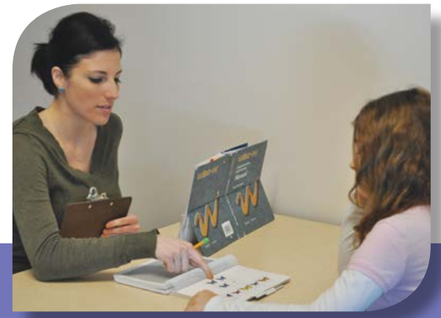
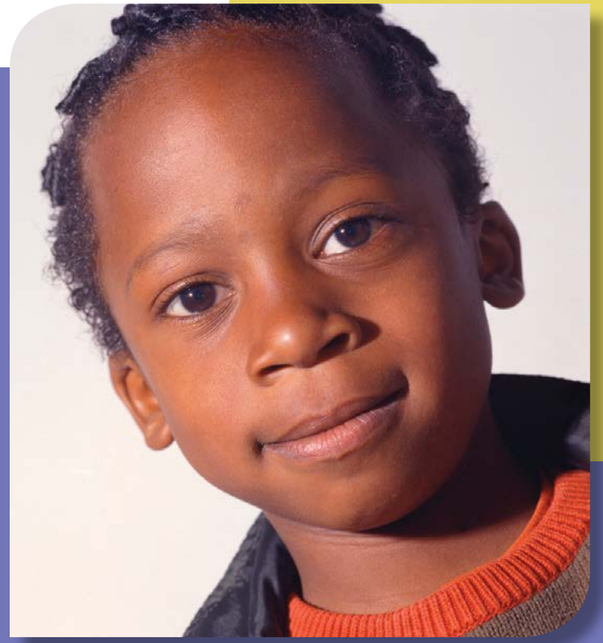
Postdoctoral Residency in Pediatric Neuropsychology





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Kennedy Krieger Institute Pediatric Neuropsychology Residency

Overview

The Department of Neuropsychology at Kennedy Krieger Institute offers postdoctoral residency training opportunities in pediatric neuropsychology. Through exposure to diverse patient populations in a variety of settings, we aim to develop clinical competencies that prepare graduating residents for board certification in clinical neuropsychology, and to practice competently in a wide range of settings.

The residency program at Kennedy Krieger Institute endorses the Division 40 definition of a clinical neuropsychologist and the Houston Conference guidelines for training in clinical neuropsychology. As such, we support board certification in clinical neuropsychology through the American Board of Professional Psychology (ABPP) as the standard of competency in clinical neuropsychology and the scientist-practitioner model of training. As a participating member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN), our two-year training program adheres to the APPCN guidelines for residency programs in clinical neuropsychology, and participates in the APPCN residency matching program each year.

Residents spend approximately 70 percent of their time delivering clinical services and 30 percent on didactic learning and research experiences.

Our program offers clinical training experiences with a wide range of patient populations from birth through young adulthood. Children and adolescents are served within diverse settings throughout the Institute, including our outpatient specialty clinics, the Rehabilitation Continuum of Care, and other interdisciplinary settings, such as Kennedy Krieger School Programs and the Center for Autism and Related Disorders.

Residents complete six four-month major rotations with experiences in our outpatient specialty clinics, the Rehabilitation Continuum of Care, and additional interdisciplinary settings. The specific major rotations are described on the following pages.

"This residency is unique in that it provides such a wide array of training experiences and exposure to varied clinical populations. I believe that the level and quality of training I received at Kennedy Krieger has prepared me to work with patients at any level of functioning and to address even the most complex cases. It is impossible to quantify how much I learned in two years."

– Neuropsychology Resident

Major Rotations: Primary Clinical Experiences

OUTPATIENT SPECIALTY CLINICS

Residents gain experience in outpatient neuropsychological assessment by participating in **all four** outpatient specialty clinics. Through their involvement in the outpatient specialty clinics, residents will gain experience serving individuals ranging in age from infancy to young adulthood with a wide range of acquired neurological conditions and neurodevelopmental disorders. As part of this experience, residents offer consultation to medical providers, school staff members and families, and are exposed to relevant special education law and its application within the field of pediatric neuropsychology. The specific outpatient specialty clinics are described below.

Congenital/Genetic Disorders

Within the congenital/genetic disorders clinic, residents conduct neuropsychological assessments of children and adolescents with a variety of developmental disorders. Patient populations include individuals with more commonly occurring neurologic conditions, such as hydrocephalus, Sturge-Weber syndrome, 22q deletion syndrome, cerebral palsy and spina bifida, as well as patients with rare genetic conditions and metabolic disorders. Providers in this clinic consult with several specialized clinics at Kennedy Krieger, including the Neurology and Neurogenetics Clinic. Supervisor: T. Andrew Zabel

Epilepsy/Brain Injury

In this clinic, residents provide outpatient neuropsychological evaluations of children with seizure disorders and those who have had neurological injuries. Evaluation types include presurgical, postsurgical and general epilepsy evaluations, as well as follow-up evaluations for individuals who are past the acute phase of recovery from neurological injury. Providers in this clinic work closely with the pediatric epilepsy team at The Johns Hopkins Hospital (JHH) and the rehabilitation team at Kennedy Krieger to ensure comprehensive treatment planning and recommendations. Supervisors: Cynthia Salorio and Alicia Cannon

Infants, Toddlers and pre-School Years (ITSY) Clinic

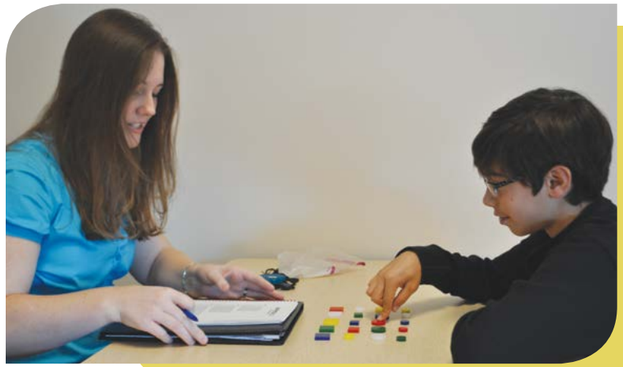
Within the ITSY clinic, residents have opportunities to conduct evaluations of children from infancy through age 6. Patients in this clinic present with a range of conditions from complex medical histories, including those with histories of perinatal brain injury, cerebral palsy, and congenital and genetic abnormalities, to more general developmental and behavioral concerns. Providers in this clinic work closely with a number of clinics and centers throughout Kennedy Krieger and JHH in order to provide comprehensive and multidisciplinary care for our youngest patients. Supervisor: Gwendolyn Gerner

Oncology

Within the oncology clinic, residents conduct neuropsychological assessments of children and adolescents who are currently undergoing cancer treatment or have survived cancer. Primary patient populations include individuals treated for leukemia and brain tumors, who are typically referred by JHH's Pediatric Oncology Services and Survivorship Program. Evaluation types include preradiation and presurgical baseline assessments and mid- or post-treatment follow-up evaluations. Through assessments, rounds and attendance at the JHH weekly multidisciplinary pediatric neuro-oncology conference, residents gain knowledge of and experience with a variety of cancer presentations and treatment types. Supervisor: Lisa Jacobson

"The commitment to teaching and training goes well beyond formal clinical activities and didactics. In daily interactions, the supervisors are intentional about fostering trainees' knowledge and skills in pediatric neuropsychology, yet are incredibly supportive and collegial. This creates a training environment that is highly enriching."

– Neuropsychology Resident



"One of the main things that attracted me to Kennedy Krieger's neuropsychology program was the breadth and depth provided by the different rotations and the quality of training. Of course, I was also very excited about the research being done here."

– Neuropsychology Resident

REHABILITATION CONTINUUM OF CARE

The Rehabilitation Continuum of Care (RCC) provides comprehensive interdisciplinary rehabilitation services to children and adolescents with brain and spinal cord injuries, cerebral palsy (primarily post-orthopedic surgery) and other neurodevelopmental disabilities. Residents gain experience in both inpatient and outpatient settings within the RCC.

Inpatient Neurorehabilitation

Within this rotation, residents focus on evaluating and treating children with traumatic or acquired brain injuries who are admitted to the inpatient unit for neurorehabilitation. Residents are part of an interdisciplinary treatment team, and their responsibilities include conducting neuropsychological evaluations, offering education and recommendations to family and staff members, providing cognitive rehabilitation and supportive psychological services, and assisting with treatment and discharge planning. Residents also evaluate children with a range of other disorders who are admitted to the inpatient unit for a variety of medical concerns, including spinal cord injuries and chronic pain disorders. Supervisors: Beth Slomine, Megan Kramer and Cynthia Salorio

Outpatient Neurorehabilitation

This outpatient neurorehabilitation experience provides the opportunity for the resident to be part of two interdisciplinary treatment teams within our RCC. Residents obtain experience in outpatient neurorehabilitation as part of two rotations. During one rotation, residents spend four days a week in a comprehensive day hospital setting (Specialized Transition Program). This rotation also includes one day every other week in an outpatient specialty clinic. During a second rotation, residents spend one day a week in a multidisciplinary clinic (Concussion Clinic). This rotation also includes one day a week in an outpatient specialty clinic. These settings are described as follows:

Specialized Transition Program (STP): STP is Kennedy Krieger Institute's comprehensive rehabilitation day hospital. The program strives to transition children and adolescents undergoing intensive neurorehabilitation back into their homes, communities and schools. Working as part of an interdisciplinary treatment team, primarily with children and adolescents recovering from acquired brain injuries, residents' responsibilities include conducting comprehensive neuropsychological evaluations, providing consultation to families and the team, and assisting with treatment and discharge planning. Based on interest, the resident may also provide individual and group-based neuropsychological interventions, including cognitive rehabilitation. Opportunities will also be available to work with children diagnosed with a wide range of complex neurodevelopmental disabilities. Supervisor: Danielle Ploetz

Concussion Clinic: The Concussion Clinic is an interdisciplinary clinic that provides focused evaluation and management of mild traumatic brain injuries within a fast-paced clinic setting. Residents work as part of a clinic's treatment team that includes neuropsychologists, physicians (neurologists or physical medicine and rehabilitation physicians), nurse practitioners and nurses. Residents play an active role in decisions regarding returning to sports and other activities following injury, and collaborate with schools and athletic training staff members. Residents in this clinic will follow their patients from initial injury to recovery through serial assessments and consultations. Supervisor: Carolyn Caldwell

ADDITIONAL INTERDISCIPLINARY SETTINGS

Kennedy Krieger School Programs

The school rotation emphasizes assessment and consultation in a nonpublic special education day school. Residents work in a nationally recognized school with students who have a variety of diagnoses and federal classifications, including autism, learning disabilities, emotional and behavioral problems, speech-language impairments, intellectual disabilities, and other health problems, such as seizures and traumatic brain injuries. Learning opportunities include special education law and consultation/collaboration with educators and other related service providers in an interdisciplinary setting. Supervisor: Emma Cole

Center for Autism and Related Disorders (CARD)

Residents work within an interdisciplinary team of professionals in speech-language pathology, occupational therapy, social work and medicine to provide diagnostic clarification for children with autism spectrum disorders (ASD) and various other complex medical and behavioral conditions. Residents also participate in independent neuropsychological evaluations and consult with providers, schools and therapists, both within the Institute and throughout the community. Exposure to treatment (e.g., social skills groups) and the Autism Diagnostic Observation Schedule-2 (ADOS-2) is also incorporated into the rotation. The center is a federally funded National Center of Excellence, with research programs actively investigating early detection and intervention for ASD, standards of practice for autism centers, sensory-motor functioning, and a variety of other topics. Supervisor: Ericka Wodka

Minor Clinical Training

In addition to the major rotations, our program also offers minor rotations (up to one day a week) in specific areas chosen by the resident. Minor experiences can be used to broaden training experiences or provide more in-depth experience in one or two areas. Possible minor experiences are available in the following areas:

Focused Clinical Services: Residents train alongside faculty who work closely with specialized pediatric populations (e.g., those with epilepsy, cancer, hearing loss or congenital heart disease).

Clinical Programs and Consultation Services: These programs provide residents with opportunities to work within a multidisciplinary treatment team providing neuropsychological evaluations, treatment and consultation (e.g., Spina Bifida Clinic, Rehabilitation Clinic, Infant Neurodevelopmental Center).

Adult Neuropsychology: Residents train with rehabilitation neuropsychologists through the Johns Hopkins Department of Physical Medicine and Rehabilitation (with emphasis on assessment and treatment of individuals with brain injury, spinal cord injury, transplant, stroke and post-tumor resection) or with adult neuropsychologists in the Johns Hopkins Division of Medical Psychology (with emphasis on assessment and treatment of adult neuropsychiatric conditions, dementia and epilepsy).

Research: Trainees can participate in ongoing research projects involving neurobehavioral assessment of children with central nervous system dysfunction.

Sample Schedule of Major Rotations for Incoming Fellows

Fellow	Year 1			Year 2		
	Sept-Dec	Jan-Apr	May-Aug	Sept-Dec	Jan-Apr	May-Aug
1	Outpatient Specialty Clinics	School Programs	Inpatient Neurorehab	CARD	Concussion/ Outpatient	STP/ Outpatient
2	Concussion/ Outpatient	CARD	School Programs	Inpatient Neurorehab	STP/ Outpatient	Outpatient Specialty Clinics
3	School Programs	Outpatient Specialty Clinics	CARD	STP/ Outpatient	Inpatient Neurorehab	Concussion/ Outpatient

Supervision and Evaluation

Postdoctoral residents receive supervision both individually (two hours minimum per week) and in group format (two hours minimum per week). Primary supervision is provided by licensed psychologists with specialty training in clinical neuropsychology, seven of whom are board-certified in clinical neuropsychology through the American Board of Professional Psychology. Group supervision focuses on presenting cases, demonstrating new assessment techniques, and reviewing current research and methods. Each resident's major rotation supervisor evaluates his or her progress every three months and provides written feedback every six months.

Interdisciplinary Training

Support from the Maternal and Child Health Bureau's LEND (Leadership Education in Neurodevelopmental Disabilities) program has allowed us to create and maintain an interdisciplinary training model. Neuropsychology residents are part of the LEND program, which includes pediatrics, social work, occupational and physical therapy, speech-language pathology, nutrition, neurology, physiatry, psychiatry, education and audiology. Our residents also actively participate in a structured series of interdisciplinary seminars, rounds and clinics. In order to ensure comprehensive interdisciplinary training, all trainees complete an individualized training plan (ITP).

Didactic Experiences

Neuropsychology trainees participate in a wide range of didactic seminars and grand rounds, both at Kennedy Krieger Institute and through the Johns Hopkins University School of Medicine and the Johns Hopkins Bloomberg School of Public Health. Primary didactic training in pediatric neuropsychology is achieved through a weekly series of seminars, including:

- Neuropsychology Seminar
- Professional Development Series
- Neuropsychology Case Conference
- Pediatric Neurology Grand Rounds

See our listing of weekly training opportunities and the schedule of neuropsychology seminars and professional development events on pages 12–14 for details.

Research

Postdoctoral residents are provided with opportunities to participate in or develop their own research projects within the fields of neuropsychology or neurodevelopmental disabilities. While our fellowship is primarily a clinical experience, residents also have the opportunity to present research at national and international meetings, and most have at least one national presentation and one peer-reviewed paper in press by the end of the residency. Research opportunities are available through the mentorship of faculty members and researchers throughout the Kennedy Krieger and Johns Hopkins research community.

See the listing of recent publications and descriptions of core faculty members for details on current research opportunities.

Administrative Structure

The postdoctoral residency program is based in the Department of Neuropsychology. Dr. E. Mark Mahone is the department director. Dr. Beth Slomine is director of training and neuropsychological rehabilitation services. All training supervisors in the neuropsychology training program have extensive clinical experience in pediatric neuropsychology. Most of our core training supervisors hold academic faculty appointments through either the Psychiatry and Behavioral Sciences or the Physical Medicine and Rehabilitation departments at the Johns Hopkins University School of Medicine.

In addition to our core training supervisors, the Department of Neuropsychology employs 31 licensed psychologists, six psychology associates, two research assistants, one research coordinator and one grants manager. Our licensed psychologists come from diverse backgrounds, including clinical neuropsychology, developmental psychology, clinical psychology, school psychology and counseling psychology, and they offer a variety of clinical services. Those with a role in training are listed in the Affiliated Faculty and Staff Psychologists section.

"The variety of training opportunities along the Rehabilitation Continuum of Care is one aspect that I believe sets this fellowship apart from the others. And it's clear by the number of board-certified clinical neuropsychologists in the department that the emphasis is on providing the highest quality training in clinical neuropsychology."

– Neuropsychology Resident

Fostering Leadership

The postdoctoral residency is designed to create leaders in the field of neuropsychology. Through didactic learning opportunities and clinical experiences, our residents acquire valuable skills in evidence-based best practices, independent research, teaching, supervision, advocacy and training.

Residents present at Institute-sponsored seminars and at local, national and international conferences. All residents participate in teaching and training activities within the Department of Neuropsychology. Residents also receive exposure to supervision of graduate students and doctoral interns.

Benefits

The neuropsychology residency training period begins each year on Sept. 1. The stipend for first-year residents is consistent with the National Institutes of Health (NIH) PGY1 stipend. Residents receive appointments through the Johns Hopkins University School of Medicine. Kennedy Krieger Institute provides individual health insurance benefits. Spouse and family coverage is also available. In addition, Johns Hopkins University Health Services offers comprehensive ambulatory medical care for residents and their dependents, with services provided by faculty and professional staff. Residents are entitled to 10 vacation days, in addition to the eight annual holidays observed at the Institute. Support for travel and professional conferences is provided. All residents are given individual office space, including a computer with online access to The Johns Hopkins University's medical library system and online full-text access to university journal subscriptions. A full range of scoring programs, dictation software and statistical packages is maintained in the Department of Neuropsychology.

For more information about Kennedy Krieger Institute's Pediatric Neuropsychology Residency Program and application guidelines, visit: **KennedyKrieger.org/Neuropsych-Training**.

About Kennedy Krieger

In 1967, Kennedy Krieger Institute became the nation's first University Affiliated Program (now known as University Centers for Excellence in Developmental Disabilities, Education, Research, and Service, or UCEDD). It serves today as a model for similar programs throughout the country. It is affiliated with The Johns Hopkins University and is located close to the Johns Hopkins medical institutions in downtown Baltimore, Maryland.

Licensed for 70 inpatient beds and with more than 55 outpatient specialty clinics, Kennedy Krieger serves as a training and research center for hundreds of healthcare providers, including physicians, psychologists and allied health professionals. We take an interdisciplinary team approach to diagnosing and treating complex neurological disorders and neurodevelopmental disabilities.

All clinical residency rotations occur within the hospital, in Kennedy Krieger School Programs, or at The Johns Hopkins University's medical campus, which houses a variety of outpatient clinics.

Department of Neuropsychology Core Training Supervisors

E. Mark Mahone, PhD, ABPP

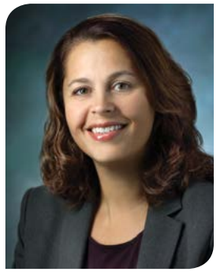
Director, Department of Neuropsychology
Director, Intellectual and Developmental Disabilities Research Center
Professor of Psychiatry and Behavioral Sciences
Mahone@KennedyKrieger.org

Dr. Mahone is director of neuropsychology at Kennedy Krieger Institute. He is also director of the Institute's Intellectual and Developmental Disabilities Research Center (U54 HD079123). Dr. Mahone was director of neuropsychology training at Kennedy Krieger from 1996 until 2009. A fellow of the American Psychological Association and the National Academy of Neuropsychology, Dr. Mahone is the immediate past president of the American Academy of Clinical Neuropsychology (AACN). He was also on the board of directors of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) from 2007 until 2011. Dr. Mahone is a full-time editorial board member for five journals, and is also the associate editor of the Journal of the International Neuropsychological Society.

Dr. Mahone's research involves understanding brain-behavior relationships in children with neurodevelopmental disorders, and the development and validation (using neurobehavioral assessment and neuroimaging) of assessment methods to better characterize neurobehavioral development. He is the principal investigator for the research grant (1R01 HD068425) "Development of ADHD in Preschool Children: Neuroimaging and Behavioral Correlates," which uses brain mapping and neurobehavioral assessment to characterize the development of preschool children identified as being at risk for ADHD.

Beth Slomine, PhD, ABPP

Director, Neuropsychological Rehabilitation Services and Training
Co-Director, Center for Brain Injury Recovery
Associate Professor of Psychiatry and Behavioral Sciences
Associate Professor of Physical Medicine and Rehabilitation
Slomine@KennedyKrieger.org



Dr. Slomine directs the neuropsychology training program for postdoctoral residents, doctoral interns and doctoral externs at Kennedy Krieger Institute. In addition, she oversees neuropsychological services throughout the Rehabilitation Continuum of Care. She also directly supervises postdoctoral residents and doctoral interns in providing comprehensive clinical neuropsychology and rehabilitation psychology services to inpatients. She is currently on the board of directors of the American Board of Clinical Neuropsychology. She has held multiple leadership roles in national neuropsychology and rehabilitation psychology organizations.

Dr. Slomine's research focuses on neuropsychological outcomes following pediatric brain injury. She has authored more than 50 peer-reviewed research publications and several book chapters. She developed a measure, the Cognitive and Linguistic Scale, to track recovery following pediatric brain injury in an inpatient rehabilitation setting. She is currently a co-investigator for two NIH-funded multicenter randomized controlled trials examining the efficacy of hypothermia treatment acutely after in-hospital and out-of-hospital pediatric cardiac arrest. Her role involves development, oversight and interpretation of long-term neurocognitive outcome data for the trials. Over the last few years, she has actively mentored postdoctoral residents and junior faculty in research, resulting in numerous presentations and publications.

Cynthia Salorio, PhD, ABPP

Director of Rehabilitation Outcomes and Related Research
Associate Professor of Physical Medicine and Rehabilitation
Associate Professor of Psychiatry and Behavioral Sciences
Salorio@KennedyKrieger.org

Dr. Salorio is a primary supervisor for doctoral students, interns and postdoctoral residents. She provides clinical neuropsychological services to children through Kennedy Krieger's inpatient neurorehabilitation service, the outpatient neuropsychology service, the multidisciplinary rehabilitation follow-up clinic and the multidisciplinary hemispherectomy presurgical clinic.

Dr. Salorio's primary research interest is in clinical factors (e.g., neurobiological mechanisms, secondary injury variables and rehabilitation interventions) that impact rehabilitation outcomes in children with a variety of acquired and congenital neurological disorders. Recent research focuses on predictors of cognitive, emotional, functional and quality-of-life outcomes in children following traumatic brain injury, epilepsy and hemispherectomy. Dr. Salorio is one of the founding members of the International Pediatric Rehabilitation Collaborative, and currently serves on the professional advisory boards of the Hemispherectomy Foundation and the Abilities Network/Epilepsy Foundation Chesapeake Region. She is past president of the American Psychological Association, Division 22, Section 1 (pediatric rehabilitation).

T. Andrew Zabel, PhD, ABPP

Director of Clinical Services
Associate Professor of Psychiatry and Behavioral Sciences
ZabelA@KennedyKrieger.org

Dr. Zabel is the clinical director of neuropsychology at Kennedy Krieger Institute, and supervises neuropsychology trainees at the doctoral, internship and residency levels as part of the Institute's Maternal and Child Health Bureau (MCHB) Leadership Education in Neurodevelopmental Disabilities training program (LEND; 6T73MC0019). Professional affiliations include the editorial boards of Assessment and The Clinical Neuropsychologist, as well as the professional advisory board of the Spina Bifida Association.

Dr. Zabel's research focuses on the adaptive and neuropsychological functioning of individuals with congenital and acquired disorders of the brain's white matter, with particular emphasis on persons with hydrocephalus, spina bifida, Sturge-Weber syndrome and cerebral palsy. Recent publications have focused on the executive components of medical self-care, self-management and transition into adulthood. Within Kennedy Krieger, Dr. Zabel and his collaborators have instituted a system of internet-based clinical data collection to facilitate efficient parent and teacher reporting of behavior. Outside of Kennedy Krieger, Dr. Zabel and his collaborators have created the Kennedy Krieger Independence Scales-Spina Bifida Version (KKIS-SB) to measure the executive components of spina bifida-related health care. The KKIS-SB and other instruments have been accrued into a nationally available online dashboard of parent-, teacher- and self-report questionnaires to help facilitate the systematic provision of evidence-based spina bifida-related care.

Ericka Wodka, PhD, ABPP

Neuropsychologist, Center for Autism and Related Disorders
Assistant Professor of Psychiatry and Behavioral Sciences
Wodka@KennedyKrieger.org

Dr. Wodka is a primary supervisor for the postdoctoral residency in neuropsychology at the Center for Autism and Related Disorders. Her research interests include examining motor development, attention and other aspects of higher-order cognitive processes in neurodevelopmental disorders, particularly autism. She is the principal investigator on an externally funded project examining the relationship between attention, tactile perception and abnormal sensory behavior in autism. She has also recently presented and published findings related to language outcomes for children with autism and severe language delays. Other research interests include examining differences in children with autism, with and without comorbidities (e.g., anxiety, ADHD, aggression), and collaborating in the development of an autism screening measure.

Lisa Jacobson, PhD, ABPP

Neuropsychologist, Department of Neuropsychology
Assistant Professor of Psychiatry and Behavioral Sciences
Jacobson@KennedyKrieger.org

Dr. Jacobson coordinates the Oncology Clinic within the department's outpatient specialty service and is a primary supervisor for postdoctoral residents within this clinic. Dr. Jacobson's research interests include characterizing how the developing executive functions of children interact with their developmental contexts at home and school to influence brain development and neurobehavioral functioning.

Her research interests include disorders affecting executive function (e.g., ADHD, spina bifida, cancers and cancer treatment) and children at risk for developing executive dysfunction. She is developing clinical screening tools for identifying children with neurocognitive difficulties, which can be used as part of typical medical care visits for specific clinical populations. She also has a funded project partnering with cancer survivors, their families and other stakeholders to examine factors influencing the transition back to full-time schooling after treatment. She has collaborated on Institute projects examining response variability in children with ADHD, characteristics of attentional disorders in referred children, influences of working memory and response variability on reading fluency in ADHD, executive function in patients with spina bifida, and validation of the Kennedy Krieger Independence Scales' spina bifida (KKIS-SB) and sickle cell (KKIS-SCD) versions.

Megan Kramer, PhD, ABPP

Neuropsychologist, Department of Neuropsychology
KramerM@KennedyKrieger.org

Dr. Kramer provides training and supervision to doctoral externs, doctoral interns and postdoctoral residents. She also provides clinical neuropsychological services to children throughout Kennedy Krieger's Rehabilitation Continuum of Care, including the inpatient neurorehabilitation unit, Concussion Clinic and Community Rehabilitation Program. She has a clinical interest in evidence-based cognitive rehabilitation interventions. Dr. Kramer's research interests involve measuring and predicting outcomes across the range and severity of pediatric brain injury, including characterizing the recovery trajectories and predictors of outcome in children with disorders of consciousness, as well as examining factors impacting recovery from mild traumatic brain injuries.

Danielle Ploetz, PhD

Neuropsychologist, Department of Neuropsychology
and Fairmount Rehabilitation Programs
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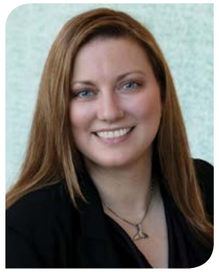

Dr. Ploetz provides training and supervision for doctoral students and postdoctoral residents. She provides neuropsychological assessments for children and adolescents recovering from a wide range of acquired brain injuries, including concussions, moderate to severe traumatic brain injury, cerebrovascular accidents and brain tumors. She also evaluates children with other congenital, acquired and neurodevelopmental disorders, including cerebral palsy, epilepsy, spina bifida, spinal cord injuries, chronic pain and ADHD. Research interests include performance and symptom validity testing in pediatric populations, as well as evaluating neuropsychological outcomes following pediatric brain injury.

Emma Cole, PhD

Neuropsychologist, Department of Neuropsychology
and Kennedy Krieger School Programs
ColeEM@KennedyKrieger.org

Dr. Cole supervises the training of neuropsychology postdoctoral fellows in the Kennedy Krieger School Rotation. She oversees neuropsychology services at both the high school and lower school campuses. Dr. Cole previously provided assessments in an outpatient hospital setting. She is also a credentialed school psychologist, and has worked as a school psychologist in public school districts in Texas, Virginia and Washington state. She has expertise in special

education law, the assessment of learning disabilities in children and adolescents, and the transition of students with disabilities to post-secondary settings. Her research interests include factors affecting post-secondary outcomes for students with disabilities, and the development of advocacy skills in students with disabilities.

Gwendolyn Gerner, PsyD

Neuropsychologist, Department of Neuropsychology
Instructor in Psychiatry and Behavioral Sciences
GernerG@KennedyKrieger.org

Dr. Gerner provides clinical supervision and training to postdoctoral residents in neuropsychology and clinical psychology who complete rotations in the Infant Neurodevelopmental Center and in the Department of Neuropsychology's Infant, Toddler and pre-School Years (ITSY) Clinic. Dr. Gerner also provides training in research to undergraduate and graduate students, residents and fellows participating in the Study of Perinatal brain injury, Recovery and OUTcome (SPROUT) Research Collaborative at Kennedy Krieger Institute and the Neurosciences Intensive Care Nursery (NICN) at The Johns Hopkins University School of Medicine.

Dr. Gerner's research is focused on fetal, perinatal and neonatal predictors of neurodevelopmental outcomes following perinatal brain injury (e.g., preterm birth, hypoxic-ischemic encephalopathy at term, perinatal stroke). In particular, Dr. Gerner is interested in developing specific neurobehavioral methods to use in conjunction with advanced neonatal imaging to examine how attention, executive functions and visual-spatial functions emerge from the neonatal period through early childhood following perinatal brain injury. Presently, she is a co-investigator on multiple funded projects including Nanomedicine-Based Therapy for Perinatal White Matter Injury and the Cerebral Palsy Multi-Site Early Detection Program through the Cerebral Palsy Foundation, as well as Adult Biomarkers in Neonatal Brain Injury and Development (1 R01 HD086058-01A1).

Alicia Cannon, PhD

Neuropsychologist, Department of Neuropsychology
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Dr. Cannon provides training and supervision for doctoral externs and postdoctoral residents. She provides neuropsychological assessments for children and adolescents with a range of congenital and neurodevelopmental disorders, including neurofibromatosis, tuberous sclerosis complex, cerebral palsy and spina bifida. Dr. Cannon also evaluates children with acquired neurological disorders, including traumatic brain injury and encephalitis. She has expertise in assessment of children with a history of cerebrovascular accidents in the context of prematurity or hematological disorders, such as sickle cell disease. Dr. Cannon provides services in the outpatient Department of Neuropsychology and in the multidisciplinary Sickle Cell Neurodevelopmental Clinic. Research interests include predicting neurocognitive risk and outcomes in children with sickle cell disease, adaptive functioning, and use of a tiered assessment approach to increase access to services and outcomes for underserved populations.

Carolyn Caldwell, PhD

Neuropsychologist, Department of Neuropsychology
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Dr. Caldwell provides training and supervision for doctoral students and postdoctoral residents. She is the primary supervisor for postdoctoral residents in the interdisciplinary Concussion Clinic, part of the Rehabilitation Continuum of Care at Kennedy Krieger Institute. Dr. Caldwell also provides clinical neuropsychological services through the Department of Neuropsychology's Outpatient Specialty Clinics, including Epilepsy/Brain Injury, Congenital/Genetic Disorders and ITSY. Her primary research interests include neuropsychological outcomes following pediatric brain injuries across the range of injury severity. Dr. Caldwell also has an interest in evaluating the impact of sleep following pediatric brain injury.

Affiliated Kennedy Krieger Training Faculty and Staff Psychologists

DEPARTMENT OF NEUROPSYCHOLOGY

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Weekly Training Opportunities

MONDAY

4:30–5:30 p.m. Neuropsychology Seminar

TUESDAY

7:30–8:30 a.m. PNO Rounds (Neuro-Oncology/Neurosurgery Rounds)

8:30–10 a.m. EMU Rounds (JHH Epilepsy Monitoring Unit Multidisciplinary Rounds)

9–10:30 a.m. Kennedy Krieger Institute Core Course Interdisciplinary Seminar in Developmental Disabilities

11 a.m.–12 p.m. Pediatric Neuropsychology Case Conference

1–2 p.m. Johns Hopkins Neuropsychology Journal Club

4–5:15 p.m. Johns Hopkins Medical Psychology Core Seminar

WEDNESDAY

8–9 a.m. Johns Hopkins Pediatric Neurology Grand Rounds

4–5 p.m. Psychology Professional Development Seminar

THURSDAY

2–3 p.m. Neuro-PICU Rounds (Neurology-Pediatric Intensive Care Unit Rounds)

2–3:30 p.m. Brain Cutting

FRIDAY

1–2 p.m. Neurosciences Intensive Care Nursery Rounds

WEEKLY Each Neuropsychology rotation and clinic has selected case/teaching rounds.

MONTHLY

12–1 p.m. Kennedy Krieger Institute Grand Rounds (second Tuesdays)

Neuropsychology Seminar Series

Sample Schedule of Seminar Series

DATE	TOPIC	SPEAKER
Sept. 3	Labor Day – No Seminar	
Sept. 10	Becoming a Neuropsychologist in 2016	Mark Mahone, PhD, ABPP
Sept. 17	Brain Development	Cynthia Salorio, PhD, ABPP
Sept. 24	Cranial Nerves	Beth Slomine, PhD, ABPP
Oct. 1	Neurovascular/Neuroanatomy of Stroke	William Stiers, PhD, ABPP
Oct. 8	Executive Functioning	Lisa Jacobson, PhD, ABPP
Oct. 15	Auditory System	Rachel Plotkin, PhD
Oct. 22	Neuropsychology of Emotion	Christina Salama, PhD
Oct. 29	The Neuro Exam and Neurotransmitters	Ryan Felling, MD
Nov. 5	Attention and Neglect	Baruch Williams, PhD
Nov. 12	Neuroimaging Basics	Bruno Soares, PhD
Nov. 19	Motor System	Leena Mohapatra, PhD
Nov. 26	Clinical Syndromes	Joyce Suh, PhD
Dec. 3	Language and Aphasia	Cortney Fritz, PhD
Dec. 10	Visual System and Perception	Christina Love, PsyD
Dec. 17	Memory and Amnesia	Ann Clawson, PhD
Dec. 24	No Seminar	

Professional Development Seminars

Sample Schedule of Development Seminar Series

DATE	TOPIC	SPEAKER
Sept. 5	Campus Safety	Joe Conway, Security Manager
Sept. 12	Report Writing Style, Efficiency	Andy Zabel, PhD
Sept. 19	Research Within the Department: How to Get Involved	Department Researchers
Sept. 26	EPPP and Licensure	Christina Salama, PhD; Joyce Suh, PhD; Baruch Williams, PhD; & Jeun Yoon, PhD
Oct. 3	CV Workshop	Danielle Ploetz, PhD, & Shelley McDermott, PhD
Oct. 10	Fact Finding: Introduction	Beth Slomine, PhD
Oct. 17	Fact Finding (Trainee Case Presentation)	Christina Salama, PhD
Oct. 24	UDL/Recommendations for Reports	Lisa Jacobson, PhD
Oct. 31	Fact Finding (Trainee Case Presentation)	Baruch Williams, PhD
Nov. 7	Transition/Guardianship	Maureen van Stone, Esq., & Mallory Finn, Esq., Project HEAL
Nov. 14	Manuscript Preparation	Mark Mahone, PhD
Nov. 21	NO MEETING – THANKSGIVING	
Nov. 28	Panel from Behavioral Psychology	Stephanie Lee, PhD; Shauna Lynn, PhD; & Leanna Herman, PhD
Dec. 5	Welch Medical Library Resources	Carrie Price, MLS
Dec. 12	Billing and Insurance	Andy Zabel, PhD, & Sharon Avent
Dec. 19	NO MEETING – WINTER BREAK	
Dec. 26	NO MEETING – WINTER BREAK	

Neuropsychology Research Lab

Overview

The Neuropsychology Research Lab at Kennedy Krieger Institute is dedicated to clinical research in the science of brain-behavior relationships. The lab supports clinical research projects within the Department of Neuropsychology, and also offers contractual psychological and neuropsychological research services to investigators elsewhere in the Institute and within the Johns Hopkins community. The Neuropsychology Research Lab also provides a training environment for new investigators.

Clinical Research

The primary function of the Neuropsychology Research Lab is to promote and support clinical research within the department. Central to this goal is a clinical neuropsychology database, which captures clinical assessment data from the department's staff of licensed psychologists, who complete approximately 2,000 intake evaluations and 2,000 full assessments each year. The department of neuropsychology boasts one of the nation's largest outpatient assessment services of its kind. From this clinically generated data, investigators can answer research questions involving diagnostic issues among populations of interest, in addition to developing instruments used in the field of psychology.

Consultation Services

The Neuropsychology Research Lab offers research consultation to the Kennedy Krieger and Johns Hopkins communities, including contractual services to support funded research, and the development of grant applications. The majority of contractual services provided by the research lab are supported by the Johns Hopkins University School of Medicine's Institute for Clinical and Translational Research (NIH/NCATS UL1TR001079). The research lab also consults with investigators seeking funding through the National Institutes of Health (NIH) or through private funding agencies. Consultation services are typically supported by Kennedy Krieger Institute's Developmental Disabilities Research Center (U54079123) and can include data management, protocol development, assistance with grant submission, psychological and neuropsychological testing (both data collection and interpretation of results), and assistance in preparation of psychological and neuropsychological assessment results for manuscript submission.

"What initially drew me to Kennedy Krieger Institute was the comprehensive training available through the major rotations, the ability to supplement and individualize experiences through the minor rotations, and the excellent and knowledgeable supervisors. I have also been impressed by how open the faculty has been to involving fellows in both existing and new research projects. The variety of experiences, perspectives and training support at Kennedy Krieger Institute has been invaluable to my development as a pediatric neuropsychologist."

– Neuropsychology Resident

Recent Publications

2013 to present

PEER-REVIEWED ARTICLES:

(Supervising faculty in **purple**, residents in **green**)

Suskauer, S. J., **Rane, S.,** Reesman, J., & **Slomine, B. S.** (in press). Caregiver-report of symptoms following traumatic brain injury in a small, clinical sample of pre-school aged children. *Journal of Pediatric Rehabilitation Medicine.*

Jones, K. E., Jacobson, L. A., & Tarazi R. (2017) The Kennedy Krieger Independence Scales-Sickle Cell Disease: Executive components of transition readiness. *Rehabilitation Psychology,* 62(3), 249–257.

Davis, K. C., Slomine, B. S., Salorio, C. F., & Suskauer, S. J. (2016). Time to follow commands and duration of post-traumatic amnesia predict GOS-E Peds scores 1 to 2 years after TBI in children requiring inpatient rehabilitation. *Journal of Head Trauma Rehabilitation, 31*(2), e39–47.

Jacobson, L. A., Pritchard, A. E., Koriakin, T. A., **Jones, K. E.,** & **Mahone, E. M.** (2016). Initial examination of the BRIEF2 in clinically referred children with and without ADHD symptoms. *Journal of Attention Disorders-OnlineFirst,* 1–10.

Jacobson, L. A., Rane, S., McReynolds, L. J., Steppan, D. A., Chen, A. R., & Paz Priel, I. (2016). Improved behavior and neuropsychological function of children with ROHHAD after high-dose cyclophosphamide. *Pediatrics, 138*(1): e20151080.

Jordan, L. L. & **Salorio, C. F.** (2016). Resiliency in Children: Considerations after Pediatric Traumatic Brain Injury (TBI). *The Brain Injury Professional, 12*(3), 18–21.

McCurdy, M. D., **Rane, S.,** Daly, B. P., & **Jacobson, L. A.** (2016). Associations among Treatment-Related Neurological Risk Factors and Neuropsychological Functioning in Survivors of Childhood Brain Tumor. *Journal of Neuro-Oncology, 127*:137–144.

Kavanaugh, B., Sreenivasan, A., Bachur, C., **Papazoglou, A.,** Comi, A., & **Zabel, T. A.** (2015). Intellectual and adaptive functioning in Sturge-Weber syndrome. *Child Neuropsychology,* 8, 1–14.

Nelson, A. P., Roper, B. L., **Slomine, B. S.,** Morrison, C., Greher, M. R., Janusz, J., **Larson, J. C.,** et al (2015). Official Position of the American Academy of Clinical Neuropsychology (AACN): Guidelines for Practicum Training in Clinical Neuropsychology. *The Clinical Neuropsychologist, 29* (7), 879–904.

Papazoglou, A., Jacobson, L. A., McCabe, M., Kaufmann, W., & **Zabel, T. A.** (2014). To ID or not to ID? Changes in classification rates of intellectual disability using DSM-5. *Intellectual & Developmental Disabilities, 52*(3), 165–174.

Plotkin, R. M., Brice, P. J., & **Reesman, J. H.** (2014). It's not just stress: Parent personality in raising a deaf child. *Journal of Deaf Studies and Deaf Education, 19*(3), 347–357.

Reesman, J. H., Day, L. A., Szymanski, C. A., Hughes-Wheatland, R., Witkin, G. A., Kalback, S. R., & Brice, P. J. (2014). Review of intellectual assessment measures for children who are deaf or hard of hearing. *Rehabilitation Psychology, 59*(1), 99–106.

Austin, C. A., Slomine, B. S., DeMatt, E. J., Salorio, C. F., & Suskauer, S. (2013). Time to follow commands remains the most useful injury severity variable predicting WeeFIM scores one year after pediatric TBI. *Brain Injury,* 27, 1056–62.

Koriakin, T. A., McCurdy, M. D., **Papazoglou, A.,** Pritchard, A. E., **Zabel, T. A., Mahone, E. M.,** & **Jacobson, L. A.** (2013). Classification of Intellectual Disability using the WISC-IV: FSIQ or GAI? *Developmental Medicine & Child Neurology,* 55, 840–5.

Kramer, M., Suskauer, S., Christensen, J., DeMatt, E., Trovato, M., **Salorio, C. F.,** & **Slomine, B. S.** (2013). Examining acute rehabilitation outcomes for children with total functional dependence after traumatic brain injury: a pilot study. *Journal of Head Trauma Rehabilitation, 28*(5), 361–70.

Papazoglou, A., Jacobson, L. A., & **Zabel, T. A.** (2013). More than intelligence: Distinct neuropsychological clusters linked to adaptive dysfunction in children. *Journal of the International Neuropsychological Society,* 19, 189–197.

Papazoglou, A., Jacobson, L. A., & **Zabel, T. A.** (2013). Sensitivity of the BASC-2 Adaptive Skills Composite in screening for adaptive impairment. *The Clinical Neuropsychologist.* 27, 386–95.

BOOK CHAPTERS:

(Supervising faculty in **purple**, residents in **green**)

Slomine, B. S. & **Jones, K.** (in press). Pediatric Acquired Conditions. In T. Elliott, L. Brenner, S. A. Reid-Arndt, R. G. Frank, & B. Caplan, (eds.). *Handbook of Rehabilitation Psychology*, Third Edition, Washington, D.C.: American Psychological Association.

Brice, P. J., **Plotkin, R. M.,** & **Reesman, J.** (2015). On the home front: parent personality, support, and deaf children. In M. Marschark, V. Lampropoulou, & E. Skordilis (eds.), *Educating deaf learners: diverse ways, one goal.* New York, NY: Oxford University Press.

ABSTRACTS AND PRESENTATIONS:

(Supervising faculty in **purple**, residents in **green**)

Salama, C. H., Norris, T., **Slomine, B.,** Suskauer, S. & **Salorio, C. F.** (2017). The relationship between the neurological predictor Scale and functional outcomes in children with brain tumor following inpatient rehabilitation. *Journal of the International Neuropsychological Society,* 23(S1), 92.

Williams, B. L., Stephan, C., Pritchard, A. E., Jones, E., **Jacobson, L. A.,** & **Zabel, T. A.** (2017). Combined parent and teacher ratings of academic functioning predict performance on math and reading measures [Abstract]. *The Clinical Neuropsychologist,* 31(4), 775.

Hinnebusch, A. J., **Jordan, L. L., Scarborough, V. R.,** & **Salorio, C. F.** (2016). Symptoms of inattention and hyperactivity/impulsivity in pediatric epilepsy [Abstract]. *Journal of the International Neuropsychological Society, 22* (S1), 12.

Jones, K. E., Koriakin, T. A., Schneider, H. E., **Mahone, E. M.,** & **Jacobson, L. A.** (2016). Preliminary validation of the BRIEF-2: Examination of profiles among ADHD subtypes [Abstract]. *Journal of the International Neuropsychological Society, 22*(S1), 284.

Larson, J. C. G., Sweeney, K., Ferenc, L., Denckla, M. B., Mostofsky, S. H., & **Mahone, E. M.** (2016). Can a 75-second motor persistence test predict ADHD in school-aged children? [Abstract]. *Journal of the International Neuropsychological Society, 22*(S1), 41.

Norris, T., **Salama, C., Slomine, B.,** Suskauer, S., & **Salorio, C.** (2016). Improvements in Functional Independence During Inpatient Rehabilitation for Children with Brain Tumor [Abstract]. *Journal of the International Neuropsychological Society, 22*(S1), 120.

Suh, J., Salpekar, J., & **Salorio, C.** (2016). Predictors of social functioning in children with epilepsy [Abstract]. *The Clinical Neuropsychologist, 30*(3), 94.

Jones, K., Rane, S., & **Jacobson, L. A.** (2015). The contribution of sluggish cognitive tempo to executive functioning in survivors of pediatric brain tumor. *The Clinical Neuropsychologist, 29*(3), 375.

Jordan, L. L., Arnette, A., Rodweller, C., & **Salorio, C. F.** (2015). Is a history of febrile seizures associated with increased neuropsychological morbidity in children with attention deficit hyperactivity disorder? *The Clinical Neuropsychologist, 29*(3), 386.

Leppo, R., **Plotkin, R., Zabel, T., Reesman, J.** Preliminary examination of TOMM performance in a clinically referred sample of deaf and hard of hearing children. *Journal of the International Neuropsychological Society, 21*(S1), 53.

Davis, K., Slomine, B., & Suskauer, S. Time to follow commands (TFC) and duration of impaired consciousness remain the best predictors of long-term outcome following pediatric traumatic brain injury (TBI) (2014). *Journal of the International Neuropsychological Society, 20*(S1), 22.

Gidley Larson, J. C., Pritchard, A. E., Koriakin, T., **Zabel, T. A.,** & **Jacobson, L. A.** (2014). Predictive validity of a brief impairment rating scale in a mixed clinical sample. *The Clinical Neuropsychologist, 28*(3), 479.

Lane, S. E., Suskauer, S., & **Slomine, B.** (2014). Concussion in adolescents: Factors associated with academic programming. *The Clinical Neuropsychologist, 28*(3), 474.

McCurdy, M., **Rane, S.,** Daly, B. P., & **Jacobson, L. A.** (2014). Using the Neurological Predictor Scale to predict cognitive efficiency in childhood brain tumor survivors. *The Clinical Neuropsychologist, 28*(3), 458.

McCurdy, M., Padden, E., **Rane, S.,** Daly, B. P., & **Jacobson, L. A.** (2014). Predicting neurocognitive and neurobehavioral outcome following childhood brain tumor. *The Clinical Neuropsychologist, 28*(3), 457.

Plotkin, R. M., Brice, P., Saraceno, S., **Zabel, T. A.,** & **Reesman, J.** (2014). What's holding them back? Grade retention and neurocognitive correlates in clinically referred children with hearing loss. *The Clinical Neuropsychologist, 28*(3), 467.

Rane, S., Welsh, J., & **Jacobson, L. A.** (2014). Neuropsychological functioning in rapid-onset obesity with hypothalamic dysfunction, hypoventilation and autonomic dysfunction (ROHHAD): A case series. *Journal of the International Neuropsychological Society, 20*(S1), 18.

Rane, S., Padden, E., Koriakin, T., & **Jacobson, L. A.** (2014). Executive and adaptive functioning in pediatric brain tumor survivors. *Journal of the International Neuropsychological Society, 20*(S1), 18-19.

Rane, S., Reesman, J., Suskauer, S., & **Slomine, B.** (2014). Caregiver reported symptoms following mild to moderate traumatic brain injury in preschoolers. *Journal of the International Neuropsychological Society, 20*(S1), 19.

Rosenberg, J., Salorio, C. F., Suskauer, S., & **Slomine, B. S.** (2013, Abstract). Neuropsychological functioning and symptom report based on injury severity in children who require brief hospitalization. *Journal of the International Neuropsychological Society, 19*(S1), p. 199.