographics

Percentage of patients treated by the hospital that are insured by Medicaid



Representation of people from vulnerable neighborhoods

The percentage of patients treated by the hospital who live in more disadvantaged neighborhoods, based on the Area Deprivation Index, which compares socioeconomic disadvantage of neighborhoods at the national and state levels.

Demographics

Percent of medical patients living in vulnerable neighborhoods nationally

1.2%

Percent of surgical patients living in vulnerable neighborhoods nationally

2.1%

Percent of medical patients living in vulnerable neighborhoods statewide

17.0%

Percent of surgical patients living in vulnerable neighborhoods statewide

29.9%



UWMC-Montlake

Representation of low-income patients treated at the hospital

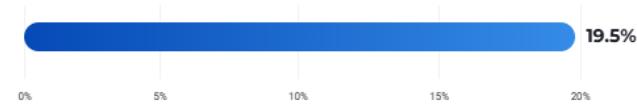
How well Medicaid patients are represented in the population treated by the hospital.

Similar to other hospitals



Demographics

Percentage of patients treated by the hospital that are insured by Medicaid



Representation of people from vulnerable neighborhoods

The percentage of patients treated by the hospital who live in more disadvantaged neighborhoods, based on the Area Deprivation Index, which compares socioeconomic disadvantage of neighborhoods at the national and state levels.

Demographics

Percent of medical patients living in vulnerable neighborhoods nationally

0.6%

Percent of surgical patients living in vulnerable neighborhoods nationally

0.8%

Percent of medical patients living in vulnerable neighborhoods statewide

13.0%

Percent of surgical patients living in vulnerable neighborhoods statewide

18.3%



Patient diversity and experience

- HMC in particular serves a diverse patient population
 - about 25% Black, 25% white
 - About 35% immigrant communities (esp Somali, Ethiopian, and Southeast Asian groups)
 - About 25% including Latinx/Hispanic patients, and patients of other racial and ethnic backgrounds

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 hospital
- During each rotation:
 - 4 residents at Harborview Medical Center
 - 1 resident at UW Medical Center - Montlake
- All BMED and RN residents are funded by a HRSA Graduate Psychology Education Grant

Typical rotation settings

- **Inpatient Rehabilitation**
 - HMC and UWMC-Montlake
- **Outpatient Rehab Clinic**
 - HMC (“CORP”) and UWMC-Montlake
- **Pain Consult Service (HMC)**
- **Inpatient Burns (HMC)**
- **Consultation/Liaison Psychology Service (HMC and UWMC)**
- **Specialty clinics**
 - Burn Clinic (HMC)
 - Madison Clinic (HMC)
 - Peripheral Nerve Clinic (HMC)
 - Limb Loss Clinic (HMC)

All rotations include

- Experience with medically hospitalized patients
 - (e.g., consults, rehabilitation, burns, APS)
- Experience with outpatients experiencing complex medical mgmt. or disability
 - (e.g., CORP, UWOPC, Madison Clinic, Amputee Clinic, Burn Clinic)
- Experience with interdisciplinary treatment teams
- Group supervision, individual supervision, didactics and neuropsych seminar
- 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 4 inpatients; attend Patient-Family rounds
- 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 rotation preferences

- We cannot guarantee a specific rotation or training experience, but...
- We will solicit training preferences, areas for greater exposure, etc before residency starts
- We are *almost* always able to give residents at least one #1 choice
- We have *always* given every resident at least one #2 choice
- Residents report high satisfaction with rotations

Hours

- The residency does not exceed 40hrs a week
- We do not manage after hours emergencies
- There are no weekend or on-call hours
- At least 25% of hours are in direct client contact (*this is the bare minimum required by regs and state law*) and usually much more

Resident Schedule Example

	Mon 1/11	Tue 1/12	Wed 1/13	Thu 1/14	Fri 1/15
GMT-08					
7am					
8am		8 – 9 CORP		7:45 – 9 neuropsych seminar	8 – 9 chuck supervisi
9am	9 – 9:45 huddles	9 – 10 CORP	9 – 9:45 huddles		8 – 9 CORP 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
	Monday	Tuesday	Wednesday	Thursday	Friday
<i>MWW 2nd rotation (Nov '15 - Feb '16) - UWMC InPt Rehab</i>					
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			
				<i>*1:15pm-2:15pm</i>	

What is our role?

Detective	View behavior from multiple levels and help manage patient behaviors within the system
Glue	Take leadership of plans involving multiple elements and providers
Ninja	Operate “secretly” behind the lines to broker solutions
Wall	Set boundaries around patient behavior
Sponge	Serve as a resource to patients and staff to process anger, frustration, grief

Common Treatment Approaches

Psychoeducation

Relaxation, hypnosis, mindfulness

Motivational interviewing

Problem-solving/Advice with permission

Behavioral activation

Cognitive therapy

Exposure-based therapies

Acceptance and Commitment Therapy

Systems perspectives (team treatment)

Systems Perspective

- **Treat the team to treat the patient**
 - Help the team learn to “catch the patient when they are doing something good” rather than giving attention primarily for challenging behavior
- **Treat the patient to treat the team**
 - The patient is coping normally but the team is concerned (e.g. that the person is not grieving appropriately). Seeing the patient for support reassures the team and supports uninterrupted work with the person

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 Neuropsychology Track

What's the difference?

- Historically, we had a single track (Behavioral Medicine/Neuropsychology)
- As times changed more applicants wished to go on to Div 40 approved NP postdocs and ABPP
- We split the tracks, creating one slot that emphasizes *Rehabilitation* focused Neuropsychology training
- The Rehab Neuropsych resident will still have many of the core Behavioral Medicine experiences, + Neuropsych training

Rehab Med Dept Neuropsychologists



Myron Goldberg, PhD, ABPP



Nick Dasher, PhD ABPP



Dawn Ehde, PhD



David Sheppard, PhD



Gina Formea, PhD ABPP



Kati Pagulayan, PhD



Rebecca Williams, PhD

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 4 month 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, Rebecca Williams 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

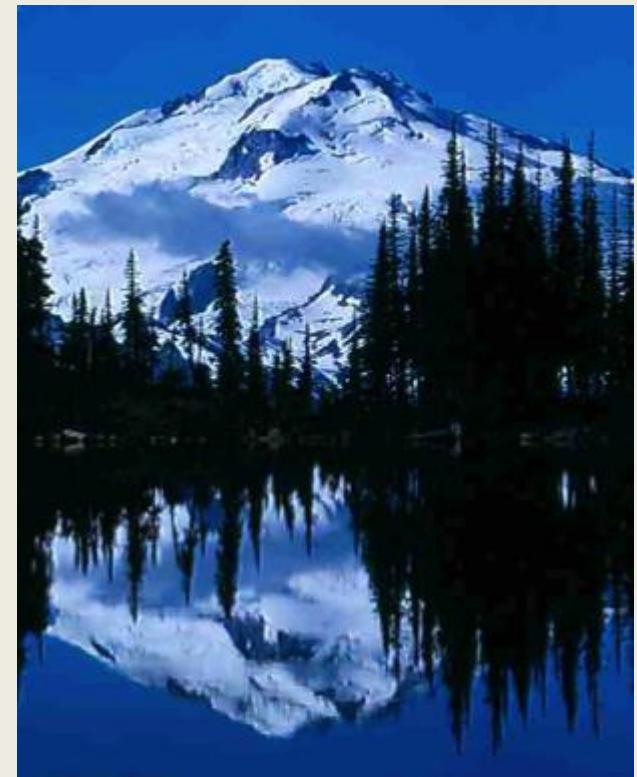
Attendings: Myron Goldberg, PhD; Gina Formea, PhD; Nick Dasher, PhD

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 >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 or three 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



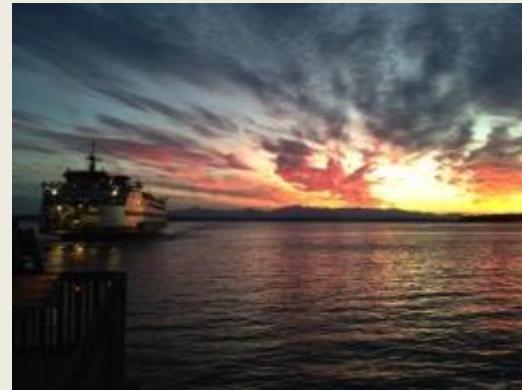
Reason #2

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?

