

# POSTDOCTORAL RESIDENCY IN PEDIATRIC NEUROPSYCHOLOGY



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## OVERVIEW

The Postdoctoral Residency (Fellowship) in Pediatric Neuropsychology through the [Division of Behavioral Medicine and Clinical Psychology](#) of Cincinnati Children's Hospital Medical Center is a two year program designed to conform to the guidelines developed by Division 40 of the [APA](#) and the [International Neuropsychological Society \(INS\)](#) as well as the training model formulated at the Houston Conference. We have been a member program of the [Association of Postdoctoral Programs in Clinical Neuropsychology \(APPCN\)](#) since that organization was originally formed.

Principal mentors/supervisors are from [Behavioral Medicine and Clinical Psychology](#), with minor rotations offered through [Neurology](#) and [Developmental and Behavioral Pediatrics](#) at Cincinnati Children's, as well as a rotation at the nearby Cincinnati VA. Training opportunities with psychologists outside of the neuropsychology specialization are available as well. Opportunities for interactions with fellows from a broad range of specialty areas are available through the general [Behavioral Medicine/Psychology Fellowship Program](#) (within which our Program is embedded).

The Postdoctoral Residency in Pediatric Neuropsychology was established in 1991 and has been training Residents continuously since that time. Our goal is to provide advanced training for psychologists specializing in pediatric neuropsychology who plan to go on to earn Board Certification in Clinical Neuropsychology, ABPP. A

firm foundation is provided for those pursuing careers in clinical practice or academic neuropsychology. All of our graduates have gone on to positions in academic medical centers; about 1/4 then shifted into successful private practices.

Our Program offers a number of opportunities not always available elsewhere. Via exposure to a large group of accomplished neuropsychologists (4 principal, 8 secondary) and pediatric psychologists (>50), Residents are provided with many role models. Although pediatric in emphasis, the training is broadened via clinical experience with adults one day per week during the first training year. The caseload of the Resident is based upon their educational needs and training goals rather than billing demands. The caseload is largely comprised of medical/neurological cases, with a minority of cases focused on developmental conditions. We are actively involved in the communication of diagnostic results to schools, we address the broad psychosocial needs of patients and families seen in various clinics, and we provide treatment services in follow-up to diagnostic evaluations. The training program has a clear eye on the future of each Resident, explicitly preparing them for ABPP certification and training them to leverage electronic resources to improve care quality and efficiency.

Approximately 70% of the Residents' time is spent in the delivery of clinical services. Educational/training experiences and research activities account for the other 30% of the Residents' time.

## APPLICATION

Candidates must be on track to complete all doctoral degree and internship requirements by the start of the Residency. Graduates of APA and CPA accredited Clinical Programs and Internships are preferred, and prior training with children is required. Our program participates in the [APPCN match system](#). *This residency site agrees to abide by the APPCN policy that no person at this facility will solicit, accept, or use any ranking-related information from any residency applicant.* **The deadline for receipt of all application materials to our program is January 3, 2014** in order to allow us to schedule interviews at the [annual INS meeting](#) or prior to that time by alternate arrangement. If letters of support are delayed, electronic copies can be sent to [Vicky.Sanders@cchmc.org](mailto:Vicky.Sanders@cchmc.org) by January 3<sup>rd</sup> and then followed by the official print versions.

### Required materials due to us by 1/3/2014:

- 1-2-page description of career goals (this can be be part of, or in addition to, a cover letter)
- Curriculum vita
- 3 letters of recommendation
- Graduate transcript(s)
- 2 sample neuropsychological reports

Download from [APPCN](#) and complete:

- [Verification of Completion of Doctorate form](#)

Download from [Cincinnati Children's](#) and complete:

- [Graduate Medical Education Fellowship Application](#)
- [Psychology Training Consortium Postdoctoral Fellowship application](#)

If you are unable to click on the Cincinnati Children's application materials links above, please cut and paste this into the address window of your internet browser: [www.cincinnatichildrens.org/education/clinical/fellowship/beh-med/contact/](http://www.cincinnatichildrens.org/education/clinical/fellowship/beh-med/contact/)

# OUTLINE OF TRAINING EXPERIENCES

## First Year of Training

### Primary Clinical Training Experiences

**Oncology Service:** The first-year Resident serves as the neuropsychology liaison to the Neuro-Oncology (Brain Tumor) and Leukemia/Lymphoma Programs (6 months each). Specific clinical duties include participation in weekly neuro-oncology psychosocial rounds, consultation with multi-disciplinary treatment teams, inpatient and outpatient neuropsychological evaluations, and collaboration with school intervention professionals. Neuropsychological evaluation of solid tumor patients is also a less intensive component of this experience.

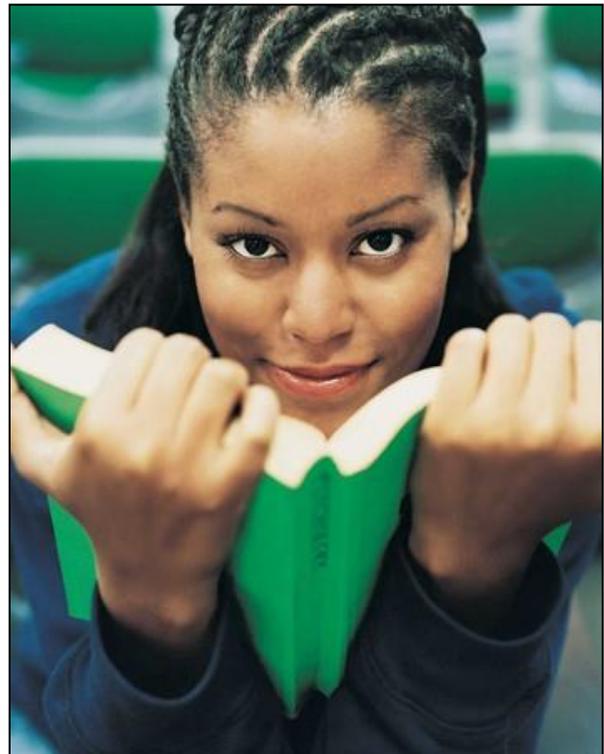
**VA Neuropsychology Service:** The first-year Resident spends every Monday on this service at the nearby Cincinnati VA (a 5-minute walk from Cincinnati Children's). Each Monday begins with a didactic session, followed by supervised clinical work. Clinical duties include neuropsychological testing, interpretation, and report writing with populations ranging from young adults to the elderly, with a wide range of presenting neurological issues.

**Outpatient Evaluations:** The Resident performs 1-2 outpatient evaluations per week. Cases are seen either jointly with the supervising neuropsychologist or with "behind the scenes" supervision. Referrals are received from a variety of internal and external sources. Our most common referrals are for children with medical diagnoses, including but not limited to epilepsy, traumatic brain injury, perinatal stroke, sickle cell disease, neurosurgical interventions, and genetic and metabolic disorders. A very small proportion of children seen by the Resident have primary developmental disorders, learning disabilities, or attention deficit/hyperactivity disorder, though this is largely dependent on the training goals and educational needs of the individual Resident.

### Supporting Clinical Training Experiences

**Outpatient Psychotherapy:** We encourage Residents to maintain involvement in outpatient psychotherapy services, either through provision of individual therapy or group therapy. Past Residents have conducted individual or family therapy for such presenting problems as Tourette's Syndrome, nonepileptic seizures, and adjustment to traumatic brain injury or brain tumor. Group therapy opportunities include parent behavioral training for ADHD, social skills groups for children and adolescents, and other specialty groups. The nature and intensity of psychotherapy training depends in part on Resident background and interest.

**Neuropsychology Inpatient Consultation Service:** The two neuropsychology Residents are on a monthly rotation for this service. Typical referrals include requests for inpatient neuropsychological screenings and requests for assistance in developing outpatient care plans.



## Second Year of Training

### Primary Clinical Training Experiences

**Inpatient Neurorehabilitation Unit:** The neuropsychology Resident works with a multidisciplinary team in the care of patients with a variety of injuries/diseases of the central nervous system, including traumatic brain injury, brain tumors, CNS infections, and cerebral vascular accidents. Clinical duties include neuropsychological evaluations and team consultation. Additional opportunities for working with the children and their families following discharge are available, including outpatient assessment and psychotherapy services.

**Outpatient Evaluations:** This experience is structured the same as that described on the previous page for the first-year of Residency training.

### Supporting Clinical Training Experiences

During the second year, Residents continue their participation in the **Neuropsychology Inpatient Consultation Service** and conduct supervised **Outpatient Psychotherapy**, just as they did during the first year of training. In addition, second-year Residents have the opportunity to cater their experiences by selecting **two 6-month rotations or one 12-month rotation** from the following:

**Epilepsy Surgery Team:** Residents work in coordination with the attending neuropsychologist who works with the CCHMC Epilepsy Surgery Team. Primary roles included pre- and post-surgical neuropsychological evaluations and multidisciplinary team consultation. (6 month elective experience)

**Movement Disorders Clinic:** Residents join the attending neuropsychologist who consults with the movement disorders clinic through Neurology. In addition to building brief diagnostic skills, this rotation offers a unique opportunity to learn and practice evidence-based behavioral strategies for the management of tic disorders. (6 month elective experience)

**Developmental Pediatrics:** Residents work with our neuropsychologists in the Division of Developmental and Behavioral Pediatrics seeing children with complex neurodevelopmental conditions, including spina bifida/myelomeningocele, autism spectrum disorders, and genetic disorders. Residents also have the opportunity for more intensive experience as “umbrella” supervisors of predoctoral practicum students (i.e., supervising students while being supervised by attendings). (6 month elective experience)

**Neuropsychology Research:** All of our Residents are involved in research (see the next page). However, some Residents see neuropsychology research as a major part of their future careers, and therefore want additional research training. The elective experience in neuropsychology research allows additional emphasis in this area, including supplemental seminars on research development, as well more intensive research experiences designed to move the Resident towards an independent research career as they gain clinical training that makes them eligible for Board certification. (6 or 12 month elective experience)

**Additional Options:** We anticipate adding 1-2 new minor rotation options by the second year of the incoming Resident's training. Possibilities include focused experiences with patients who have hematologic conditions (e.g., sickle cell disease, bone-marrow transplant) or recent mild-moderate traumatic brain injuries, as well as mentored experience supervising internship-level trainees.



## Seminars and Didactics

Required didactics include the Neuropsychology Didactic Series and Case Conference (weekly), Board-Certification Readings Group (biweekly), Rotation-specific readings with rotation supervisors, Neuro-oncology Radiology Rounds (weekly, year 1), Postdoctoral Fellowship Professional Development Seminar (monthly), and Psychological Colloquium (monthly). Sample topics covered in our weekly didactic/case conference series include:

- Epilepsy
- TBI
- Neuro-oncology
- Cerebrovascular injury
- Sickle Cell Disease
- Neuroimaging
- Neurodegenerative disorders
- Movement disorders

- Pervasive developmental disorders
- ADHD
- Learning disabilities
- Prematurity/low birth weight
- Sleep and Sleep Disorders
- Psychopharmacology

Additional (optional) didactic opportunities include: Neurology Grand Rounds, Psychiatry Grand Rounds, Pediatric Grand Rounds, Neuroradiology Rounds, Tumor Board, Pediatric Epilepsy Conference, Journal Club, Brain Cuttings, Introduction to Clinical Research, Psychology Research Group, Sleep Medicine Didactic Series, All-Fellows Rounds, and other departmental and research seminars throughout CCHMC.

You may view [additional information about these and other offerings](http://www.cincinnatichildrens.org/education/clinical/fellowship/beh-med/curriculum/) at <http://www.cincinnatichildrens.org/education/clinical/fellowship/beh-med/curriculum/>

## Research

Residents typically become involved in ongoing research under the mentorship of program faculty. This must culminate by the end of the Residency in at least one first author manuscript submitted for publication. Both Residents are encouraged to schedule at least half a day of protected time for research each week.

Several of our neuropsychologists are NIH-sponsored Principal or Co-Investigators, and we have ongoing research studies in a number of areas, including traumatic brain injury, neurofibromatosis, epilepsy surgery, fMRI in language development, pediatric sleep, and cardiac and rheumatological disorders that affect the brain. Our

neuropsychologists have published on such topics as epilepsy (Byars), traumatic brain injury (Walz, Beebe, Austin, Gerstle), spina bifida and hydrocephalus (Beebe), brain tumors (Beebe), structural neuroimaging (Byars), functional neuroimaging (Walz, Byars, Beebe), psychometric properties of neuropsych tests (LeJeune, Beebe, von Thomsen, Austin), sleep (Beebe), lupus (Beebe), Angelman syndrome (Walz), Down syndrome (Byars), learning disorders (Barnard) and cardiac conditions (Beebe). Brief summaries of our neuropsychologists' backgrounds and interests, as well as their recent publications, are provided at the end of this brochure.

## Teaching/Supervision

Primary clinical supervision for the Resident is provided by neuropsychologists at CCHMC base and satellite campuses. Residents may also receive supervision in specialty areas of psychotherapy from other faculty and staff within the Division. Dr. Wes Houston and two additional neuropsychologists provide supervision at the VA. The Resident may

also choose to be involved in umbrella supervision of graduate students and pre-doctoral trainees. Research supervision and selection of a primary mentor for professional development is established after the start of Residency, depending on the interests of the Resident and upon available research opportunities.

## **STIPEND AND BENEFITS**

Stipends and benefits begin on or around September 1. For 2013, the first-year stipend is \$39,264 and the second-year stipend is \$41,364; these are based on the National Institutes of Health (NIH) and may be adjusted if the NIH rate changes for next year. The decision to continue the Residency for a second year is finalized halfway through the first year based upon adequate progress in the program up to that time. Reimbursement is available for up to \$1,500 of moving expenses for initial relocation of Residents. Financial support is also provided for conference attendance. There are several health insurance plans from which to choose; all require minimal financial contribution from the Resident. Fifteen days per year of vacation and eight pre-set holidays are available, in addition to sick leave (same as medical fellows). Additional leave is granted for workshop/conference attendance as deemed appropriate by the mentor(s).



## **GENERAL INFORMATION ABOUT THE HOSPITAL AND AREA**

Cincinnati sits on the Southwest border of Ohio, tucked in the Ohio River Valley, with a population of 2.1 million in the tri-state area. Ranked in 2011 as one of the top five most livable cities in the US by *Forbes* magazine, Cincinnati boasts a low cost of living, convenient commutes, and stable economic base. Cincinnati is rich with culture, tradition, charm and life. Known for its river city history and rolling hills, the city hosts a multitude of festivals and community events. The diversity of people and communities allows for variety throughout the city. Cincinnati is home of the Reds and the Bengals professional teams, as well as competitive college teams at the University of Cincinnati and Xavier University. For links to additional information about Cincinnati and its opportunities in the arts, sports, nature, or a variety of other pastimes, visit [www.cincinnatichildrens.org/education/cincinnati/default/](http://www.cincinnatichildrens.org/education/cincinnati/default/).

Cincinnati Children's serves the medical needs of infants, children and adolescents with family-centered care, innovative research and outstanding teaching programs. We are a national leader in pediatrics. Cincinnati Children's ranks second in the nation among pediatric facilities in research funding

from the National Institutes of Health (NIH), and for several years running has been ranked in the top three pediatric hospitals in the *U.S. News and World Report* honor roll of children's hospitals. Also, the University of Cincinnati College of Medicine Department of Pediatrics, which is comprised of faculty at Children's, has consistently ranked in the top three departments of pediatrics at a medical school in the *U.S. News and World Report* survey of best graduate education programs. Reflecting its strong work environment, Children's has been named to the *Cincinnati Business Courier's* Best Places to Work Hall of Fame. For additional information about awards earned by Cincinnati Children's as well as information about medical advances originating here, please visit [www.cincinnatichildrens.org/about/awards/default/](http://www.cincinnatichildrens.org/about/awards/default/).

Our program offers interviews by invitation following application review. Applicants who are invited to interview will have the option of doing so during the annual INS meeting or in Cincinnati prior to the INS meeting. The interview location will not affect our rankings of applicants.

## PRIMARY SUPERVISORS



**Dean W. Beebe, Ph.D., ABPP** is a Professor of Pediatrics and Director of the Neuropsychology Program in Behavioral Medicine and Clinical Psychology. Board-certified in Clinical Neuropsychology, he is focused on training, research, and program administration. His recent research has focused on the neuropsychological effects of pediatric sleep pathology. He is on the Board of Directors of the American Academic of Clinical Neuropsychology (AACN), co-leads the AACN Pediatric Special Interest Group, and serves on committees of the American Board of Clinical Neuropsychology and the International Neuropsychological Society. He is associate editor for *Journal of Pediatric Psychology* and is on the editorial boards for *Child Neuropsychology* and *Sleep*.

**Training Roles:** He is the Training Director, and supervises fellows' work with general neuropsychological assessment cases. He also participates in didactics, supervises inpatient consults, and is available as a career development or research mentor.



**Anne Bradley, Ph.D.** is a Staff Neuropsychologist in Behavioral Medicine and Clinical Psychology. She was awarded her Ph.D. in Clinical Psychology from Loyola University Chicago in 1996, then completed specialty training in pediatric rehabilitation neuropsychology at University of Michigan. She joined Cincinnati Children's in 2012 after serving an outside pediatric specialty brain injury rehabilitation program. Dr. Bradley is a full-time clinician with an interest in program development, especially in leveraging technology to improve the quality of care and integration of multidisciplinary care.

**Clinical Roles:** Dr. Bradley provides comprehensive neuropsychological assessments to children in the neuro-oncology and neuromuscular disorders programs. She also serves children referred by primary care providers and a range of medical specialties.

**Training Roles:** Dr. Bradley supervises the neuro-oncology rotation during the first year of post-doctoral training. She also participates in didactics, supervises inpatient consults, and is available as a career development mentor.



**Brenna LeJeune, Ph.D., ABPP** is a Board Certified Neuropsychologist in Behavioral Medicine and Clinical Psychology. She was awarded her Ph.D. in Clinical Rehabilitation Psychology from Indiana University Purdue University Indianapolis in 2006. She joined the clinical staff in 2008 after her specialty training in pediatric neuropsychology through the Postdoctoral Residency at CCHMC. She is the Lead Clinician for the Neuropsychology Program, overseeing daily operations and quality improvement initiatives.

**Clinical Roles:** In addition to primarily assessment services for children with pediatric Traumatic Brain Injury (TBI) and with other medical conditions, she also provides evidence-based treatment for children in the Movement Disorders Clinic.

**Training Roles:** Dr. LeJeune supervises the second-year fellow's work on the inpatient rehabilitation rotation as part of a multidisciplinary team approach. She also participates in didactics, supervises inpatient consults, and is available as a career development mentor.



**Christian von Thomsen, Psy.D.** is a Staff Psychologist in the Division of Behavioral Medicine and Clinical Psychology. After earning his graduate degree in psychology in Germany, Dr. von Thomsen completed a Psy.D. in Clinical Psychology from Loyola College in Maryland in 2008 and graduated from postdoctoral residency at The Children's Hospital of Philadelphia in 2010. Since joining the CCHMC staff in September 2010, he has concentrated on his primary roles as a clinician and educator. His interests include readability of reports and effective communication with patients and families.

**Clinical Roles:** Dr. von Thomsen provides neuropsychological assessments to children in the leukemia/lymphoma clinic, as well as to patients with a variety of other conditions.

**Training Roles:** Dr. von Thomsen is the Associate Training Director in Neuropsychology.

He supervises the leukemia/lymphoma rotation during the first year of post-doctoral training, participates in didactics, supervises inpatient consults, and is available as a career development mentor.

## SECONDARY SUPERVISORS



**Cynthia Austin, Ph.D.** is an Assistant Professor of Pediatrics in the Division of Behavioral Medicine and Clinical Psychology. She completed her Ph.D. at the University of Texas at Austin and her two-year fellowship in Pediatric Neuropsychology at Kennedy Krieger Institute/Johns Hopkins. She has specialty interests in program evaluation, scale development/psychometrics, and therapeutic assessment.

**Clinical Roles:** A recent addition to the faculty at Cincinnati Children's, she has focused on the neuropsychological evaluation of children with a range of medical conditions, with a particular interest in those who sustained Traumatic Brain Injuries (TBI).

**Training Roles:** Dr. Austin participates in didactics, supervises inpatient consults, and is available as a career development or research mentor.



**Holly Barnard, Ph.D., ABPP** is an Assistant Professor in the Division of Developmental and Behavioral Pediatrics (DDBP), where she Directs the Developmental Neuropsychology Clinic. She completed her Ph.D. in Clinical Psychology at the University of Denver and her two-year fellowship in pediatric neuropsychology at the University of Illinois at Chicago Medical Center. She is board certified in Clinical Neuropsychology.

**Clinical Roles:** She provides neuropsychological services as part of a multidisciplinary evaluation of children with early brain injuries and developmental and/or genetic disorders.

**Training Roles:** Dr. Barnard teaches academic courses at the main University of Cincinnati campus, supervises predoctoral trainees, and can supervise a minor rotation of postdoctoral fellows and act as career development mentor.



**Anna Weber Byars, Ph.D., ABPP** is an Associate Professor in the Division of Neurology. She completed her Ph.D. at the University of Alabama at Birmingham and her two-year fellowship in Pediatric Neuropsychology at CCHMC. She is board certified in Clinical Neuropsychology, serves as a Board Examiner for the American Board of Clinical Neuropsychology (ABCN), and serves on the CCHMC Neuroscience Review Committee.

**Clinical Roles:** Dr. Byars sees patients and conducts research in the multidisciplinary Comprehensive Epilepsy Program with an emphasis on pre- and post-surgical evaluations. She also has clinical and research interests in tuberous sclerosis and stroke.

**Training Roles:** She supervises a 6-month minor rotation of postdoctoral fellows. She also participates in didactics and can be a career development or research mentor.



**Melissa Gerstle, Ph.D.** is an Assistant Professor of Pediatrics in Behavioral Medicine and Clinical Psychology. She completed her Ph.D. at the University of New Mexico at Albuquerque and her two-year fellowship in Pediatric Neuropsychology at Texas Children's Hospital/Baylor University. Though experienced with a variety of populations, she has special interests in the neuropsychological implications of rare medical conditions.

**Clinical Roles:** A recent addition to the faculty at Cincinnati Children's, she has focused on the neuropsychological evaluation of children with a range of medical conditions, with a particular interest in those with Turner Syndrome and other genetic conditions.

**Training Roles:** Dr. Gerstle participates in didactics, supervises inpatient consults, and is available as a career development or research mentor.



**Nicolay Walz, Ph.D.** is an Associate Professor in Behavioral Medicine and Clinical Psychology. She obtained her Ph.D. in Clinical and Developmental Psychology at the University of Illinois at Chicago and postdoctoral fellowship in pediatric neuropsychology at CCHMC. She joined the faculty in 2002 and since 2005 has focused almost exclusively on clinical research. Her primary research interest is social outcomes of pediatric (particularly early childhood) traumatic brain injury (TBI). Secondly, she is involved in multi-site research on short- and long-term child and family outcomes of pediatric brain injury, as well as efforts to develop interventions to improve child and family functioning after TBI.

**Training Roles:** Dr. Walz participates in didactics, supervises inpatient consultations, and is available as a career development or research mentor.

## Additional Secondary Supervisors at nearby Cincinnati V.A.:



Wes Houston, Ph.D.

Diana Rigrish, Ph.D.

Jeanne Schmerler, Psy.D.

## RECENT PUBLICATIONS (2011-2013)

- Austin, C. A., Krumholz, L. S., & Tharinger, D. J.** (2012). Therapeutic assessment with an adolescent: choosing connections over substances. *J Pers Assess*, *94*, 571-585.
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- Byars, K. C., Yolton, K., Rausch, J., Lanphear, B., & **Beebe, D. W.** (2012). Prevalence, patterns,

- and persistence of sleep problems in the first 3 years of life. *Pediatrics*, 129, e276-84.
- Chiu, C. Y., Tlustos, S. J., **Walz**, N. C., Holland, S. K., Eliassen, J. C., Bernard, L., & Wade, S. L. (2012). Neural correlates of risky decision making in adolescents with and without traumatic brain injury using the balloon analog risk task. *Dev Neuropsychol*, 37, 176-183.
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