



JOHNS HOPKINS  
UNIVERSITY

Department of Psychiatry & 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 develop in 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 was one of the original members of the *Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN)*, but is no longer participating in the match program.

## 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. In fact, 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 renowned Johns Hopkins Hospital, the Department of Psychiatry & 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, in which 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 1990, the Division switched its focus to postdoctoral training and accepted its first clinical fellows. These “residents” are able to take full advantage of the many clinical and research opportunities that are available only at a premier academic medical center like Hopkins. 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 one of the best hospitals in America by *U.S. News and World Report* every year for over 20 years.

## **GOALS OF THE RESIDENCY PROGRAM**

The purpose of the fellowship program is to provide Ph.D. psychologists with two years<sup>1</sup> 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.

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<sup>1</sup> See page 5 for a description of the “three-year option.”

# 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 core program 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 (including geriatric, neuropsychiatry, affective disorders, eating disorders, substance abuse, and pain treatment), as well as the Hospital's medical and surgical units. The major referral sources of outpatients are the Johns Hopkins specialty services (especially geriatric/neuropsychiatry and neurology specialty clinics). In addition, outpatients are referred by generalist and specialist physicians in the community, attorneys, government agencies, and insurance company case managers.

Although this residency program is within the Department of Psychiatry & Behavioral Sciences, our clinical services (Cortical Function Lab and Medical Psychology Clinic) are the primary neuropsychology resources for the Departments of Neurology and Neurosurgery as well. For example, we have programmatic relationships with the epilepsy surgery program and the Parkinson's disease (PD) surgery program. Our fellows are involved in performing Wada procedures and preoperative neuropsychological exams of patients receiving focal resections for epilepsy and deep brain stimulation for movement disorders and (increasingly) neuropsychiatric conditions. Our Department of Psychiatry has a decades-long commitment to the care of patients with neuropsychiatric disorders, including Alzheimer's disease, Huntington's disease, frontotemporal dementia, and traumatic brain injury. We are also a primary resource for the Departments of Medicine and Surgery, as well as the Cancer Center.

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. 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. Although it is not a primary focus of our program, the opportunity exists for residents carry out therapeutic interventions. Some cases might involve psychotherapy or related interventions for patients with affective, anxiety, or behavior disorders or with difficulties adapting to medical illnesses and their treatments; others might require rehabilitation of cognitive deficits related to an acquired brain injury. Again following an apprenticeship model, residents receive supervised training in the treatment of such patients.

Because the supervising psychologists are 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), where all the faculty can provide input. As the fellowship progresses, the resident ordinarily is expected to assume greater responsibility for, and autonomy in, clinical decision making and management.

If fellows become involved in a major way with one of the faculty's research programs, and can secure stipend support from one of those studies, they may decrease their clinical load to only two days per week. In this case, the fellow may request to spread his/her fellowship over three years, to insure that s/he accumulates the necessary clinical hours to seek ABPP certification in clinical neuropsychology and to bring research projects to fruition. This three-year model has worked very successfully for several fellows in the recent past.

## **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. The following is a brief outline of each core faculty members' research interests and representative publications:



Dr. Jason Brandt's research interests include: amnesia, presymptomatic indicators of Huntington's disease, earliest cognitive changes in mild cognitive impairment and Alzheimer's disease, epilepsy and its surgical treatment, deep brain stimulation for movement disorders, neuropsychological test development

Aretouli, E.A., Tsilidis, K.K. & Brandt, J. (2012). Four-year outcome of mild cognitive impairment: The contribution of executive dysfunction. *Neuropsychology*, 27, 95-106.

Brandt, J., Sullivan, C., Burrell, L.E., Rogerson, M. & Anderson, A. (2013). Internet-based screening for dementia risk. *PLoS ONE*, 8, e57467.

Ross, C.A., Pantelyat, A., Kogan, J. & Brandt, J. (2014). Determinants of functional disability in Huntington's disease: role of cognitive and motor dysfunction. *Movement Disorders*, 29, 1351-1358.

Brandt, J., Rogerson, M., Al-Joudi, H., Reckess, G., Shpritz, B., Umeh, C.C., Aljehani, N., Mills, K. & Mari, Z. (2014). Betting on DBS: effects of subthalamic nucleus deep brain stimulation on risk-taking and decision- making in patients with Parkinson's disease. *Neuropsychology*, 29, 622-631.

Brandt, J. & Bakker, A. (2018). Neuropsychological investigation of "The Amazing Memory Man." *Neuropsychology*, in press.



Dr. David Schretlen's research interests include: cognitive and behavioral correlates of brain imaging in disease and normal aging, refining methods of assessment and inference in neuropsychology, the use of transcranial direct current stimulation to enhance cognitive function, and the International Neuropsychological Normative Database Initiative (INNDI).

Reckess, G.Z., Varvaris, M., Gordon, B., Schretlen, D.J. Within-person distributions of neuropsychological test scores as a function of dementia severity. *Neuropsychology*. 2014; 28(2): 254–260.

Sung, K., Vannorsdall, T.D., Pickett, E.J., Sung, K., Gordon, B., Schretlen, D.J. Capturing additional information about the organization of lexical entries in the semantic system from verbal fluency productions. *Journal of Clinical and Experimental Neuropsychology*. 2014; 36(2): 205–220.

Schretlen, D.J., Varvaris, M., Vannorsdall, T.D., Gordon, B., Harris, J.C., Jinnah, H.A. Brain white matter volume abnormalities in Lesch-Nyhan disease and its variants. *Neurology*. 2015; 84: 190–196.

Schretlen, D.J., Callon, W., Ward, R.E., Fu, R., Ho, T., Gordon, B., Harris, J.C., Jinnah, H.A. Do features of the Lesch-Nyhan phenotype correlate more closely with guanine than hypoxanthine phosphoribosyltransferase enzyme activity? *Journal of Inherited Metabolic Disease*. 2016; 39: 85–91.

Gansler, D.A., Varvaris, M., Schretlen, D.J. The use of neuropsychological tests to assess intelligence. *The Clinical Neuropsychologist*. 2017; 31(6-7): 1073–1086.



Dr. Tracy Vannorsdall's research interests include: cognitive effects of cancer and its treatment, structural brain imaging (voxel-based morphometry), transcranial direct current stimulation, neuropsychology of multiple sclerosis, and serum biomarkers of cognitive aging,

Vannorsdall, T.D., Schretlen, D.J. Andrejczuk, M., Ledoux, K., Bosley, L.V., Weaver, J.R., Skolasky, R.L., & Gordon, B. (2012). Altering automatic verbal processes with transcranial direct current stimulation. *Frontiers in Psychiatry*, 3: 73, 1 - 6.

Vannorsdall, T.D., Cascella, N.G., Rao, V., Pearlson, G.D., Gordon, B., & Schretlen, D.J. (2010). A morphometric analysis of neuroanatomic abnormalities in traumatic brain injury. *Journal of Neuropsychiatry and Clinical Neurosciences*, 22, 173 – 181.

Vannorsdall, T.D., Jinnah, H.A., Gordon, B., Kraut, M., & Schretlen, D.J. (2008). Cerebral ischemia mediates the effect of serum uric acid on cognitive function. *Stroke*, 39, 3418-3420.



Dr. Vidya Kamath's primary research interests include olfaction in schizophrenia and Parkinson's disease, altered taste and feeding behavior in frontotemporal dementia, anhedonia and emotion processing in schizophrenia, and altered taste processing and weight gain in opioid use disorders. She employs neurophysiology (event-related potentials) and structural/functional neuroimaging methods to study food reward in neuropsychiatric and neurologic conditions.

Kamath, V., Lasutschinkow, P., Ishizuka, K., Sawa, A. (in press). Olfactory functioning in first-episode psychosis. *Schizophrenia Bulletin*.

Kamath, V., Turetsky, B.I., Calkins, M.E., Kohler, C.G., Conroy, C.G., Borgmann-Winter, K.E., Gatto, D., Gur, R.E., & Moberg, P.J. (2014). Olfactory processing in schizophrenia, non-ill first-degree family members, and young people at-risk for psychosis. *World Journal of Biological Psychiatry*.

Kamath, V., Moberg, P.J., Kohler, C.G., Gur, R.E. & Turetsky, B.I. (2013). Odor hedonic capacity and anhedonia in schizophrenia and unaffected first-degree relatives of schizophrenia patients. *Schizophrenia Bulletin*.

Seligman, S.C., Kamath, V., Giovanetti, T., Arnold, S.E., & Moberg, P.J. (2013). Olfaction and apathy in Alzheimer's disease, mild cognitive impairment and healthy older adults. *Aging and Mental Health*.

Kamath, V., Moberg, P.J., Calkins, M.E., Borgmann-Winter, K.E., Conroy, C.G., Gur, R.E., Kohler, C.G., & Turetsky, B.I. (2012). An odor-specific threshold deficit implicates abnormal cyclic AMP activation in youths at-risk for psychosis. *Schizophrenia Research*.



Dr. Christopher Cranston's clinical interests include performance and symptom validity, development and validation of measures, traumatic brain injury, dementia, posttraumatic stress, and trauma-related sleep disruption and nightmares.

Rickards, T., Cranston, C.C., Touradji, P., & Bechtold, K.T. (2017). Embedded performance validity testing in neuropsychological assessment: Potential clinical tools. *Applied Neuropsychology Review: Adult*

Cranston, C.C., Miller, K.E., Davis, J.L., & Rhudy, J.L. (2017). Preliminary validation of a brief measure of the frequency and severity of nightmares: The Trauma-Related Nightmare Survey. *Journal of Trauma and Dissociation*, 18(1), 88-99. Online first May, 26, 2016.

Pruiksma, K.E., Cranston, C.C., Rhudy, J.L., Micol, R.L., & Davis, J.L. (2017). Randomized controlled trial to dismantle Exposure, Relaxation, and Rescripting Therapy (ERRT) for trauma-related nightmares. *Psychological Trauma: Theory, Research, Practice, and Policy*, 1(9). Online first December 15, 2016.

Cranston, C.C. & Blanton, P.B. (2016). *Alternate form of the Trail Making Test Parts A & B: Preliminary validation*. Poster presented at the 44<sup>th</sup> annual conference of the International Neuropsychological Society, Boston, MA.

Cranston, C.C. (2014). A review of the effects of prolonged exposure to cortisol on the regulation of the HPA axis: Implications for the development and maintenance of posttraumatic stress disorder.

*The New School Psychology Bulletin*, 11(1), 1-13.

Cranston, C.C., Davis, J.L., Rhudy, J.L., & Favorite, T.K. (2011). Replication and expansion of *Best practices guide for the treatment of nightmare disorder in adults*. *Journal of Clinical Sleep Medicine*, 7(5), 549-553.

## **Didactic Program**

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

*Morning Report* (Daily, 8:30 - 9:00 a.m.): All neuropsychology residents meet with the program faculty, psychometrists, externs, 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.

*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 psychiatry.

*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 scientific topics to Division members and guests. Residents are expected to contribute at least one presentation to this series each year.

*Neuropsychology Journal Group* (Wednesdays, 12:00 - 1:00 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.

*Neuropsychology Fact Finding* (Wednesdays, 12:00 - 1:00 p.m.): Once per month, residents will have the opportunity to participate in this ABPP exam style exercise that involves step-by-step gathering of historical information and data pertaining to a clinical case seen in our neuropsychology service. The ultimate goal is to formulate an accurate diagnosis and relevant/appropriate recommendations.

*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 (e.g., interesting ethical dilemmas, licensure and board certification process, economics of clinical practice, upcoming national and international meetings). While this meeting is as much social as didactic, it has proven to be a very useful forum for residents' professional development.

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.

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

*Mind the Gap Workshop Series* (1<sup>st</sup> Tuesday of each month, 1:00 - 2:00 p.m.)

*Brain Cutting* (Wednesdays, 8:00 a.m.)

*Movement Disorders/Deep Brain Stimulation Conference* (3<sup>rd</sup> Wednesday of each month, 3:00 - 4:30 p.m.)

*Neurology Grand Rounds* (Thursdays, 3:30 - 5:00 p.m.)

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

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

*Schizophrenia Seminar Series* (1<sup>st</sup> Wednesday of each month, 3:00 - 4:00 p.m.)

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

### **Teaching/Supervision Experiences**

Fellows will have the opportunity to provide clinical supervision of predoctoral practicum students and externs. Additional supervision of undergraduate students who work with faculty and fellows on research projects is also available.

Fellows typically present clinical cases in Epilepsy Case Conference, Movement Disorders Conference and Department of Psychiatry Grand Rounds. Each fellow is also asked to present in the Medical Psychology Seminar Series.

## Baltimore, “Charm City”



Baltimore offers a unique blend of historic charm, ethnic heritage, and urban vitality. From the dynamic Inner Harbor to the rolling estates on the edges of the city, Baltimore is a community for people of all backgrounds and interests. The Inner Harbor is the centerpiece of the city's renaissance featuring a variety of shops, food stands, and restaurants. The National Aquarium, the Maryland Science Center, the U.S.F. Constellation, Camden Yards, and the Baltimore Maritime Museum are but a few of the numerous Inner Harbor attractions available for tourists and locals alike. Fort McHenry offers a glimpse of Baltimore's past, as do the B&O Museum (celebrating the inception of the railroad), the Maryland Historical Society, the Peale Museum, and Carroll Mansion. Visits to the homes of Edgar Allen Poe, Babe Ruth, and H.L. Mencken provide a look into the lives of some of Baltimore's most famous citizens.

Baltimore offers a diverse and lively cultural scene. The Meyerhoff Symphony Hall is home of the world renowned Baltimore Symphony Orchestra. The elegant Lyric Opera House, the Peabody Conservatory, and the outdoor stages of Merriweather Post Pavilion, Pier 6, and Oregon Ridge play host to every musical taste from classical and jazz to country and rock. Theater-lovers are blessed with numerous outlets including the Hippodrome Theater, Centre Stage, Theater Project, and Everyman Theater. The Walters Art Gallery and the Baltimore Museum of Art offer remarkable permanent collections and host prominent traveling exhibits.

Sports fans will find the Baltimore-Washington area an exciting place to call home. The Baltimore Orioles and Ravens serve as the backbone of a proud sports' tradition, which also includes professional soccer and lacrosse. College sports also thrive in the "Charm City" and include powerhouses such as Hopkins lacrosse and Maryland basketball. The entire Baltimore community looks forward to annual sporting events such as the

Governor's Cup yacht race and the Preakness, the second jewel in the Triple Crown of horse racing.

## BALTIMORE NEIGHBORHOODS

Part of Baltimore's charm is the "small town" atmosphere found in its diverse neighborhoods. The following outlines the most popular locations our residents call home.

**FELL'S POINT:** Fell's Point is a historic waterfront area, home to over 350 original colonial period buildings, including the oldest house in Baltimore, which is now a museum. The area remains an attraction for all ages, with numerous restaurants, pubs, boutiques, and antique shops. Fell's Point is approximately one and a half miles south of the Johns Hopkins Hospital.

**CANTON:** Canton is a recently developed waterfront area adjacent to Fell's Point with numerous shops, clubs, bars, restaurants, and dessert spots. It is an area that attracts young professionals for exciting nightlife and relaxing Sunday brunches. Canton is approximately two miles southeast of the Johns Hopkins

**MOUNT VERNON:** Mount Vernon is the geographic and cultural center of the city with fine galleries, relaxing parks, fountains, statues, and gardens. The 178-foot Washington Monument dominates this area. Fashionable apartments and ornate townhomes make it a popular place to live. Mount Vernon is about two miles west of the Johns Hopkins Hospital and has a direct shuttle to the Hospital.

**FEDERAL HILL:** Federal Hill is an area near the Inner Harbor that is growing rapidly. Part of it remains an old-town colonial community with elegant row houses. Growing along the harbor are condominiums and townhomes. With historic and charming restaurants, bars, and shops, the area is perfect for an afternoon ramble. The bustling nightlife attracts young professionals and sports fans to the area. Cross Street Market is a centrally-located place for sports fans, seafood lovers, and friendly neighbors to gather. Federal Hill is approximately three miles southwest of the Johns Hopkins Hospital.

**BOLTON HILL:** Bolton Hill is a quaint, beautiful residential neighborhood with historic townhomes and brick sidewalks, and home to the Maryland Institute College of Art. Bolton Hill is approximately three miles northwest of the Johns Hopkins Hospital.

**CHARLES VILLAGE:** Charles Village is residential neighborhood adjacent to the Johns Hopkins University undergraduate campus and the Baltimore Zoo. Charles Village is approximately four miles northwest of the Johns Hopkins Hospital.

**HAMPDEN:** Hampden has an eclectic and artistic ambience and a wide range of restaurants, vintage clothing stores, thrift shops, and used furniture stores. Hampden is approximately five miles northwest of the Johns Hopkins Hospital.

**MOUNT WASHINGTON:** Mount Washington has a quaint, suburban feel. There are lush natural surroundings with greenery and parks. Young and retired professionals enjoy the coffee shops, wine markets, and fine restaurants. Mount Washington is approximately eight miles northwest of the Johns Hopkins Hospital.

### SURROUNDING BALTIMORE

Baltimore enjoys a central position on the East Coast. AMTRAK services in Baltimore are available at the newly renovated Penn Station, two miles from the Johns Hopkins Hospital. There is frequent service to Washington D.C. (30-minute trip), Philadelphia (90-minute trip), and New York City (three-hour trip). The Baltimore-Washington International Airport (BWI) is 12 miles from the city and offers a full range of national and international flights daily.

## CURRENT AND FORMER FELLOWS

The following table shows the current professional positions held by recent graduates of our fellowship program in clinical neuropsychology and our current fellows:

Name	Residency Years	Current Position
Lei Lu, Ph.D.	2002-2004	Assistant Professor University of Texas Medical Branch Galveston, Texas
Angela Buffington, Ph.D.	2003-2005	Assistant Professor Department of Family Medicine & Community Health Mankato Clinic, Ltd. Mankato, Minnesota
Lisle Kingery, Ph.D.	2003-2005	Scientific Director Clinical Training and Assessments i3 Research Carey, NC
Anjeli Inscore, Psy.D.	2004-2006	Staff Neuropsychologist Department of Veterans Affairs Medical Center Baltimore, Maryland
S. Marc Testa, Ph.D.	2004-2007	Staff Neuropsychologist Sinai Hospital Baltimore, Maryland
Tracy Vannorsdall, Ph.D.	2006-2009	Assistant Professor Department of Psychiatry & Behavioral Sciences Department of Neurology The Johns Hopkins University School of Medicine Baltimore, Maryland
Laura Wulff, Ph.D.	2007-2009	Staff Neuropsychologist Brooks Rehabilitation Hospital Jacksonville, FL
Sally Long, Ph.D.	2008-2010	Assistant Professor Department of Neurology Georgetown University
Eleni Aretouli, Ph.D.	2008-2010	Assistant Professor School of Psychology Aristotle University Thessaloniki, Greece
Mark Rogerson, Ph.D.	2009-2011	Neuropsychologist Associates in Mental Health and Neuropsychology Niskayuna, New York
David Maroof, Ph.D.	2009-2011	Neuropsychology of Orlando Orlando, Florida
Ozioma Okonkwo, Ph.D.	2009-2011	Assistant Professor of Medicine and Public Health University of Wisconsin Madison, WI
Gwendolyn Gerner, Psy.D.	2010-2012	Instructor in Psychiatry Department of Neuropsychology Kennedy-Krieger Institute Baltimore, Maryland

Xi Besha, Ph.D.	2010-2012	Neuropsychologist The Neurology Center Washington, DC
Gila Reckess, Ph.D.	2011-2013	Assistant Professor SUNY Upstate Medical University Syracuse, N.Y.
Carrington Wendell, Ph.D.	2012-2014	Clinical Neuropsychologist Anne Arundel Medical Group Glen Burnie, Maryland
Campbell Sullivan, Psy.D.	2011-2013	Assistant Professor of Neurology University of Texas Health Science Center San Antonio, Texas
Jacqueline Weaver, Psy.D.	2013-2015	Neuropsychologist University of Maryland Rehabilitation & Orthopaedic Institute Baltimore, Maryland
Antonio Puente, Ph.D.	2014-2016	Assistant Professor of Psychiatry George Washington University School of Medicine & Health Sciences Washington, DC
Jonathan DeRight, Ph.D.	2014-2016	Neuropsychologist Woodbridge Psychological Associates, PC Woodbridge, Virginia
Renee Poulin, Ph.D.	2015-2017	Neuropsychologist Lurie Center for Autism Massachusetts General Hospital Boston, MA
Lindsay Morra, Ph.D.	2016-2018	2 <sup>nd</sup> year fellow; lmorra1@jhmi.edu
Christina Figueroa, Ph.D.	2016-2018	2 <sup>nd</sup> year fellow; cfiguer8@jhmi.edu
Victor DelBene, Ph.D.	2017-2019	1 <sup>st</sup> year fellow; vdelben1@jhmi.edu
Alison Buchholz, Ph.D.	2017-2020	1 <sup>st</sup> year fellow; abuchho1@jhmi.edu

**You are welcome to contact current fellows at the email addresses provided.**

## **CORE FACULTY & CLINICAL STAFF**

Jason Brandt, Ph.D., ABPP(CN)  
Professor  
Department of Psychiatry & Behavioral Sciences  
Department of Neurology  
Director, Division of Medical Psychology  
Joint Appointment, Department of Mental Hygiene  
JHU Bloomberg School of Public Health

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

Tracy D. Vannorsdall, Ph.D., ABPP(CN)  
Assistant Professor  
Department of Psychiatry & Behavioral Sciences  
Department of Neurology

Vidya Kamath, Ph.D., ABPP(CN)  
Assistant Professor  
Department of Psychiatry & Behavioral Sciences

Richard Allen Lanham, Jr., Ph.D.  
Assistant Professor (part-time)  
Department of Psychiatry & Behavioral Sciences

Christopher C. Cranston, Ph.D.  
Clinical Associate  
Department of Psychiatry & Behavioral Sciences

## **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 2017-2018 are \$47,484 for first-year residents (PGY-0) and \$47,844 for second-year residents (PGY-1). Individual health insurance coverage is also provided.

In addition to official University holidays, fellows are allotted two weeks of paid vacation each year. They are also allowed 10 “professional days” each year to attend scientific/professional meetings, interview for jobs, etc.

## APPLICATION PROCEDURES

To apply for the fellowship, please send a c.v. and a letter outlining your academic and professional interests to our program coordinator, Ms. Schenequa Brown, at sbrow156@jhmi.edu.

Please also arrange for three letters of recommendation to be sent to Dr. Brandt, in care of Ms. Brown.

We do not require academic transcripts or sample clinical reports; please do not send them.

**The deadline for applications is January 1. Early applications are encouraged.**

We typically receive a large number of applications, and not all applicants can be offered interviews. Those whom we wish to interview will be notified.

Interviews are typically conducted via Skype or Google Hangouts in January. Faculty members often attend the annual meeting of the International Neuropsychological Society (INS) in February, where additional interview meetings can be arranged.