The Postdoctoral Advanced Rehabilitation Research Training Program

2010 -2012

The Mount Sinai School of Medicine
Department of Rehabilitation Medicine
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OVERVIEW OF THE TRAINING PROGRAM

The Postdoctoral Advanced Rehabilitation Training Program (the Program) is housed within the Department of Rehabilitation Medicine, Mount Sinai School of Medicine, New York. The Program adheres to a scientist–practitioner model of training, and meets all state licensing requirements for supervision. The program has been a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) since 1994, and participates in the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) Resident Matching Program. The two year training experiences allows fellows to apply for both American Board of Professional Psychology Diplomate in either Clinical Neuropsychology or Rehabilitation Psychology. Training typically begins the first Tuesday after Labor Day, 2010 and ends the last Friday before Labor Day, 2012. The number of postdoctoral fellows admitted in 2010-2012 will be dependent upon continuation of federal support for this program beyond 2010.

The Program combines advanced training in rehabilitation research with clinical experience within a rehabilitation setting. The primary goal of the training is to increase the number of future clinical rehabilitation researchers. To that end, both quantitative and qualitative approaches to rehabilitation research are stressed within training. Fellows will spend approximately 80% of their time involved in ongoing federally-funded clinical research programs within the Department of Rehabilitation. Research programs within the Department are funded by two federal agencies: Center for Disease Control and Prevention (CDC) for a TBI Injury Control Research Center and NIDRR for a Rehabilitation Research and Training Center on TBI Interventions (RRTC), the New York TBI Model System (NYTBI-MS), and the Mount Sinai Spinal Cord Model System (MS-SCI-MS). Research protocols focus on secondary and tertiary prevention, neuropsychological and functional assessments and clinical rehabilitation interventions. Fellows have the opportunity to be involved in randomized control studies of medications as well as neuropsychological and functional rehabilitation interventions, evidence based reviews, and quantitative and qualitative research related to brain or spinal cord injuries. Research supervision is provided by senior researchers with established productivity. A core component of training for each fellow is the implementation of a research study during their two years of training under this mentorship. By completion of training, each fellow will be expected to present preliminary findings of his/her research projects within the appropriate conference setting, and prepare papers for dissemination to professional and consumer journals. For further information about the array of research opportunities at Mount Sinai’s Department of Rehabilitation, applicants are encouraged to visit our website at www.tbicentral.org.

To solidify clinical rehabilitation skills, fellows spend approximately 20% of their time involved in direct clinical service delivery in an outpatient setting. These clinical experiences may include neuropsychological evaluation, cognitive remediation, psychotherapy (individual or group) and functional rehabilitation interventions with individuals with brain injury. Clinical experiences will be tailored to each fellow’s prior doctoral training. Fellows receive one-to-one supervision of these clinical activities by senior clinical staff within the Department. Fellows may lead seminars and supervise select training activities of pre-doctoral interns. Finally, postdoctoral fellows participate in clinical and research didactics offered within both the Department and Medical Center. Thus, postdoctoral fellows are ensured a rich training milieu in which to learn applied clinical research, advance their expertise in rehabilitation research, and solidify their clinical neurorehabilitation intervention skills.

Benefits and Stipend

Postdoctoral stipends comply with National Institute of Health guidelines with an increase in
stipends per years of training experience. Additional benefits include participation in seminars, workshops and courses in advanced research methodology, offered within the Medical School, and paid attendance at one professional conference per year at no cost to the fellow. Employee benefits per year include 19 paid time off (PTO) days and 8 major holidays per year. The PTO days include vacation days, personal days, and sick time. Hospital policy dictates when these benefits can be utilized within each year of training. Health insurance and malpractice insurance also are provided.
THE CONTEXT OF THE TRAINING

The Mount Sinai Medical Center

The Mount Sinai Medical Center occupies a four-block area on upper Fifth Avenue across from Central Park in Manhattan. The complex includes the Annenberg Building, the Nathan Cummings Basic Sciences Building, the Atran Berg Laboratories, the Icahn Building, four patient buildings, and other support and administrative facilities. The MSMC is one of the oldest and largest voluntary hospitals in the country, with more than 1,200 beds and approximately 150 outpatient clinics that provide services in all medical specialties and subspecialties.

Within the context of immense changes occurring in the distribution and financing of health care, MSSM remains academically, clinically, and commercially competitive by enhancing its central role as a leader in primary health care for the local community and the NYC metropolitan area. At present, MSMC has established alliances and/or affiliations with more than 50 hospitals and nursing homes in the metropolitan area.

The Mount Sinai School of Medicine

Since its founding in 1852 as an independent institution, the Mount Sinai School of Medicine (MSSM) has achieved national and international recognition for its programs in education, basic and applied research, and innovative patient care. A provisional charter from the Board of Regents of the State of New York was granted to the school in 1963. The charter, made absolute in 1968, authorized the school to grant the MD degree and to offer graduate instruction leading to the Ph.D. degree. At present, the MSSM has numerous off-campus institutions in the metropolitan New York area, which are directly affiliated with the hospital and provide teaching resources for the medical students and more than 750 residents and fellows of the MSSM. These institutions include: the Queens Hospital Center, The Jewish Home and Hospital for the Aged, North General Hospital in Manhattan, the Department of Veteran Affairs Medical Center in the Bronx, Elmhurst Hospital Center in Queens, and Englewood Hospital and Meadowlands Hospital in New Jersey.

The Department of Rehabilitation Medicine

The Department of Rehabilitation Medicine began rebuilding its program on July 1, 1986 when Dr. Kristjan T. Ragnarsson was appointed Chairman and Dr. Wayne A. Gordon was appointed the Associate Director of the Department of Rehabilitation Medicine. Mount Sinai invested millions of dollars in program start up development, hiring of new staff, renovations of space, and the purchase of state-of-the-art equipment. It continues to support renovations of both clinical and research space. The Department of Rehabilitation Medicine has achieved national recognition for its clinical research programs in the area of rehabilitation. Currently, the department’s staff is greater than 110 individuals who provide services for more than 85,000 patient visits per year. The Department provides comprehensive interdisciplinary physical rehabilitation along a continuum of care including acute care, inpatient care, outpatient care, community integration, and long term follow-up. Specialty programs in brain injury (BI) and spinal cord injury (SCI) are core components of both inpatient and outpatient settings.

The Department of Rehabilitation Medicine serves as a training resource for diverse professionals within the rehabilitation team (i.e., physiatry, psychology, physical therapy,
occupational therapy, speech therapy, social work, vocational counseling, and therapeutic recreation). An American Psychological Association Accredited Clinical Predoctoral Internship Program has been supported by departmental and hospital funds since the program inception in 1994. Thus, the department provides a rich training milieu for the Postdoctoral Advanced Rehabilitation Research Training Program.

A unique aspect of the Department of Rehabilitation Medicine is its large portfolio of funded research grants (currently over $7,000,000) in diverse areas of applied clinical rehabilitation. It has been, and continues to be, the recipient of major grants from the federal government, private foundations and corporations. Currently the Department has four NIDRR-funded research projects: the Mount Sinai Spinal Cord Injury Model System; the New York Traumatic Brain Injury Model System; the Rehabilitation Research and Training Center on Traumatic Brain Injury Interventions, and the Advanced Rehabilitation Research Training, and one CDC-funded research project on TBI Prevention as well as numerous grants from private foundations.

The Mount Sinai Rehabilitation Center

The Mount Sinai Rehabilitation Center (Rehabilitation Center), one of several “mini-hospitals” located within the hospital, focuses on caring for patients with rehabilitation needs. The Rehabilitation Center has 100 acute inpatient rehabilitation beds. The inpatient rehabilitation facilities are located in four renovated units; a unit focusing on the needs of individuals with primarily functional disabilities (e.g., spinal cord injury), two units focusing on the needs of individuals with cognitive disabilities (e.g., stroke or brain injury) and a unit focusing on individuals with debilitating medical illnesses and/or surgical interventions (e.g., liver transplants, cardiac de-conditioning, hip and knee replacements, amputations). The rehabilitation inpatient program is accredited by the Committee on Accreditation of Rehabilitation Facilities (CARF), with specialty accreditation for its specialized SCI, TBI and Stroke programs.

The Outpatient Rehabilitation Service provides a full range of rehabilitation interventions for individuals of all ages, children through geriatrics. The major emphasis of treatment is the rehabilitation of individuals presenting with SCI, BI, and musculoskeletal injuries. Specialty day treatment programs are available for individuals with SCI and BI. The Outpatient Service currently provides over 100,000 visits per year.

The Rehabilitation Psychology and Clinical Neuropsychology Service

The Rehabilitation Psychology and Clinical Neuropsychology Service (NeuroRehabilitation Psychology Service) has played a major role in the creation and continued expansion of the Department of Rehabilitation Medicine over the past twenty years. The growth of the service is, in large part, attributable to the efforts of Wayne A. Gordon, Ph. D. ABPP (CN). Dr. Gordon is a Jack Nash Professor of Rehabilitation Medicine and Psychiatry at the Mount Sinai School of Medicine, Chief of NeuroRehab Psychology Services, Associate Director of the Department of Rehabilitation Medicine, and Principal Investigator of the RRTC on TBI Interventions, the New York TBI Model System and the CDC TBI Injury Prevention Grants. Dr. Gordon is an established researcher in the field of rehabilitation and clinical neuropsychology, and maintain active clinical, research and teaching roles within the department, and in the larger professional community.

The Rehabilitation and Clinical Neuropsychological Service consists of ten licensed psychologists on staff within the Department of Rehabilitation Medicine and Medical Center. Collectively, the staff has developed, refined and expanded the clinical training programs at the pre-doctoral level for the past two decades. The leadership of the postdoctoral training program
consists of eight senior research psychologists who have a long-standing, stable, and professional relationship that involves many years of collaborative involving clinical practice, research, and training. The faculty provides a strong foundation for the Training Program as a whole, with each faculty member serving in numerous roles: as supervisor, seminar presenter, researcher, and role model for future professionals.

- In the **clinical training** component of the Postdoctoral Training Program, Dr. Ashman provides administrative and clinical oversight of activities related to the Advanced Rehabilitation Research Training Program. Clinical supervision of postdoctoral fellows is provided by Drs. Ashman, Gordon, Cantor and Tsaousides.

- In the **research training** component of the Postdoctoral Training Program, Drs. Ashman and Cantor oversee research activities and development of research skills in postdoctoral fellows. Clinical research supervision is also provided by a senior psychologist, Dr. Tsaousides. All research fellows are assigned a research mentor (selected from the senior research faculty, see pages 14-16) to assist with planning, implementation, analysis and dissemination of research projects during the fellowship experience.
The Training Program Mission

The Mission Statement of the Department of Rehabilitation Medicine states that...“all people with physical disabilities have the right to self-determination, equal access, dignity and respect.” Included in the mission statement are commitments to: the creation of a center for excellence in delivery of comprehensive rehabilitation services; the education of the patient, family, staff and students about the needs of individuals with disabilities; the provision of leadership within the hospital and the community; the measurement of outcomes of treatment efficacy; the conducting of research; the dissemination of information to advance knowledge in the field; and the increase in clinical skills of future rehabilitation professionals. The mission of the Program is congruent with all tenets of the Departmental Mission Statement. To achieve its mission, the Program incorporates perspectives from diverse psychology training models of clinical psychology, counseling psychology, neuropsychology, school psychology, health psychology, as well as from rehabilitation research and disability studies.

Research Opportunities for Postdoctoral Research Fellows

Under research supervision and mentorship, fellows will:

- Participate in ongoing research activities of the Research Program that incorporates the NIDRR Rehabilitation Research and Training Center (RRTC), the New York TBI Model System (NYTBIMS), the Mount Sinai SCI Model System (MS-SCI-MS), and/or the CDC TBI Injury Prevention Center.

- Design, implement, analyze and disseminate an independent research project during training.

- Participate in graduate level seminars, workshops and courses on research methodology.

- Attend a professional conference yearly relevant to research area of interest.

Clinical Opportunities for Postdoctoral Research Fellows

Depending on prior clinical training, fellows may participate in the following clinical training experiences under supervision of senior staff psychologists:

- Deliver a broad array of rehabilitation and clinical neuropsychological services.

- Participate and lead select seminars on clinical neuropsychology and rehabilitation psychology.

- Participate in workshops and seminars within the Department of Rehabilitation Medicine and other hospital and community-based conferences and workshops.
The Training Program Objectives

The primary objectives of the Training Program are to:

- Increase the number of rehabilitation researchers in the field by providing in-depth training, supervision and mentoring in the areas of disability research, including qualitative and quantitative research designs as related to rehabilitation.

- Increase the number of rehabilitation researchers from minority and disability backgrounds in the field of rehabilitation research.

- Increase the number of psychologists with expertise in rendering neuropsychological services for individuals presenting with cognitive, emotional and behavioral impairments secondary to physical disabilities.

- Provide a broad based research and clinical training that is sensitive to the diverse needs of individuals with disabilities within rehabilitation.

The Training Program Goals

The primary goals of the Training Program are to provide training in:

- Clinical rehabilitation research.

- Rehabilitation psychology, clinical neuropsychology, assessment and interventions.

- TBI injury primary, secondary and tertiary prevention.

- Cultural and ethnic diversity as related to individuals with disabilities.

- Ethical practices in rehabilitation research and service delivery.
THE RESEARCH EXPERIENCE

Fellows spend four days per week (80% time) involved in clinical research activities within the RRTC, the NYTBIMS, MS-SCI-MS and TBI Injury Control Center. Under supervision, fellows engage in a wide variety of research assessments and interventions that reflect the ongoing nature of grants current within the Research Program's portfolio. Illustrative of the scope of research available within the Research Program, fellows may participate in the following studies involving individuals with TBI: a randomized clinical trial of comparing two psychotherapies for depression; randomized clinical trial comparing an innovative day treatment program for executive dysfunction to a standard day treatment program for brain injury; a randomized clinical trial on the benefits of exercise on cognition and mood after TBI; an ongoing systematic review of rehabilitation interventions for persons with TBI, and the development of an instrument for assessing community participation after TBI. Fellows with interests in the area of SCI may become involved in studies on the typology of pain, mentoring, or quality of life issues following SCI.

Research Didactics

Research didactics are taught by the senior Research Program Faculty. Seminars on qualitative research applied to rehabilitation and evidenced based reviews will be taught by Faculty sociologist, Dr. Dijkers and social psychologist, Dr. Brown. All fellows attend a two-hour Research Administration meeting facilitated by Dr. Gordon weekly. This “think tank” experience provides fellows with in-vivo experiences in planning, implementation, quality control of ongoing research activities as well as models techniques in designing and writing of new proposals. Issues of institutional review board protocol are reviewed as well.

Research Supervision

Research supervision and direct mentoring are the primary training methods for the development of advanced research expertise. Intensive supervision is provided for all research in the Research Program by Drs. Ashman, Cantor and Tsaousides. Additional supervision is provided by a mentor who has expertise related to a fellow's specific research proposal. Joint supervisor and fellow, and mentor and fellow evaluations are completed two times per year to monitor the fellow’s professional growth with attention paid to timelines for expected project completion by end of each training year.

The Fellowship Research Project

Under mentorship, each fellow will design and implement an independent research study(ies) during the two year training experience. Fellows are encouraged to expand research questions relevant to ongoing research projects, create a new research focus, or analyze data available from the Research Center’s large data bank. Fellows will work collaboratively with other fellows, externs and research assistants (with and without TBI) involved at the Research Center. Research projects can use either qualitative or quantitative approaches. Fellows will be trained in the paradigm of participatory action research (PAR) in which those whom the research concerns most directly (individuals with disabilities) are involved in all stages of the research process. Fellows will be expected to present findings at professional conferences, and prepare findings for professional and consumer-based publications. In addition, fellows participate in grant proposal and manuscript preparation with senior faculty during the course of their training.
Clinical Training Experiences

Fellows with clinical backgrounds, may spend 20% of their time in the delivery of clinical rehabilitation and neuropsychological interventions. Under clinical supervision of senior faculty, fellows may provide psychological evaluations, in-depth neuropsychological assessments, individual cognitive remediation, as well as individual, family and group psychotherapy to individuals with brain injury within an outpatient setting. All fellows will be involved in co-leading groups as part of an outpatient comprehensive day program for individuals with brain injury. Additional experiences may include behavioral management, educational counseling, and advocacy counseling. Additional time outside of work hours is typically required to complete documentation for both the clinical and research requirements.

Clinical case assignments are purposely diversified to permit the broadest range of clinical experiences (i.e., treatment of individuals of differing ages, diversity of medical and psychological diagnoses, diversity of cultural and minority backgrounds). The Director, Dr. Ashman, will oversee patient assignments to ensure this diversity of clinical experiences. Fellows will provide treatment primarily to adults (ages 18-90) presenting with central nervous system trauma (e.g., acquired or traumatic brain injury), with a smaller sample of individuals with spinal cord injury or other neuromuscular diseases. In addition, fellows may have a small child assessment case load, typically students with TBI that require functional accommodations in their classrooms. Depending on prior expertise, fellows may elect to specialize in clinical interventions with specific subgroups of individuals typically seen in our rehabilitation setting. Fellows are ensured a rich, multicultural experience during their training with more than half of the patients coming from culturally and socio-economically diverse backgrounds.

Clinical Supervision

Clinical supervision is the primary training method for development of advanced professional clinical expertise. Intensive clinical supervision of fellows coming from psychology backgrounds is provided within an outpatient setting by Drs. Ashman, Cantor, Gordon and Tsaousides, with fellows receiving a minimum of one hour per week of individual supervision. Fellows coming from other than psychology backgrounds will be supervised by a senior staff person in their specific discipline. Joint supervisor-fellow evaluations are completed two times per year to monitor the fellow’s professional growth within the clinical domains expected of a licensed psychologist.

Clinical Didactics

A program of combined clinical and research didactics are provided for the entire training year. The didactics begin with orientation to the facility, the Training Program, the Research Program and its research portfolio, and the outpatient setting during the initial two weeks of the fellowship. Clinical didactics continue for the remainder of the initial year of training with select seminars shared with pre-doctoral interns. Clinical didactics are jointly selected by the Director and the fellow based on prior exposure to clinical rehabilitation. In addition, fellows participate in departmental Grand Rounds, departmental in-services, and seminars within the larger institution and in the local community. Yearly attendance at professional conferences rounds out the clinical didactics for the fellows.
THE TRAINING PROGRAM FACULTY

The Training Program faculty consists of senior level doctoral prepared clinical, school, community and rehabilitation psychologists, sociologists, physical therapists, biostatisticians, epidemiologists and physicians. This diversity of clinical experiences and academic backgrounds provide fellows with a stimulating and culturally rich training environment. Together, the faculty share the collective responsibility for the success of the program.

A clear chain of managerial responsibility has been established within the Program. Dr. Gordon, as Chief Psychologist of the Rehabilitation Psychology Service and Principal Investigator of the RRTC, the TBI Model System, and the TBI Injury Prevention Center provides administrative support to Dr. Ashman, the Training Director. To enhance communication and quality of supervised research experiences within the Program, Drs. Ashman and Cantor coordinate research activities for the fellows as related to the various Research Program projects. Clinical case assignments and supervision of postdoctoral fellows are the shared responsibility of Drs. Ashman, Gordon, Cantor and Tsaousides.

Faculty Members

The Program faculty brings a broad array of clinical and research expertise to the program, reflective of the respective doctoral training of the faculty in school, clinical, counseling, community, and neuropsychology, as well as sociology, public health, physical therapy, research epidemiology and medicine. Many faculty members are involved in direct clinical practice, clinical supervision of trainees, teaching graduate level courses in psychology and research methodology, and consultation within the Program. Faculty members have been involved in supervised clinical research related to doctoral theses as well as independent research, and have served as members of numerous dissertation committees. Thus, the faculty of the Program is well positioned to train and serve as role models for future rehabilitation researchers in the field.

Teresa A. Ashman, Ph.D. is an Assistant Professor in the Department of Rehabilitation Medicine, and the Director of the Postdoctoral Training Program. She is also a senior researcher on the Research Program projects and is the principal investigator on several projects that are part of each of the Research Program’s Center grants, including the RCT comparing psychotherapy treatments, the RCT on the impact of exercise after TBI and a study examining the impact of TBI on sleep. Dr. Ashman oversees day-to-day implementation of every research project embedded in the Research Program. She supervises research and select clinical training activities within the Research Program and facilitates research seminars. Dr. Ashman serves as a mentor for fellows pursuing topics related to psychological impact of health problems, aging with TBI, and issues impacting sleep and fatigue as related to TBI. Dr. Ashman received her Doctorate in Clinical Psychology from the New School for Social Research and completed a Postdoctoral Fellowship in Health Psychology at Memorial Sloan-Kettering Cancer Center. She is board eligible for a diplomate in Clinical Neuropsychology and Rehabilitation Psychology and currently is completing the diplomate process. Dr. Ashman is a reviewer for journals and funding agency review panels. She plays a leadership role in professional organizations and has served as the President of the Neuropsychological Division of the New York State Psychological Association. Dr. Ashman has published numerous articles and is an active presenter in national conferences. Major interests throughout her professional career
have been neuropsychological and rehabilitation issues related to TBI, geropsychology, and the treatment of PTSD and other Axis I diagnoses secondary to health problems.

**Wayne A. Gordon, Ph.D., ABPP (CN)** is the Jack Nash Professor of Rehabilitation Medicine and Psychiatry, and Associate Director of the Department of Rehabilitation Medicine. He is the Chief of the Rehabilitation Psychology and Neuropsychology Service, and the Principal Investigator of three of the Research Program’s Center Grants: RRTC on TBI Interventions, New York TBI Model System and the TBI Injury Prevention Center. Dr. Gordon received his Doctorate in Education Psychology from Yeshiva University. Dr. Gordon is a Diplomate in Clinical Neuropsychology and a Fellow in the Academy of Behavioral Medicine Research. Dr. Gordon joined the faculty of MSH in 1986 from the Rusk Institute of Rehabilitation Medicine, NYU Medical Center, where he was an Assistant Professor. He has published over a hundred peer-reviewed articles, has been a member of a NIH study section and a peer reviewer for NIDRR. He is president-elect of the American Congress of Rehabilitation Medicine and past president of NIDRR's Association of Research and Training Centers. He is on the editorial board of the *Archives of Physical Medicine and Rehabilitation, Journal of Head Trauma Rehabilitation and Neurorehabilitation*. He is a presenter at research seminars, the facilitator of the weekly Research Program administration meetings and a clinical supervisor of fellows. Dr. Gordon will serve as a mentor for fellows pursuing research topics related to aging with a disability, executive dysfunction post-TBI and "unidentified" TBI.

**Joshua B. Cantor, Ph.D.** is an Assistant Professor in the Department of Rehabilitation Medicine. Dr. Cantor is a senior investigator on several research projects and the principal investigator on an RCT examining the effectiveness of innovative day treatment programs to address executive dysfunction after TBI and a longitudinal study on the relationship of fatigue and insomnia after TBI. Dr. Cantor provides oversight as to day-to-day implementation of these research protocols, and supervises fellows involvement in these research protocols. He serves as a mentor in training for fellows in the program. Dr. Cantor is a presenter at research seminars within the Program and assist with both clinical and research supervision of the fellow. Dr. Cantor received his Doctorate in Clinical Psychology from Long Island University. He completed a Postdoctoral Fellowship in Clinical Neuropsychology and Rehabilitation Psychology in the Department of Rehabilitation Medicine at MSSM and subsequently joined the MSSM faculty. He is an adjunct assistant professor at Hunter College of the City University of New York. He is board eligible for a diplomate in Rehabilitation Psychology and currently is completing the diplomate process. Dr. Cantor is a reviewer for professional journals and NIDRR review panels. Dr. Cantor is a member of the Brain Injury Interdisciplinary Special Interest Group and the Awards Committee of the American Congress of Rehabilitation Medicine.

**Theodore Tsaousides, Ph.D.** - Dr. Tsaousides is an Instructor in the Department of Rehabilitation Medicine and a clinical rehabilitation researcher on the NIDRR funded Research and Training Center and the CDC TBI Injury Control Research Center within the Department. Dr. Tsaousides supervises research activities of research externs and postdoctoral fellows. He received his doctorate in Counseling Psychology at the University at Albany, State University of New York and completed a Postdoctoral Fellowship in Clinical Neuropsychology and Rehabilitation Research at the Mount Sinai School of Medicine and was then asked to join the faculty. His research and clinical interests include identification and treatment of TBI, cognitive rehabilitation, post-TBI employment, community integration, and awareness.

**Marcel Dijkers, Ph.D.** is a Professor in the Department of Rehabilitation Medicine. Dr. Dijkers received his Doctorate in Sociology, specializing in the fields of rehabilitation and quantitative research. He brings a wealth of research experience in the areas of SCI and TBI, and has published extensively on issues of psychological adjustment following disability, functional
assessment, quality of life, life satisfaction, and outcomes in diverse groups of individuals with
disability. He currently is president of the American Congress of Rehabilitation Medicine. He
serves as a reviewer for several peer journals. Dr. Dijkers facilitates the research seminar on
qualitative research methodology in rehabilitation, and will serve as mentor for fellows pursuing
outcome research, qualitative research or quality of life in individuals with physical disabilities.
Dr. Dijkers will serve as a mentor for fellows pursuing topics related to SCI rehabilitation, quality
of life, qualitative research design and evidenced based review.

Lisa Spielman, Ph.D. is a consultant statistician for the Research Program. Dr. Spielman has
been a statistical and methodological consultant since 1988 and has worked with the research
group at Mount Sinai since 1998. She has served as a senior data analyst for the Geriatric
Clinical Research Center at Westchester Division of New York Hospital and for the HIV Clinical
Research Program at New York Hospital-Cornell Medical Center. Dr. Spielman consults with
private organizations and numerous principal investigators in academic settings on design and
statistical analysis for federally funded grants. Dr. Spielman is a presenter at seminars within the
Program, and is available for consultation with the fellows in areas of research design and data
analysis issues related to research projects.

Margaret Brown, Ph.D. is an Adjunct Professor in the Department of Community and
Preventive Medicine and serves as Director of Dissemination and Knowledge Translation for the
Research Program. She has been a program director of the Aaron Diamond Foundation
Postdoctoral Research Fellowship Program and Research Director of the American Paralysis
Association. At NYU Medical Center, she was the Director of Training of the RRTC on Head
Trauma and Stroke and project coordinator of the Rehabilitation Indicator Project. She has
published in excess of 25 articles and book chapters. Dr. Brown received her doctoral degree
from NYU in Community Psychology. Dr. Brown is a presenter for some of the research
seminars. She serves as a mentor for fellows pursing research topics related to quality of life
and outcome measurement in rehabilitation.

David Vandergoot, Ph.D. is the president of the Center for Essential Management Services
(CEMS) and the independent program evaluator for the RRTC. He received his doctorate from
Michigan State University. CEMS provides management, research and program evaluation
support to a wide variety of organizations including federally and state funded agencies, social
service systems, schools and foundations. Dr. Vandergoot has developed training programs
and designed service delivery and information systems. Dr. Vandergoot is currently on faculty
of the CUNY Research Foundation and teaches at Hunter College. He is a presenter at
seminars within the Program and will be available for consultation with fellows on independent
program evaluation.

Adjunct Faculty

Thomas Bryce, M.D. is an Assistant Professor of Rehabilitation Medicine and is the medical
director of the Spinal Cord Service at Mount Sinai. Dr. Bryce has published and presented on
issues related to spinal cord injury with a specific emphasis on the etiology, impact and
management of pain. Dr. Bryce presents lectures on functional neuroanatomy of the spinal cord
and quality of life issues for individuals post SCI. He is available for consultation with fellows
pursuing research on pain following SCI and other issues related to medical diagnoses or
clinical interventions after SCI.

Suzan Uysal, Ph.D. is a Research Psychologist in the Department Anesthesiology, where she
is involved in ongoing studies of neurocognitive changes following cardiac surgery. Prior to her
current position, Dr. Uysal was a full-time faculty member of the Research and Training Center
and a research psychologist in the Department of Rehabilitation Medicine. Dr. Uysal received her Doctorate in Experimental Psychology from New York University and a certificate of respecialization in Clinical Neuropsychology from the City University of New York. Her areas of specialization include neuroanatomy, neurophysiology and neuropsychological assessment. Dr. Uysal is a presenter in the Program on issues of neuroanatomy, and will be available for consultation with fellows pursuing research topics associated with clinical neuropsychology and neuroanatomy.

Dale Hesdorrfer, Ph.D. is an Associate Professor of Clinical Epidemiology at the Mailman School of Public Health at Columbia University, and Adjunct in the Research Post Doctoral Fellowship Program. Dr. Hesdorrfer is an epidemiologist by training and co-investigator in the CDC grant on TBI secondary and tertiary prevention. Her roles in the post doctoral training program include serving as a mentor for epidemiological studies and methodological design post-TBI, and as a presenter at research seminars. Her prior research interests have included convulsive disorders, co-morbidity of epilepsy and psychiatric disorders and epidemiology of brain abnormalities among children with febrile seizures. She has been the recipient of NIH and CDC funding. She has been the lead investigator of a Brain Trauma Foundation grant, involving several projects, including a prospective cohort study of outcome predictors after severe traumatic brain injury, a survey of compliance with acute care guidelines in trauma centers across the United States, and a quality improvement program for the acute management of severe TBI in New York State. She also serves as a co-investigator for an NIH-funded data-coordinating center for clinical trials in TBI, where she directs the data input unit.

Jeanne Zanca, Ph.D., M.P.T. is an Assistant Research Professor in the Department of Rehabilitation Medicine. Dr. Zanca received her Doctorate in Physical Therapy and has extensive research experience in the field of SCI. Dr. Zanca is a presenter at research seminars and is available to serve as a mentor for fellows on issues related to physical disability after spinal cord injury.
At the beginning of each training year, fellows participate in a two-week orientation. For the duration of the training year, three to four hours of didactics per week are provided in both research and clinically focused areas. In addition, fellows attend Departmental Grand Rounds and in-services as well as two different weekly Research meetings and twice monthly Psychology Staff meetings. Attendance at a yearly professional conference is part of the fellow’s ongoing training.

Orientation

The initial two weeks of the training year focus on an orientation to MSH and the Department of Rehabilitation Medicine, the scope of research currently under investigation within the Research Program, and roles and expectations of fellows within the clinical service. Consumer panels are integrated within the orientation to highlight issues of individuals living with a specific disability in the community.

Rehabilitation Research Seminars

Research seminars focus on the application of participatory action research (PAR) within the fields of rehabilitation, disability studies and clinical neuropsychology. The research didactics consist of:

- **Research Program Administrative Meeting.** Facilitated by Dr. Gordon, this two-hour weekly meeting is attended by research faculty, research assistants, fellows, externs and consultants. This meeting provides an ongoing “think-tank” experience with in-vivo experiences in the planning, implementation and quality control of current research activities within the Research Program, critique of current funding priorities, creation and writing of grant proposals, obtaining institutional approval for grants, and issues of ethics in research.

- **Research and Training Center Weekly Meeting.** Facilitated by Drs. Ashman and Cantor, this weekly meeting is attended by all research staff involved in the day-to-day activities of conducting the current research studies. This meeting is to review all current and past studies as a way of orienting all fellows the research in process and the datasets still available for analyses. This meeting also provides a mechanism for all fellows to practice presenting their research findings to a friendly audience prior to presenting at local or national conferences.

- **Disability Studies.** This seminar series taught by MSSM faculty will provide a critical review of the literature on disability studies and development of the American’s with Disability Act related to rehabilitation research.

- **Evidenced Based Reviews.** This on-going seminar taught by Dr. Dijkers will provide a critical review of how to critique the empirical soundness of a research published the area of TBI interventions.

- **Qualitative Research Design.** A seminar series focused on qualitative research applied to rehabilitation will be taught by a faculty sociologist, Dr. Dijkers during the second half of the fellow’s initial training year. Seminars will provide critical review of the literature on qualitative design, and the application of this approach to rehabilitation research.
Clinical Seminars

Clinical seminars address issues related to rehabilitation psychology and clinical neuropsychology, and reflect the scope of theoretical knowledge expected of advanced clinicians at the completion of their fellowship. Seminars are jointly selected by the Director of Training and the fellow from within a larger array of possible clinical seminars. These seminars are chosen to augment the fellow's prior clinical knowledge and experiences. A summary of the potential topics covered within the clinical seminars follows:

- **Neuropsychological Assessment.** These weekly seminars review assessment protocols of intellectual and cognitive functioning, interpretation of test findings highlighting cognitive strengths and weaknesses, and formulation of treatment recommendations. Testing labs are provided during the first month of training. In addition, fellows receive intensive supervision in interpretation of results, treatment formulation, feedback approaches and writing of neuropsychological reports.

- **Psychological Assessment in Rehabilitation.** Seminars provide an overview of the affective and behavioral challenges exhibited by individuals within a rehabilitation setting. Issues of psychological adjustment, psychiatric psychopathology, self-report measures, and assessment of behavioral challenges secondary to disability are discussed.

- **Neurocognitive Intervention in Rehabilitation.** This yearlong seminar series focuses on cognitive remediation from both a theoretical and functional approach. The process of remediation is illustrated via case studies presented by faculty members and trainees during the seminar series. Integration of psychotherapeutic interventions within remediation is discussed.

- **Treatment Issues: Individuals with Acquired Neurotrauma.** Seminars provide an in-depth review of the physical, behavioral and neuropsychological adjustment issues for individuals with acquired brain and or spinal cord injury and possible dual diagnosis (e.g., TBI and/or SCI with Axis I and/or II pathologies). Physiatrists present select medical and neuroimaging seminars. Case studies are presented by faculty, physicians, allied rehabilitation specialists, trainees and consumers with acquired neurotrauma.

- **The Continuum of Disability: Living in the Community.** Seminars focus on issues related to quality of life, community reintegration, and quality of life following disability onset. Consumers typically present many of these seminars.

- **Assessment of Pediatric Brain Injury** These seminars provide an overview of pediatric assessment tools for children/adolescents with BI. Relevant case studies are presented by faculty members, guest speakers and trainees within this module. Pediatric testing, functional report writing, and accommodations for children in the classroom setting are discussed.

- **Ethics and Professional Development** Seminars address ongoing professional development and ethical issues via faculty lectures and case presentations.

- **Issues of Cultural Diversity.** Seminars address the impact of culture, age, socio-economic backgrounds, and religious diversity on adjustment to disability. Guest speakers and consumers from diverse backgrounds are invited throughout the training year to present many of these lectures.
Postdoctoral fellows are provided numerous opportunities and resources within the larger teaching institution. Broadly defined, resources are viewed as both the diversity and breadth of professionals within the Department of Rehabilitation Medicine, and the technical materials/supports provided within the Psychology service, and the educational opportunities provided within the larger hospital complex itself. These resources are briefly described below.

Rehabilitation Professionals within the Department of Rehabilitation Medicine

Postdoctoral fellows become part of an interdisciplinary rehabilitation team comprised of physiatrists, psychologists, physical therapists, occupational therapists, speech pathologists, vocational rehabilitation counselors, social workers, nutritionists, and therapeutic recreation specialists. Many staff members are well-known clinicians in their respective rehabilitation specialties.

Rehabilitation Psychology Library, Testing and Computer Resources

The Psychology Service has an extensive library of books, journals and audiovisual materials pertinent to the field of Rehabilitation Psychology and Clinical Neuropsychology. A wide reference library and testing materials are available for trainee usage. Computers for both report writing, research and data analysis are available within the Psychology Service, the Research Program, and the MSSM Levy Library. It is strongly recommended, however, that fellows have a personal computer available to expedite completion of neuropsychological reports and other documentation during the training year.

Hospital-wide Didactic Lectures

Fellows are encouraged to take advantage of the numerous presentations, seminars and workshops sponsored within the hospital and MSSM. Attendance at Monthly Department of Rehabilitation Medicine Grand Rounds and in-services are encouraged.

The Levy Library

All fellows have access to the medical school library. The library includes approximately 130,000 volumes and 3,500 audiovisual and microcomputer software programs in the biomedical sciences that can be accessed through the LS 2000 Online Public Access Catalog (OPAC) and CD-ROM database (e.g., PSYCHLIT, MEDLINE). Most of the library’s professional journals are available online. Materials not in the collection can be obtained through the interlibrary loan networks within a few days. Computer assistance labs are available within the library setting. In addition, fellows have access to the hospital-based Intranet computer system as well as the Internet, helping facilitate communication among all members of the Research Program, the Department, and the Psychology Service.

The Surrounding Neighborhood

MSSM and the Mount Sinai Hospital are located between Madison and Fifth Avenues on the Upper East Side of Manhattan, just south of revitalized Harlem and the northern edge of
Carnegie Hill. Central Park and many eateries to suit any budget are fully accessible, as are the many museums within walking distance along Fifth Avenue to the north and south of Mount Sinai. While subsidized housing is not available to fellows, inquiries about affordable sublets and apartments may be made through the Medical School Real Estate Office, at 1240 Park Avenue (Tel. 212-659-9630). Mount Sinai is easily reached by car, train, subway or bus from all of the surrounding boroughs and the tri-state metropolitan area. Parking at Mount Sinai is available at a reduced monthly fee and may be arranged through the Real Estate Office. Hotel and travel discounts in addition to reduced-priced tickets to Broadway and off-Broadway shows, music concerts, sports events, family entertainment, and weekend getaways are available through the Recreation Office at 19 East 98th Street (Tel. 212-241-6660).
A major goal of the Program is to increase the autonomy of the fellows as their competencies in research and clinical practice evolve during training. This process can be observed in all aspects of the Program.

Progression in Supervision

Throughout the training year, fellows progress through four stages of supervision with progress dependent on each fellow’s clinical background and prior training. At the start of the training program, an intensive orientation is provided. Implicit in this process of learning through clinical and research experiences, is an expectation of a fellow’s readiness to learn how, why and when to intervene, as well as how to design and implement research. As competency in research and clinical practice grows, supervisors will gradually expand the range of clinical and research opportunities expected of the fellow. Once a repertoire of clinical interventions and research skills are established, supervision shifts to one of anticipatory planning of treatment and research goals, joint problem solving, and review of short and long-term clinical and research goals. At this point in training, fellows are expected to set priorities for discussion within supervisory sessions. As autonomy in planning clinical and research interventions is achieved, supervision shifts toward a consultation model.

Progression within Didactic Seminars

To ensure a common theoretical and practical foundation at the start of the training year, a two-week orientation is provided. The orientation focuses on the acquisition of basic tools, the role of the rehabilitation psychologist, policies and procedures of the Program, the Psychology Service, and the research portfolio of the Research Program. Research courses focus on basic research design, disability study and qualitative research. Clinical seminars focus on core assessment strategies and clinical intervention strategies needed for initial competency in the outpatient settings. Seminars shift to more advanced research design, reviews of the psychological and cognitive challenges of patients with brain injuries as well as other disabilities (e.g., spinal cord injury, stroke, multiple sclerosis). A continuum of care is emphasized in all clinical seminars (i.e., issues related to outpatient and community re-entry are discussed). Seminars are led by rotating clinical and research faculty with select seminars presented by fellows. Clinical case presentations continue through the remainder of the training year with faculty members and fellows alternating case discussions. During their second year of training, fellows serve as mentors to interns who are completing neuropsychological assessments.

Progression in Research

Intensive orientation to Research Program research activities is provided early in the training year. Fellows participate in all aspects of research ongoing within the Research Program to maximize their insight into potential questions to pursue in their own research projects. Once a fellow has begun to narrow down a clinical research interest, research experiences to help crystallize research questions are assigned. When a research area is determined, fellows select faculty members as mentors to refine their research hypotheses. Fellows and their mentors will jointly plan a research study, design its methodology and crystallize core research questions.

Ongoing supervision by the Research Program supervisor and the fellow’s mentor continue for the duration of training to assist fellows in submitting proposals to the institutional review board,
in recruitment of subjects, in data analysis, and in interpreting results. Relationships with supervisors and mentors becoming more consultative and collegial as time progresses in the project. Finally, the mentor and fellow prepare materials for professional presentation, publication and consumer dissemination.

**Progression in Clinical Interventions**

Clinical cases are assigned by supervisors with concern for the complexity of each referral and the fellow’s ability to address treatment needs. Interventions are initially focused on clinical interviewing and basic assessment. Fellows’ responsibilities may include individual counseling, psychotherapy, in-depth neuropsychological assessment, combined psychotherapy and cognitive remediation, patient/family education, couple and family therapy. Fellows assume a greater leadership in designing assessment and interventions as each fellow’s expertise expands.
COMPETENCY EXPECTATIONS

It is expected that fellows will demonstrate advanced research competencies that will permit independent functioning as rehabilitation researchers as well as advanced clinical competencies within the specific domains of rehabilitation training by the completion of their training. Research and clinical competencies are evaluated two times per year by means of joint (supervisor-fellow) written evaluations. The purposes of these evaluations are to clarify strengths and weaknesses regarding acquisition of clinical and research knowledge, new research and clinical skills, and monitoring of professional and ethical development. When supervisory ratings of performance in any area falls below expectations, a plan of corrective action is instituted. Ongoing evaluations permit timely discussion and consensual validation of progress as well as areas of needed improvement.

Postdoctoral Fellowship Competency Expectations

- **Research competencies**, evaluated two times per year, include:
  1. Ability to critique research in related areas of rehabilitation and clinical neuropsychology.
  2. Professional and ethical responsibility in conducting clinical research.
  3. Knowledge of research methodology and data management.
  4. Progress in completing an independent research project.
  5. Dissemination of research findings to professional and consumer audiences.

- **Clinical competencies**, evaluated two times per year, include:
  1. Knowledge of relevant rehabilitation and clinical neuropsychological literature.
  2. Professional and ethical responsibility in conducting clinical rehabilitation interventions.
  3. Advanced rehabilitation assessment and interventions skills within area of clinical specialization

When fellows have successfully met both research and clinical expectations, a certificate of completion of the postdoctoral fellowship will be conferred.
The Training Program aims to protect the personal and professional welfare of fellows and faculty and the integrity of the profession of psychology at large. The Program encourages courteous, respectful and collegial rapport between fellows and faculty. The program is organized to facilitate this milieu of fellow-faculty trust, learning, identification with more experienced colleagues and mentors, consolidation of professional identity, and smooth integration of the fellow into the profession. The faculty is committed to serving as clinical and research mentors and as role models through supervised research, clinical work and seminar presentations. By mutual consent, faculty and fellows often work collaboratively on special assignments, projects and professional presentations.

Grievance Procedure

At times there may be disagreements between a supervisor and a fellow that cannot be informally settled. In such circumstances, the fellow has the right to seek counsel from the Co-Directors, the Director of Training and/or the Chief of the Psychology Service, where an agreement or recourse on a particular matter can be reached. In the event that a fellow is experiencing significant difficulties in the program, he/she will be placed on probation. At that point, the fellow will receive more intensive supervision and be evaluated on a monthly basis. If the fellow continues to experience difficulty in the program, termination will proceed according to MSSM employee termination procedures. Fellows have the right to appeal any decision made by the Chief of the Psychology Service and/or the Director of the Training Program, and, if not informally resolved, may bring his/her grievance to the attention of the House Staff Affairs Committee of the MSSM. In situations concerning a breech of conduct and/or professionalism unbecoming a trainee, the matter is brought to a joint meeting of the Chief of the Psychology Service and the Director of Training. At that time, clarification, discussion and corrective (or disciplinary) action will be made in accordance with Departmental and institutional policy, APA Ethical Principles and Code of Conduct, and respect for the individuals involved.

MSH Harassment Policy

A major tenet of MSSM, the Department of Rehabilitation Medicine, and the Rehabilitation Psychology and Clinical Neuropsychology Service, and the Research Program is that discrimination or bias of any nature is not tolerated. Behaviors such as harassment, violence, and discrimination are inherently destructive to healthy student-faculty relationships and are not tolerated. Grievances pertaining to sexual harassment, threat to do harm or violence, sexual or racial discrimination, and abuse of power to exploit or dominate another, may be made by a faculty member, student, staff or any other member of MSSM. Formal complaints are handled by the Harassment Committee and Grievance Board of the institution, according to the bylaw of the MSH and New York State Law. Departmental policy holds that any staff member, fellow or faculty member who is found guilty of misconduct pertaining to sexual harassment, threat to do harm or violence, or abuse of power over others, may be immediately terminated.
Given the unique focus of our RRTC and TBI Model System programs, doctoral candidates who have graduated from programs in Neuropsychology, Clinical, Counseling, Rehabilitation, School, Health Psychology and/or allied fields of rehabilitation (e.g. Disability Studies, Public Health, Sociology) are encouraged to apply. Candidates from minority and/or disability backgrounds are also encouraged to apply. Preference will be given to individuals who are U.S. citizens or permanent residents of the United States.

**For individuals coming from doctoral programs in psychology**, prior experience in rehabilitation psychology and/or neuropsychological assessment is expected. Candidates must have completed all requirements for their degree at point of entry into the Training Program. Preference will be given to those individuals who come from APA-approved psychology doctoral programs and internships. Applicants must provide a copy of a diploma and/or a written letter from the Department Chair documenting completion of all course requirements.

**For individuals coming from related fields of rehabilitation**, the clinical and research components of the training will be modified to meet prior training and clinical expertise of the candidate. Applicants must provide a copy of a diploma and a written letter from the Department Chair documenting completion of all course requirements.

**Application Information**

The Training Program utilizes its own application forms (see pages 25 to 29). The application process is considered complete upon receipt of a completed application, a current curriculum vitae, a copy of a diploma and a letter from your Department Chairman indicating completion of all doctoral program requirements, an official graduate school transcript, and three letters of recommendations. A sample psychological or neuropsychological report (for applicant from a doctoral psychology programs) and/or in-depth functional assessment (for applicants from a doctoral program in other than psychology) along with reprints illustrative of the candidate’s professional work are required.

Face-to-face interviews are mandated as part of the application process. An orientation to the Training Program and a series of interviews with both faculty and current trainees will be scheduled in mid-February of each year. **Note: Candidates with doctorates from non-psychology programs can be interviewed at any time and need not apply to the APPCN match program.**

The Training Program will participate in the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) Resident Match Program for the 2010-2012 training year depending on funding available to support fellowship positions. Please contact the training director to find out the number of positions available for 2010-2012. The program abides with guidelines of the APPCN and participated in the National Matching Service (The Match). Interested applicants must be registered with The Match to be eligible to match to the Training Program (**APPCN program number 9052**). As noted in The Match Policy, the rank order list submission deadline for applicants and programs is early March 2010 Match results will occur in mid-March 2010. Please go to [www.natmatch.com/appcmat](http://www.natmatch.com/appcmat) to register for the match.
2010-2012 APPLICATION FOR ADVANCED REHABILITATION RESEARCH
POSTDOCTORAL TRAINING PROGRAM

Name:_______________________________________________________________________
Address:_____________________________________________________________________
Mailing Address:_____________________________________________________________________
Home Phone: ___________________________________________________________________
Business Phone: ___________________________________________________________________
E-mail: ___________________________ Fax: _________________________________________
National Citizenship:___________________________________________________________________
Visa Status (if applicable):____________________ Social Security Number:_____________________
Fluency in language(s):_________________________________________________________________

EDUCATIONAL BACKGROUND

1. **Doctoral Program**

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<th>Graduate University</th>
<th>Dates</th>
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- **Specialization**
- **Degree Granted?** ___ Yes ___ No (specify date expected:__________) **Is program APA approved?** ____
- **Dissertation Topic:**
- **Defense Date:** ___________________________

2. **Prior Graduate Schools**

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<th>Name</th>
<th>Degree &amp; Date</th>
<th>Major</th>
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3. **Undergraduate Schools**

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Mailing Address: ________________________________
Home Phone: ________________ Business Phone: ________________
E-mail: __________________ Fax: __________________
National Citizenship: ____________________________
Visa Status: __________________ Social Security Number: __________________
Fluency in language(s): _____________________________
DISSERTATION

All applicants briefly summarize *(on a separate sheet of paper)* your doctoral dissertation topic and major findings.

CURRENT COURSE WORK/TRAINING PROCESS

___________________________________________________________________________
___________________________________________________________________________
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___________________________________________________________________________

RESEARCH EXPERIENCE

This section must be completed by all applicants

RESEARCH CAREER STATEMENT

For all candidates, please summarize *(on a separate piece of paper)* the following information about your past and future research interests and attach representative copies of prior publications and/or abstracts of research driven presentations

1. Your prior research experiences
2. Your professional research goals and interests
3. Your strengths and weaknesses as a researcher
4. Your prior experience with data management, research design, and statistics
5. Areas of rehabilitation research in which you would like additional training
6. Your specific interest in the research components of this training program
7. How you view yourself professionally in the next five years as related to research

PRIOR RESEARCH EXPERIENCES

For all candidates, please list prior supervised research experiences by affiliation, supervisor, areas of research and hours of experience.

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<th>Affiliation/ Supervisor</th>
<th>Area of Research</th>
<th>Total Hours</th>
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All candidates coming from doctoral programs in psychology must be completed all sections. Candidates from allied rehabilitation fields should complete relevant sections given their prior training and clinical experience.

Please summarize (on a separate piece of paper) the following information about your past and future clinical interests:

1. Your theoretical orientation
2. Your prior clinical experiences
3. Your strengths and weaknesses as a clinician working in a rehabilitation setting
4. Your comfort with writing in-depth assessment reports (when applicable)
5. Your specific interest in the clinical components of this training program from non-psychology backgrounds, how you would envision utilizing your prior clinical experiences within the Research Program.
6. How you view yourself professionally in the next five years as related to clinical practice.

Note: Please attach representative copies of prior psychological or neuropsychological reports (psychology prepared doctoral candidates only) or other writings that illustrate your clinical abilities.

Please list all relevant supervised clinical experiences by affiliation, supervisor, clinical case mix, and hours of experience.

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<thead>
<tr>
<th>Affiliation/ Supervisor</th>
<th>Clinical Case Mix</th>
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PRIOR CLINICAL EXPERIENCE

Note: Only candidates coming from a doctoral program in psychology should complete the box below.

Instructions: Type of Intervention grid should contain total number of individuals seen for a given intervention across your total work, practicum, classroom, & lab experiences. In the Prior Assessment and Testing grid, the number of testing protocols administered, scored, & interpreted should be documented.

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<thead>
<tr>
<th>TYPE OF INTERVENTION</th>
<th>NO EXPOSURE</th>
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<th># OF CLIENTS SEEN</th>
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<tr>
<td>Individual Psychotherapy: Adult</td>
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<td>Cognitive Remediation: Individual</td>
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<td>Cognitive Remediation: Group</td>
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<td>Emergency/Crisis Intervention</td>
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<td>Consultation</td>
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<th>PRIOR ASSESSMENT &amp; TESTING</th>
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<td>Structure Clinical Interviews/DSM IV Diagnoses</td>
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<td>Personality Inventories</td>
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<td>WISC III</td>
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<tr>
<td>Other Neuropsychological Tests (specify):</td>
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Comprehensive Psychological Reports
Comprehensive Neuropsychological Reports
REFERENCES

List the name of your Department Chairman who will provide documentation of the completion of your doctoral (or terminal program).

Program Chairman: ____________________________________________________________

Address: _____________________________________________________________________

Title: ____________________________ Telephone: _________________________________

Provide the names of two people who are familiar with your research and/or clinical abilities. At least one reference must address your research capabilities.

1. Name: ____________________________________________

Address: _____________________________________________________________________

Title: ____________________________ Telephone: _________________________________

2. Name: ____________________________________________

Address: _____________________________________________________________________

Title: ____________________________ Telephone: _________________________________

Please be sure that the following information is submitted prior to February 1, 2010. If you are unable to send the information ahead of time, please notify Dr. Ashman.

___ A copy of your C.V. (be sure to indicate colleges and universities attended, field of work/practicum and intern experiences, teaching and research assistantships, other related work experiences, honors and awards, presentations, professional affiliations, publications, and any grants which you have received)

___ Attachments describing your research experience, your clinical experiences and your dissertation

___ A transcript of your graduate school records

___ A certificate of completion of internship (Needed only for Ph.D. candidates in psychology)

___ A letter from your Department Chairman stating completion of all program requirements and/or a copy of your graduation diploma

___ Two letters of personal reference (one from someone familiar with your research capabilities)

___ A sample psychological/neuropsychological report (required for applicants with Ph.D. in Psychology only)

___ Representative copies of publications, abstracts, or research presentations, etc.

___ Registration for APPCN Match Completed (Optional for applicants with Ph.D. in Psychology)

Completed materials should be sent or emailed (preferable) to:

Teresa A. Ashman, Ph.D., Director of Training Tel: (212) 241-2549
The Postdoctoral Training Program in Rehabilitation Fax: (212) 241-0137
Research and Clinical Neuropsychology
Mount Sinai School of Medicine
Department of Rehabilitation Medicine
One Gustave L. Levy Place, Box 1240
New York, New York 10029-6574
e-mail: teresa.ashman@mssm.edu