

Tulane Clinical Neuropsychology Internship

Department of Psychiatry and Neurology
Tulane University Medical Center
New Orleans, Louisiana

Table of Contents

Introduction	3
Training Goals:	3
Training Model:	4
Clinical Training	4
Primary Sites for Clinical Training:	5
1. Neuropsychology Laboratory - TUMC Clinic	5
2. Tulane University Medical Center Hospital:	6
3. TUMC Neurology Clinics:	6
4. Medical Center of Louisiana (Charity Hospital) - Inpatient Psychiatry Units	6
5. DePaul-Tulane Behavioral Health Center - Psychiatry Units	7
6. Rehabilitation Introduction	7
Didactic Experiences	8
Supervision	9
Research	10
Neuropsychology Elective Rotation	12
Facilities and Equipment	12
Post-Doctoral Fellowship in Clinical/Forensic Neuropsychology	12
Faculty	13
Application	15
Appendix	17
1. Previous Neuropsychology Interns	17
2. Reading List	18
3. Neuropsychology Didactic Schedule	20
4. Typical TUMC Adult Neuropsychological Battery	22
5. WEEKLEY SCHEDULE	24

Introduction

The specialty internship training program in clinical neuropsychology at Tulane University Medical Center has been designed to surpass all suggested training guidelines proposed by the International Neuropsychological Society/APA Division 40 Joint task force. It also meets the recommendations offered by the Houston Conference on Training in Neuropsychology. This training position is a component of the Tulane APA-approved internship in clinical psychology, and has been actively training neuropsychology interns since 1988. The dedicated neuropsychology track, which is offered to one well-qualified applicant each year, provides more than 50% time (20+ hours per week) throughout the internship year to experiences in the areas of direct clinical practice, didactic training sessions and research in clinical neuropsychology. Our primary intent is to provide clinical training and didactic experiences that will allow the graduating intern to readily enter post-doctoral training in a specialized area of neuropsychology, or to successfully compete for entry level positions in neuropsychological practice. We view the post-doctoral training fellowship to be a highly desirable means of obtaining the formal education and supervised experience necessary for competent and successful practice in this specialized area of applied psychology. During the history of this program, we have had excellent success in helping graduating interns obtain suitable fellowship training placements. All of the previous TUMC neuropsychology internship graduates are either currently involved in postdoctoral fellowships or are actively engaged in the full-time practice and/or teaching of clinical neuropsychology. A listing of previous neuropsychology graduates, their home universities and their positions after completing the internship is included in the Appendix.

The Tulane Neuropsychology Internship offers a comprehensive clinical training opportunity, with particular strengths in diagnostic and descriptive assessment, forensic practice (primarily personal injury civil cases), traumatic and toxic brain injury, private practice issues, hospital consultation, and clinical research. The program is best suited for those applicants wishing a primary adult orientation or combined adult-child experience. However, the internship does include a substantial amount of child-adolescent experience, and the faculty have considerable experience with clinical child neuropsychology, providing a training experience that satisfies the vast majority of interested intern applicants. The opportunity for additional focused child neuropsychology training will increase in the near future, with the addition to the full-time faculty of a child neuropsychologist and the proposed development of a multidisciplinary child-adolescent attention deficit disorder and learning disability clinic at the DePaul-Tulane Behavioral Health Center. Dr. Black will direct this clinic which will be staffed by the clinical neuropsychology intern, the post-doctoral fellow, a child psychiatrist and a social worker.

Training Goals:

Each of the TUMC internship programs has common training goals and attempts to stimulate professional and personal development within the fields of clinical and clinical

neuropsychology. The primary objectives of the neuropsychology internship are as follows:

- * To develop professional competence in the delivery of state-of-the-art neuropsychological services.
- * To increase professional competence in the areas of neuropsychological theory, evaluation, diagnosis and making treatment recommendations.
- * To promote the development of research skills, especially in clinically relevant areas of neuropsychology.
- * To encourage the development of interpersonal professional skills in working with other health care specialists in a multidisciplinary setting.
- * To ensure a high standard of ethical practice and an understanding of the role of neuropsychology within the medical environment.
- * To promote a desire for continuing personal and professional development - both during and after completion of the internship.
- * To prepare the intern to be competitive for both post-doctoral training fellowships and entry level clinical positions.

Training Model:

The following principles guide the TUMC neuropsychology internship experience:

- * The intern is provided a structured, coherent and integrated training program designed to develop clinically and academically well-rounded clinical neuropsychologists.
- * The individual internship training program is mutually planned by the intern and the Director of Training in Neuropsychology to meet the specific needs and interests of the intern. Flexibility of training options (within the context of the structure of the basic training program) is a strong point of the Tulane experience.
- * The intern's caseload is arranged to promote **learning** and an **increasing level of professional responsibility**. The intern is not treated as a psychometrist and is not required to generate a specific amount of income for the Laboratory or the Department.
- * Ample and diverse supervision is provided throughout the internship year.
- * Formal and informal teaching (seminars, conferences, discussion groups and lectures) are an integral component of both the general internship program and the clinical neuropsychology track.
- * Interns are encouraged to function as an integral part of the broader professional community; within the Psychology Division, the Department of Psychiatry and Neurology, and the New Orleans neuropsychological community.

Clinical Training

The neuropsychology intern spends a minimum of 20 hours (usually more) per week in direct patient-related neuropsychological activities: performing supervised assessments in the outpatient Neuropsychology Laboratory, consulting on patients hospitalized at Tulane University

Medical Center Hospital and the Medical Center of Louisiana at New Orleans, and participating in neurology specialty clinics. The Neuropsychology Laboratory and staff have special interests and experience in forensic neuropsychology (especially cases of traumatic and toxic brain injury), prediction of recovery patterns after mild and moderate traumatic brain injury, and the detection and investigation of malingering and other factors which may adversely effect the validity of neuropsychological test performance. We utilize a fixed core battery, which contains elements of the Halstead-Reitan tests (e.g. Category Test), standard tests of the major cognitive functions (e.g. WAIS-III, WMS-III, Wisconsin Card Sorting Test, Controlled Oral Word Association Test etc.) and aspects of the Boston process approach. After (or during) administration of the core battery, a more flexible approach may be used to more comprehensively investigate particular clinical problems that become apparent during the course of the basic assessment. In general, the Tulane Neuropsychological Battery would be most accurately described as fixed and eclectic, including many of the tests listed in the recent professional literature as being the measures most commonly used by member of the National Academy of Neuropsychology. Comprehensive neurologically-oriented mental status examinations (usually the Strub-Black Mental Status Examination in Neurology) are used with certain patients (e.g. hospitalized patients and those presenting with probable dementia), as are more abbreviated and tailored neuropsychological test batteries.

Primary Sites for Clinical Training:

1. Neuropsychology Laboratory - TUMC Clinic

The Laboratory is located in the Psychiatry and Neurology office complex on the tenth floor of The Tidewater Medical Office Building, adjacent to the TUMC Hospital. We evaluate approximately 265 outpatients per year, presenting with a wide variety in terms of age and diagnostic category. Referrals are received from throughout the Gulf South states, including Louisiana, Mississippi, eastern Texas, southern Arkansas and Tennessee, and western Alabama and Florida. We also see a select number of patients from throughout the United States, who are referred because of special legal or clinical circumstances. The diagnostic makeup of our patient group ranges widely, with a large number of traumatically brain injured (CHI and toxic exposure) adults, the usual range of neurological diseases, and a substantial number of adolescent and adult learning disorder and ADD cases. Approximately 30% of the patients are children and adolescents, presenting with a comprehensive range of neurological diagnoses.

Due to the nature of patient group seen in the Neuropsychology Laboratory, the neuropsychology intern is afforded the opportunity to see a balanced mix of child, adolescent and adult patients, if so desired. Alternatively, an experience focusing on adult neuropsychological assessment and follow-up is very readily arranged. An intern applicant wishing to specialize **only** with children is probably better suited for a program which provides an exclusive or primary focus on this aspect of clinical neuropsychology. However, any applicant seeking either an adult or an age balanced internship experience should be very happy with the TUMC program.

A substantial percentage (approximately 40%) of the adult patients and a somewhat smaller number of the pediatric cases are (or will be) involved in litigation, affording an excellent opportunity for the intern to partake in and observe the full range of forensic neuropsychological activities, from patient evaluation to medical-legal conferences, discovery and perpetuation depositions, and trial testimony. The neuropsychology faculty is also actively involved with the Tulane Forensic Psychiatry Fellowship Program, which allows additional opportunities for the intern to be involved in a variety of primarily criminal forensic experiences, as well as an excellent year-long forensic didactic seminar. Forensic Neuropsychology is one of the primary strengths of the TUMC program, in terms of the range of both clinical experience and didactic training. Given the increasing frequency of involvement (intended or unintended) by neuropsychologists with attorneys and the legal system, knowledge of the complexities of forensic practice has become very important - and is likely to become more so.

Throughout the year, the neuropsychology intern will have full (supervised) responsibility for a minimum of one comprehensive (full day) outpatient evaluation and one or more brief (half day) evaluations conducted in the Neuropsychology Laboratory. The Neuropsychology Lab is the **primary** training site for the neuropsychology intern and for any general clinical intern taking an elective rotation.

2. Tulane University Medical Center Hospital:

The neuropsychology intern will respond to requests for consultations on patients hospitalized by staff neurologists or psychiatrists at the TUMC Hospital. The usual diagnoses include cerebral-vascular disease, epilepsy (often pre- and post-surgery), neoplasms, differential diagnostic questions between organic and functional factors, and other medical conditions presenting with an acute neurobehavioral change.

3. TUMC Neurology Clinics:

The Neurology Division maintains a variety of specialty clinics to evaluate, diagnose and treat patients with primary neurological disorders. Neuropsychology interns are welcome (and encouraged) to participate in these clinics, offering both assessment (usually comprehensive mental status evaluations) and therapy (individual psychotherapy with selected neurological patients and opportunities for educative-support groups for patients and families/primary caregivers) services.

The primary clinics include:

- 1) Adult General Neurology Clinic
- 2) Child Neurology Clinic
- 3) Epilepsy Clinic
- 4) Memory Disorders - Dementia Clinic
- 5) Multiple Sclerosis Clinic
- 6) Muscular Dystrophy and Muscle Disorder Clinic
- 7) Sleep Disorders Clinic

4. Medical Center of Louisiana (Charity Hospital) - Inpatient Psychiatry Units

The neuropsychology intern will spend approximately 10 -12 hours per week during the internship year on the inpatient psychiatry rotation. In addition to general clinical training with

adult patients presenting with a wide range of serious mental illness, there are ample opportunities for neuropsychological assessment at Charity. These units contain a high percentage of patients having combined psychiatric and neurologic diagnoses, as well as an unusually broad range of severe psychopathology. Intern responsibilities include neurodiagnostic assessment, participation in diagnostic and treatment conferences, leading patient groups (e.g. social skills), consultation with unit staff, and other related clinical activities. The adult track clinical intern also rotates on these units.

5. DePaul-Tulane Behavioral Health Center - Psychiatry Units

The neuropsychology intern will spend a limited amount of time per week during the internship year at DePaul. The DePaul-Tulane inpatient units, although primarily traditionally psychiatric in orientation, also include a strong focus on geriatric and medical psychiatry. Patients frequently have both neurologic and psychiatric problems and diagnoses. The neuropsychology intern primarily performs patient assessments, but can also be involved in therapeutic groups, and depending on personal interest, may see individual patients for psychotherapy. The adult and child clinical interns are also assigned to the DePaul inpatient units and the outpatient clinic.

6. Rehabilitation Introduction

Tulane University Medical Center does not currently offer a brain injury rehabilitation program, although this may change in the future, as our corporate partner (HCA Healthcare) is currently assimilating a number of medical resources in the Gulf South, with Tulane being the central hub of this health care system. One planned focus will be a rehabilitation facility, emphasizing the treatment of brain injuries and orthopedic disorders. At present, an introduction to the inpatient and outpatient rehabilitation of adult and pediatric neurological patients can be arranged with a member of the clinical faculty, several of whom are professionally located in hospital-based rehabilitation centers. Dr. Black is a member of the professional or consultation staffs of several of the area rehabilitation facilities.

An intern applicant desiring a **primary** or substantive rehabilitation training focus throughout the internship year would be better served by a different internship program, which offers brain injury rehabilitation as an integral and ongoing component of the internship experience. However, those interns seeking an introduction to this specialized area of neuropsychology within the context of a traditional assessment/treatment orientation will be well served by the opportunities offered within the Tulane program.

As mentioned in the discussion of training sites #4 and #5 above, the neuropsychology intern will be involved with the regular TUMC internship clinical training rotations, although to a lesser extent than the adult and child track clinical interns. This plan ensures that the neuropsychology intern will receive general clinical training, in addition to specific neuropsychological training, and also facilitates interaction within the total intern group. Please refer to the general internship brochure for more complete descriptions of these other clinical training opportunities.

Didactic Experiences

Formal didactic training is offered in weekly Neuropsychology Seminars, Psychodiagnostic Assessment Case Conferences, and Didactic Seminars conducted by the Psychology Division at Tulane; a joint weekly seminar program directed by the chiefs of neuropsychology at Tulane University Medical Center, Louisiana State University Medical Center and the Veterans Affairs Medical Center; and in a variety of case conferences and didactic seminars within the Neurology and Psychiatry Divisions, which are designed for third year medical clerkship students, residents, and other trainees/faculty. The available neurology/psychiatry conferences range from gross neuropathology (brain cutting) to neuroimaging and clinical case presentations, as well as a series of didactic seminars.

The primary Neuropsychology and Neurology Didactic Seminars and Conferences include the following:

1. **Neuropsychology Seminar** - a weekly case-based series, illustrating major theoretical, assessment, treatment and consultation issues; with a focus on neurobehavioral presentations and the clinical integration and interpretation of neuropsychological test results. Required for all interns.

2. **Psychodiagnostic Case Conference** - a weekly clinical case conference, approximately 25% of which is neuropsychological in nature. Required for all interns.

3. **Neuropsychology Journal Club** - a monthly discussion group focusing on pertinent and current clinical and research topics. Readings are assigned one week prior to the scheduled discussion group. Required for all interns.

4. **Advanced Neuropsychology Seminar** - a weekly multi-center neuropsychology seminar, covering topics ranging from functional neuropathology to clinical assessment techniques, test data interpretation, and the clinical presentation of common and uncommon neurobehavioral syndromes. Recommended for the neuropsychology intern and other interns interested in clinical neuropsychology.

5. **Neurology Case Conference** - a weekly conference which includes the discussion of particularly interesting or highly illustrative clinical cases and specific topics in clinical neurology. Required for the neuropsychology intern.

See the general Internship Brochure for other didactic programs scheduled for all clinical interns.

Optional Neurology/Neuropsychology Conferences and Didactics:

1. Gross Pathology (Brain Cutting) Conference
2. Neuroimaging Conference
3. Neurology Introductory Lecture Series (Medical Students)
4. Behavioral Neurology Seminar
5. Neurophysiology Conference (EEG)
6. Basic Neurology and Clinical Neurology Seminar (Residents)
7. Child Neurology Conference
8. Neuroradiology Conference

9. Neurology Journal Club
10. Psychiatry Grand Rounds

The Adult Psychiatry Division maintains an active accredited training Fellowship in Forensic Psychiatry. This program includes a series of regularly scheduled didactic sessions covering all aspects of criminal and civil forensic psychiatry, which are open to all interested psychology interns. Similarly, the Neurology Division sponsors a Behavioral Neurology Fellowship, with a series of open training and didactic experiences. In general, the neuropsychology intern spends an average of four to six hours weekly in didactic and training sessions specifically devoted to neuropsychological, neurobehavioral and clinical neurological topics.

The neuropsychology interns (as well as other interested clinical interns) are invited to join and attend the monthly scheduled evening meetings of the **New Orleans Neuropsychological Society (NONS)**, a 25 member professional association, comprised of licensed practicing psychologists from the greater New Orleans area who have a primary involvement in neuropsychological practice and training. This society meets monthly in a combined business and case presentation/didactic (as well as wine and cheese) session. The presentations include formal talks and case discussions by members, by other gulf south neuropsychologists and neurologists, and by special invited guests. The meetings are an excellent way to meet other New Orleans-based interns and psychologists, and to be involved in professional affairs at the local and regional level. NONS also sponsors a yearly continuing education seminar, which features full-day seminars, with primary speakers having a national reputation. Recent speakers have included Kenneth Heilman, MD, George Prignatano, Ph.D., and Glenn Larrabee, Ph.D.. Related presentations during these seminars have focused on ethical and forensic issues in neuropsychological practice, and other clinical practice-related matters.

Supervision

Supervision during each clinical rotation within the TUMC internship program, including neuropsychology, is of two types. The intern will have regularly scheduled weekly individual supervision (usually one to two hours per week). If additional formal supervision is necessary or requested, arrangements are made to meet this need. Because of the close geographical proximity and collegial nature of the psychology staff, informal supervision actually occurs with greater frequency than do the formal scheduled sessions. Typically, the neuropsychology intern meets briefly with the supervisor at the beginning of each day to discuss general activities and the patient scheduled for that day, at some point midway through the day to assess progress made during the course of the evaluation, and later in the day to go over preliminary test results or questions that have come up during the evaluation. Dr. Black conducts (or participates in) the clinical interview with each patient and observes the process of the evaluation several times during the course of the day. As indicated in the general Internship Brochure, the neuropsychology intern will have another supervisor assigned to each rotation site. Because of the twofold nature of the supervisory process, it is difficult to establish an exact number of hours typically spent in supervision. Perhaps best stated, there is a minimum of two hours of regularly

scheduled supervision time and a maximum amount of time which is mutually determined by the intern and supervisor.

Research

We consider involvement in research to be an integral component of comprehensive training in clinical neuropsychology. Research participation and publications/presentations are also among the criteria used to evaluate prospective applicants by post-doctoral training programs. Neuropsychology interns are strongly encouraged to become involved in ongoing faculty research projects or to devise their own studies with the collaboration of members of the staff. A study appropriate for presentation at a professional meeting (Academy of Aphasia, International Neuropsychological Society, or National Academy of Neuropsychology) or publication in a refereed neuropsychological journal is **expected** of those interns who have completed their dissertations before beginning or during the internship and are **strongly** recommended for those who have not. The neuropsychology Laboratory maintains a list of research project proposals that can be relatively readily completed from the available patient database.

Ongoing research projects that have been or are currently underway within the Laboratory include the following:

- 1) Clinical Utility of Premorbid Intelligence Estimates in Patients With Dementia of Alzheimer's Type (and in patients with closed head injury).
- 2) Study of the Effects of Emotional and Behavioral Factors on the Quality of Neuropsychological Test Performance in Litigating Patients.
- 3) Validity and Clinical Utility of Various Objective and Clinical Means of Detecting Malingering in patients with Mild Closed Head Injury.
- 4) Primary Site of Impact and Patterns of Neuropsychological Dysfunction in Patients with Mild and Moderate Closed Head Injury.
- 5) Toxic Exposure and Neurobehavioral Dysfunction in Litigating versus Non-litigating Patients.
- 6) Methodological Biases and Flaws in the Behavioral "Neurotoxic" Literature.
- 7) Clinical Utility of Various Measures of Attention (e.g. BTA, DVT) in Patients with CHI and Reported Toxic Exposure.
- 8) Impact of Forensic Status on Neuropsychological Test Performance after Closed Head Injury.
- 9) Factor Analytically Derived MMPI Subtypes After Closed Head Injury.

- 10) MMPI Findings and the Severity of Closed Head Injury.
- 11) Clinical Utility of the TOMM in Patients With Mild-Moderate Closed Head Injury.
- 12) Clinical Utility and Neurocognitive Validity of the Visual Search and Attention Test (VSAT) in Patients with Possible or Probable Brain Injury.
- 13) Relationship between Performance on Memory Measures (WMS-III) and the Test of Memory Malingering (TOMM) in patients with Closed Head Injury and Alleged Toxic Exposure.

Some of these studies have been dissertation topics, some have been published in the neuropsychological literature and many have been presented at the annual meetings of the International Neuropsychological Society and the National Academy of Neuropsychology. Others are ongoing at this date.

The Laboratory maintains a growing database of approximately 5,000 patient files from evaluations conducted during the past 20 years, providing a good source of material for a variety of relatively easily completed retrospective studies in many areas of clinical neuropsychology. The Neuropsychology Lab, the Medical School Library and the Tulane University uptown campus libraries provide computerized literature searches for clinical and research purposes. Medline and PsychScan searches can be carried out via computers located within the Neuropsychology Lab in the Tidewater Building and at the Psychiatry/Psychology office suite at DePaul-Tulane. High speed internet access is available via a number of Neuropsychology Laboratory and Department computers; individual internet connections (e.g. AOL or Earthlink) are allowed for interns who have their own computers. The availability of statistical consultation and computer resources within the Psychology Section, the Psychiatry and Neurology Department and the Medical School Computer Labs is of major use in completing dissertations and supporting other research. Both Apple Macintosh and IBM compatible computers are available in the Psychology Section; the neuropsychology intern office is furnished with a Macintosh computer. In addition to the opportunity to participate in ongoing research by the psychology and neuropsychology staff, there are also excellent chances for collaborative research with faculty behavioral neurologists, one specializing in the evaluation and treatment of patients with dementia and memory disorders (Dr. Seltzer) and the other (Dr. Foundas) with clinical and research interests in adult attention deficit disorders, the neurobehavioral (especially speech/language) effects of focal brain lesions and their relationship to quantitative neuroimaging.

In sum, although this is a clinical and not a research internship, participation in ongoing neuropsychological research is considered to be an important and integral element of the total internship experience.

Neuropsychology Elective Rotation

An elective minor rotation, consisting of approximately 10 hours per week, is offered for those interns desiring a basic introduction to the clinical practice of neuropsychology. This rotation is best characterized as "Essential Neuropsychology for the General Clinical Psychologist" or an expansion of experience in neuropsychology for applicants desiring a general clinical internship, but wishing to continue training in clinical neuropsychology. Several previous interns with doctoral level training in neuropsychology have taken this option and subsequently obtained post-doctoral fellowships in clinical neuropsychology. During the rotation, the training experience ranges over time from didactic readings and test familiarization to direct patient assessment and consultation. The intern will have the opportunity to administer, score and interpret neuropsychological test batteries under the supervision of the primary neuropsychologist and/or a post-doctoral fellow. Interns with previous training and clinical experience in clinical neuropsychology will have an increased level of patient responsibility. Additional training exposure and clinical experiences can be arranged, depending on the intern's interests (e.g. forensics, memory disorders-dementia clinic etc). The entire range of didactic experiences enumerated in the Appendix are also available to the elective rotation intern(s).

Facilities and Equipment

The neuropsychology intern occupies an office on the tenth floor of the Tidewater Building, adjacent to the offices of the other members of the Neuropsychology Laboratory. The office is equipped with a desk, testing table, bookshelves, file cabinet and related furniture, telephone, a Macintosh computer, and all necessary testing equipment. Other computer resources are located in various Departmental sites on the tenth floor, in the School of Public Health (located on the 12th floor of the Tidewater Building), the Medical School computer lab and at DePaul-Tulane.

Assessment materials, neuropsychological texts and related materials are maintained in the intern's office and in the Neuropsychology Laboratory. The Medical School library and the computer laboratory are excellent, and are located in the Medical Education Building, one block from Tidewater. Parking is available in the building or in adjacent outside parking lots.

Post-Doctoral Fellowship in Clinical/Forensic Neuropsychology

The Neuropsychology Laboratory at TUMC offers a one or two year APPIC listed post-doctoral fellowship in clinical/forensic neuropsychology. This program, which is designed in accordance with the recommendations of the 1998 Houston Conference on Specialty Education and Training in Clinical Neuropsychology, The program, which began in 1994, has thus far trained four post-doctoral fellows, and offers the prospective neuropsychology **intern** the possibility of continuing their clinical training in a consistent coherently organized fellowship, with a consistent philosophical approach and faculty group, increasing independent professional responsibility, and located in a single geographical area. Although TUMC neuropsychology interns are not automatically accepted for the fellowship, they have obvious advantages in the

selection process. The primary specialties of this fellowship are (1) outpatient neuropsychodiagnostic practice with children/adolescents and adults and (2) forensic (primarily civil) neuropsychology, with a strong emphasis on personal injury cases and legal competency issues. We also highly respect the wishes of TUMC interns to obtain fellowship training in other settings, with a different training focus, and with a faculty having other educational and clinical backgrounds. In such cases, we have been very successful in helping interns to obtain excellent and well-respected post-doctoral fellowships. See the listing of previous interns below.

Faculty

Primary Full-Time Neuropsychology Training Faculty

- F. William Black, Ph.D. (Boston College)
Professor, Divisions of Neurology and Adult Psychiatry
Director, TUMC Neuropsychology Laboratory
Director of Neuropsychology Training Programs, TUMC
Supervising Neuropsychologist, NOAH, D-TBHC
Adjunct Professor, University of New Orleans
Specialties: Adult and Child Neuropsychology, Forensic Issues, Malingering Detection, Traumatic Brain Injury, Toxic Exposure
- Philip T. Griffin, Ph.D., ABPP (CI) (University of South Carolina)
Professor, Division of Adult Psychiatry
Chief, Psychology Service, TUMC
Chief, Psychology Service, MCLNO
Chief, Psychology Service, DePaul-Tulane Behavioral Center
Consulting Psychologist: TUMC Pain Clinic
Specialties: Adult Clinical and Neuropsychology, Chronic Pain, Litigation Consultation
- Ann Foundas, M.D. (LSU Medical Center)
Associate Professor, Division of Neurology
Director, Behavioral Neurology Fellowship
Director, Neurology Residency Training Program
Specialties: Behavioral Neurology, Aphasia, Apraxia, MRI Measurement and Relationship to Neurobehavioral Disorders
- Angela B. Lane, Ph.D. (University of Florida)
Instructor, Division of Adult Psychiatry
Fellow in Clinical Neuropsychology
Child Neuropsychologist
Specialties: Child Neuropsychology, Developmental Disorders, Language Disorders, MRI Measurement and Relationship to Neurobehavioral Disorders
- Benjamin Seltzer, M.D. (Jefferson Medical College)
Professor, Division of Neurology

Director, Memory Disorders-Dementia Clinic
Staff Neurologist, VA Medical Center
Specialities: Behavioral Neurology, Basic Brain Research, Dementia and
Memory Disorders

Clinical Faculty

- Kevin Bianchini, Ph.D. (University of Miami)
Clinical Assistant Professor (Psychology)
Neuropsychologist, Rehabilitation Center of East Jefferson General Hospital
Specialities: Adult Neuropsychology, Neurocognitive Rehabilitation, Toxic
Exposure, Forensic Issues
- Grant Butterbaugh, Ph.D. (Western Michigan University)
Clinical Assistant Professor (Psychology)
Assistant Professor of Psychiatry (Psychology), LSUHSC
Child Neuropsychologist
Specialities: Child Neuropsychology, Traumatic Brain Injury, Rehabilitation,
Autistic Spectrum Disorders
- Lee Matthews, Ph.D., ABPP (CI) (University of Mississippi)
Clinical Assistant Professor (psychology)
Staff Clinical and Neuropsychologist, DePaul-Tulane Behavioral Health Center
Child Neuropsychologist
Specialities: Clinical and Child Neuropsychology, inpatient treatment of pediatric
neuropsychiatric disorders

Application

Intern applicants seeking the dedicated neuropsychology track should complete the standard Tulane Medical Center Internship application (APPIC Form), emphasizing their interests and neuropsychological experiences in the relevant sections of this form. In addition, the applicant should write a letter of intent directly to Dr. Black, including the Neuropsychology Training Checklist and providing a statement of their ultimate professional goals, expectations for the internship year and any other relevant information regarding their experiences and training in neuropsychology.

Prospective applicants desiring further information regarding the philosophy and basic ideas underlying this program are referred to the following publications:

Black, F.W.(1986): Internship training in clinical neuropsychology: One model. Professional Psychology: Research and Practice, 17, 308-312. (This represents a preliminary effort to delineate the training experiences which are now integrated within the TUMC internship)

Division 40/INS Joint Task Force on Education, Accreditation, and Credentialing (1987): Reports of the Division 40/INS Joint Task Force on Education, Accreditation, and Credentialing. The Clinical Neuropsychologist, 1, 29-34.

Hannay, H.J. et al. (1998): Proceedings of the Houston Conference on Specialty Education and Training in Clinical Neuropsychology. Archives of Clinical Neuropsychology. 13, 157-249.

Intern applications are welcomed from students enrolled in recognized programs offering the Ph.D. in clinical neuropsychology, from APA approved clinical programs with a strong neuropsychology specialty track, and from exceptionally well qualified applicants from other programs. We expect that all applicants for this position will have formal graduate training and practicum experiences in neuropsychological assessment with children and adults, some formal background in other areas of clinical neuropsychology (eg. functional neuroanatomy, introduction to pathological conditions resulting in neurobehavioral symptoms, learning disorders, etc), and will have administered a reasonable number of complete neuropsychological batteries (whatever the theoretical approach utilized). This internship position is **not** intended as a means of obtaining preliminary education and training in clinical neuropsychology nor for individuals having very limited previous background in this specialty.

We suggest that applicants who have a strong interest in the Tulane Program have a familiarity with the following standard texts before beginning the training year:

Lezak, M.D. (1995): Neuropsychological Assessment (Third Edition). Oxford University Press, New York.

Spreen, O. & Strauss, E. (1998): A Compendium of Neuropsychological Tests (Second Edition). Oxford University Press, New York.

Strub, R.L. & Black, F.W. (1999): The Mental Status Examination in Neurology (Fourth Edition). F.A. Davis, Philadelphia.

Strub, R.L. & Black, F.W. (1988): Neurobehavioral Disorders: A Clinical Approach. F.A. Davis, Philadelphia. (or a similar text broadly covering the various neurobehavioral disorders)

The Laboratory also routinely uses the following normative materials:

Heaton, R.K, Grant, I. & Matthews, C.G.(1991): Comprehensive Norms for an Expanded Halstead-Reitan Battery. Psychological Assessment Resources, Odessa, Florida.

Mitrushina, M.N., Boone, K.B. & D'Elia, L.F.(1999): Handbook of Normative Data for Neuropsychological Assessment. Oxford University Press, New York.

The normative source texts are available in the Neuropsychology Laboratory, as are a large number of standard texts and journals in the field.

Prospective applicants with questions of any type should email, call or write Dr. Black at the following addresses or numbers to ensure that you have a full understanding of our program. Email is usually the most efficient way to communicate and will result in a more rapid response.

F. William Black, Ph.D.

Director of Neuropsychology Lab and Clinical Training in Neuropsychology
Department of Psychiatry and Neurology
Tulane University Medical Center
1440 Canal Street TB52
New Orleans, LA 70112

(504) 588-5407 (Voice)
(504) 585-6451 (FAX)
black@tulane.edu (email)

Appendix

1. Previous Neuropsychology Interns

Name	Home University	Current Position
Davis, Robert	USoMiss	Private (NP) Practice – Rostow & Davis, Baton Rouge, LA
Gorden, Amy	Drexel U	Post-doc – TUMC Group (NP) Practice, Washington, DC
Hall, Joanne	UNoTexas	Group (NP) Practice – Austin, TX
Hauck, Margaret	UConnecticut	Assist. Professor of Psychiatry – LSUHSC Neuropsychologists – Touro Rehabilitation Center, NO, LA
Kasper, Elizabeth	UNoTexas	Post-doc - Braintree Rehabilitation Hospital Braintree, MA Group (NP) Practice, Sarasota, FL
Lane, Angela	UFlorida	Post-doc – TUMC Instructor, Division of Psychiatry, TUMC
McClain, Mary Ellen	HannemannU	Current NP Intern
Nowell, David	UAlabama	Post-doc - Fairlawn Rehabilitation Hospital, Worcester, MA Group (NP) Practice, Worcester, MA
Scott, James	Texas A&M	Post-doc - University of Oklahoma Health Sciences Center, Oklahoma City, OK Associate Professor of Psychiatry, UOHSC
Solomon, Mark	Texas TechU	Post-doc - Brown University Neuropsychology Consortium, Providence, RI Group (NP) Practice, Long Island, NY
Tomaszewski, Sarah	UNoTexas	Post-doc - UCalifornia - Davis
Wasserman, John	UMiami (FL)	Post-doc - LSUHSC-TUMC Chief, Test Development Department, Riverside Publishing Company, Chicago

2. Reading List

Assigned Reading:

Lezak, M.D.: Neuropsychological Assessment. Oxford University Press, New York, 1995.

Strub, R.L. & Black, F.W.: The Mental Status Examination in Neurology. F.A. Davis, Philadelphia, 1999.

Sweet, J.T. (ed): Forensic Neuropsychology. Swets & Zeitlinger, Lisse, The Netherlands, 1999.

Optional and Recommended Reading - Available In Neuropsychology Library:

Feinberg, T.E. & Farah, M.J. (eds): Behavioral Neurology and Neuropsychology. McGraw-Hill, New York, 1997.

Groth-Marnat, G. (ed): Neuropsychological Assessment in Clinical Practice. John Wiley, New York, 2000.

McCaffrey, R.J., Williams, A.D., Fisher, J.M. & Laing, L.C. (eds): The Practice of Forensic Neuropsychology. Plenum Press, New York, 1997.

Snyder, P.J. & Nussbaum, P.D. (eds): Clinical Neuropsychology; A Pocket Handbook for Assessment. American Psychological Association, Washington, 1998.

Spreen, O. & Strauss, E.: A Compendium of Neuropsychological Tests (2nd Edition). Oxford University Press, New York, 1998 .

Mitrushina, M.N., Boone, K.B., & D'Elia, L.F.: Handbook of Normative Data for Neuropsychological Assessment. Oxford University Press, New York, 1999 .

Journals and Journal Articles

Assigned:

Loring, D.W. & Meador, K.J.: Neuropsychology for Neurologists. Presented at the Annual Meeting of the American Academy of Neurology, May 1995, 1-8.

Keefe, R.S.E.: The Contributions of Neuropsychology to Psychiatry. American Journal of Psychiatry, 1995 152(1), 6-15.

Optional; Available Neuropsychology Library

Archives of Clinical Neuropsychology	1986 to present
The Clinical Neurologist	1987 to present
Journal of Clinical and Experimental Neuropsychology	1979 to present

Journal of the International Neuropsychological Society	1995 to present
Journal of Forensic Neuropsychology	1999 to present
Journal of Head Trauma Rehabilitation	1991 to present
Neuropsychology	1993 to present

3. Neuropsychology Didactic Schedule

1. Neuropsychology Seminar - Weekly (Friday) - Required of All Interns

Faculty: Drs. Black, Lane, Foundas, Clinical Faculty & Invited Speakers

Combined Lecture, Discussion and Case Presentation Conference Designed to cover the essential aspects of clinical neuropsychology for practicing clinicians, covering the general areas of:

- a. Philosophy and Purposes of the Clinical Assessment
- b. Functional Neuroanatomy, With NP Test and Clinical Correlation
- c. Assessment Techniques - Administration, Scoring & Interpretation
- d. Neurological and Neurobehavioral Disorders - Clinical Presentation
- e. Forensic Neuropsychology
- f. Ethical Issues in Neuropsychological Practice
- g. Roles of the General Clinician in Neuropsychological Cases
- h. Special Topics - Upon Request by the Interns

2. Joint TUMC. LSUMC & VAMC Advanced Neuropsychology Seminar Weekly - Required of Neuropsychology Intern, Optional for Others

Faculty: Drs. Black, Butterbaugh, Gibson & Mendoza

Similar to #1, Except Specific to Interns In Clinical Neuropsychology Tracks and Presentation Levels Are Somewhat More Specific and Detailed than those in the TUMC Neuropsychology Seminar

3. Psychodiagnostic Case Conference - Weekly (Friday) - Required of All Interns

Faculty: All Adult Psychology Faculty

Presentation of Individual Cases, With Discussion of Diagnostic Material and Interpretation

Approximately 25% of the cases presented during the year are neuropsychological in nature.

4. Neuropsychology Journal Club - Monthly (Friday) - Required of All Interns

Faculty: Drs. Lane & Black

Discussion of Assigned Journal Articles Representing Various Topics in Child and Adult Neuropsychology

5. Neurology Case Conference - Weekly (Tuesday) - Required of Neuropsychology Intern

Faculty: All Neurology and Neuropsychology Faculty; Invited Speakers

Case or Topic Presentation and Discussion

6. Forensic Psychiatry Training Seminar - Weekly (Friday) - Suggested for Neuropsychology Intern and Those Interested in Forensic Issues

Faculty: All Forensic Psychiatry Faculty (including Dr. Black); Invited Speakers

Comprehensive seminar designed for Forensic Fellows that covers all aspects of forensic mental health, including history, case law, assessment and related topics

7. Optional Conferences and Didactic Seminars

- a. Neurophysiology Conference - Weekly
- b. Basic Neuroscience and Clinical Neurology Seminar - Weekly
- c. Child Neurology Conference - Weekly
- d. Combined Neurology-Neurosurgery-Neuroradiology Conference - Weekly
- e. Neurology/Neurosurgery Lecture - Weekly
- f. Gross Neuropathology (Brain Cutting) Conference - Various
- f. Medical Student Basic Neurology Lectures - Various
- g. Psychiatry Case Conference - Weekly

4. Typical TUMC Adult Neuropsychological Battery

Clinical Interview:

TUMC Neuropsychology Interview & Interview Form
Neuropsychological Symptom Questionnaire

General Cognitive Functioning:

Wechsler Adult Intelligence Scale - III
Wide Range Achievement Test - III

Premorbid Estimate of Intelligence:

Vanderploeg/Schinka Formula
OPIE Formula
WRAT-III Reading
Academic Records

Language:

Peabody Picture Vocabulary Test -3 (single word comprehension)
Boston Naming Test (visual confrontation naming)
Controlled Oral Word Association Test (verbal fluency and word finding)
Animal Naming (verbal fluency)
Revised Token Test (when necessary)
Spreen-Benton Repetition Test (when necessary)

Memory:

Wechsler Memory Scale - III
Rey Auditory Verbal Learning Test
Recall + Recognition Components of Rey-Osterrieth Complex Figure

Higher Cognitive Functions:

Wisconsin Card Sorting Test (Heaton)
Booklet Category Test

Attention + Concentration:

Behavioral Rating Forms
Brief Test of Attention (auditory)
Digit Vigilance Test (visual)
Paced Auditory Serial Addition Test or CPT (when necessary)

Visual, Spatial + Constructional Functions:

Trail Making Test
Rey-Osterrieth Complex Figure Test
Judgment of Line Orientation
Hooper Visual Organization Test (when necessary)

Sensory + Motor Functions:

Visual Fields
Finger Tip Writing Recognition
Finger Tapping Test
Grooved Pegboard Test

Measures of Level of Effort and Dissimulation:

Test of memory Malingering (TOMM)
Word Memory Test
Portland Digit Recognition Test (Abbreviated)
MMPI-2 Validity Indices
Wahler Pain Inventory
Neuropsychological Symptom Inventory

Emotional Functioning:

Beck Anxiety Inventory
Beck Depression Inventory
Wahler Pain Inventory
MMPI-2
MCMI-2 (when appropriate)

5. WEEKLEY SCHEDULE

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
7:00						
7:30						
8:00	Charity Hospital	Charity Hospital	Neuropsychology Laboratory	Charity Hospital	Charity Hospital	
8:30	/	/	COMPREHENSIVE EVALUATION	/	/	
9:00						
9:30						
10:00						
10:30						
11:00						
11:30		Neurology Case Conference				
12:00						
12:30						
1:00	NP Supervision – Tidewater	Neuropsychology Laboratory			DePaul-Tulane Behavioral Health Center	Psychodiagnostic Case Conference
1:30		SHORT EVALUATION				
2:00	DePaul-Tulane Behavioral Health Center	/			/	Psychology Didactic
2:30	/					
3:00			Neuropsychology Didactic			
3:30						
4:00						
4:30						
5:00						