

# NEUROPSYCHOLOGY RESIDENCY

## Program Description

The postdoctoral positions within the Section of Neuropsychology in the Department of Psychiatry and Psychology at the Cleveland Clinic (CC) are designed for individuals who have met the basic academic and training requisites for the doctorate degree in clinical psychology, and have a strong academic and clinical training background in the fundamentals of neuroscience and neuropsychological assessment.

**Contact:**  
Jennifer S. Haut,  
Ph.D., ABPP-CN  
Program Director  
[hautj@ccf.org](mailto:hautj@ccf.org)  
(216) 444-2454

The Postdoctoral Residency Program in Neuropsychology at CC is a founding member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN; [www.appcn.org](http://www.appcn.org)). The program operates in accordance to the INS-Division 40 guidelines (The Clinical Neuropsychologist, 1987, 1, 29-34) and the goals espoused by the Houston conference (Archives of Clinical Neuropsychology, 1998, 2, 203-240). Our postdoctoral positions are designed to provide residents with the didactic and experiential opportunities necessary to develop clinical interpretative and consultation skills at a professional level while under the supervision of experienced neuropsychologists. In addition, specific training goals include active involvement in clinical research and educational opportunities within the context of a nationally known tertiary medical center.

Our residency begins on September 1. The two-year experience will be divided into time periods that allow for general clinical training, specialization in particular clinical areas (i.e., pediatrics or adult neuropsychology with the opportunity for specialization with a particular population such as epilepsy patients), research, teaching, and participation in didactics. During the first weeks of each rotation, training concentrates on skill building and refinement in the areas of test administration, test interpretation, and report writing. For the first twelve months, two four-month rotations will be completed in the resident's primary interest area (e.g., adult or pediatric neuropsychology) and one four-month rotation in the resident's secondary interest area. The second year consists of elective rotations tailored as much as possible to meet the resident's specific interests and training needs.

### First year:

- Rotation in Primary Interest Area - 4 months
- Rotation in Secondary Interest Area - 4 months
- Rotation in Primary Interest Area - 4 months

### Second year:

- Advanced Specialization and Special Projects/Wrap up - 12 months

## Clinical Activities

The evaluations provided by the Section of Neuropsychology employ specialized testing procedures and a nomothetic framework that strives to integrate medical, neurological, and behavioral data with neuropsychological test findings to answer any of a number of referral questions. Referrals for our services typically consist of, but are not limited to, questions concerning:

- Differential diagnoses (e.g., depression versus dementia, dementia of the Alzheimer's type versus Primary Progressive Aphasia);
- Delineation of spared and impaired cognitive functions secondary to known central nervous system dysfunction;

- Establishment of a neuropsychological baseline against which to monitor recovery or progression of central nervous system dysfunction;
- Comparison of neuropsychological functioning prior to and following a variety of pharmacological, surgical, and behavioral interventions as part of ongoing treatment outcome evaluations and standard clinical care;
- Assessment of cognitive/behavioral functions to assist with rehabilitation, management strategies and/or educational or employment placement; and
- Evaluation of cognitive status for the purpose of disability, compensation, and/or liability determinations in forensic cases.

The Section of Neuropsychology provides inpatient and outpatient consultation and evaluation services for the staff of the Cleveland Clinic and community referral sources. Currently, the Section of Neuropsychology receives the majority of its referrals from Adult and Pediatric Neurology, Epilepsy and Clinical Neurophysiology, the Mellen Center (Multiple Sclerosis), Neurosurgery, the Center for Neurological Restoration (DBS), Adult and Child Psychiatry, Consultation-Liaison Psychiatry, Alcohol and Drug Recovery Unit, Internal and Geriatric Medicine, Cardiology, Anesthesiology, and Pediatric Oncology/Hematology.

A flexible battery approach is adopted by most staff. The Section has tailored a number of specialized test batteries for specific patient populations. For example, a formal pre- and post-surgery protocol is in place for seizure surgery candidates, and standard protocols are in place for evaluating candidates for deep brain stimulation for treatment of psychiatric or movement disorders (e.g., Parkinson's disease, essential tremor, dystonia) and surgery for coronary artery disease.

The combination of a rich clinical referral base at the Clinic and an innovative service delivery model has created a strong trajectory of growth for the Section of Neuropsychology. More than 2,000 patients are referred for evaluation annually, making the Section of Neuropsychology one of the most clinically active neuropsychological services in the country for its size.

## **Clinical Component**

On average, a minimum of 60% of residents' time will be devoted to direct clinical service. A portion of this commitment can be focused on services directed at specific patient populations (e.g., epilepsy, pediatric, geriatric, or movement disorder patients). In addition, residents are afforded the opportunity to work with culturally diverse populations due to the high number of international patients who come to CC seeking specialized health care. Although the Section is largely a technician-based service, we recognize the importance of direct patient contact in developing a strong clinical understanding of process variables and patient behaviors that underlie test performance. Consequently, the residents will be responsible for testing some patients each week throughout the two-year residency. Residents will have the opportunity to supervise technicians, generally more often in the second year. It is anticipated that this assessment experience will provide the residents with the opportunity to enhance their existing knowledge and experience with a variety of neuropsychological assessment procedures.

Assessment is only one component of the residents' clinical duties. The primary goal of the residents' clinical activities is to expand their expertise in clinical interpretation and reporting of neuropsychological data. Report writing and consultation with patients and other health-care professionals are, therefore, central to this postdoctoral experience. The residents will also be expected to participate actively with members of the Section in one or more clinical team meetings (e.g., Epilepsy-Surgery Patient Management, DBS Patient Management etc.) on an ongoing basis.

Formal clinical supervision is provided on an individual basis, typically two to three hours weekly, to review cases. Informal supervision is also available on a daily basis. Group supervision in the

form of weekly postdoctoral conference meetings to review topics of interest, deposition transcripts and videotapes, ethical issues, noteworthy cases, research data, etc. generally accounts for approximately one hour weekly. Practice management issues, such as scheduling patients, managing technical support services, and billing and coding practices are often discussed.

Formal written evaluations of the postdoctoral residents' progress are prepared by the Neuropsychology staff at the conclusion of each rotation. Information is forwarded to the Division of Education in accordance with CC Graduate Medical Education policy. Residents whose performance is not at an expected level of competence will be advised regarding the problem areas in their performance, and a specific plan to remediate those weaknesses will be developed. In the course of these regularly scheduled evaluations, residents are asked to evaluate the program and to recommend changes to suit their individual goals.

## **Research Activities**

In keeping with the scientific basis of clinical neuropsychology, the CC Section of Neuropsychology is actively involved in ongoing clinical research. The Section has served as a validation site for new assessment procedures (e.g., Wechsler Adult Intelligence Scale-III, Children's Memory Scale, Wechsler Memory Scale-III, Kaufman Adult Intelligence Test, MicroCog, etc.). It is an integral component in a number of grants involving Alzheimer's Disease, epilepsy surgery, deep brain stimulation for treatment of movement and psychiatric disorders, multiple sclerosis, and pharmacological drug trials. In addition, the Section has been heavily committed to advancing scientific inquiry via collaborative projects with other institutions, including the neuropsychology services at Ohio State University's Medical School, Mayo Clinic, University of Wisconsin, the Medical College of Georgia, UT Southwestern Medical Center, Medical College of Ohio and the Bozeman Epilepsy Consortium. These collaborations extend our research activities and enrich our collegial relationships with other professionals in the neuropsychological community.

## **Research Component**

Research will be an integral component of the postdoctoral experience. The Section maintains a number of IRB-approved patient registries and is involved in a number of ongoing collaborative research projects both within and outside the institution. The Cleveland Clinic is highly supportive of research activities, and provides excellent statistical, computer, graphic art, photography and editorial support services. It is expected that the residents will become involved in one or more of the existing research projects within the Section, with the goal of preparing at least one paper for publication and/or presentation at a national meeting. Independent and/or new collaborative research projects will be encouraged, and grant activity highly supported. Travel time is provided to make presentations at professional meetings, and some financial support for travel is available, especially for first-authored papers based on work accomplished at CC.

## **Terms & Conditions**

Residents will have completed all of the formal requirements for the doctorate before beginning postdoctoral training; in most cases, appointments begin in September. Although the CC Clinical Neuropsychology Residency is designed as a two-year program, contracts are made on a year-to-year basis, with renewal for the second year being made by mutual consent.

The residency currently carries a 12-month, first year stipend of \$42,357, which typically increases prior to the second year. Fifteen days of vacation and health insurance are among the benefits provided. The grievance process, allotment of vacation and meeting time, and other institutional procedures occur in accordance with the General Policies for Graduate Medical Education. Please see <http://www.clevelandclinic.org/education/gme/default.asp> for additional details.

## **Neuropsychology Staff**

The Neuropsychology Section was organized in 1985 and officially established as a formal patient care center within the department of Psychiatry and Psychology at the Cleveland Clinic in 1986. **Richard I. Naugle, PhD**, a Diplomate of the American Board of Clinical Neuropsychology and the American Board of Professional Psychology, joined the section in 1987 and serves as the Section Head

**Robyn M. Busch, PhD** joined the Section in 2005 with 50% of her time devoted to research regarding cognition in surgical epilepsy patients. She has an appointment in the Epilepsy Center and her current funded research projects examine potential genetic and metabolic factors that underlie memory dysfunction in adults with epilepsy. Retrospective research is focused on improving prediction of cognitive outcome after epilepsy surgery and developing better understanding of the factors that contribute to mood and anxiety disorders in patients with epilepsy. The remainder of her time is spent providing clinical services to adults, primarily patients with epilepsy.

**Jessica S. Chapin, PhD** joined the Section in 2007. Her clinical interests include conducting neuropsychological evaluations with adult candidates for epilepsy surgery. Research interests are clinically-driven and include identification of individuals at risk of postoperative cognitive decline. Half of her time is devoted to neuropsychological research in epilepsy in conjunction with her appointment in the Epilepsy Center.

**Darlene Floden, PhD** joined the Section in 2007 and primarily provides services to adult patients seeking deep brain stimulation for the treatment of movement disorders. Fifty percent of her time is devoted to research related to frontostriatal function and deep brain stimulation in accordance with her appointment in the Center for Neurological Restoration.

**Jennifer S. Haut, PhD** joined the Section in 2001 and provides clinical coverage to the pediatric neuropsychology service. Dr. Haut is a Diplomate of the American Board of Clinical Neuropsychology and the American Board of Professional Psychology and has more than fifteen years of experience in pediatric neuropsychology. She is Director of the Clinical Neuropsychology Post-Doctoral Residency Program.

**Patricia Klaas, PhD** joined the Section in 2004 with clinical responsibilities in pediatric neuropsychology. Her research interests involve memory, mood and adjustment issues in pediatric epilepsy surgery patients.

**Cynthia S. Kubu, PhD** joined the Section in November 2001 to provide clinical services to adult patients. Dr. Kubu is a Diplomate of the American Board of Clinical Neuropsychology and the American Board of Professional Psychology and has more than fifteen years of experience in clinical neuropsychology. Half of her time is devoted to research related to deep brain stimulation in conjunction with the Center for Neurological Restoration.

**Michael W. Parsons, PhD** joined the section in 2007 as an adult neuropsychologist. His clinical caseload includes the full range of neuropsychological referral questions and consulting to services throughout the clinic and community. His research involves the use of functional and structural brain imaging techniques to study processes of learning and memory in cognitively intact individuals and patient populations. Dr. Parsons is a Diplomate of the American Board of Clinical Neuropsychology and the American Board of Professional Psychology.

## Application Process

The Clinical Neuropsychology Postdoctoral Residency Program participates in the APPCN Resident Matching Program ([www.natmatch.com](http://www.natmatch.com)). The deadline for receipt of all application materials is **January 15** (or the next business day if the 15<sup>th</sup> falls on a weekend or holiday). National Matching Services, Inc. (NMS) signed agreement forms are due in **January** and must be submitted directly to NMS. Rank order lists must be submitted to NMS in late **February** or early **March** and NMS notifies programs and applicants of the match results later in **March**. Applicants are encouraged to call or write for information or clarification of the program's description or opportunities. Applicants' rights to make a free choice among residencies are recognized and no indication of offers or ranking is discussed until the notification day.

Application materials should be directed to:

Jennifer S. Haut, Ph.D., ABPP-CN  
Cleveland Clinic Foundation  
9500 Euclid Avenue (P57)  
Cleveland, Ohio 44195  
216.444.2454 (phone)  
216.444.4525 (fax)  
[hautj@ccf.org](mailto:hautj@ccf.org)

Applications should include:

A letter of interest describing relevant academic and training experiences, desired postdoctoral training objectives, and future professional goals;

A current curriculum vitae;

**Electronic submission of the above items by e-mail in a Word or pdf file to [hautj@ccf.org](mailto:hautj@ccf.org) is acceptable.**

Three (3) letters of reference, including at least two from individuals familiar with the applicant's academic and clinical training in neuropsychology;

A statement from the applicant's graduate school clinical training director indicating the applicant's status in the program and probability of completing the requirements for the doctorate prior to the residency year (waived for those already holding the doctorate). APPCN's Verification of Doctoral Training Form ([http://www.appcn.org/Doctorate\\_verification\\_form.pdf](http://www.appcn.org/Doctorate_verification_form.pdf)) is acceptable for this purpose;

An official copy of the applicant's graduate transcripts; and

Two sample reports of neuropsychological examinations.