

Clinical Neuropsychology Associates (CNA)

Postdoctoral Fellowship in Neuropsychology

Training Manual



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Introduction

Clinical Neuropsychology Associates (CNA) is a private, outpatient, group practice that is dedicated to providing clinical services, training and education, and clinical research in the field of neuropsychology. The founding partners, Dr. John Gordon and Dr. David Massari, opened the practice in 1984. As such, CNA is the longest established, private neuropsychology practice in the Philadelphia area.

CNA's clinical services include diagnostic assessment (neuropsychological testing) and consultation services regarding medical, psycho-educational, forensic and rehabilitation issues. In addition to providing neuropsychological evaluations, CNA offers treatment services, including cognitive rehabilitation and individual psychotherapy to patients who have a neurologic illness or trauma.

Our clinical staff hold faculty appointments at local universities and provide education and training, as well as clinical supervision to doctoral level and post-doctoral level students. We have also published in the field of neuropsychology and spoken at local and national conferences. Two of our senior neuropsychologists are diplomates with Board certification in clinical neuropsychology.

Program Structure

The CNA Postdoctoral Fellowship in Clinical Neuropsychology closely follows the guidelines on training and education in neuropsychology recommended by the Houston Conference, the American Psychological Association's Division 40 (Clinical Neuropsychology), and the Association of Psychology Postdoctoral and Internship Centers' (APPIC) criteria for membership. The training program does require two years of full-time education and training. All Fellows will accrue a minimum of 4000 training hours. Our primary goal is to prepare the postdoctoral Fellow for independent practice and board certification in neuropsychology.

Philosophy and Goals

The CNA training program follows a scientist-practitioner model of training. Fellowship training is structured as a step toward eventual independence as a professional neuropsychologist. CNA hopes to attract well-trained applicants who have demonstrated competence in basic neuropsychology skills and who are ready for an introduction to a more advanced clinical environment. Our goal is to train these doctoral level psychologists in the pursuit of excellence in the specialty of neuropsychology in adherence with the expectations of the Academy of the American Board of Professional Neuropsychology. We are committed to discussing ethical decision making with Fellows, as well. We aim to train psychologists in the pursuit of excellence in clinical psychology.

Each Fellow, during initial supervisory sessions with his/her supervisors, reviews his/her current knowledge and skill levels across all competencies and discusses individual training goals. Training goals are modified as the Fellow progresses through the Fellowship. Additionally, as the Fellow's competency levels evolve and develop throughout the year, greater independence and autonomy are expected, as well as movement toward a more collaborative and consultative relationship with supervisors. This progression is consistent with literature that addresses the expectation of progressive, developmental changes related to Fellowship training in general, and also responds to changes in the Fellow's conceptual and technical/procedural skill maturation during Fellowship.

In accordance with the Houston Conference Guidelines, the CNA residency provides clinical and didactic training to produce an advanced level of competence in the specialty of clinical neuropsychology and to complete the education and training necessary for independent practice in the specialty. The program goals are outlined below:

1. Train neuropsychology practitioners in understanding brain-behavior relationships
2. Foster neuropsychology practitioners who excel in test administration, interpretation, and differential diagnosis

3. Develop neuropsychology practitioners who are fully capable of and excel in interacting in a multidisciplinary context with medical personnel, other non-medical professional staff, parents, and paraprofessionals
4. Assist neuropsychology practitioners in becoming future leaders in the field of neuropsychology

Didactics

In accordance with the Houston Conference guidelines, Fellows are expected to obtain the following knowledge base through education, clinical training, and didactic seminars:

Foundations for the study of brain-behavior relationships

- Functional neuroanatomy
- Neurological and related disorders including their etiology, pathology, course and treatment
- Non-neurologic conditions affecting Central Nervous System (CNS) functioning
- Neuroimaging and other neurodiagnostic techniques
- Neurochemistry of behavior (e.g., psychopharmacology)
- Neuropsychology of behavior

Foundations for the practice of clinical neuropsychology

- Specialized neuropsychological assessment techniques
- Specialized neuropsychological intervention techniques
- Research design and analysis in neuropsychology
- Professional issues and ethics in neuropsychology
- Practical implications of neuropsychological conditions

At CNA, the post-doctoral Fellows will participate in at least two hours of didactic training per week. Didactic training also includes but is not limited to monthly neuropsychology didactic seminars, case review, lectures, observation, webinars, and article review and discussion.

Fellows will meet regularly with other residents of the AABN consortium to discuss presentations and clinical issues. Fellows are expected to actively participate in these training opportunities by participating in question and answer, preparing in advance for seminars/discussions, presenting their counseling/assessment cases, reviewing and discussing articles, generating their own topic to present during weekly seminars, and providing feedback regarding the content and frequency of didactics to supervisors. The monthly didactic seminars cover a variety of topics, including but not limited to:

- Neuroanatomy
- Dementia
- Parkinson's
- ADHD/Learning Disability
- Stroke
- Mild traumatic brain injury
- Epilepsy
- Neurodegenerative disorders
- Professional issues

- Geriatric neuropsychology
- Forensic neuropsychology

Additional Resources:

- Webinars & Podcasts (Free to students)
 - KnowNeuropsychology Lecture Recordings
 - <https://knowneuropsych.org/past-lectures-page/>
 - Lectures cover topics including but not limited to: epilepsy, dementia, concussion, pediatric brain tumors, autism spectrum disorder, rehabilitation, progressive supranuclear palsy, multiple sclerosis
 - National Academy of Neuropsychology (NAN)- Navigating Neuropsychology
 - <https://podcasts.apple.com/us/podcast/navigating-neuropsychology/id1428091619>
 - Topics include but are not limited to: functional neurological disorders, Huntington's disease, traumatic brain injury, stroke, sport related concussion, frontal brain tumor
- Additionally, CNA is willing to pay the registration fee for trainees interested in attending various conferences. For example, NAN 2023 is in Philadelphia, PA.
- Neuropsychologists at CNA have historically been involved in research projects students are involved in, including research incorporating de-identified data from the practice. We have also served on numerous dissertation committees over the years.
- AABN consortium didactic opportunities are provided throughout the year.

Physical Facilities, Benefits, & Professional Relationships

Physical Facilities

Primary training is provided at our main office in Philadelphia, PA. Supervision is provided on-site and in person unless there are extenuating circumstances (e.g., illness, inclement weather). CNA has one satellite office (Southampton, PA) within the surrounding area, and Fellows may be asked to train at a satellite office during their Fellowship.

Salary and Benefits

Each Fellow earns a salary of \$40,000 during both years. CNA offers professional liability insurance, paid vacation, sick leave, and major holidays. In addition, the Fellow receives \$1,500 toward professional organizations and continuing education. \$150 toward health insurance is available if the Fellow needs.

Each Fellow is provided access to an office, computer and printer, access to electronic scoring, phone and voicemail, and an electronic calendar. Each Fellow will be provided with a laptop computer.

Professional Relationships

Fellows have the opportunity to interact with other trainees in neuropsychology at CNA of various positions (e.g., interns, externs).

Supervision

Residents receive a minimum of two hours per week of supervision for the duration of the training experience. Supervision is specifically intended to provide supervision of the services rendered by the Fellow, and supervisors are responsible for each case, report, and patient of the Fellow.

Application Procedures

Our department offers 1 or more full-time two-year post-doctoral neuropsychology training positions which typically start on or about August 1st.

Requirements to Apply

Minimal requirements are a doctorate degree in Psychology from an APA accredited program, graduate training in neuropsychological assessment, and an APA or CPA approved predoctoral internship; 50% focus on neuropsychology preferred. All applicants must have defended their dissertation by the beginning of the Fellowship.

Applicants with Disabilities

Applicants with disabilities are encouraged to apply and to contact the Director of Training to discuss any needs with regard to the application and interview process.

How to Apply

- Cover letter (including a statement of career goals, statement of interest, not exceeding two single-spaced pages)
- Graduate program transcript(s) (submitted directly to Dr. Esposito)
- Curriculum Vitae
- 3 letters of recommendation
- 2 de-identified neuropsychological reports

Interested applicants should send materials via email or fax to the following:

Joely P. Esposito, PsyD, ABN
Email: jesposito@cnapilly.com
Phone: 215-735-2505
Fax: 215-735-2504

Selection and Notification

Applications will be reviewed and, based on the review, interviews will be arranged. In-person and video-chat interviews may be acceptable.

Applicants may participate in postdoctoral matching programs (APPCN and/or APPIC). However, CNA does NOT participate in any applicant-site matching services. We reserve the right to offer a residency position to any applicant prior to the applicant registering for the match. If an applicant then accepts the position offered, they are obligated not to register for the match. If the position is not filled by the match date, then any applicant who is continuing to seek a residency position subsequent to the match date may be considered eligible for our postdoctoral training position.

Training Program Members

Joely P. Esposito, PsyD, ABN

- Board certified neuropsychologist (American Board of Professional Neuropsychology)
- Director of Training, Neuropsychology Residency Program
- Senior neuropsychologist
- Licensed psychologist

Edward A. Maitz, PhD, ABN

- Board certified neuropsychologist (American Board of Professional Neuropsychology)
- Senior neuropsychologist
- Licensed psychologist

EVALUATIONS

Evaluation of Resident

Keeping a log of all activities during the course of the training experience is expected. The supervisor meets with the Fellow at months 6, 12, 18 and 24 of the residency. Fellows are evaluated on the core domains identified by the Houston Conference (i.e., assessment, treatment and intervention, consultation, research, and supervision), and in consideration of individual training goals of the Fellow.

Knowledge base and professional practice are rated on structured rating forms. The primary supervisor meets with the Fellow to review faculty ratings at the time of evaluation. If areas of weakness are identified, a plan for skill development is formed with the Fellow.

Upon both complete and incomplete exit of the training program, Fellows will participate in an exit interview with a member of the ABN Postdoctoral Training Program Accreditation Committee. Those exempt from the interview will be Fellows who have been dismissed from the training program unless the Fellow desires participation. The aim of this interview is to discuss the training experience and to maintain that the training program is adhering to the ABN training expectations for accreditation.

FELLOW PRACTICE COMPETENCIES

Completion Criteria

Upon completion of the training program, Fellows will (a) demonstrate competence in the areas of focus of the training program, (b) demonstrate competence in individualized Fellow training needs, and, (c) meet exit criteria as set forth by the Houston Conference guidelines, including:

1. Advanced skill in neuropsychological evaluation, treatment and consultation to patients and professionals sufficient to practice on an independent basis;
2. Advanced understanding of brain-behavior relationships;
3. Scholarly activity, (e.g., presentation at a monthly didactic meeting, submission of a study or literature review for publication, submission of a grant proposal or outcome assessment); and,
4. Eligibility for state or provincial licensure or certification for the independent practice of psychology.

Specific competencies include and are not limited to:

1. Detailed knowledge of neurobehavioral syndromes and psychiatric diagnoses
2. Working knowledge of major neurological disorders
3. Working knowledge of functional neuroanatomy
4. Ability to take a comprehensive history
5. Ability to observe and report on behavioral characteristics based on interview contact.
6. Ability to develop differential diagnoses based on the interview
7. Ability to select a neuropsychological assessment approach that is responsive to the interview presentation and context of referral
8. Ability to administer, score, and interpret cognitive, motor, sensory, and affect including appreciation of factors to consider in interpreting a patient's performance and the selection of proper norms
9. Ability to formulate a diagnostic impression that integrates history and examination findings
10. Ability to provide appropriate recommendations for ongoing treatment and evaluation.
11. Ability to operate effectively in a multidisciplinary environment and know the roles of other professional providers and the role of neuropsychology within that framework
12. An understanding of the common ethical dilemmas that arise in neuropsychological consultation and awareness of a process to work to a resolution of these dilemmas

GRIEVANCE/DUE PROCESS PROCEDURES

In the event of (a) Fellow concerns (e.g., supervisor competence, quality of supervision, unfair or ethical treatment), (b) performance evaluation concerns (e.g., inaccurate or misleading evaluation), or (c), general employment disputes, CNA maintains Grievance and Due Process Procedures. All Grievance and Due Process Complaints are documented, placed in the Fellow's training file and are reported to the ABN Postdoctoral Training Accreditation Committee.

Grievance Procedure

CNA and all staff encourage Fellows to request help should any problem arise. The Grievance Procedure is to be invoked when he or she has a complaint (e.g., evaluation, supervision, stipend, working conditions, harassment, etc.) about the training program.

- If the Fellow has concerns about the competence of their supervisor, the quality of supervision provided, or feels that he/she is being treated in an unfair or unethical manner, he/she is first encouraged to discuss this matter directly with the supervisor. If the problems do not resolve, the Fellow is encouraged to discuss the matter with the Clinical Director, Dr. Esposito.

Due Process Procedure

CNA's Neuropsychology Residency Training Program is committed to conducting all activities in strict compliance with the American Psychological Association's Ethical Principles and Code of Conduct for Psychologists. Further, the training program is committed to helping Fellows achieve training goals and competence through ongoing feedback, supervision and formal evaluation. In those instances where the Fellow is perceived to be failing to meet reasonable performance standards, the training program will utilize the following procedure.

The training program will comply with all legal and ethical responsibilities to be nondiscriminatory in the treatment of Fellows. The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. Due process ensures that decisions about Fellows are not arbitrarily or personally based. It requires that the training program identify specific procedures which are applied to all Fellow complaints, concerns and appeals.

Problematic Behavior: Problematic Behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
2. An inability to acquire professional skills in order to reach an acceptable level of competency, and/or

3. An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning.

Residents may exhibit behaviors, attitudes or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problematic behavior typically becomes identified when one or more of the following characteristics exist:

1. The Fellow does not acknowledge, understand, or address the problem when it is identified;
2. The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. The quality of services delivered by the Fellow is sufficiently negatively affected;
4. The problem is not restricted to one area of professional functioning;
5. A disproportionate amount of attention by training personnel is required; and/or
6. The Fellow's behavior does not change as a function of feedback, remediation efforts, and/or time.

Basic Procedures: If a Fellow receives an "unacceptable rating" from any of the evaluation sources in any of the major categories of evaluation, or if a staff member or another Fellow has concerns about a Fellow's behavior (e.g., ethical or legal violations, professional incompetence, etc.), the following procedures will be initiated:

- In some cases, it may be appropriate to speak directly to the Fellow about these concerns. This decision is made at the discretion of the staff or Fellow who has concerns.
- Once the training staff has been informed of the specific concerns, they will determine if and how to proceed with the concerns raised.
- If the alleged behavior in the complaint, if proven, would constitute a serious violation, the Director of Training will take action and the supervisor and/or Director of Training will meet with the Office Manager to discuss possible course of actions.

Notification Procedures to Address Problematic Behavior or Inadequate Performance: It is important to have meaningful ways to address problematic behavior once identified. In implementing remediation or sanctions, the training staff must be mindful and balance the needs of the problematic Fellow, the patients involved, members of the Fellow's training group, the training staff, and other agency personnel. All evaluative documentation will be maintained in the Fellow's training file.

1. **Verbal Notice** to the Fellow emphasizes the need to discontinue the inappropriate behavior under discussion.
2. **Written Notice** to the Fellow formally acknowledges:
 - a) that the supervisor is aware of and concerned with the behavior,
 - b) that the concern has been brought to the attention of the Fellow,

- c) that the supervisor will work with the Fellow to rectify the problem or skill deficits, and
- d) that the behaviors of concern are not significant enough to warrant more serious action.

3. **Second Written Notice to the Fellow** will Identify Possible Sanction(s) and describe the remediation plan. This letter will contain:
 - a) a description of the Fellow's unsatisfactory performance;
 - b) actions needed by the Fellow to correct the unsatisfactory behavior;
 - c) the time line for correcting the problem;
 - d) what sanction(s) may be implemented if the problem is not corrected; and
 - e) notification that the Fellow has the right to request an appeal of this action.

If at any time the Fellow disagrees with the aforementioned notices, the Fellow can appeal (*see below discussion on appeal procedures*).

Remediation and Sanctions. The implementation of a remediation plan with possible sanctions should occur only after careful deliberation and thoughtful consideration of the supervisor, the Director of Training, relevant members of the training faculty and staff. The remediation and sanctions listed below may not necessarily occur in that order. The severity of the problematic behavior plays a role in the level of remediation or sanction.

1. **Schedule Modification** is a time-limited, remediation-oriented closely supervised period of training designed to return the Fellow to a more fully functioning state. Modifying a Fellow's schedule is an accommodation made to assist the Fellow in responding to personal reactions to environmental stress, with the full expectation that the Fellow will complete the residency. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the Director of Training. Several possible and perhaps concurrent courses of action may be included in modifying a schedule.

These include:

- a) increasing the amount of supervision, either with the same or additional supervisors;
- b) change in the format, emphasis, and/or focus of supervision;
- c) recommending individual therapy;
- d) reducing the Fellow's clinical or other workload;
- e) requiring specific academic coursework.

The length of a schedule modification period will be determined by the supervisor in consultation with the Training Director. The termination of the schedule modification period will be determined, after discussions with the Fellow, by the supervisor in consultation with the Training Director.

2. **Probation** is also a time limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the Fellow to complete the residency and to return the Fellow to a more fully functioning state. Probation defines a relationship

in which the supervisor systematically monitors for a specific length of time the degree to which the Fellow addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The Fellow is informed of the probation in a written statement that includes:

- a) the specific behaviors associated with the unacceptable rating;
- b) the remediation plan for rectifying the problem;
- c) the time frame for the probation during which the problem is expected to be ameliorated; and,
- d) the procedures to ascertain whether the problem has been appropriately rectified.

If the supervisor determines that there has not been sufficient improvement in the Fellow's behavior to remove the Probation or modified schedule, then the supervisor will discuss with the training faculty possible courses of action to be taken. The supervisor will communicate in writing to the Fellow that the conditions for revoking the probation or modified schedule have not been met. This notice will include a revised remediation plan, which may include continuation of the current remediation efforts for a specified time period or implementation of additional recommendations. Additionally, the supervisor will communicate that if the Fellow's behavior does not change, the Fellow will not successfully complete the training program.

3. Suspension of Direct Service Activities requires a determination that the welfare of the Fellow's patient(s) has been jeopardized. When this determination has been made, direct service activities will be suspended for a specified period as determined by the supervisor and/or Director of Training. At the end of the suspension period, the Director of Training, will assess the Fellow's capacity for effective functioning and determine if and when direct service can be resumed.

4. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges at CNA. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the residency, this will be noted in the Fellow's training file and the ABN Postdoctoral Training Accreditation Committee will be informed. The Director of Training will inform the Fellow of the effects the administrative leave will have on the Fellow's stipend and accrual of benefits.

5. Dismissal from the Training Program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior or concerns and the Fellow seems unable or unwilling to alter her/his behavior, the Director of Training will discuss the possibility of termination from the training program. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a patient is a major factor, or the Fellow is unable to complete the training program due to physical, mental or emotional illness. The Training Director will make the final decision about dismissal, following consultation with the ABN Postdoctoral Training Accreditation Committee.

6. Immediate Dismissal involves the immediate permanent withdrawal of all CNA responsibilities and privileges. Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a patient is a major factor, or the Fellow is unable to complete the training program due to physical, mental or emotional illness. In addition, in the event a Fellow compromises the welfare of a patient(s) or a CNA staff member by an action(s) which generates grave concern from the supervisor, training faculty, or Director of Training, the Fellow may be directly dismissed from CNA. This dismissal may bypass steps identified in notification procedures and remediation and sanctions alternatives. When a Fellow has been dismissed, the Director of Training will notify the ABN Postdoctoral Training Accreditation Committee.

If at any time a Fellow disagrees with the aforementioned sanctions, the Fellow can implement appeal procedures.

Appeal Procedures: In the event that a Fellow does not agree with any of the aforementioned notifications, remediation or sanctions, or with the handling of a grievance – the following appeal procedures should be followed:

- The Fellow should file a formal appeal in writing with all supporting documents, with the Director of Training. The Fellow must submit this appeal within 5 work days from their notification of any of the above (notification, remediation or sanctions, or handling of a grievance).
- Within three work days of receipt of a formal written appeal from a Fellow, the Director of Training will consult with members of the training faculty and then decide whether to implement a review with ABN Postdoctoral Training Accreditation Committee or respond to the appeal without a review being convened.