

**Rehabilitation Psychology and Neuropsychology  
Division of Rehabilitation Psychology and Neuropsychology  
Department of Physical Medicine and Rehabilitation  
Johns Hopkins University School of Medicine  
Baltimore, Maryland USA**

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**Residency Training Program in Rehabilitation Psychology**

**Introduction**

The Johns Hopkins University School of Medicine, Department of Physical Medicine and Rehabilitation, Division of Rehabilitation Psychology and Neuropsychology offers a two-year full-time training program in Rehabilitation Psychology assessment and treatment of adult patients within a rehabilitation context who have a wide range of acute and chronic central nervous system disorders.

The mission of the Rehabilitation Psychology Residency Training Program is to provide an organized sequence of didactic and experiential education and training activities, with focused supervision and mentoring, whereby residents can develop advanced competencies in the specialty area of Rehabilitation Psychology sufficient for independent practice and eligibility for board certification, and leadership in patient care and research. The Rehabilitation Psychology Residency Training Program has been developed in accordance with the American Psychological Association (APA) Division 22 – Rehabilitation Psychology training guidelines, and the APA guidelines from the National Conference on Postdoctoral Training in Professional Psychology. It fulfills eligibility requirements for board certification in Rehabilitation Psychology through the American Board of Professional Psychology. The program is not accredited by the APA Commission on Accreditation.

The training programs strive to develop resident competencies as applied to the specialized populations, problems, and procedures that define the specialty of Rehabilitation Psychology in the six core areas of:

- (1) assessment
- (2) intervention
- (3) consultation
- (4) research and evaluation
- (5) supervision and teaching
- (6) management and administration

and to promote the development of leadership skills in patient care and research.

The core values of the training programs include:

- Commitment to professionalism, including professional appearance and behavior, timely attendance and appropriate responsibility for tasks, and integrity and ethical behavior
- Commitment to excellence, including technical excellence (proficiency in our work), service excellence (providing an outstanding experience for each patient we serve), with a focus on up-to-date evidence-based knowledge, skills, and abilities
- Belief in and emphasis on the human worth of persons with impairment or disability, and the importance of their integration into the society at large
- Understanding of and respect for diversity in faculty, trainees, patients, and others in a manner that reflects psychology's ethical principles and professional standards.

Assessments include standardized testing instruments, as well as specialized examination techniques necessary to evaluate individuals with significant motor, sensory, and cognitive disabilities. Rehabilitation psychology treatments derived from the assessments focus on working with patients, families, physicians, and health-care teams to maximize affective, cognitive, and behavioral functioning, as well as social, educational, vocational, and recreational participation.

## **The Training Setting**

The Rehabilitation Psychology residency training program exists within the Johns Hopkins University, School of Medicine, Department of Physical Medicine and Rehabilitation, Division of Rehabilitation Psychology and Neuropsychology.

## **The University**

The Johns Hopkins University, founded in Baltimore in 1876 and named after its benefactor, was the first university in the Western Hemisphere founded on the model of the European research institution, where research and the advancement of knowledge were integrally linked to teaching. The Johns Hopkins University was established as a research university, dedicated not just to advancing students' knowledge, but also to advancing the state of human knowledge generally through research and scholarship. Its establishment began a revolution in U.S. higher education, and it remains a leader in both teaching and research.

Today, the university enrolls 18,000 full-time and part-time students on three major campuses, and employs more than 26,000 people, making it one of the five largest private employers in Maryland. Johns Hopkins University ranks first among U.S. universities in receipt of federal research funds.

## **The School of Medicine**

The School of Medicine ranks first among U.S. medical schools in receipt of research awards from the National Institutes of Health. The primary practice site of the School of Medicine is the Johns Hopkins Hospital – a collection of inpatient and outpatient centers, including 37 buildings, 226 separate clinical services and more than 1,000 beds covering over 44 acres. More than a century ago the hospital became the first to integrate fully the missions of teaching, research, and patient care, a synergistic triangle that became a model adopted by virtually every American medical school. Now, for the 20th year in a row, the hospital was recognized as the best hospital in America by U.S. News and World Report. Annually, the hospital has over 47,000 inpatient discharges and over 230,000 outpatient visits.

Johns Hopkins Medicine draws trainees, clinicians, researchers, and program administrators from all over the world, from hundreds of countries. Johns Hopkins Medicine's affiliations with health care institutions in the United Arab Emirates, Panama, Singapore, Turkey, Lebanon, Chile, Japan, Mexico, Canada, Italy, and Trinidad and Tobago also contribute to the diversity of trainees and faculty.

Johns Hopkins Hospital treats many lower socioeconomic minority patients from the surrounding inner-city urban community. The hospital also serves patients from all over the United States and the world, from hundreds of countries, who seek specialty care from Johns Hopkins University faculty. Trainees participate in the care of an incredibly diverse array of patients, and this increases their preparation to understand and address the needs of individuals from many different global, cultural and socioeconomic groups.

### **The Department of Physical Medicine and Rehabilitation**

The professionals in the Johns Hopkins Department of Physical Medicine and Rehabilitation assess and treat patients with a wide variety of disabilities and chronic health conditions. We provide a full range of services for patients while offering a number of uniquely specialized programs. Our mission is to provide exceptional rehabilitation for our patients through clinical excellence and compassionate care, all dedicated to helping them achieve their maximum functional capacity and highest quality of life. Our faculty and staff are researchers, teachers, and clinicians who develop and apply scientific breakthroughs in rehabilitation medicine to benefit patients. The Department has 27 physician and psychology faculty and employs 21 nurses and 120 therapists. It treats 1,840 inpatients and 34,635 outpatients annually.

### **The Division of Rehabilitation Psychology and Neuropsychology**

The program faculty are six licensed psychologists, a number of whom serve as national leaders in APA, ABPP, and professional activities. The faculty, in total, have multiple federal grants, have published over 100 peer-reviewed journal manuscripts and over 40 book chapters, have conducted over 250 national conference presentations, and serve or have recently served as editorial board members or ad-hoc reviewers for over a dozen scientific journals.

The Neuropsychology training program has two primary clinical settings: Johns Hopkins Hospital and Good Samaritan Hospital. The Johns Hopkins Hospital has a comprehensive inpatient rehabilitation unit, and outpatient psychology programs and clinics. The Good Samaritan Hospital has two Johns Hopkins-affiliated comprehensive inpatient rehabilitation units and outpatient psychology clinics. Trainees focus on the specific populations, problems, and procedures that define their specialty. Major training experiences include:

Inpatient Stroke and Neurorehabilitation, with focus on evaluation and treatment of adults with acquired brain injuries and illness as part of an interdisciplinary treatment team. Populations include stroke, brain tumor, hydrocephalus, cerebral aneurysms, mild TBI, and assorted degenerative neurological conditions. Responsibilities include evaluation and treatment, behavioral interventions, brief supportive psychological services, and consulting on treatment and discharge planning.

Spinal Cord and Related Disorders, with focus on evaluation and treatment of adults with spinal cord injury, multiple sclerosis, orthopedic injuries, amputation, and related medical conditions. Trainees conduct assessments and interventions, participate on a team with physicians, nurses, and allied health professionals, and provide recommendations for patient management and discharge disposition.

Inpatient Complex Medical Rehabilitation, with focus on evaluation and treatment of adults with diverse needs, including individuals with cancer, organ transplant, cardiac conditions, complex orthopedic and neurologic conditions, and auto-immune disorders . The emphasis is on the provision of assessment and interventional services for patients and families, and consultation within a multidisciplinary treatment team. Trainees engage in assessment and intervention, behavior management, patient and family education, and discharge planning, and attend daily rounds and team meetings.

Outpatient Rehabilitation, with focus on evaluation and treatment of adults with chronic pain, amputations, and spinal cord dysfunction. Activities include psychological and evaluation, and cognitive, behavioral, and psychotherapeutic treatment. Fellows participate in a psychology clinic for persons with physical disability, and work to plan and implement comprehensive rehabilitation psychology programs designed to increase independent daily functioning and, when applicable, enable return to school or work. Fellows consult with community health service providers, vocational rehabilitation centers, insurance or worker's compensation case managers, and school and work personnel.

In all settings, faculty and trainees operate within an interdisciplinary treatment team involving frequent consultation with other psychologists, and with physicians, nurses, physical therapists, occupational therapists, speech-language pathologists, social workers, and dieticians. There is a constant flow of information among the team members, including "curb-side consultation" in the nursing station and therapy gyms, formal team meetings, and within the written medical record. A substantial portion of the bedside and clinic teaching, as well as the office-based supervision, is focused on efficient and effective functioning and communication within the treatment team,

including providing organized, clear, and concise oral and written communication in a timely manner, and making meaningful team recommendations that are relevant and helpful.

In addition to the major training experiences, the program also offers potential minor experiences in:

- outpatient neurorehabilitation program
- administration/program development
- research

The residency training program in Rehabilitation Psychology consists of an planned, structured, cumulative, logically-sequenced program of didactic and experiential education and training activities which are graduated in complexity, and which provide the means whereby trainees can progress from the broad, entry-level foundational and functional competencies provided in doctoral graduate and internship education and training to an advanced level of competency in the specialty practice area of Rehabilitation Psychology. The training program consists of:

- A 2-year experiential training sequence. These practice rotations begin with inpatient settings, where trainees have significant structure and supervision, and proceed to outpatient settings where trainees function more autonomously, in addition to being required to demonstrate practice management skills and abilities. Each rotation includes a graded series of readings, graded supervised patient care activities involving assessment, intervention, and consultation, and office-based supervision.
- A 2-year weekly didactic sequence
- Individual supervision of residents by faculty at least 2 hours per week
- 2 hours per week of seminars/didactics/journal clubs
- A sequential series of steps to develop trainees' scientific specialization. This includes supported requirements to submit poster presentations at national conferences, to submit manuscripts to journals, and to serve as co-reviewers with faculty who review manuscripts for journals.
- Each resident is assigned to work with a mentor over the 2-year program on issues related to program progress and professional development.

The residency training model is designed to foster leadership skills within the specialty area of Rehabilitation Psychology, including teaching and supervision. Second-year trainees have opportunities to take responsibility for aspects of the didactic seminars, and for first-line supervision of graduate externs, including direct supervision of patient assessment and intervention activities, review and modification of documentation, and office-based supervision emphasizing externs' self-reflection and skill development. The rotation supervisor provides supervision of the trainees' supervision activities. In addition, there are didactic sessions and seminars devoted to supervision theories, methods, and competencies.

Also in the second year, trainees may select one intensive didactic experience lasting 4-6 weeks from within the University which is related to their individual training goals. During that time, trainees are expected to continue with clinical responsibilities and attendance at regular didactics and seminars within the training program. They do not participate in research activities or any external didactics. Part of training goals during this time is for trainees to learn to manage the

complexities of having multiple responsibilities (clinical, training, etc), including when to request assistance from supervisors if the work load is too high.

### **Renewal or Non-Renewal of Training Appointment**

The Rehabilitation Psychology residency training program is planned as a two-year full-time program. Trainees and faculty agree to the first year of training, and the second year is by mutual agreement. If trainees are not demonstrating reasonable progress within the first 8 months of the program, they may not be offered a second year.

If performance is deemed unsatisfactory and attempts at correcting the problem have been unsuccessful, a written notice of non-renewal shall be provided no later than four months prior to the end of the current period of appointment. However, if the primary reason(s) for the nonrenewal occurs within the four months prior to the end of the agreement, the program shall provide the trainee with as much written notice of the intent not to renew as the circumstances will reasonably allow. A trainee in receipt of a notice of non-renewal is entitled to utilize the "Grievance Procedure for Faculty, Fellows and the Student Body"

(<http://www.hopkinsmedicine.org/som/faculty/policies/facultypolicies/grievance.html>).

### **Probation, Suspension and Termination Policy for Postdoctoral Trainees**

The training program strives to assist trainees with various problems or concerns and to promote their well-being, provide assistance, access support services, and successfully complete the fellowship. However, both The Johns Hopkins University School of Medicine (JHU) and The Johns Hopkins Hospital (JHH) recognize the prerogative of the Training Program Director or appropriate preceptor to appoint and to terminate residents. Situations, events, or conditions that may preclude or interfere with the fellow's completion of his/her training responsibilities include, but are not limited to, substance abuse, a psychological or psychiatric problem, acute or chronic medical conditions, and illegal activities. It is the policy of Johns Hopkins Medicine to employ procedural fairness in all matters which may lead to probation, suspension or termination of Postdoctoral Trainees.

### **Resident Benefits and Support**

Each resident is provided with:

- salary funding at the NIH post-doctoral level (currently \$38,496 annually)
- \$1,000 annually for professional conference attendance
- free medical and dental insurance
- primary health care and mental health care through the University Health Service
- access to the university Faculty and Staff Assistance Program (mental health and substance abuse difficulties, family and relationship difficulties, financial counseling, emergency loans, legal problems, career and work problems, including harassment issues, child-care and elder-care resources, safety and victim services)
- long-term disability insurance

- life insurance
- voluntary retirement plan
- free supervised parking facilities with shuttle buses

Trainees are entitled annually to:

- fifteen personal vacation days
- ten University holidays
- five professional development (conference) days

### **Resident Preparation Requirements and Selection Process**

We are selecting for scientist-practitioners with a demonstrated interest in the specialty area of Rehabilitation Psychology. Selection is not affected by participant characteristics unrelated to these criteria, and the program is committed to equitable and non-discriminatory selection policies, procedures, and practices.

Trainees are required to have:

- completed an APA-accredited doctoral training program in clinical or counseling psychology
- completed an APPIC-member or APA-accredited psychology internship
- received their doctoral degree by the beginning of the residency training program.

Trainees are preferred to have:

- experience in the provision of psychological services involving the populations, problems, and procedures of the specialty area
- research experience, with professional presentations and publications
- activity in national professional organizations.

Applicants must submit the following:

- Letter of interest (no longer than two single-spaced pages) describing career goals and interests and how these fit with our program, and stating dissertation status and anticipated date of graduation
- Curriculum Vita
- Official graduate school transcripts
- Three letters of reference

All faculty evaluate each applicant's submitted materials using a written rating scale, evaluating their personal statement, academic preparation, previous training and experience, research productivity, and letters of recommendation. All applicants are interviewed by at least three faculty members, who also complete a written rating scale. Each faculty member ranks the applicants, and then the faculty meet together as a group to discuss each applicant and agree upon a final rank order. Offers are extended according to rank order.

Candidates for the residency training program must pass a criminal background check prior to beginning training.

DEADLINE FOR RECEIPT OF ALL MATERIALS, INCLUDING LETTERS OF RECOMMENDATION, IS DECEMBER X, 2011. Please note that incomplete applications or applications received after December X will not be reviewed.

Candidates invited for interviews must attend an on-site interview at the Johns Hopkins Medical Institution in Baltimore, Maryland on February X, 2012. This will be a half-day event that includes interviews with faculty, informal meeting with current residents, and a tour.

All application materials should be sent to:

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