

**Department of Physical Medicine and Rehabilitation
Division of Rehabilitation Psychology and Neuropsychology
Postdoctoral Training Program in Neuropsychology/Rehabilitation
Psychology
2020-2022 Program Brochure
PEDIATRIC TRACK PROGRAM CODE: 8033
ADULT TRACK PROGRAM CODE: 8031**



Overview

Michigan Medicine's Postdoctoral Fellowship Training Program in Rehabilitation Neuropsychology is based in the Department of Physical Medicine and Rehabilitation (www.med.umich.edu/pmr), Division of Rehabilitation Psychology-Neuropsychology. Ranked among the best hospitals by the U.S. News & World Report, Michigan Medicine is nationally known for excellence in clinical services, education and research. The fellowship program provides training opportunities within the University Hospital, C.S. Mott Children's Hospital, and ambulatory care clinics.

Fellowship candidates interested in neuropsychology within a rehabilitation context will be best suited to

our training program. The primary goal of the training program is to prepare high quality neuropsychologists for leadership roles and independent work in rehabilitation settings or with rehabilitation populations. At this time, we offer two tracks, one with a specialization in adults and the other with a specialization in pediatrics. Training opportunities are diverse, and while fellows are expected primarily to participate in structured core rotations, training faculty will assist fellows in defining their own career goals and specific areas of interest. Although our division has both pediatric and adult postdoctoral training opportunities, we currently are unable to accommodate candidates who wish to split their fellowship between adult and pediatric populations. Candidates will be required to select a track when they apply to our program.

The fellows in our program are key members of the treatment teams, providing ongoing psychological and neuropsychological care in conjunction with interventions from physician specialties, speech-language pathology, physical therapy, occupational therapy, nursing, rehabilitation engineering and other professionals.

Michigan Medicine's Neuropsychology/ Rehabilitation Psychology fellowship program is a member program of the APPCN. As such we participate in the match and adhere to the procedures and the training guidelines endorsed by the APPCN. As a member program of the APPCN, our fellowship is committed to offering the highest quality, competency-based residency training in clinical neuropsychology with an emphasis on preparation for future specialty board certification through the [American Board of Professional Psychology/American Board of Clinical Neuropsychology \(ABPP/ABCN\)](#).



The postdoctoral fellowship is designed as a two-year training program. Two years of focused clinical work in neuropsychology are required in order to provide adequate preparation for board certification in clinical neuropsychology and, for pediatric specialists, the pediatric sub-specialty board certification. The structure of our fellowship allows trainees to obtain a diversity of skills over the course of the first

training year, and to apply and refine these skills with more independence during the second year. Additionally, the two-year time frame allows participation in existing faculty research programs with the potential for well-prepared fellows to complete guided manuscript preparation and submission during the second year.

The adult fellowship is also designed to help prepare fellows for board certification in rehabilitation psychology. Fellows in the pediatric program who plan to pursue board certification in rehabilitation psychology may find it necessary to seek additional targeted training experiences after their fellowship program in order to complete full criteria for board certification in rehabilitation psychology, depending on their exposure and experiences in rehabilitation psychology prior to postdoctoral fellowship.

Didactic Training

Clinical postdoctoral fellows participate in didactic learning opportunities that are shared not only by fellows but also with other trainees, psychometricians, and faculty members. Didactic seminars are taught primarily by department faculty, although outside speakers and postdoctoral fellows also participate in teaching. Fellows will be required to attend two primary didactic seminars per week:

The Neuropsychology Core Seminar, which provides a wide variety of lectures covering content areas of neurological disorders, neuropsychological assessment, neuropsychology of behavior, functional neuroanatomy, and related assessment, intervention and psychological considerations.

The Rehabilitation Psychology Core Seminar, which provides advanced training in rehabilitation psychology topics covering core medical issues frequently encountered by rehabilitation psychologists as well as environmental and psychosocial factors influencing disability and adjustment to disability. Topics also reflect the important roles of interdisciplinary consultation, advocacy, and consumer protection.

Fellows may also be required to attend hospital based trainings and journal clubs that provide further instruction and in-depth training in related topics including functional neuroanatomy, neuroimaging and other neurodiagnostic techniques, and lectures related to the etiology, pathophysiology, treatment and outcome of neurological disorders. These didactics include but are not limited to PM&R grand rounds, board review, brain cutting seminars, neurology rounds, neuroradiology seminars, and Neurosport journal club, totaling an average of at least 1 additional didactic experience per week.

Rounds Expectations

All fellows attend chart rounds appropriate for their service and case-load. Chart rounds are typically held once weekly with the multidisciplinary staff of the inpatient rehabilitation unit. Fellows will have the opportunity to work closely with other rehabilitation disciplines and to participate in important treatment and discharge planning decision making. This multidisciplinary opportunity is an important aspect of the training program that prepares fellows to take on independent leadership roles in hospital-based rehabilitation following their fellowship.

Research Participation

Fellows are primarily funded through the PM&R department but may be partially funded through research grants and will be expected to participate in existing research projects, though the nature of participation will be decided mutually with fellowship mentors to meet larger personal training goals. Our department currently hosts a research training grant and fellows are invited to participate in the didactic portion of this program by attending research lectures, schedule permitting. Fellows will work closely with their mentors to determine a reasonable research goal given the time demands of their clinical training; this experience will vary based on the background and clinical demands of each individual fellow. Although the primary focus of the fellowship is clinical, fellows are expected to gain a breadth of understanding of neuropsychology through the applied process of research. Fellows will be encouraged to contribute to least one publication during their two-year fellowship.

Professional Development

Fellows work with their training director and faculty mentors to develop competencies in organization, management and administrative practices that they will need to be fully independent and leaders in their future careers. An individualized training plan is created in collaboration with the trainee and the clinical training director to tailor individual training goals to meet professional needs.

Application Requirements

Applicants must have prior experience and training in neuropsychology consistent with the Houston conference guidelines for training in clinical neuropsychology. This includes previous coursework in neuropsychological assessment, brain-behavior relationships and neuroanatomy in addition to the strong foundation in clinical skills and fundamentals of clinical psychology. Fellows are encouraged to have had previous training experiences within a rehabilitation setting.

Please see information regarding specific application materials and processes at the end of this document.

Pediatric Track

Fellows on the pediatric track will conduct major rotations providing neuropsychological assessment, consultation, and intervention services on the inpatient rehabilitation unit as well as neuropsychological assessment in outpatient neuropsychology clinics. Fellows are also expected to become comfortable with the competencies needed in order to provide high quality care within a rehabilitation setting. As such, fellows will develop an expertise in understanding the complex interplay between neuropsychological functioning and coping in the context of physical disability, neurological injury, and/ or chronic health conditions. Our most successful fellows have been those who are comfortable not only with neuropsychological assessment, but also with general psychological principles and who have competency in basic psychotherapy skills.

Pediatric Track Structure

Pediatric fellows will have a two core placements.

Inpatient Placement. The first core placement includes an inpatient training experience at the C.S. Mott Children's Hospital, primarily on the pediatric rehabilitation care unit. Fellows also provide consultation to other services (such as Hematology/Oncology/Bone Marrow Transplant, Cardiology, and Pediatric Intensive Care Unit), primarily when neuropsychological assessment is required. Fellows will provide psychological support to patients and their families presenting with a wide variety of neurological and acquired conditions including traumatic brain injury, spinal cord injury, orthopedic injuries, demyelinating conditions, and to patients who require long-term mechanical ventilation. Postdoctoral fellows frequently are called upon to evaluate neuropsychological status, design treatment interventions for neuropsychologically complex patients who have behavioral and/or psychological treatment needs, and to provide psychoeducation and therapeutic support to families. Fellows on the inpatient rotation also complete one outpatient neuropsychological assessment per week to continue to develop and maintain assessment skills.

Outpatient Placement. The second core placement is in the outpatient neuropsychology clinic. Fellows on this rotation complete 2 outpatient neuropsychological evaluations per week with medically complex and neurodevelopmental populations including those with history of traumatic brain injury, epilepsy, SLE, late effects of cancer, complex genetic conditions, craniofacial-cleft conditions, developmental delays, prematurity, CP, attention-deficit/hyperactivity disorder, learning disorders, and a number of rarer conditions. Additionally, outpatient fellows participate in our early childhood assessment clinic, which provides experiences in developmental and neuropsychological assessment with infants and young children who have complex medical and neurodevelopmental conditions.

Additional Consultation and Assessment Experiences. Fellows will also complete several minor training experiences. Fellows will rotate through the multidisciplinary craniofacial anomalies clinic where we provide neuropsychological/psychological assessment in a brief consultation model. Outpatient testing

experiences are available through specialty clinics focused on structured assessment and coordinated care for referral concerns including neonatal follow-up and concussion/mild TBI. Another unique training opportunity associated with this track includes instruction in the use of assistive technology to increase accessibility to neuropsychological assessment in children with severe motor and speech impairments through the Adapted Cognitive Assessment Clinic.

Intervention/Therapy Experiences. The majority of psychotherapy/intervention work occurs within the context of the inpatient unit; however, fellows will have the opportunity if interested to take a small therapy caseload of patients through our neurorehabilitation day treatment program. Therapy opportunities center around helping patients and families cope with and adjust to the rehabilitation process as they transition from an inpatient therapeutic setting to the home environment.

Supervision

Postdoctoral fellows will work closely with all of the pediatric RPN faculty. Each week, fellows will receive at least 1 hour of face to face supervision with the faculty supervising their major rotation (inpatient rehabilitation or outpatient neuropsychology). At least one hour of group or individual face to face supervision is required weekly for minor rotations, guaranteeing 2 hours of direct face to face supervision weekly. In reality, fellows receive much more supervision within the context of clinical work. University policy is that supervising faculty interact directly with each patient they supervise and, as such, we are easily able to adopt a developmental approach to supervision in which fellows can move from shadowing faculty in clinic to leading patient interactions, with faculty observation. Fellows typically review cases individually with their supervisor prior to patient contacts and also arrange time to hear feedback about interactions as needed. As fellows develop independence in clinical work, faculty will allow fellows to conduct the majority of patient contact independently with behind the scenes supervision. Faculty rotate through supervision responsibilities at approximately 3 month intervals in order to provide a breadth of training experiences to fellows. There is an expectation that fellows will be active and collaborative learners working closely with faculty to meet their professional goals. The program is designed to be flexible and allow fellows to tailor their training in order to best pursue individual goals in addition to strong clinical training in neuropsychology. Faculty maintain an open door policy and encourage fellows to seek additional guidance and mentorship in research, professional development, and clinical expertise in neuropsychology.

Primary Pediatric Faculty

Abigail Johnson, Ph.D., ABPP

Dr. Abigail Johnson is a Clinical Assistant Professor and member of the pediatric faculty group in the Division of Rehabilitation Psychology and Neuropsychology. She has been board certified in clinical neuropsychology since 2014 and one of the lead supervisors for the pediatric fellows. Dr. Johnson was awarded her Ph.D. in child clinical psychology from Southern Illinois University and completed her clinical internship in pediatric consultation/liaison and neuropsychology at the Kennedy Krieger Institute/Johns Hopkins School of Medicine. After completing her postdoctoral fellowship in pediatric neuropsychology at Cincinnati Children's Hospital Medical. As a member of the RPN faculty, she provides comprehensive outpatient neuropsychological assessments to children referred by diverse medical specialties including neurology, neurorehabilitation, neurosurgery, and others. She and Marie Van Tubbergen codirect the pediatric concussion management clinic and pediatric neurorehabilitation programming for children with acquired and traumatic injuries across the inpatient and outpatient settings. Her clinical and research interests include in predicting and improving clinical outcomes for children who sustain traumatic and acquired brain injury, as well as predictors of outcomes and intervention for patients with concussion/mTBI.

Selected Publications:

Johnson, A., DeMatt, E., & Salorio, C. (2009) Predictors of Outcome in Pediatric Acquired Brain Injury. *Developmental Disabilities Research Reviews*, 15 (2), 124-132.

Jacqueline N. Kaufman, Ph.D.

Dr. Kaufman is an Associate Professor and Director of the Division of Rehabilitation Psychology and Neuropsychology. She is a member of the pediatric faculty group in the Division of Rehabilitation Psychology and Neuropsychology and a primary clinical supervisor of the pediatric fellows. She joined the Department of Physical Medicine and Rehabilitation after completing a T-32 NIH Fellowship at the U of M. Dr. Kaufman completed her graduate training at the University of Wisconsin-Milwaukee in Clinical Psychology with a specialization in Neuroscience and Pediatric Clinical Neuropsychology. She completed her internship training at the Columbus Children's Hospital in Columbus, Ohio in pediatric hospital based psychology. She has been a co-investigator of the Adapted Cognitive Assessment Lab and has served as president of the Division of Pediatric Rehabilitation Psychology (Div 22, section 1). Her research and clinical interests include empirically driven adapted cognitive assessment for patients with severe speech and motor impairment, as well as transition planning for adolescents and young adults with neurodevelopmental disabilities.

Selected Publications:

Kaufman JN, Donders J, Warschausky S: A Comparison of Visual Inspection Time Measures in Children with Cerebral Palsy Rehabilitation Psychology 59(2): 147-154, 2014.

Warschausky S, Kaufman J, Evitts M, Schutt W, Hurvitz EA: Mastery Motivation and Executive Functions as Predictors of Adaptive Behavior in Adolescents and Young Adults with Cerebral Palsy or Myelomeningocele. Rehabil Psychol. 2017 Aug;62(3):258-267.

Warschausky W, Kaufman JN, Schutt W, Evitts M, Hurvitz EA: Health Self-Management: Transition Readiness and Adaptive Behavior in Persons with Cerebral Palsy or Myelomeningocele. Rehabil Psychol. 2017 Aug;62(3):268-275.

Kaufman, JN; Lahey, S., Slomine, BS: Pediatric Rehabilitation Psychology: Rehabilitating a Moving Target. Rehabil Psychol. 2017 Aug;62(3):223-226.

Jennifer Larson, Ph.D., ABPP

Dr. Jennifer Larson is a Clinical Assistant Professor and member of the pediatric faculty group in the Division of Rehabilitation Psychology and Neuropsychology. Dr. Larson was awarded her Ph.D. in clinical neuropsychology from the University of Utah. After completing her clinical internship at Children's Hospital Colorado, she completed her postdoctoral fellowship in pediatric neuropsychology at the Kennedy Krieger Institute/Johns Hopkins School of Medicine. She became board certified in neuropsychology in 2018 and more recently became board certified in the pediatric subspecialty. As a member of the RPN faculty, she provides comprehensive outpatient neuropsychological assessments to diverse and complex child clinical populations of various ages with a broad spectrum of developmental, medical, and neurological disorders. She is also an attending neuropsychologist on the inpatient rehabilitation unit. Her research interests include the motor and executive systems and their interactions with development, outcomes research for children born prematurely, and the clinical utility of neuropsychological measures and methods. She provides supervision to the pediatric fellows during outpatient and inpatient rotations.

Selected Publications:

Gidley Larson, J.C., Flaro, L., Peterson, R.L., Connery, A.K., Baker, D.A., & Kirkwood, M.W. (2015). The medical symptom validity test measures effort not ability in children: A comparison between mild TBI and fetal alcohol spectrum disorder samples, Archives of Clinical Neuropsychology, 30(3), 192-199.

Gidley Larson, J.C. & Suchy, Y. The contribution of verbalization to motor performance. (2014). Psychological Research, 79(4), 590-608

Gidley Larson, J.C. & Suchy, Y. (2014). Does language guide behavior in children with autism?, Journal of Autism and Developmental Disorders, 44(9), 2147-2161.

Gidley Larson, J. C., Baron, I.S., Erickson, K., Ahronovich, M. D., Baker, R., and Litman, F. R. (2011). Neuromotor outcomes at school age of extremely preterm birth: Early detection of subtle signs, *Neuropsychology*, 25(1), 66-75.

Danielle Shapiro, Ph.D., ABPP

Dr. Danielle Shapiro is a Clinical Assistant Professor and member of the pediatric faculty group in the Division of Rehabilitation Psychology and Neuropsychology. She is also the training director for the postdoctoral fellowship program and the pediatric training lead. She was awarded her Ph.D. in clinical psychology and women's studies from The University of Michigan in 2012 and completed her fellowship in pediatric rehabilitation psychology/ neuropsychology, also at The University of Michigan, in 2014. She joined the RPN faculty in September, 2014 with clinical interests in the early childhood period, fetal alcohol syndrome, and craniofacial anomalies. She provides developmental and neuropsychological assessment services to children with a range of medical and behavioral conditions. Her current research interests include novel clinical research methods and social media use among individuals with acquired brain injuries. She maintains active research collaborations with faculty in a range of other departments both within and outside of the medical school. Her primary supervision of fellows is in neuropsychological assessment.

Selected Publications:

Chandler, J, Sisso, I, & **Shapiro, DN** Participant carelessness and fraud: Consequences for clinical research and potential solutions, *Journal of Abnormal Psychology*, 2019.

Shapiro, DN, Waljee, J, Ranganathan, K., Buchman, S, & Warschausky, S Gender views and relationships in families of children with craniofacial anomalies, *The Cleft Palate-Craniofacial Journal*, 1-7, 2017.

Shapiro, DN & Chandler, J. Re: Characteristics of a Mild Traumatic Brain Injury Sample Recruited Using Amazon's Mechanical Turk. *Physical Medicine and Rehabilitation*, 230-231, 2018.

Chandler, J & **Shapiro, DN** Conducting Clinical Science Research on Amazon Mechanical Turk, *Annual Review of Clinical Psychology*, 12: 53-81, 2016.

Shapiro, DN, Waljee, J, Ranganathan, K, Buchman, S, Warschausky, S Using NIH PROMIS Instruments to Evaluate Psychosocial Functioning in Children with Craniofacial Anomalies, *Plastic and Reconstructive Surgery*, 135(6):1673-9, 2015.

Shapiro, DN, Waljee, J, Ranganathan, K, Buchman, S, Warschausky, S Gender and satisfaction with appearance among children with craniofacial anomalies, *Plastic and Reconstructive Surgery*, 136(6):789e-95e, 2015.

Marie Van Tubbergen, Ph.D.

Dr. Van Tubbergen is an Associate Professor in the pediatric faculty group in the Division of Rehabilitation Psychology and Neuropsychology. She joined the Department of Physical Medicine and Rehabilitation faculty after completing a postdoctoral fellowship and working in a research position in this same department. Dr. Van Tubbergen completed her graduate training at Central Michigan University in Clinical Psychology and completed her internship training at the University of Massachusetts-Amherst in the Counseling and Assessment center. Clinical interests focus on her role as the Director of the outpatient Pediatric NeuroRehabilitation Program, she also serves as a supervisor for the postdoctoral fellows during the inpatient rehabilitation rotation. She also supervises postdoctoral fellows for neurodevelopmental evaluations and both evaluation and intervention in the concussion management clinic. Her current research interests include advances in the provision of psychological care after brain insult and examination of treatment and intervention strategies targeting prolonged post-concussive symptoms.

Selected Publications:

Van Tubbergen M, Warschausky S, Birnholz J, Baker S. (2008). Choice Beyond Preference: Conceptualization and Assessment of Choice Making Skills in Children with Significant Impairments. Rehabilitation Psychology.

Asbell S, Donders J, Van Tubbergen M, Warschausky S. (2010). Predictors of reading comprehension in children with cerebral palsy and typically developing children. Child Neuropsychology.

Warschausky S, Van Tubbergen M, Asbell S, Kaufman J, Donders J, Ayyangar A. (2012). Modified test administration using assistive technology: Preliminary psychometric findings. Assessment.

Stiers W, Hanson S, Turner A, Stucky K, Barisa M, Brownsberger M, Van Tubbergen M, Ashman T, Kuemmel A. (2012). Guidelines for Structure and Process of Postdoctoral Training in Applied Rehabilitation Psychology. Rehabilitation Psychology.

Stiers W, Barisa M, Stucky K, Turner A, Pawlowski C, Van Tubbergen M, Hibbard M, Caplan B. (2015). Guidelines for Competency Development and Measurement in Postdoctoral Training in Rehabilitation Psychology. Rehabilitation Psychology.

Seth Warschausky, Ph.D.

Dr. Warschausky is a Professor in the Department of PM&R. Dr. Warschausky's clinical interests focus on the neuropsychology of congenital and acquired neurodevelopmental disorders. He has authored numerous research papers and been Principal Investigator on neuropsychological and developmental studies of children and young adults with congenital and acquired neurodevelopmental conditions. He is on the Editorial Boards of JINS, Developmental Medicine and Child Neurology, Rehabilitation Psychology and the Journal of Pediatric Rehabilitation Psychology. In 2017, he received the Leonard Diller Award in Rehabilitation Psychology.

Selected publications:

Warschausky S, Kay JB, Chi P, Donders J. (2005). Hierarchical linear modeling of CVLT-C learning curve characteristics following childhood traumatic brain injury. Neuropsychology, 19, 193-198

Stepanov I, Abramson C, Warschausky S (2011). Assessment of the learning curve from the California Verbal Learning Test – Children's Version with the first order system transfer function. Child Neuropsychology, 17, 330-346

Warschausky S, Van Tubbergen M, Asbell S, Kaufman J, Donders J, Ayyangar A (2012). Modified test administration using assistive technology: Preliminary psychometric findings. Assessment, 19:472-479

Warschausky S, Kaufman J, Evitts M, Schutt W, Hurvitz EA (2017). Mastery Motivation and Executive Functions as Predictors of Adaptive Behavior in Adolescents and Young Adults with Cerebral Palsy or Myelomeningocele Rehabilitation Psychology 62(3): 258-267, 2017.

Whitney DG, Warschausky SA, Ng S, Hurvitz EA, Kamdar, NS, Peterson MD (2019). Prevalence of mental health disorders among adults with cerebral palsy, Annals of Internal Medicine, 171, 328-333 2019

Adult Track

Fellows who are accepted into the Adult Track have the opportunity to work with patients with various disorders that require rehabilitation, such as traumatic brain injury, spinal cord injury, stroke, encephalopathies, brain and spinal tumors, hematological cancers, limb loss, orthopedic injuries, burns, developmental disorders (e.g. spina bifida), multiple sclerosis or even rarer autoimmune disorders such as Guillain-Barré or neuromyelitis optica.

Adult Track Structure

Adult fellows will participate in both inpatient and outpatient rotations, with additional rotation opportunities as interests and scheduling permit.

Inpatient rehabilitation rotations: The major inpatient rotations will be split between the five PM&R inpatient rehabilitation multidisciplinary teams: "Neuro," "TBI," "Oncology," "Complex Medical," and "Spinal Cord" rehabilitation. Here, patients arrive from acute care or critical care units within UMHS hospitals or from other hospitals in Michigan and surrounding states. Many have multiple complicating factors in addition to their primary diagnoses; they and their families are often impacted by dramatic changes in abilities and appearance, as well as the challenge of uncertain outcomes and learning new ways of living. Fellows assess psychological and neuropsychological functioning, form therapeutic alliances with and provide evidence-based treatments to patients and families, collaborate with rehabilitation team members, and facilitate patients' participation in rehabilitation therapies and nursing care.

Inpatient consult/liaison rotations: There are additional opportunities to provide PM&R Consult/Liaison services to referred inpatients, often in acute and critical care units. Consultations have included a wide variety of opportunities, e.g. assessing and providing recommendations related to delirium, providing focused psychotherapy in both the preparation and the aftermath of surgical amputation, during prolonged, painful treatments for severe burns, helping families and patients as they make complex discharge decisions or plan for admission to inpatient rehabilitation, and enabling effective self-advocacy.

Outpatient rotations: Fellows in the Adult track will have rotations in the outpatient multidisciplinary clinic, Med Rehab. There, the fellow will provide comprehensive neuropsychological evaluations and evidence-based psychotherapies to a range of adult outpatients, including some who are served in the Adult Neuro-Rehabilitation Program. Fellows will also have a rotation in the concussion clinic, providing neuropsychological assessments and psychological interventions.

Additional training opportunities are available depending on the fellows' interests and career goals, including involvement in a multidisciplinary outpatient assessment and treatment clinic for adults with brain tumors, traumatic brain injury, and stroke, and possible supervision and training of undergraduate research assistants through the University of Michigan Undergraduate Research Opportunity Program (UROP).

Additional Opportunities

Pain Psychology Training: Depending upon individual interest, fellows may negotiate specialized pain psychology services, provided at the PM&R outpatient facility at the Burlington Building. This clinic serves primarily patients with chronic pain (e.g. back pain, headaches, and orthopedic injuries) and other chronic health problems. Trainees will learn and/or refine a variety of relaxation and pain management techniques often used to treat this complex patient population.

Supervision

Postdoctoral fellows will work closely with all of the primary adult RPN faculty. Each week, fellows will receive at least 1/2 hour of face to face supervision with each faculty supervising their current rotations (inpatient, outpatient intervention, outpatient assessment, concussion clinic, etc.), with a guarantee of at least 2 hours of direct face to face supervision weekly. In reality, fellows receive much more supervision within the context of clinical work. We have a developmental approach to supervision in which fellows can move from shadowing faculty to leading patient interactions, with faculty observation and/or consultation depending on whether the case is outpatient or inpatient.

Fellows typically review outpatient cases individually with the supervisor prior to patient contacts and also arrange time to hear feedback about interactions as needed. In the inpatient context, as fellows advance they may see assigned consults prior to discussing the case with a supervisor, then discuss the consult afterwards. As fellows develop independence and competence in clinical work, faculty will allow fellows to conduct the majority of patient contact independently with behind the scenes supervision. Faculty supervise within their areas of specialty and fellows rotate through these services, ensuring a diversity of supervision. There is an expectation that fellows will be active and collaborative learners working closely with faculty to meet their professional goals. The program is designed to be structured to ensure coverage of training requirements for clinical neuropsychology and a breadth of training experiences, with some flexibility to allow fellows to tailor their training in order to best pursue individual goals. Faculty maintain an open door policy and encourage fellows to seek additional guidance and mentorship in research, professional development, and clinical expertise in rehabilitation and neuropsychology.

Primary Adult Faculty

Emily Briceño, Ph.D.

Dr. Briceño is an Assistant Professor (Clinical) in the Department of Physical Medicine and Rehabilitation. She completed her postdoctoral training at the University of Michigan/VA consortium postdoctoral training program in Neuropsychology and predoctoral clinical internship at the Ann Arbor VA Healthcare Center. She received her Ph.D. in Clinical Psychology with a specialization in Neuropsychology at Wayne State University. Her primary clinical responsibilities include conducting outpatient neuropsychological assessments at MedRehab. Clinical and research areas of emphasis include neuropsychological rehabilitation of stroke, the impact of culture on neuropsychological assessment, and neuropsychological sequelae of mood disorders and their impact upon outcomes following illness or injury. She also has experience with functional neuroimaging and cognitive neuroscience investigations with geriatric populations.

Selected Publications

Levine, D.A., Galecki, A., Okullo, D., **Briceño, E.M.**, Kabeto, M.U., Morgenstern, L.B., Langa, K.M., Giordani, B., Brook, R., Sanchez, B.N. & Lisabeth, L.D. Association of blood pressure and cognition after stroke. Manuscript submitted to the *Journal of Stroke and Cerebrovascular Diseases*.

Briceño, E.M., Mehdipanah, R., Gonzales, X., Heeringa, S., Levine, D.A., Langa, K.M., Garcia, N., Longoria, R. & Morgenstern, L.B. Methods and early recruitment of a community-based study of cognitive impairment among Mexican Americans and non-Hispanic whites. Manuscript submitted to *Journal of Alzheimer's Disease*.

Briceño, E.M., Gross, A., Giordani, B., Manly, J., Gottesman, R., Elkind, M.S.V., Sidney, S., Hingtgen, S., & Levine, D.A. Pre-statistical Harmonization of Cognitive Measures across Six Population-Based Cohorts: ARIC, CARDIA, CHS, FHS, MESA, and NOMAS. Poster presented at the Alzheimer's Association International Conference, July, 2018.

Levine, D.A., Gross, A.L., **Briceño, E.M.**, Tilton, N., Kabeto, M.U., Hingtgen, S.M., Giordani, B.J., Sussman, J.B., Hayward, R.A., Burke, J.F., Elkind, M.S.V., Manly, J.J., Moran, A.E., Kulick, E.R., Gottesman, R.F., Walker, K.A., Yano, Y., Gaskin, D.J., Sidney, S.S., Yaffe, K., Sacco, R.L., Wright, C.B., Roger, V.L., Allen, N.B. & Galecki, A.T. Blood pressure over the life course and later-life cognition in Blacks and Whites (BP-COG): A pooled cohort analysis of ARIC, CARDIA, CHS, FOS, NOMAS. Manuscript submitted to the *Journal of the American Medical Association*.

Gabel, N., Altshuler, D., Bressell, A., **Briceño, E.M.**, Boileau, N., Kluin, K., Ferguson, T., McMurray, K., Wang, L., Smith, S., Carlozzi, N., & Hervey-Jumper, S.L. (2019). Health related quality of life in adult low and high-grade glioma patients using the National Institutes of Health Patient Reported Outcomes Measurement Information System (PROMIS) and Neuro-QOL Assessments. *Frontiers in Neurology*, 10, 1-8.

Nicolette Gabel, Ph.D., ABPP

Dr. Gabel is an Assistant Professor in the Department of Physical Medicine and Rehabilitation. Dr. Gabel received her BA in Psychology from University of Michigan in 2004, and her PhD in Clinical Psychology from Saint John's University in 2012. She completed an internship in Clinical Psychology at Northport VA Medical Center in Northport, NY in 2012. She completed a Postdoctoral Fellowship in Clinical Neuropsychology in the training consortium at the University of Michigan Psychiatry Department Neuropsychology Division and the Ann Arbor VA Medical Center. In 2014, she became an Assistant Professor in the Division of Rehabilitation Psychology and Neuropsychology at the University of Michigan Department of Physical Medicine and Rehabilitation. She is board certified in Clinical Neuropsychology by the American Board of Professional Psychology, as of 2018. She provides outpatient neuropsychological assessments at MedRehab, and also serves as an attending psychologist on the adult PM&R neurological and oncology inpatient units and in the multidisciplinary Functional Wellness Clinic for adults with primary brain tumors. Her research interests include neuropsychological function and quality of life cancer.

Selected Publications

Gabel, N., Altshuler, D., Brezzel, A., Briceno, E., Boileau, N., Miklja, Z., Kluin, K., Ferguson, T., McMurray, K., Wang, L., Smith, S., Carlozzi, N., Hervey-Jumper, S. (2019). Health related quality of life in adult low and high-grade glioma patients using the National Institutes of Health Patient Reported Outcomes Measurement Information System (PROMIS) and Neuro-QOL Assessments. *Frontiers in Neurology*, 10, 212.

Altshuler, D.B., Wang, L., Miklja, Z., Linzey, J., Brezzell, A., Kakaizada, S., Zhang, E., Briceño, E.M., **Gabel, N.**, Hervey-Jumper, S.L. (in press). BDNF, COMT, and DRD2 polymorphisms and ability to return to work in adult patients with low and high-grade glioma. *NeuroOncology Practice*.

Gabel, N., Waldron-Perrine, B., Spencer, R., Pangilinan, P., Hale, A., Bieliauskas, L. (2018). Suspiciously slow: Timed digit span as an embedded performance validity measure in a sample of Veterans with mTBI. *Brain Injury*. doi: 10.1080/02699052.2018.1553311.

Waldron-Perrine, B., **Gabel N.**, Pangilinan, P., Bieliauskas, L. (in press). Use of the Montreal Cognitive Assessment (MoCA) as a screening tool in polytrauma: Relationship to standard neuropsychological and distress measures, and impact of suboptimal effort.

Kitchen Andren, K., **Gabel, N.**, Stelmokas, J., Bieliauskas, L. (2017). Population Base Rates and Disease Course of Common Psychiatric and Neurodegenerative Disorders. *Neuropsychology Review*, 27(3), 284-301.

Stelmokas, J., **Gabel N.**, Flaherty, J.M., Rayson, K., Tran, K., Anderson, J.R., & Bieliauskas, L. (2016). Delirium Detection and Impact of Comorbid Health Conditions in a Post-Acute Rehabilitation Hospital Setting. *PLoS ONE* 11(11): e0166754. doi:10.1371/journal.pone.0166754

Carrie Pilarski, Ph.D.

Dr. Pilarski is an Assistant Professor (Clinical) and member of the adult faculty group in the Department of Physical Medicine and Rehabilitation. She earned her doctorate in clinical psychology from Central Michigan University, and completed internship training at the James A. Haley Veterans Affairs Medical Center, Tampa, FL. She completed a two-year rehabilitation psychology postdoctoral fellowship at the University of Michigan. Within the American Psychological Association's Division on Rehabilitation Psychology, Dr. Pilarski serves on the executive board as a Member-At-Large, is the co-vice chair of the Disability Identity Committee, and is past-president of the section on *Women's Issues in Rehabilitation Psychology*. She served a three-year term on APA's *Committee on Disability Issues in Psychology*. For five years, her clinical work focused on brain injury treatment using an interdisciplinary holistic neurorehabilitation approach at the Origami Brain Injury Rehabilitation Center. In December, 2015, she joined PM&R as the attending psychologist for the adult Spinal Cord Injury / Disease (SCI/D) inpatient service at the University Hospital. She also provides outpatient psychotherapy services at the Brighton Center for Specialty Care. She is passionate about the role of psychotherapy and psychoeducation in promoting adjustment after an acute injury or for chronic illness and disability. She is interested in research on factors promoting healthy coping and development of a positive disability identity. Dr. Pilarski is also committed to issues of accessibility and advocating for individuals with disabilities.

Selected Publications

Andrews, E., Kuemmel, A., Williams, J., **Pilarski, C.**, Dunn, M., & Lund, E. (2013). Providing culturally competent supervision to trainees with disabilities in rehabilitation settings. *Rehabilitation Psychology*, 58, 233-244.

Pilarski, C., Skeel, R., & Reilly, M. (2014). Acute effects of nicotine on risky choice among non-smokers. *The Psychological Record*, 64,151-159.

Andres, E. E., Forber-Pratt, A. J., Mona, L. R., Lund, E. M., **Pilarski, C. R.**, & Balter, R. (2019). #SaytheWord: A disability culture commentary on the erasure of 'disability'. *Rehabilitation Psychology*.

Katharine Seagly, Ph.D.

Dr. Seagly is a neuropsychologist and rehabilitation psychologist, Assistant Professor (Clinical) and member of the adult faculty group in the Department of Physical Medicine and Rehabilitation. She completed her APPCN neuropsychology fellowship at the Rehabilitation Institute of Michigan. She completed her clinical internship at the Rusk Institute of Rehabilitation Medicine at New York University, and earned her PhD at the Virginia Consortium Program in Clinical Psychology. She currently serves on the Southeast Michigan TBI Model System Board and is involved in TBI Model System research. She also serves on the American Psychological Association's Joint Committee with the American Speech-Language and Hearing Association to further collaboration between these two disciplines. Her clinical and research interests are primarily in the areas of psychosocial, cognitive and quality of life outcomes following TBI, concussion outcomes, performance validity tests, and improving collaborative TBI treatment. Since joining the University of Michigan, she has started an RPN adult concussion clinic incorporating both brief assessment and intervention, and is working with psychiatry on further developing the inpatient TBI program. She is supervising fellows in the concussion clinic and on the inpatient Neuro and Brain Injury services. She is looking forward to working with future trainees who have an interest in TBI ranging from concussion to severe brain injury.

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Selected publications

Mashima, P., Waldron-Perrine, B., Ashman, T., Milman, L., **Seagly, K.**, Mudur, R., &

Paul, D. (2019). Looking Beyond Test Results: Interprofessional Collaborative Management of Persistent mTBI Symptoms. *Topics in Language Disorders, 39*, 293-312.

Waldron-Perrine, B., Gabel, N., **Seagly, K.**, Kraal, A. Z., Pangilinan, P. H., Spencer, R., & Bieliauskas, L. (2019). Use of the MoCA as a screening tool: Influence of performance and symptom validity. *Neurology: Clinical Practice, 10*-1212.

Hanks, R. A., Rapport, L. J., **Seagly, K.**, Millis, S. R., Scott, C., & Pearson, C. (2019). Outcomes after Concussion Recovery Education: Effects of Litigation and Disability Status on Maintenance of Symptoms. *Journal of Neurotrauma, 36*, 554–558.

Seagly, K., O'Neil, R. & Hanks, R. (2018). Pre-Injury Factors May Matter More Than Injury Severity When Predicting Outcomes after a Traumatic Brain Injury. *Research in Focus: A Weekly Digest of New Research from the NIDILRR Community*. <https://www.naric.com/?q=en/rif/pre-injury-factors-may-matter-more-injury-severity-when-predicting-outcomes-after-traumatic>.

Seagly, K., O'Neil, R. & Hanks, R. (2018). Pre-Injury Psychosocial and Demographic Predictors of Long-Term Functional Outcomes Post-TBI. *Brain Injury, 1*, 78-83.

Seagly, K., Milman, L., Mashima, P., Ashman, T., Waldron-Perrine, B., Paul, D., & Mudur, R. (2018). *A Person-centered Approach to mTBI Treatment: An Interprofessional Perspective*. Symposium presented at the American Speech-Language- Hearing Association (ASHA) Annual Convention, Boston, Massachusetts, November 2018.

Seagly, K.S. (2018) Examining a novel treatment for prolonged post-concussion symptoms. Poster presented at the American Academy of Clinical Neuropsychology Annual Conference, June 2018, San Diego, CA.

Hanks, R., A., Rapport, L.J., **Seagly, K.**, Millis, S.R., Scott, C., Pearson, C. (2018). Non-Neurologic Factors Associated with Maintenance of Postconcussion Symptoms. Poster presented at the International Neuropsychological Society Meeting, July 2018, Prague, Czech Republic.

Evan L. Smith, Ph.D.

Dr. Evan L. Smith is a Rehabilitation Psychologist and recently joined the UM Department of Physical Medicine & Rehabilitation, as Clinical Assistant Professor in 2018. Dr. Smith earned a bachelor's degree from Tulane University and completed his Ph.D. in Clinical Psychology at Nova Southeastern University. Following pre-doctoral internship training in adult rehabilitation psychology, Dr. Smith next completed his post-doctoral residency at the Johns Hopkins University School of Medicine in adult rehabilitation psychology. Dr. Smith's clinical responsibilities include outpatient psychological services for individuals with multiple sclerosis, chronic pain, and neurological injury, as well as pre-surgical psychological evaluation for neurostimulator implantation. His clinical and research interests include psychosocial adjustment to disability, pain and fatigue management, and patient-provider communication. He served as the chairperson for the American Psychological Association (APA), Division of Rehabilitation Psychology (Division 22), Science Committee from 2016-2018. He currently serves as the APA Division 22 Program Chair for the APA 2020 Convention.

Selected publications

Williams, M.W. & **Smith, E.L.** (2017, August). Tear Sheet: Clinical utility and psychometric properties of the Disability Rating Scale for individuals with traumatic brain injury. *Rehabilitation Psychology*.

Smith, E.L. & Driskell, L.D. (2016, May). Tear Sheet: Clinical utility and psychometric properties of the Functional Assessment of Multiple Sclerosis for individuals with multiple sclerosis. *Rehabilitation Psychology*.

Nierenberg, B., Mayersohn, G., Serpa, S., Holovatyk, A., **Smith, E.L.** & Cooper, S. (2016, February). Application of well-being therapy to people with disability and chronic illness. *Rehabilitation Psychology: Special Issue on Foundations of Rehabilitation Psychology*.

Brigid Waldron-Perrine, Ph.D., ABPP

Dr. Brigid Waldron-Perrine joined the department in September 2019. She currently serves as the lead RPN faculty at Med Rehab (Outpatient Neurological Rehabilitation) and with the day treatment program. She earned her doctorate from Wayne State University in 2010 and completed her internship at the John D. Dingell VA in Detroit. Her APPCN fellowship was at the Ann Arbor VA and University of Michigan, after which she worked in interdisciplinary outpatient neurological rehabilitation clinics conducting neuropsychological evaluations, neurobehavioral status examinations and rehabilitation psychotherapy at the Rehabilitation Institute of Michigan for 7 years. Her research areas are related to cognitive and emotional rehabilitation following neurological injury and the influence of task engagement and test psychometrics on neuropsychological test performances. She is board certified in clinical neuropsychology, involved in the Division 22 Practice Committee, the ABPP-ABCN Board Certification Promotion Committee, and the APA/ASHA Joint Committee on Interdisciplinary Relations. Dr. Waldron regularly presents to local, regional, national and international audiences, both lay and professional, on the topics of neuropsychology, rehabilitation and resilience after brain injury, and Acceptance and Commitment Therapy as applied to neurological and psychiatric rehabilitation.

Selected Publications

Waldron-Perrine, B., Hanks, R. & Perrine, S. (2008). *Pharmacotherapy in post-acute TBI: A review of the evidence for rehabilitation psychologists*. *Rehabilitation Psychology*, 53(4), 426- 444.

Waldron-Perrine, B., Rapport, L.J., Hanks, R.A. Lumley, M., Meachen, S.J., Hubbarth, P. (2011). *Religion and spirituality in rehabilitation outcomes among individuals with traumatic brain injury*. *Rehabilitation Psychology*, 56(2), 107-116.

Hanks, R.A., Rapport, L.J., **Waldron-Perrine, B.**, Millis, S.R. (2016). *Correlates of Resilience in the First 5 Years After Traumatic Brain Injury*. *Rehabilitation Psychology*. E-pub ahead of print. PMID 26855130

Waldron-Perrine, B., Neils-Strunjas, J., Paul, D., Clark, A., Mudar, R., Maestas, K., Duff, M. & Bechtold, K. (2015). *Integrating resilience building into the neurorehabilitation process*. *Brain Injury Professional*, 12 (3), 22-25.

Neils-Strunjas, J., Paul, D., Clark, A.N., Mudar, R., Duff, M.C., **Waldron-Perrine, B.** & Bechtold, K.T. (2017). *Role of resilience in the rehabilitation of adults with acquired brain injury*, *Brain Injury*, DOI: 10.1080/02699052.2016.1229032

Waldron-Perrine, B., Hennrick, H., Spencer, R.J., Pangilinan, P.H., & Bieliauskas, L.A. (2014). *Post-concussive Symptom Report in Polytrauma: Influence of Mild Traumatic Brain Injury and Psychiatric Distress*. *Military Medicine*, 179(8):856-864.

Waldron-Perrine, B. & Axelrod, B. (2012). *Determining an appropriate cutting score for indication of impairment on the Montreal Cognitive Assessment (MoCA)*. *International Journal of Geriatric Psychiatry*, 27(11), 1189-1194.

Waldron-Perrine, B., Gabel, N., Seagly, K., Kraal, A., Pangilinan, P., Spencer, R., & Bieliauskas, L. (2019). *Use of the MoCA as a screening tool: Influence of performance and symptom validity*. *Neurology: Clinical Practice*, 9(2).

Additional faculty profiles for available mentors and supervision in minor clinical opportunities or research can be found on the PM&R website:

<https://medicine.umich.edu/dept/pmr/faculty/faculty/rehab-psychology-neuropsychology>

About the University of Michigan

The University of Michigan, one of the world's most distinguished academic institutions, is an international resource for scholarship and service. At the Ann Arbor campus, nearly 3,800 faculty and 36,600 students study, teach and conduct research. The University also has campuses in Flint and Dearborn.



The quality of the academic programs at the University of Michigan places it among the top 10 colleges and universities nationwide. The University's academic excellence is renowned throughout the world on both graduate and undergraduate levels and in a wide variety of degree programs. Students at the University represent richly diverse social, ethnic and economic backgrounds; geographically, they originate from all 50 states and almost 100 foreign countries. The University is proud of its diverse community and is committed to sustaining its leadership as a premier center for the pursuit of knowledge. Michigan Medicine comprises the Medical School, the University Hospitals and Health Centers and the Michigan Health Corporation. The University of Michigan established the first University-owned teaching hospital in the nation when it opened University Hospital in 1869. The establishment of this hospital introduced a legacy of providing health care, programs of education and research, and referral support for other health care providers and institutions in Michigan.



Today, there are three core hospitals as well as extensive outpatient and ambulatory clinics continuing the tradition of excellence at the Michigan Medicine. The Comprehensive Cancer Center and Cardiovascular Center are new state of the art facilities on the medical campus that highlight the University of Michigan's burgeoning care options. As a teaching resource, the Hospitals are used for the training of students each year in the techniques of modern clinical medicine, including physicians in residency training in all medical and surgical specialties. The Hospitals serve as the core teaching facility for the UM Medical School.

Department of Physical Medicine and Rehabilitation

The University of Michigan Health System was among the first major institutions in the nation to organize and develop an independent Department of Physical Medicine and Rehabilitation. James W. Rae, M.D. established the department in 1950 when he saw the need to have hospital-based research and education related to people with disabilities. The department currently operates 17 clinics providing a wide range of rehabilitation services to children and adults. Postdoctoral Fellowship candidates can learn more about these clinics and departmental offerings by viewing the following website: www.med.umich.edu/pmr.

Research at the University of Michigan

Research is central to the University's mission and permeates its schools and colleges. The disciplinary reach of the University's research programs is exceptional. Research is conducted within the nineteen academic schools and colleges. Only agriculture is not represented among them, and even this discipline receives basic research attention in the biology units and the School of Natural Resources and Environment.

The UM Medical School is eighth in the nation in terms of National Institute of Health funding. We are currently involved in more than 400 clinical research trials – from new cancer medications to preventative health care – in which our patients and our community play a vital role. New ideas from

our laboratories and clinics are translated into new companies, new products and new ways of delivering health care.

Students, fellows and faculty can take advantage of a number of resources available through the University to supplement their education and facilitate research. Free statistical consulting is available, as is access to a remarkable and nationally recognized library system with access to hundreds of electronic journals. The medical campus is replete with lectures and seminars that fellows are encouraged to attend, time permitting.

Stipend and Benefits

Fellows are offered a competitive stipend with a very attractive benefits package, including professional development funds. Health care benefits are included and fellows have access to a number of campus services as a member of the University of Michigan community.

Application Process, Selection Timeline and Notification

The residency/fellowship program is a participating member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) and will be participating in the APPCN Resident Matching Program. Details about the Matching Program can be obtained at the APPCN website (<http://www.appcn.org>). Please note that all applicants for this position must register with the National Matching Service and abide by the posted timeline. Interviews will be conducted at the North American Meeting of the International Neuropsychological Society in Denver, CO. We can arrange onsite interviews as necessary for either track if necessary. This residency site agrees to abide by the APPCN policy that no person at this facility will solicit, accept, or use any ranking-related information from any residency applicant.

Application Process

Applicants are required to submit the following materials:

1. Letter of interest
2. Curriculum Vitae, including status of your dissertation
3. Three letters of recommendation (at least 2 from recent/current clinical supervisors).
4. [The APPCN Verification of Completion of Doctorate form](#)
5. 1-2 relevant clinical neuropsychology reports (appropriately de-identified) that are representative of the applicant's current report writing skills
6. An official graduate transcript



SEND APPLICATION MATERIALS TO:

Aaron Quillen aquillen@med.umich.edu

Please send Attention: Pediatric Postdoctoral Fellowship Application or Adult Postdoctoral Fellowship Application

Application deadline: December 16th, 2019

Contact Danielle Shapiro, Ph.D., ABPP for further inquiries:

dnshap@med.umich.edu

Phone: 734.936.7052

Fax: 734.936-7048