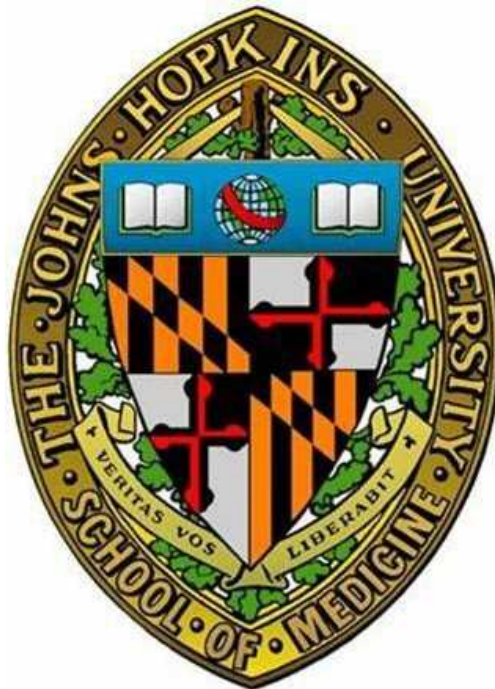


THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
Department of Psychiatry and Behavioral Sciences

Postdoctoral Residency
in
Clinical Neuropsychology



Mission Statement:

The residency in clinical neuropsychology at the Johns Hopkins University School of Medicine provides advanced training and supervision in the clinical application of scientific knowledge of normal and abnormal brain function and behavior, across the life span, to postdoctoral psychologists. The program includes didactic and practicum experiences in assessment and intervention that are consistent with the *Policy Statement of the Houston Conference on Specialty Education and Training in Clinical Neuropsychology*. Its aim is to impart to psychologists the clinical competencies that enable them to qualify for certification in clinical neuropsychology by the American Board of Clinical Neuropsychology (ABCN/ABPP). The residency program is one of the original members of the *Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN)*.

INTRODUCTION

The Johns Hopkins University holds a distinguished position in the history in American psychology, beginning with the founding of the first psychological laboratory in America by G. Stanley Hall in 1883. Among the faculty of the School of Medicine, founded in 1893, have been a large number of eminent behavioral scientists who have shaped American psychology, including John B. Watson, Karl S. Lashley, Curt Richter, John Money, and Joseph Brady. Johns Hopkins has also been the home of many distinguished neuroscientists, including Harvey Cushing, Walter Dandy, Phillip Bard, Vernon Mountcastle and Solomon Snyder. Indeed, the first documented use of the term “neuropsychology” was by Sir William Osler, first Professor of Medicine at Johns Hopkins, at the dedication of the Phipps Psychiatric Clinic in 1913. While clinical neuropsychology residents at Johns Hopkins inevitably assimilate this historical perspective on the development of our discipline, they also are exposed to the most advanced contemporary theories and state-of-the-art methods in the behavioral and neural sciences, as well as best practices in clinical service delivery.

Located at the Johns Hopkins Hospital, the Department of Psychiatry and Behavioral Sciences Division of Medical Psychology has more than 40 Ph.D. psychologists on its full- and part-time faculty. These psychologists are engaged in a wide variety of clinical and academic activities, ranging from direct patient care to basic behavioral and neuroscience research. For many years, the Division sponsored a *predoctoral* internship in medical psychology, where graduate students received supervised experience in the assessment and treatment of patients in the Phipps Psychiatric Service of Johns Hopkins Hospital. While this was a successful program in many respects, the *predoctoral* status of these trainees made it difficult for them to benefit maximally from the unique opportunities that Johns Hopkins has to offer. In contrast, *postdoctoral* residents who are beginning careers in neuropsychology can take full advantage of the many clinical and research opportunities that are available only at a premier academic medical center. Indeed, the Johns Hopkins University has

ranked among the top 5 medical schools in the country for many years, and the Johns Hopkins Hospital has been rated by physicians as the best hospital in America every year for over a decade (*U.S. News and World Report*).

GOALS OF THE RESIDENCY PROGRAM

The purpose of the fellowship program is to provide Ph.D. psychologists with two years of supervised experience in:

- 1) clinical psychological and neuropsychological assessment,
- 2) consultation to physicians and other health care professionals on issues of cognitive and emotional functioning and psychological management of patients,
- 3) psychological intervention with patients with neuropsychiatric or medical disorders,
- 4) medico-legal and disability evaluations, and
- 5) design and implementation of research in neuropsychology

It is expected that many residents will be preparing for academic careers in clinical neuropsychology, geriatric psychology, or a related specialty within professional psychology. Others will likely be planning careers primarily as practitioners, working as neuropsychologists in general hospitals or psychiatric facilities.

CURRICULUM

Supervised Clinical Work

This is the major component of the residency experience, estimated to require 60% of the fellow's time and effort. Fellows will conduct psychological and neuropsychological evaluations, including the administration, scoring and interpretation of standardized and newly developed tests, under the supervision of psychologists on the full-time School of Medicine faculty. The patients seen are those referred to the Johns Hopkins Hospital Cortical Function Laboratory (primarily inpatients) or the Johns Hopkins University Medical Psychology Clinic (primarily outpatients). Inpatients are referred from all of the Phipps Psychiatric Service's eight specialty units (e.g., geriatric, neuropsychiatry, affective disorders, eating disorders, pain treatment), as well as the Hospital's medical and surgical units (e.g., the transplantation services, neurosurgery). The major referral sources of outpatients are the Johns Hopkins Geriatric and Neuropsychiatry Division, generalist and specialist physicians in the community, attorneys, government agencies, and insurance company case managers. Although

the residency is housed within a department of psychiatry, and may therefore entail less exposure to patients with acute neurologic diseases or focal lesions than residencies based in departments of neurology or neurosurgery, the patients referred to us present with an extremely broad spectrum of diseases and behavioral disorders. One reason for this is our Department's longstanding commitment to the treatment of patients with neuropsychiatric disorders.

Residents ordinarily conduct neuropsychological assessments 3 to 4 days per week. On each of these days, the resident works with one of the core faculty who supervises his or her clinical work. The number of patients seen on a "clinical day" depends on several factors, including case complexity, the anticipated length of each evaluation, and the availability of assistance from psychometric technicians. As part of their assessment of inpatients, residents interact with the attending and resident physicians on the inpatient services. They gather relevant information about their patients from the house officers and discuss the clinical questions that the assessment is intended to answer. The neuropsychology residents typically discuss their evaluation findings with inpatient treatment team and/or present them at ward rounds.

Neuropsychology residents receive advanced training and supervised experience in conducting clinical interviews of patients and collateral informants, test selection, synthesizing test results with aspects of history and the results of other diagnostic procedures, case formulation, planning and implementing interventions, and communicating effectively with patients, families, physicians, and other referral sources.

In addition to training in clinical neuropsychological assessment and consultation, residents are encouraged to develop and carry a case load of 2-3 patients for ongoing treatment. Some cases are likely to involve psychotherapy for patients with affective, anxiety, or behavior disorders; others might require treatment for cognitive deficits related to an acquired brain injury. The most challenging patients are often those with pre-existing psychiatric disorders who then undergo behavioral changes due to acquired brain injury. Again following an apprenticeship model, residents receive supervised training in the treatment of such patients.

Because all of the supervising psychologists are full-time faculty members who share a suite of offices with the residents, clinical supervision is readily available. Indeed, residents usually confer with their supervisor before, during, and after each patient encounter. Although most of the supervision is on a one-to-one basis, residents also are expected to present their clinical cases during Morning Report (described below). As the fellowship progresses, the resident ordinarily is expected to assume greater responsibility for, and autonomy in, clinical decision making and management.

Supervised Research

Although the focus of this program is clinical service delivery, all residents are expected to engage in research as well. This typically involves participation in ongoing research projects with the program faculty, and averages 20% of his/her time and effort. Former residents have co-authored several publications with Division faculty. A brief outline of the core faculty members' research interests is listed below:

Dr. Brandt's research interests include: amnesia, presymptomatic indicators of Huntington's disease, variability in pattern and rate of cognitive decline in Alzheimer's disease and other dementias, epilepsy and its surgical treatment, and neuropsychological test development.

Dr. Edwin's research interests include: psychosocial issues in organ transplantation, neuropsychology of organ failure, and neuropsychology of white matter diseases.

Dr. Munro's research interests include: cognitive predictors of alcohol and drug treatment outcomes, alcohol dementia, Alzheimer's disease, vascular dementia, and Parkinson's disease.

Dr. Schretlen's research interests include: correlates of structural brain MR imaging in normal aging and neuropsychiatric disorders, work disability, and methods of inference in clinical neuropsychology.

Dr. Selnes's research interests include: cognitive outcomes of coronary bypass grafting, HIV-related dementia, and vascular dementia.

Dr. Ward's research interests include: frontal-subcortical circuitry and behavior, neuropsychological disorders of the basal ganglia, obsessive-compulsive disorder, and schizophrenia.

Didactic Program

All residents are required to attend and/or participate in the following conferences, rounds, seminars, etc. (within the time constraints imposed by their clinical activities):

Department of Psychiatry Grand Rounds (Mondays, 11:00-12:30 p.m.): Clinical faculty present patients who exemplify specific disorders or treatment issues to the Psychiatrist-in-Chief, followed by a review of relevant literature and their own research on the topic.

Departmental Research Conference (Tuesdays 12:00-1:00 p.m.): Departmental faculty and guest speakers present current research on topics related to neuropsychiatry.

Morning Report (Daily, 8:30-9:00 a.m.): All neuropsychology residents meet with the program faculty, technicians, and other trainees to review patients recently seen for clinical assessment or treatment, and to review current day's schedule. Teaching follows the "recitative" method, and focuses on issues of clinical assessment, diagnostic formulation, and treatment strategies. This activity also helps residents refine their skills in the communication of clinical findings to colleagues and prepare for the ABCN/ABPP Work Sample and Fact Finding examinations.

Medical Psychology Seminar (Tuesdays, 4:00-5:00 p.m.): Faculty psychologists and physicians present highly interactive seminars on a broad array of ethical, clinical, and research topics to Division members and guests. Residents are expected to contribute at least one presentation to this series each year.

Neuropsychology Journal Group (Tuesdays, 1:00-2:00 p.m.): Each week, an article appearing in the current research literature is selected by a faculty member or resident and read by all attendees. That person is responsible for leading the group discussion of the article, critiquing the research, arguing theoretical points, and discussing its implications.

Medical Psychology Brown-Bag Lunch (Fridays 12:00-1:00 p.m.): Once a week, the fellows and faculty eat lunch together and discuss matters related to research, clinical work, or professional matters. While this meeting is as much social as didactic, it has proven to be a very useful forum for discussion of professional issues.

In addition to these required activities, a large number of elective specialty conferences are open to all residents. The ones they attend depend on their individual interests and time schedules. A small sampling of these is listed below.

Neurology Grand Rounds (Thursdays, 10:00-12:00 p.m.)

Alzheimers Disease Research Center (ADRC) Conference (Thursdays 9:00-10:30 a.m.)

Brain Cutting (Tuesdays, 2:00-3:00 p.m.)

Functional Neuroimaging Journal Club (Thursdays, 4:00-5:00 p.m.)

Neuropsychiatry Conference (Thursdays, 4:00-5:00 p.m.)

Motivated Behaviors Rounds (Wednesdays, 11:00-12:00 p.m.)

Service Rounds (Fridays, 10:00-12:00 p.m.)

Epilepsy Conference (Thursdays, 8:30-10:00 a.m.)

Transplant Service Meeting (Thursdays, 2:00-4:00 p.m.)

Finally, all fellows are encouraged to become actively involved in relevant professional organizations and attend national scientific meetings.

ADDITIONAL INFORMATION

Typically, this two-year Postdoctoral Residency in Clinical Neuropsychology accepts one or two new residents each year. Thus, there are at least two postdoctoral fellows in residence at any given time.

The fellowship stipends follow NIH guidelines. Stipend levels for 2005-2006 are: \$35,568 for first-year residents and \$37,476 for second-year residents. Individual health insurance coverage is also provided. In addition, each fellow is provided an allowance of \$700 per year to cover part of the costs of attending a scientific or professional meeting, books, journals, or other appropriate training expenses.

CORE FACULTY

Jason Brandt, Ph.D., ABPP(CN)
Professor
Director, Division of Medical Psychology
Department of Psychiatry and Behavioral Sciences

David Edwin, Ph.D.
Associate Professor
Department of Psychiatry and Behavioral Sciences

Cynthia Munro, Ph.D.
Assistant Professor
Department of Psychiatry and Behavioral Sciences

David J. Schretlen, Ph.D., ABPP(CN)
Associate Professor
Department of Psychiatry and Behavioral Sciences

Department of Radiology and Radiological Sciences

Ola Selnes, Ph.D.

Professor

Department of Neurology

Department of Psychiatry and Behavioral Sciences

Julianna Ward, Ph.D.

Assistant Professor

Department of Psychiatry and Behavioral Sciences