

POSTDOCTORAL RESIDENCY IN PEDIATRIC NEUROPSYCHOLOGY



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Program Code: 9793

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](#). 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 Program also has close ties to the Neuropsychological Laboratory at the Cincinnati VA.

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 (6 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 often 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 6, 2012* 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 by January 6th and then followed by the official print versions.

Required materials due to us by 1/6/2012:

- 1-2-page description of career goals
- 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 link above, please cut and paste this into the address window of your internet browser: 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) Program and, to a lesser degree, the Leukemia/Lymphoma Program. Specific clinical duties include direction and oversight of the weekly neuro-oncology psychosocial rounds, consultation with multi-disciplinary treatment teams, neuropsychological evaluations, and collaboration with school intervention professionals. Neuropsychological evaluation of solid tumor patients is also a less intensive component of this experience.

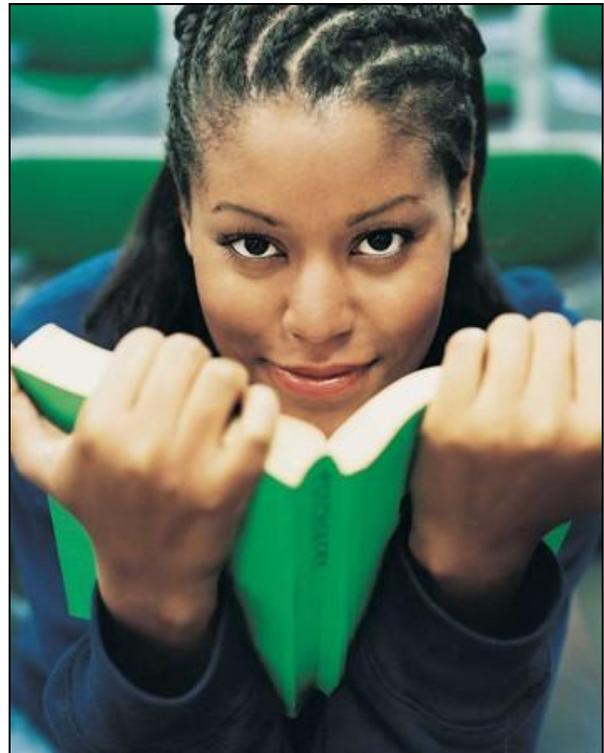
VA Neuropsychology Service: The first-year Resident spends every Monday on this service at the nearby Cincinnati VA (a 5-minute walk from Cincinnati Children's). Each Monday begins with a didactic session, followed by supervised clinical work. Clinical duties include neuropsychological testing, interpretation, 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 a variety of 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 fellows to maintain involvement in outpatient psychotherapy services, either through provision of individual therapy or group therapy. Past fellows 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 (CNS), 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 options:

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

Autism Spectrum Disorders: Opportunities for residents to increase their experience in evaluating children with autism spectrum disorders can be made available for the interested Resident. Beyond neuropsychological evaluation and consultation, opportunities may include shadowing of multidisciplinary staff and observation of other important assessment tools (e.g., Autism Diagnostic Observation Scale). (6 month elective experience)

Neuropsychology Research: All of our Residents are involved in research (see blue box on the next page). However, some Residents see neuropsychology research as a major part of their future careers, and therefore want additional research training beyond the Residency "Core". 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: With the ongoing growth of our neuropsychology program, we anticipate adding 1-2 new minor rotation options by the second year of incoming fellows' training. Possibilities include focused experiences with patients who have movement disorders, complex congenital heart disease, or mild traumatic brain injuries.

Seminars and Didactics

Required didactics include the Neuropsychology Didactic Series and Case Conference (weekly), Neuropsychology Readings Group (biweekly), Rotation-specific readings with rotation supervisors, Neuro-oncology Radiology Rounds (weekly, year 1), Postdoctoral Fellowship Professional Development Seminar (monthly), Psychology Research Group (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 Colloquium, 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, and we encourage additional co-authorship through collaboration with faculty. Both Residents are encouraged to schedule at least half a day of protected time for research each week.

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

(Beebe). Our neuropsychologists recently have published on such topics as epilepsy (Byars), spina bifida (Beebe), brain tumors (Beebe), Angelman syndrome (Walz), traumatic brain injury (Walz, Potter, Beebe), structural neuroimaging (Byars), functional neuroimaging (Walz, Byars, Beebe), psychometric properties of neuropsych tests (LeJeune, Beebe), sleep (Beebe), and cardiac conditions (Beebe). Candidates are encouraged to look at individual neuropsychologists' information sheets (updated and distributed at the time of interviews) for more complete and up-to-date information about our research and scholarly productivity.

Teaching/Supervision

Primary clinical supervision for the Resident is provided by Drs. Beebe, Byars, Potter, LeJeune, vonThomsen and Walz at CCHMC base and satellite campuses. Residents typically also receive supervision in specialty areas of psychotherapy from other faculty and staff within the Division. Dr. Wes Houston and three 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. Finally, there are opportunities to be involved in teaching neuropsychology at the graduate level. 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. At this time, first-year stipends are ~\$38,000 and second-year stipends are ~\$40,000; these are based on the National Institutes of Health (NIH) rate and may be adjusted if the NIH rate changes for next year. The decision to continue the Residency for a second year is finalized in December of 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. 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 unique chili, 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/.

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 is in

the top three pediatric hospitals named to the 2011-2012 *U.S. News and World Report* honor roll of children's hospital. Also, the University of Cincinnati College of Medicine Department of Pediatrics, which is comprised of faculty at Children's, ranks in the top three departments of pediatrics at a medical school in the 2012 *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/.

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. However, on-site interviews allow applicants to meet team members they might miss at INS, and include guided tours of our center and of Cincinnati.

NEUROPSYCHOLOGISTS INVOLVED IN THE TRAINING PROGRAM



Dean W. Beebe, Ph.D., ABPP
Cincinnati Children's
(Director)



Jennifer Potter, Ph.D., ABPP
Cincinnati Children's



Anna Weber Byars, Ph.D., ABPP
Cincinnati Children's



Brenna LeJeune, Ph.D.
Cincinnati Children's



Christian von Thomsen, Psy.D.
Cincinnati Children's



Nicolay Chertkoff Walz, Ph.D.
Cincinnati Children's



Abigail Johnson, Ph.D.
Cincinnati Children's



David Baker, Psy.D.
Cincinnati Children's

Holly Barnard, Ph.D.
Cincinnati Children's

Wes Houston, Ph.D.
Cincinnati V.A.

Diana Rigrish, Ph.D.
Cincinnati V.A.

Not Pictured:

Jannel Phillips, Ph.D.
Cincinnati Children's

Bruce Parkinson, Ph.D.
Cincinnati V.A.

Jeanne Schmerler, Psy.D.
Cincinnati V.A.