

**POSTDOCTORAL RESIDENCY PROGRAM IN CLINICAL NEUROPSYCHOLOGY  
BARROW NEUROLOGICAL INSTITUTE  
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER  
PHOENIX, ARIZONA**

**Philosophy of the Residency Program**

After completing doctoral studies in clinical psychology and/or clinical neuropsychology, extended clinical and research experience is expected for those wishing to pursue a career in clinical neuropsychology. The residency program at Barrow Neurological Institute is APPCN-accredited and meets the Houston guidelines for postdoctoral fellowship training in clinical neuropsychology. Graduates of this program are expected to be eligible for (and are encouraged to complete) specialty certification by the American Board of Clinical Neuropsychology.

At the Barrow Neurological Institute, St. Joseph's Hospital and Medical Center, individuals have the opportunity to be exposed to an exceptional variety of patients with neurological and neurosurgical conditions. *U.S. News & World Report* consistently ranks St. Joseph's Hospital and Medical Center among the best hospitals in the United States for Neurology and Neurosurgery. Barrow Neurological Institute, the neurological division at St. Joseph's, has long been recognized for providing state-of-the-art care for people with brain and spine disease, disorders, and injuries. There are over 20 neurosurgeons on site, and BNI has the largest neurosurgery residency program in the world. Barrow performs more neurosurgeries than any other hospital worldwide. There is a gamma knife center, and the institute is also home to the Neuromodulation Center, which includes one of the nation's busiest deep brain stimulation programs. The neuroradiology program is also recognized as one of the best in the nation. BNI has a large neurology department that is also home to an accredited epilepsy center, the Muhammad Ali Movement Disorders Clinic, and the Fulton ALS Center. Barrow is home to one of the busiest brain tumor treatment centers in the U.S. and BNI provides care to more stroke patients than any other center in the southwestern United States. Barrow also participates in the Arizona Alzheimer's Center consortium. In addition, St. Joseph's Hospital and Medical Center is a Level I Trauma Center. The hospital has an inpatient neurorehabilitation unit with 52 beds. There are active residency programs in neurosurgery, neurology, and neuroradiology, in addition to the postdoctoral training program that we offer for advanced clinical work and studies in human neuropsychology.

Our setting is primarily dedicated to person-focused, compassionate, empirically-based patient care, with heavy clinical demands placed on the resident. However, there is strong interest and support for research and education, and one day per week is dedicated to educational seminars and research. We believe this provides an excellent training setting and good balance of activities for aspiring clinician educators and clinician scientists. In return for the clinical services provided by the residents, the faculty neuropsychologists and rehabilitation psychologists in the Department of Clinical Neuropsychology provide clinical supervision, teaching seminars, and research opportunities.

Please note that the BNI/SJHMC residency program does not include a pediatric neuropsychology program. Select brief experiences may be offered through the Grubb Center for Lifespan Neuropsychological Rehabilitation and didactics. BNI has a branch at Phoenix Children's Hospital which has its own residency program for candidates primarily interested in pediatric neuropsychology.

### **Structure of the Residency Program**

Barrow's Postdoctoral Residency Program in Clinical Neuropsychology is a two-year program during which clinical, teaching, and research activities typically require a 50-hour work week. Residents in clinical neuropsychology are involved in direct patient care in several settings that may include:

- Outpatient Neuropsychological Consultation Service
- Epilepsy Monitoring Unit
- Muhammad Ali Movement Disorders Clinic
- Center for Transitional NeuroRehabilitation
- Inpatient Neurorehabilitation Unit
- Inpatient Neuropsychological Consultation Service
- Grubb Center for Lifespan Neuropsychological Rehabilitation

In addition, Barrow offers a growing number of clinic services within the hospital, including those pertaining to movement disorders, normal pressure hydrocephalus, and hypothalamic hamartoma. The department also expects increasing involvement in the busy lung transplant program. The Department of Clinical Neuropsychology also participates in a number of ongoing clinical research trials, especially as regards deep brain stimulation.

### **Rotations**

The department is organized into four divisions and the general track resident will spend 6 months rotating in each of the four divisions over the two years; namely in the general and rehabilitation division rotations in Year 1, and in the epilepsy and geriatric/movement disorders rotations in Year 2. Rehabilitation track residents spend their entire first year at the Center for Transitional NeuroRehabilitation (CTN), and their second year rotating 6 months in each of the general and rehabilitation divisions of the department.

#### ***General***

This rotation includes experiences on the adult outpatient neuropsychological consultation service and the Grubb Center.

*Outpatient Neuropsychological Consultation Service:* Residents working in the general outpatient service will assist in interviewing, assessing, providing feedback, and writing reports for patients with a wide variety of neurological conditions. Common diagnoses include dementias, epilepsy, movement disorders, concussions, other traumatic brain injuries, cerebrovascular accidents, brain tumors, multiple sclerosis, and other intracranial and

neurodegenerative pathology. Some patients are being considered for neurosurgical procedures or are being followed post-surgically. The majority of patients are adults, though a limited number of adolescents and children are also seen. Patients are typically referred by neurologists and neurosurgeons. Residents on this rotation will learn to quickly conceptualize cases, as we typically provide feedback to patients at the conclusion of each appointment. The Section of Clinical Neuropsychology is also involved in various clinical research drug and outcome studies.

Additional opportunities within the outpatient rotation may include clinical, educational, and research experiences within the Grubb Center for Neuropsychological Rehabilitation. This center, which is within the Department of Clinical Neuropsychology, is designed to provide comprehensive assessment and treatment programs for selected patients throughout the lifespan. Children, adolescents, young adults, as well as the elderly population are seen. Services are designed to improve the individual's functional capacity in everyday life when they do not require an intensive day-treatment program. The Center also has ongoing educational and research activities in which the resident may participate.

### ***Geriatric Neuropsychology and Movement Disorders***

*Outpatient Geriatric Neuropsychological Consultation Service:* On the outpatient geriatric neuropsychology rotation, the resident will be able to participate in the care of older adults with suspected neurodegenerative diseases and dementias including, but not limited to, Alzheimer's disease, frontotemporal dementia, dementia with Lewy bodies, vascular dementia, as well as mild cognitive impairment and normal aging. Older adults with other neurological conditions such as tumors, aneurysms, multiple sclerosis, and stroke are also evaluated in this clinic. Additionally, residents will be involved in the assessment and care of patients with normal pressure hydrocephalus both pre- and post-shunting.

*Muhammad Ali Movement Disorders Clinic:* The Movement Disorders neuropsychology portion of the rotation offers the resident the opportunity to participate in the care of patients with a variety of movement and neurodegenerative conditions, including Parkinson's disease, essential tremor, atypical parkinsonism, psychogenic movement disorders, dystonia, Tourette syndrome, and Huntington's disease. A strong emphasis of the rotation includes evaluation for candidacy and outcome after deep brain stimulation surgery and the evaluation of mild cognitive impairment and dementia. An opportunity exists for the resident to attend multidisciplinary case conference, to participate in community outreach activities (e.g., lectures on coping and neurobehavioral dysfunction on movement disorders), and to observe surgery. Usually each resident on the rotation will spend at least a day shadowing a movement disorders neurologist to gain knowledge about the neurologic exam of movement disorders patients and their treatment. The majority of patients are seen in consultation at the request of physicians at the Muhammad Ali Parkinson's Center and the Center for Neuromodulation, but patients are referred from across the state and country. Opportunity exists for a resident to become involved in research in a defined role and to prepare publishable literature reviews.

### ***Rehabilitation Neuropsychology Service***

Residents spend a major rotation developing skills for both acute inpatient and post-acute outpatient neuropsychological consultation for patients with CNS conditions seen in the rehabilitation setting. Patient populations include persons with brain injury, stroke, brain tumor, spinal cord injury, and a variety of CNS injuries and illnesses. The rotation primarily serves adults, but some adolescents (ages 15 and up) are also seen. Residents participate in outpatient neuropsychological assessment in the Department of Clinical Neuropsychology as part of the rotation, in addition to providing consultation to the 52-bed CARF-accredited inpatient neurorehabilitation unit at St. Joseph's Hospital and Medical Center. Inpatient consultation services include neuropsychological assessment, psychoeducation, and psychotherapeutic care to patients on the unit with acute neurological conditions. Opportunities for behavioral management of patients with disruptive behaviors may also be available. Residents serve in a consultant role to the unit as part of a large interdisciplinary team that includes physicians, nurses, physical therapists, occupational therapists, speech pathologists, recreation therapists, and care managers.

### ***Epilepsy***

Residents working on the Epilepsy Monitoring Unit participate in the care of patients with seizures, including epilepsy patients being considered for neurosurgical interventions. Some patients are found to have non-epileptic seizures or a combination of seizure types. Patients are adults staying in private inpatient rooms with 24-hour continuous video EEG monitoring. Residents assist with interviewing, assessing, providing feedback, and writing reports. Additionally, residents on this rotation learn to administer Wada testing (both ICA and selective PCA), which occurs on an almost weekly basis. A particular strength of this rotation is the interdisciplinary approach to patient care, as the resident will regularly consult with epileptologists and neurology fellows, neurosurgeons, neuroradiologists, and nursing staff. Residents will present cases in a weekly multidisciplinary consensus conference.

### ***Acute Inpatient Consultation Service***

In addition to their assigned rotations, residents may obtain experience with the on-call faculty in inpatient consultation. Thus, this experience can be obtained during any rotation.

This is not a stand-alone rotation; rather it is a general neuropsychology service provided in the hospital across a variety of inpatient departments including medical, surgical, cardiac, and neuroscience ICUs. Short evaluations to assist with differential diagnosis or transfer/discharge planning, including those that may go to inpatient rehabilitation, are the main goal of these consultations.

### ***Center for Transitional NeuroRehabilitation***

CTN offers intensive, day-long treatment for older adolescents and adults with brain injuries. The program features a holistic approach for the treatment of cognitive, language, physical, emotional, neuropsychological, and vocational needs. CTN focuses on independence in the home and community and on productivity when patients return to work or school. Family members receive emotional support and learn about the patient's strengths and limitations and

how to assist the patient in functioning in the home. CTN offers four rehabilitation-oriented programs:

- Home independence program
- Work re-entry program
- School re-entry program
- Transitional program

Neuropsychology residents serve as part of the treatment team along with speech and language pathology, physical therapy, occupational therapy, psychiatry, nutrition, and recreational therapy. Responsibilities include providing individual and group psychotherapy, cognitive remediation training, and participation in the program milieu.

## **Tracks**

Barrow offers two tracks of training within the Residency Program in Clinical Neuropsychology:

- General clinical neuropsychology
- Neurorehabilitation with a specialty in neuropsychological rehabilitation

Residents must specify which track they are applying to. In general, application to both tracks is discouraged because it is highly unlikely that the alternate track would adequately meet the career interests of the person interested in a given track.

### ***Track 1: General Clinical Neuropsychology***

Individuals who seek training in general clinical neuropsychology obtain extensive clinical supervision in the neuropsychological evaluation of a wide range of patients at different age ranges. This track includes supervised training in appropriate record review, clinical interviewing, administration of neuropsychological tests, and report writing. Residents also receive training in providing feedback to the patient regarding their findings in a manner that is clinically-sensitive and helpful to patients and their families.

Within the context of this track, individuals spend their training time equally in each of the four divisions (6 months on each rotation). A key component to training programs is supervision by multiple clinical neuropsychologists who have varying degrees of experience with different patient populations. The goal is to expose the resident to a wide variety of neurological and neurosurgical disorders and to familiarize them with the most meaningful way of assessing these patients and of coming up with practical and meaningful treatment programs and/or recommendations. In doing so, the resident learns to convert that assessment information into practical healthcare decisions for the patient. This track also involves training in communicating with physicians in a manner that clarifies our neuropsychological understanding of the patient.

As a part of this training program, residents may receive supervision in individual psychotherapy for selected patients. Residents in this track are given opportunities to participate in a wide variety of clinical research projects.

### ***Track 2: Neurorehabilitation with a specialty in Neuropsychological Rehabilitation***

The second track of training focuses on neurorehabilitation with a specialty in neuropsychological rehabilitation. Individuals who seek this training path frequently plan a career in the field of brain injury rehabilitation. They receive extensive training in the assessment of cognitive and personality disorders of brain-dysfunctional patients who are in acute and post-acute rehabilitation programs. Their primary focus is on learning methods of neuropsychological rehabilitation intervention to help patients become independent and return to a productive lifestyle.

This track helps train clinical neuropsychologists to work within the context of an interdisciplinary team and to develop a positive working alliance with family members as well as the patient. Individuals who seek this track receive extensive training at the Center for Transitional NeuroRehabilitation and in the Rehabilitation Neuropsychology Service settings. They also obtain some experience in cases of differential diagnosis through the Outpatient Consultation Service. In addition, residents participate in research projects related to neurorehabilitation.

### **Training Objectives**

Trainees will demonstrate that they can carry out the necessary assessment activities in order to qualify for various clinical neuropsychology job positions. Core to the work of clinical neuropsychology is the ability to conduct neuropsychological assessments of a wide variety of patients (e.g., those with TBI, CVA, epilepsy, dementia, Parkinson's disease, multiple sclerosis, malignant and non-malignant brain tumors). Successful completion of either track offered at Barrow would meet this training objective. To facilitate assessment of progress in meeting educational objectives, residents take the written APPCN examination after each year of training.

Psychologists who finish residency programs typically seek state licensure and hospital privileges. Those agencies request from the Director of the Postdoctoral Residency Program a statement about whether or not the individual is competent to carry out various services in order to obtain privileges.

Residents who successfully complete either track are encouraged to seek board certification (ABPP) in clinical neuropsychology.

### **Didactics**

All residents participate in four major teaching activities within the Section of Clinical Neuropsychology.

- Residents Seminar
- Neuroanatomy/Neuroimaging Seminar
- Neuroscience Rounds (Neurology, Neurosurgery, and related Clinical Neurosciences)
- Board Certification Seminar
- Professional Issues Seminar

In addition, residents will participate in a resident-planned and led journal and book club. Other available teaching conferences will be negotiated with each resident depending on rotation (e.g., EMU Conference, Neurophysiology Conference, Brain Cutting, Psychotherapy Case Conference, and Neuropsychology/Neurology Case Conference, DBS Conference).

A calendar of the current didactics program can be found at the end of this document.

## **Research**

Each resident is expected to produce a poster presentation by the end of the first year of the program. By the end of the second year, a peer-reviewed manuscript should have been published or submitted. The paper may be a review paper, theoretical or empirical contribution, depending on the background and interest of the resident. This work may be related to the clinical work settings listed above. In addition, residents may participate in a variety of research neuroimaging activities within the Human Brain Imaging Laboratory. Many of the attending faculty are involved in ongoing research projects and are open to student involvement in those projects. Opportunities for the development of other research projects are also present. Previous residents have submitted grant proposals and presented at national conferences related to their work within the residency program.

Subject to annual availability of funds, the program provides financial assistance for residents to attend one scientific conference each year. Currently the department provides \$1,000.00 for residents presenting research completed at BNI, and \$500.00 for residents attending a meeting or presenting work completed elsewhere (the expectation being that the home institution will also support the resident's presentation).



## **Faculty Members in the Department of Clinical Neuropsychology**



**Alexander I. Tröster**

**Professor and Chair, Department of Clinical Neuropsychology**

**Director of Neuropsychology Research, Barrow Neuromodulation Center**

Ph.D. (University of California, San Diego & San Diego State University, 1991)

ABPP – Clinical Neuropsychology

Dr. Tröster's primary clinical interests are in movement disorders (especially Parkinson's disease and atypical parkinsonism), dementia, amnesia, and neuropsychological assessment in stereotactic and functional neurosurgery. His research interests lie in the assessment, definition, and neural bases of mild cognitive impairment in Parkinson's disease, and in the evaluation and prediction of neurobehavioral outcomes of deep brain stimulation for a variety of neurologic and psychiatric conditions. Dr. Tröster has edited two books and published almost 200 peer-reviewed articles and chapters. A past –president of the National Academy of Neuropsychology, Dr. Tröster also serves on the editorial boards of five journals and NIH grant review panels. He is a recipient of several awards from the National Academy of Neuropsychology and his work has been recognized with fellowships in the National Academy of Neuropsychology and the American Psychological Association. He enjoys mentoring particularly residents interested in careers as clinician-scientists or in non-traditional careers. Compassionate and excellent, empirically-based patient care are his clinical aims.



**Julie Alberty**

**Faculty Neuropsychologist, Department of Clinical Neuropsychology**

Ph.D. (Loma Linda University, 2012)

Dr. Alberty's primary clinical interests are in general adult neuropsychological assessment including multiple sclerosis, dementia, seizure disorders, tumors, TBI, and monolingual Spanish speaking patients. Her research interests lie in the assessment of Spanish speaking monolingual and bilingual individuals as well as the influence of cultural factors on neuropsychological assessment. Dr. Alberty is developing a Spanish speaking neuropsychological assessment clinic within the neuropsychology department. She looks forward to creating training opportunities for post-doctoral residents who are interested in the Spanish speaking population.





**Leslie C. Baxter**

**Program Manager, Human Brain Imaging Lab**

**Clinical Neuropsychologist**

Ph.D. (Chicago Medical School/Finch University of Health Sciences, 1998)

Dr. Baxter's interests focus mainly on studying brain-behavior relationships in neurological disorders by combining cognitive and neuroimaging measures. Recent and current projects include studying normal aging and aging in dementia and Autism, and the neural effects of Mindfulness Based Stress Reduction. Dr. Baxter routinely performs pre-surgical brain mapping using functional MRI and tractography for patients with brain tumors, AVMs and epilepsy. She also assists with awake cognitive mapping of language and motor functioning in brain tumor patients. She is the Principal Investigator for the BNI site for the Arizona Consortium's Alzheimer's Disease Core Center, a longitudinal study of cognition and neurological functioning in Alzheimer's disease and related disorders and normal aging.



**Heather Caples**

**Associate Professor, Department of Clinical Neuropsychology**

**Faculty Neuropsychologist, Rehabilitation Neuropsychology Service**

Ph.D. (Arizona State University, 2001)

Dr. Caples is actively involved in providing care to patients adjusting to spinal cord injury, traumatic brain injury, stroke, brain tumor, and other neurological conditions. Dr. Caples' clinical interests include rehabilitation neuropsychology, psychosocial adjustment to illness and injury, patient and family education, sexuality and disability, and family adaptation. She provides neuropsychological assessment and psychotherapy services for patients in the inpatient and outpatient setting. Dr. Caples enjoys mentoring postdoctoral residents in clinical neuropsychology and facilitates program development for residency training. She has co-authored several papers on topics related to the care of patients with neurological conditions.



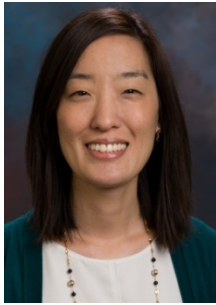
**Krista D. Hanson**

**Clinical Neuropsychologist, Department of Clinical Neuropsychology**

**Faculty Neuropsychologist, Geriatric Neuropsychology and Movement Disorders**

Ph.D. (University of Arizona, 2012)

Dr. Hanson's primary clinical interests are in geriatric neuropsychology and the assessment of mild cognitive impairment, dementias, and other neurodegenerative disorders. She also has interests in movement disorders and the evaluation of deep brain stimulation candidates. Dr. Hanson's research has focused on investigating the differences between pathological and non-pathological cognitive aging, with an emphasis on Alzheimer's disease, pre-Alzheimer's cognitive decline, and healthy cognitive aging.



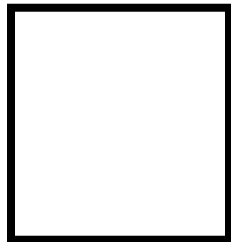
**Jennifer Loughlin**

**Clinical Neuropsychologist, Center for Transitional NeuroRehabilitation and  
Faculty Neuropsychologist, Department of Clinical Neuropsychology**

Ph.D. (Palo Alto University, 2012)

Dr. Loughlin's primary clinical interests are in neurorehabilitation and neuropsychological assessment. She provides psychotherapy, cognitive retraining, and assessment services as part of a multidisciplinary team.

Primary populations include those with traumatic brain injury (TBI), stroke, brain tumor, and other neurological conditions. Her research interests lie in post-TBI adjustment, community integration, and outcomes.



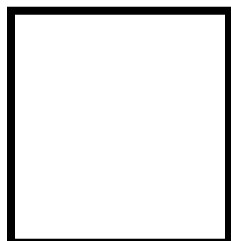
**Tiffany M. Meites**

**Rehabilitation Psychologist, Inpatient Neurorehabilitation Unit**

Ph.D. (University of Kansas, 2013)

Dr. Meites' primary clinical interests are in adjustment to disability and recovery from injury, particularly with individuals during the acute phase of their rehabilitation. Her research interests focus on the identification of

factors that may contribute to increased vulnerability to developing depression, with an emphasis on cognitive biases. Dr. Meites is a member of APA's Division 22: Rehabilitation Psychology and looks forward to seeking board certification in this specialty. She welcomes mentoring residents, especially those who may be interested in exploring a career in rehabilitation psychology. In her spare time, she enjoys cooking and spending time with her dogs and horses.



**Tricia L. Merkley**

**Assistant Professor, Department of Clinical Neuropsychology**

Ph.D. (Brigham Young University, 2012)

Dr. Merkley's clinical work involves neuropsychological assessment and intervention for a range of neurological conditions, with primary interest in traumatic brain injury/concussion and stroke. Her clinical interests also

include patient and family education, emotional adjustment to illness and injury, and factors that promote recovery. Her research utilizes neuroimage analysis to investigate structural brain changes following traumatic brain injury and how they relate to neurobehavioral functioning during recovery.



**George P. Prigatano**

**Emeritus Chair, Department of Clinical Neuropsychology**

**Newsome Chair of Neuropsychology; Clinical Director of the Lou and Evelyn Grubb Lifespan Center for Neuropsychological Rehabilitation**

Ph.D. (Bowling Green State University, 1972)

ABPP – Clinical Neuropsychology

Dr. Prigatano has been recognized nationally and internationally for his clinical and research work. He has received awards from the American Psychological Association and the National Academy of Neuropsychology. He has been named Honorary Member of the Swedish Neuropsychological Society as well as the Finnish Neuropsychological Society. His clinical, theoretical, and empirical work has resulted in numerous publications, including the following books: *Neuropsychological Rehabilitation After Brain Injury* (1986), *Awareness of Deficit after Brain Injury: Theoretical and Clinical Issues* (1991), co-edited with Daniel Schacter, Ph.D., *Principles of Neuropsychological Rehabilitation* (1999), *Clinical Neuropsychology and Cost Outcome Research: A Beginning* (2003), co-edited with Neil Pliskin, Ph.D., and *The Study of Anosognosia* (2010). Dr. Prigatano's work has emphasized the need to include a thorough understanding of brain-behavior relationships, with basic understanding of psychodynamics and the learning history of an individual that produces the complex symptom pictures observed after brain injury.



**Wil Schultz**

**Associate Professor, Department of Clinical Neuropsychology**

**Faculty Neuropsychologist**

Ph.D. (Fuller Graduate School of Psychology, 2006)

Dr. Schultz enjoys working with patients ranging broadly in age and diagnosis, and he has specialized interest and experience in epilepsy, sports concussion, and geriatrics. In addition to seeing patients in the general outpatient clinic, he also works with patients on the inpatient Epilepsy Monitoring Unit, including those being considered for neurosurgery. Dr. Schultz is consulting neuropsychologist to the NHL Arizona Coyotes, and he provides cognitive assessment for patients who have sustained concussions and are being treated in the B.R.A.I.N.S. clinic. He enjoys supervising postdoctoral residents pursuing clinical practice in neuropsychology.

## **Faculty Members in the Center for Transitional NeuroRehabilitation**



**Pamela Klonoff**

**Director, Center for Transitional NeuroRehabilitation**

Ph.D. (University of Victoria, 1984)

ABPP – Clinical Neuropsychology

Dr. Klonoff's primary clinical interests are in holistic milieu-oriented neuro-rehabilitation, especially psychotherapy for patients and families and cognitive retraining. Patient populations include traumatic brain injury and cerebrovascular accidents as well as other neurological entities (e.g., seizure disorders and low grade brain tumors). She is the Clinical Director for the Center for Transitional NeuroRehabilitation, which houses about 30 interdisciplinary staff members. Dr. Klonoff has participated in 35 publications and has completed two books, *Psychotherapy after Brain Injury: Principles and Techniques* (2010) and *Psychotherapy for Families after Brain Injury* (2014). Research interests have focused primarily on the efficacy of milieu-oriented neurorehabilitation, with particular focus on contributing factors to returning to driving, work, and school. Dr. Klonoff greatly enjoys mentoring postdoctoral residents interested in the field of neurorehabilitation.



**Kristi Husk**

**Center for Transitional NeuroRehabilitation**

**Faculty Neuropsychologist**

Psy.D.



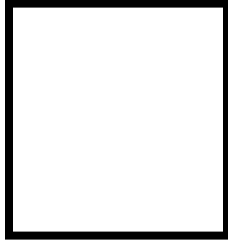
**Stephen M. Myles**

**Center for Transitional NeuroRehabilitation**

**Faculty Neuropsychologist**

Ph.D. (Keele University, UK, 1998); D.Clin.Psy. (University of Wales, Bangor, UK, 2002)

Dr. Stephen Myles, Ph.D., D.Clin.Psy., is a staff neuropsychologist with the Center for Transitional NeuroRehabilitation (CTN) Program. He works as part of a multidisciplinary team to help patients with brain injuries regain their independence in the home and community and successfully return to work, school, or both. He provides services including neuropsychological evaluations, individual and family psychotherapy, and cognitive retraining for CTN patients. His research interests include the impact of brain injury on patients' sense of self.



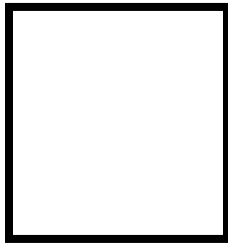
**Kavitha Perumparaichallai**

**Center for Transitional NeuroRehabilitation**

**Faculty Neuropsychologist**

Ph.D (National Institute of Mental Health & NeuroSciences, Bangalore, India, 2005).

Dr. Perumparaichallai provides neuropsychological assessment, cognitive retraining, psychotherapy, and leads psycho-educational group therapies as part of a multidisciplinary team. Her clinical focus is on helping her patients improve their awareness, acceptance, and realism regarding their brain injuries and assisting them in their community re-integration. Dr. Perumparaichallai's research focuses on establishing empirical evidences for neurorehabilitation outcome. She is an invited reviewer for several international journals. She enjoys mentoring postdoctoral residents in clinical neuropsychology and facilitating their research interests.



**Susan Rumble**

**Center for Transitional NeuroRehabilitation**

**Faculty Neuropsychologist**

Psy.D.

### **Application Process**

The program currently participates in the APPCN match (note that the general and rehabilitation tracks have separate identification codes).

Individuals who are considered appropriate candidate for this residency program must have obtained a doctorate degree in clinical psychology and/or clinical neuropsychology from an APA-accredited program, as well as an APA-accredited clinical internship. Applications from individuals whose training programs are not accredited ***at the time of application*** will not be reviewed. Because this is a postdoctoral program, we also do not accept applications from “ABD” candidates.

Please send a letter outlining your interests and track(s) you are applying to, background experience, training goals, and the opportunities you seek during your postdoctoral residency (along with a current curriculum vitae and unofficial transcript of all graduate work) to the Director of the Postdoctoral Residency Program by December 30, 2014. Three letters of recommendation should be submitted. One of these must include a statement from the training director of the doctoral program that all requirements for graduation, including dissertation, will have been completed prior to September 1 and/or the start date of the residency for the following year.

Applicants will be notified by mid-January if they will be invited for interview. Finalists for the rehabilitation track must attend interviews onsite in Phoenix, usually between the end of January and mid-February. It is highly desirable to interview all applicants face-to-face and for the general track applicants interviews typically occur during the February INS meeting (usually a representative of the program will also be at the National Academy of Neuropsychology meeting to informally address questions about the program). In rare circumstances, a detailed telephone interview may be arranged.

Residents selected for training will be notified on the date designated by the Association for Postdoctoral Programs in Clinical Neuropsychology (APPCN). Please note that if information were to come to light after the match that would have precluded us from selecting you as a candidate, we reserve the right to withdraw our offer.

### ***Employment Information***

All residents are employees of St. Joseph's Hospital and Medical Center, Phoenix, Arizona and affiliated with the Barrow Neurological Institute. The first year salary is competitive (currently about \$37,000.00 per annum) compared to other residency programs. In addition, as hospital employees, residents are eligible for a comprehensive benefits package.

### ***Certificate of Completion***

After successfully completing a two-year residency program, the individual will receive a Certificate of Completion recognizing their accomplishments as a resident in Clinical Neuropsychology at the Barrow Neurological Institute.

### ***Standards and Accreditation for the Residency***

Presently the American Psychological Association (APA) and the Association for Postdoctoral Programs in Clinical Neuropsychology (APPCN) have provided guidelines for appropriate training for postdoctoral residents in clinical neuropsychology. Our residency program has developed policies and procedures to meet the requirements of those guidelines. Our residency program is officially recognized as meeting all standards of the APPCN. This residency site agrees to abide by the APPCN policy that no person at this facility will solicit, accept, or use any raking-related information from any residency applicant.

For further information or questions, please direct inquiries to:

Alexander I. Tröster, Ph.D., ABPP  
Professor and Chair, Department of Clinical Neuropsychology  
Barrow Neurological Institute  
St. Joseph's Hospital and Medical Center  
222 West Thomas Road, Suite 315  
Phoenix, AZ 85013

You may also contact Mary Henry, Practice Supervisor at 602-406-4944 or e-mail us at [BarrowNeuropsychology@DignityHealth.org](mailto:BarrowNeuropsychology@DignityHealth.org)

## Department of Clinical Neuropsychology 2014 Seminar Schedule

Day	Frequency	Time	Name	Leader	Location	Attendance
Friday	Weekly	7:15-8:15	Resident Seminar	Tröster	Suite 315A Conference Room	Required – All Residents
Friday	Weekly	8:30-9:30	Neuroscience Grand Rounds	BNI	Goldman Auditorium	Required – All Residents
Friday	Alternating Bi-Weekly	9:45-10:45	Neuroimaging/Neuroanatomy Seminar	Baxter/Merkley	Suite 315B Conference Room	Required - All Residents
Friday	Alternating Bi-Weekly	9:45-10:45	Professional Issues Seminar	Caples	Suite 315A Conference Room	Required - All Residents
Friday	Bi-Weekly	11:00-12:00	Staff Meeting	Tröster	Suite 315A Conference Room	Required – All Faculty
Friday	Alternating Bi-Weekly	12:10-1:00	Board Certification Seminar	Schultz	Suite 315A Conference Room	Required – All Residents
Friday	Alternating Bi-Weekly	12:10-1:00	Journal/Book Club	2 <sup>nd</sup> Year Residents	Suite 315A Conference Room	Required – All Residents
Monday (2 <sup>nd</sup> )	Monthly	12:10-1:00	Psychotherapy Case Conference	Prigatano	Suite 315B Conference Room	Optional
Tuesday (1 <sup>st</sup> & 3 <sup>rd</sup> )	Twice Monthly	12:00-1:00	Movement Disorder Surgery Case Conference	Lieberman (Tröster/Hanson)	MAPC	Optional; Required for resident on Geriatric/ Movement Disorder rotation
Wednesday	Weekly	12:00-1:00	Epilepsy Case Conference	Chung (Schultz)	EMU	Optional; Required for resident on Epilepsy rotation
Thursday (2 <sup>nd</sup> )	Monthly	7:30-8:30	Lifespan Case Conference	Prigatano	Suite 315B Conference Room	Optional; Required for residents on General & Geriatric rotations
Tuesday	Weekly	8:30 -	Inpatient Neurorehabilitation Rounds	Linke	NRU	Required for resident on Neurorehab rotation
Wednesday	Weekly	8:30 -	Inpatient Neurorehabilitation Rounds	Alcott	NRU	Required for resident on Neurorehab rotation
Thursday	Weekly	8:30 -	Inpatient Neurorehabilitation Rounds	Kwasnica	NRU	Required for resident on Neurorehab rotation