
The Pre-doctoral Internship Training Program in Psychology

INTERNSHIP BROCHURE

July 2009 – June 2010

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Introduction

The Pre-doctoral Internship Training Program in Psychology at Baylor Institute for Rehabilitation is a new internship program providing training in clinical psychology and rehabilitation/ neuropsychology. The program is designed to enhance a trainee's general clinical skills and provide specialized training in rehabilitation/health psychology and neuropsychology. We are a member of the Association of Psychology Postdoctoral and Internship Centers. The internship program follows a Practitioner-Scholar model of clinical training, incorporates 2000 hours of supervised clinical experience and provides an experience that meets the one year of pre-doctoral supervised clinical training required for licensing as a psychologist.

Two pre-doctoral interns will participate in the 12 month training program on a full time basis. Our full time faculty includes three licensed psychologists who work on site full time. We are anticipating hiring a fourth psychologist within the 2009-2010 training year that will also be involved in the training program in a supervisory capacity.

Baylor Institute for Rehabilitation (BIR)

Our Mission

*Guided by God's purpose and a commitment to exemplary care,
we empower each mind, body and spirit to reach its fullest potential.*

Helping people overcome serious disabilities and restoring them to full, productive lives is the goal of the clinical staff at the 92-bed, not-for-profit Baylor Institute for Rehabilitation. BIR offers intense, highly specialized rehabilitation services for traumatic brain injuries, spinal cord injuries, strokes and other orthopaedic and neurological disorders. Physicians specializing in physical medicine and rehabilitation, known as physiatrists, lead interdisciplinary clinical teams which work with patients to design and implement a treatment program that helps achieve the patient's goals. Over the past century, the lives of people who experience catastrophic injuries and illness have been saved through advances in medicine and technology. Patients at BIR often return to their homes and families with new skills to accommodate any physical or cognitive impairment. For the 13th year, BIR is ranked by U.S. News & World Report "America's Best Hospitals" guide as one of the top 25 rehabilitation hospitals in the country

Baylor University Medical Center (BUMC)

Baylor University Medical Center (BUMC) is a not-for-profit general medical and surgical facility with 966 total beds located in downtown Dallas, Texas. The Dallas/Fort Worth metroplex is the fifth most populous metropolitan area in the United States and the largest metropolitan area in Texas (U.S. Census Bureau, 2004). As the flagship hospital for Baylor Health Care System (BHCS), it provides many key services which include an emergency department, a Level I Trauma Center, an orthopedics department, general intensive care, neurology department, general medical and surgical care, cardiac intensive care, radiology, cardiology department, open-heart surgery, pediatric medical and surgical care, and obstetrics. BUMC is accredited by The Joint Commission (TJC) and is a member of the Council of Teaching Hospitals. For the fourteenth consecutive year, BUMC is ranked in the U.S.

News & World Report "America's Best Hospitals" guide. BUMC ranked among the 50 top hospitals in 5 of 17 specialties. No other Texas hospital was ranked in more specialties.

Description of Clinical Case Load

Because of its location in one of the largest Metroplexes in the United States, BIR provides services to a diverse population of cultural, socioeconomic and ethnic backgrounds. Patients are also diverse in their medical diagnosis as well as age. Patients receiving treatment at BIR have a wide variety of medical diagnosis including traumatic and acquired brain injury, traumatic spinal cord injury and non-traumatic spinal cord injury (transverse myelitis, guillian barre syndrome, spinal tumor), amputation, stroke, and various other neurological and orthopedic diagnosis. The typical age range of patients ranges from mid to late teens to geriatric populations. The rotations do not include experience with pediatrics as our youngest age of admit is 15. On the outpatient rotation, patients are seen with a variety of medical diagnosis groups with a larger focus on traumatic or acquired brain injury and stroke due to the focus of rotations. Opportunities exist for long term follow-up care of patients from the inpatient setting through their transition to the outpatient clinic and Day Neuro programs.

Philosophy and Model of Training

The clinical training provides each intern with a unique opportunity to gain practical experience in assessment and intervention with a diverse patient population. Goals of the program include increasing awareness of and sensitivity to the cultural, social and psychological needs of a diverse patient base while learning to adapt traditional approaches to meet the needs of the rehabilitation/medical environment. Interns will be able to participate in a variety of treatment modalities that are used in the rehabilitation environment, such as cognitive behavioral therapy, insight oriented therapy, existential therapies, crisis management, conflict resolution, and solution focused therapies. Interns will have the opportunity for both therapy interventions in the inpatient hospital setting as well as the outpatient environment.

Both psychological and neurocognitive assessment are built into the treatment planning for each patient that interns treat. Personality (including objective and projective measures) and intellectual testing are training experiences available to interns. Neuropsychological testing is available with patients for whom measurement of cognitive strengths and deficits is needed in addition to measurement of personality variables.

The Pre-doctoral Internship Training Program adheres to a Practitioner-Scholar model of training that involves "the productive interaction of theory and practice in a primarily practice-based approach to inquiry" (Hoshmand & Polinghorne, 1992). As such, interns are expected to conduct their clinical practice in a manner that is informed by psychological theory and current research. Although research is not formally required as part of the internship, we encourage interns to learn about evidence-based practice and to participate in ongoing research once their dissertations are completed.

Description of Clinical Rotations

Each intern participates in 3 four-month rotations during the training year, drawn from the following rotation options:

Inpatient Clinical Rotation, Traumatic Brain Injury/Neurobehavioral Disorders

Stephen Chock, Ph.D., Primary Supervisor

During this rotation, trainees will evaluate inpatients admitted with brain injury or other neurologic injury requiring comprehensive multidisciplinary inpatient rehabilitation. Diagnostic exposure will include traumatic brain injury (TBI), stroke, tumors, dementia, and related neurologic disorders with cognitive sequelae.

Trainees will learn to perform a patient's initial neurobehavioral assessment, including evaluation of neurocognitive abilities as well as personal adjustment and emotional status. Assessment will include clinical interviewing, mood assessment, and measures of coma, orientation, agitated behavior, and neurocognitive abilities including memory, verbal and nonverbal reasoning, and executive function. Trainees will experience test administration, scoring, interpretation, and feedback reporting.

Trainees will also learn the consultant role played by a rehabilitation neuropsychologist on a multidisciplinary team. They will learn to work in a close, ongoing relationship with physical medicine and rehabilitation physicians, rehabilitation nurses, social workers, case managers, and physical, occupational, recreational, and speech therapists along with other allied health providers.

In addition to assessment and consultation, trainees will learn neurocognitive, health/behavioral, and psychotherapy interventions appropriate for neurologically injured patients and their families. In addition to individual therapy interventions, trainees will learn to lead group interventions, including structured orientation groups, support groups, psychoeducational groups, and problem-focused groups designed for patients and families beginning the process of neurocognitive rehabilitation.

Inpatient Clinical Rotation, Spinal Cord Injury Service

Anne Marie Warren, Ph.D., Primary Supervisor

During this rotation, trainees will evaluate inpatients admitted with spinal cord injury (SCI) and other spine-related neurologic injuries requiring comprehensive multidisciplinary inpatient rehabilitation. Diagnostic exposure will include traumatic SCI and non traumatic SCI including spinal tumors, scoliosis, multiple sclerosis, Guillain-Barre syndrome and Transverse Myelitis.

Trainees will learn to perform a patient's initial neurobehavioral assessment, including personality, personal adjustment, coping abilities, emotional status, and brief evaluation of neurocognitive abilities. Assessment will include clinical interviewing, mood assessment, objective personality testing (e.g., MMPI), and neurobehavioral status exams. Trainees will experience test administration, scoring, interpretation, and feedback reporting.

Trainees will also learn the consultant role played by a rehabilitation psychologist on a multidisciplinary team. They will learn to work in a close, ongoing relationship with physical medicine and rehabilitation physicians, rehabilitation nurses, social workers, case managers, and physical, occupational, recreational, and speech therapists along with other allied health providers.

In addition to assessment and consultation, trainees will learn psychotherapy and health/behavioral interventions appropriate for patients with spinal cord injury and their families. In addition to individual therapy interventions, trainees will learn to lead group interventions, including support groups and

psychoeducational groups on topics such as sexual dysfunction following spinal cord injury, coping strategies, substance abuse, and other topics of concern to patients and families beginning the process of spinal cord rehabilitation.

Outpatient Clinical Rotation, Neuropsychological Assessment

Mark Barisa, PhD, ABPP [Primary Supervisor

During this rotation, trainees will evaluate patients with a wide variety of neurobehavioral disorders and pathologies. This rotation will primarily consist of neuropsychology and health/rehabilitation psychology evaluations with outpatient populations. Some inpatient consultation requests will occur on a more limited basis. In addition to neuropsychological assessment and report writing, the provision of feedback to physicians, patients, and families will be an integral part of the supervised experience. Diagnostic exposure will include patients with traumatic brain injury, tumors, stroke, degenerative diseases, toxic and metabolic conditions, attention deficit/hyperactivity disorder, learning disabilities, various neurologic conditions, chronic pain, psychiatric illness, and somatoform disorders. In addition to the assessment component, this rotation will also allow for training and experience in health and behavior interventions and more general psychotherapy in a time limited, problem focused setting.

Interns may follow a given patient during the patient's inpatient and outpatient course in order to view progress over several months. This provides continuity of care for the patient as well as the opportunity to achieve longer term treatment and psychotherapy goals.

Training Goals and Objectives

The Pre-Doctoral Internship Training Program in Psychology at Baylor Institute for Rehabilitation aims to provide the intern with the opportunity (in terms of setting, experience and supervision) to begin assuming the professional role of a clinical psychologist, neuropsychologist, rehabilitation psychologist and health psychologist in a hospital setting, which is consistent with the practitioner/scholar model. This role entails the integration of previous training with a further development of knowledge, skills and aptitudes related to the following competency domains:

- Direct service (psychological and neuropsychological assessment, intervention, consultation)
- Scientific foundations and research
- Supervision
- Professional development
- Individual and cultural diversity
- Legal and ethical practice.

The training program is committed to providing a learning environment in which an intern can meaningfully explore personal issues that relate to his/her professional functioning. Each of the internship rotations has common training goals, and attempts to stimulate professional and personal development within the general and specialty fields of training.

The primary training objectives of the internship are as follows:

Objective 1: Apply legal and ethical standards for both state requirements and American Psychological Association (APA) ethical standards.

Objective 2: Understand policies and procedures for office and state practice for psychologists.

Objective 3: Refine skills in selecting appropriate assessment measures based on referral questions.

Objective 4: Refine, develop or acquire experience with a variety of cognitive, neuropsychological, academic and personality/behavioral measures.

Objective 5: Refine skills in interpretation and integration of assessment data.

Objective 6: Refine skills in developing appropriate and useful recommendations based on assessment data.

Objective 7: Demonstrate the ability to provide consultation and collaboration with referral sources regarding behavioral, psychological and neuropsychological concerns.

Objective 8: Refine skills in planning and implementing intervention strategies, including hypothesis formation.

Objective 9: Acquire increased knowledge and skills in working with clients from a variety of cultural, ethnic and socioeconomic backgrounds and other factors.

To accomplish these training goals:

- The intern is provided a structured, coherent and integrated training program designed to develop clinically and academically well-rounded clinical psychologists.
- The individual internship training program is mutually planned by the intern and the Director of Training to meet the requirements of the program as well as the specific needs and interests of the intern
- The intern's case load is arranged to promote learning in a manner in which interns are afforded an increasing level of professional responsibility as the year progresses
- 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 the training program.

Targeted Professional Competencies

Competence in the below essential professional skills at an "advanced" level (appropriate to an entry-level post-doctoral position) is required for successful completion of the internship program.

Clinical Psychology

Successful interns will demonstrate competence in essential clinical psychology skills as follows:

- Psychological assessment, including the diagnostic interview, administration and scoring of psychological tests, and interpretation and integration of the assessment data.

- Consultation and communication with other professionals regarding the results of the assessment process, as well as garnering information necessary to formulate a diagnosis and interventions.
- Case conceptualization and psychological report writing.
- Psychotherapeutic interventions for patients of all ages and their families. This includes helping the patient in their work/school environment in regard to their unique processing strengths and weaknesses.
- Awareness of issues of professional ethics, legal issues, and individual and cultural diversity issues as they affect the practice of psychology in a medical hospital setting.
- Knowledge of the methods and contributions of research and scholarly inquiry to the applied practice of psychology.

Neuropsychology

Successful interns will demonstrate competence in clinical neuropsychology skills as follows:

- Neuropsychological assessment, including the diagnostic interview, neurobehavioral examination, administration and scoring of neuropsychological tests, and interpretation and integration of the assessment data.
- Consultation and communication with other professionals regarding the results of the assessment process, as well as garnering information necessary to formulate a diagnosis and interventions.
- Case conceptualization and neuropsychological report writing.
- Neurobehavioral therapeutic interventions for patients of all ages and their families. This includes helping the patient in their work/school environment in regard to their unique processing strengths and weaknesses.
- Awareness of issues of professional ethics, legal issues, and individual and cultural diversity issues as they affect the practice of neuropsychology in a medical hospital setting.
- Knowledge of the methods and contributions of research and scholarly inquiry to the applied practice of neuropsychology.

Rehabilitation/Health Psychology

Successful interns will demonstrate competence in essential rehabilitation/health psychology skills as follows:

- Understanding the psychological and behavioral aspects of physical and mental health.
- Understanding psychological adjustment to physical disability, traumatic injury or chronic illness
- Learn behavioral intentions to maximize patient participation in a physical medicine and rehabilitation setting
- Utilize the biopsychosocial model when conceptualizing mental health and medical disorders. This includes incorporating and integrating genetic predispositions, environmental factors, social conditions, and behavior.
- Foster positive health promotion to reduce the risk of disease emergence or progression through consultation with patients and other health providers.
- Implement interventions such as stress management, relaxation, and bibliotherapy and other educational interventions to help patients and their families cope with disease.
- Awareness of issues of professional ethics, legal issues, and individual and cultural diversity issues as they affect the practice of health psychology in a medical hospital setting.
- Knowledge of the methods and contributions of research and scholarly inquiry to the applied practice of rehabilitation/health psychology

Training Assurance

Systematic training in the targeted professional competencies is assured through the following activities:

- Direct provision of clinical assessment, intervention and consultation services that all interns accrue during their rotations.
- Extensive ongoing individual and group supervision that averages more than three hours per week for each intern.
- More than 300 hours per year of didactic training that addresses theories and methods of clinical psychology, neuropsychology, rehabilitation/health psychology consultation, interventions and their efficacy, and ethical and multicultural issues.

Program Expectations

1. Interns will demonstrate sufficient interpersonal and professional competence commensurate with their level of training and experience.
2. Interns will demonstrate self-awareness, self-reflection and self-evaluation including the knowledge of the content and potential impact of one's own beliefs and values on clients, peers, faculty, multidisciplinary professions, the public and individuals from diverse backgrounds or histories.
3. The intern will demonstrate sufficient opening to the supervision process and demonstrate the ability for resolution of issues or problems that interfere with professional development or functioning in a satisfactory manner.
4. Interns are expected to be aware and follow the guidelines as stated in the APA Ethical Principles of Psychologists and Code of Conduct; the Rules and Regulations of the Texas State Board of Examiners of Psychologists and any other relevant professional documents of standards that address psychologists' standards.

Supervision

Clinical supervision is the primary training modality for development of professional expertise.

Intensive clinical supervision is provided in both the inpatient and outpatient settings. Interns receive:

- Individual Supervision: A minimum of two hours per week of individual supervision is provided by the interns' primary supervisor on their rotation.
- One hour per week of group supervision: This includes group supervision with other interns to discuss and present cases.
- Informal Supervision: In addition to regularly scheduled supervision sessions, individual supervisors have an open door policy, and interns are encouraged to seek out consultation at any time. Interns are expected to take advantage of this opportunity as this type of hallway consultation is common in the hospital setting. All supervisors carry either a pager or mobile phone/email and are therefore

available for consultation when they are off campus, including evening and weekend hours.

Clinical Didactics

A formal didactic program is designed to provide both general clinical and specialized rehabilitation/neuropsychology seminars during the internship year. Interns are expected to attend all didactic sessions unless given permission by the Director of Training. At the beginning of the year, didactics will be focused on the orientation to both the Baylor Health Care System and Baylor Institute for Rehabilitation as well as the Neuropsychology and Rehabilitation Psychology Service. Additionally, MediLinks training will occur in the first week of training in order to prepare the interns to document and chart on clinical cases using the computerized medical record-keeping program.

Didactics will be provided by the psychologists on the Neuropsychology and Rehabilitation Psychology service as well as invited guest lectures by psychologists working in the Baylor Health Care System as well as other invited guest lectures from both medicine (i.e. psychiatry, physiatry) and interdisciplinary team members. Didactic topics include clinical/professional issues including confidentiality, suicide assessment and management, boundaries, etc. Neuropsychology and rehabilitation psychology didactics will include functional neuroanatomy, neuropsychological assessment, adjustment to disability, sexuality and spinal cord injury, cognitive remediation, brief neurocognitive assessments. Grand round and invited lectures will be offered including PM&R monthly grand rounds, the Ethics and Palliative Care Journal Club at BUMC.

General Internship Seminar - Syllabus

This Seminar is designed to provide educational topics that further enhance and refine the intern's ability to competently practice clinical psychology at the independent level upon completion of their internship. The topics will be broad based, designed to provide sufficient depth and breadth to meet the needs of a generalist training model. Specific presentations covering multicultural issues and diversity as well as professional development and ethics will be included along with the applications of this information in clinical practice. Additionally, interns will be exposed to the general categories of DSM-IV clinical diagnoses with an emphasis placed on improving differential diagnosis, reviewing major theoretical perspectives as they apply to the conceptualization of disorders, and discussing empirically supported interventions for targeted clinical populations. Finally, given the setting of this internship, additional education will be provided to incorporate psychological practice in medical/rehabilitation settings.

Finally, a portion of the didactic series will be devoted to issues pertaining to the professional practice of psychology including state regulations concerning the practice of psychology, the licensure process, preparing for employment following internship, and gaining a better understanding of the business aspects of clinical practice.

This course is designed to be taught as a collaborative approach by the various supervisors of the Baylor Institute for Rehabilitation Psychology Training Program. Individual lectures will be divided among supervisors based upon clinical expertise and experience.

Intern Seminar – Tentative Schedule

- Week 1 – Orientation to Internship and review of Policy & Procedure Manual (All Supervisors)
- Week 2 – Medical Recordkeeping: MediLinks (Chock)
- Week 3 – Multicultural Issues and Diversity (Barisa)
- Week 4 – Boundary Issues (Warren)
- Week 5 – Basics of Diagnostic Interviews (All Supervisors)
- Week 6 – Introduction to Emotional/Personality Assessment (All Supervisors)
- Week 7 – Intro to Cognitive Assessment (All Supervisors)
- Week 8 – Training in Neuropsychological Screening Battery (Barisa)
- Week 9 – APA Ethical Principles, Codes of Conduct, & Ethical Standards (All Supervisors)
- Week 10 – Maintaining Test Security and Releasing Test Information (Chock)
- Week 11 – Stress and Health Psychology
- Week 12 – Consulting with the Medical Team (Warren)
- Week 13 – Abuse, Suicide, and Risk Assessment (Chock)
- Week 14 – Coma and Minimally Conscious States: TBI Rancho I, II, III (Chock)
- Week 15 – TBI Rancho Los Amigos Levels IV, V, VI (Chock)
- Week 16 – TBI Research Instruments I: Rappaport Scale, Agitated Behavior Scales (Chock)
- Week 17 – TBI Research Instruments II: GOAT, Orientation Log, Cognitive Log (Chock)
- Week 18 – Neurocognitive Interventions I (Chock/Barisa)
- Week 19 – Neurocognitive Interventions II (Chock/Barisa)
- Week 20 – Gender Roles and Sexuality Development (Warren)
- Week 21 – Multicultural Issues in Health Care (Warren)
- Week 22 – Applying for Postdoctoral Fellowship and First Jobs (All Supervisors)
- Week 23 – Adherence (Warren)
- Week 24 – Adjustment to Illness (Warren)
- Week 25 – Ethical Issues in a Medical Setting (All Supervisors)
- Week 26 – Competency/Capacity Evaluations (Barisa/Chock)
- Week 27 – Pain Assessment and Treatment (Warren)
- Week 28 – Death and Dying (Barisa/Warren)
- Week 29 – Motivational Interviewing (Barisa)
- Week 30 – Affective Disorders (Warren)
- Week 31 – Anxiety Disorders (Warren)
- Week 32 – Post Traumatic Stress Disorder (Warren)
- Week 33 – Psychotic Disorders (Barisa)
- Week 34 – Autistic Spectrum Disorders (Chock)
- Week 35 – Eating Disorders (Barisa)
- Week 36 – Somatoform Disorders (Barisa)
- Week 37 – Personality Disorders (Barisa)
- Week 38 – Therapeutic Theoretical Orientation and Foundations
- Week 39 – Family Systems and Family Therapy (Guest Lecturer)
- Week 40 – Intro to MMPI-2 and MMPI-A (All Supervisors)
- Week 41 – Intro to MMPI-2 and MMPI-A – continued
- Week 42 – Personality Assessment: Projective Assessment Methods (Guest Lecturer)
- Week 43 – Obesity and Geriatric Surgery (Barisa/Warren)
- Week 44 – Organ Transplant Evaluations (Warren/Barisa)
- Week 45 – Licensure/Introduction to EPPP (All Supervisors)
- Week 46 – Business of Psychology (Barisa)
- Weeks TBD – Intern case presentations – assessment and intervention

Neuropsychology Seminar - Syllabus

This weekly conference will consist of lectures from various supervisors covering a wide array of topics related to neuropsychology including neuroanatomy and neuropathology, major focal neurologic syndromes and related structures, detailed coverage of specific neurologic conditions across the life-span, and various facets of neuropsychological assessment.

Course objectives:

1. Interns will learn the basic to advanced functional neuroanatomy, neuroscience, and neuropathology.
2. Interns will gain greater understanding into the applied/interventional aspects of clinical neuropsychology
3. Interns will gain increased knowledge of focal neurologic syndromes and be able to identify related neuroanatomical structures.
4. Interns will gain knowledge of age-specific (pediatric or adult/geriatric) diagnoses/pathologies.

Tentative Weekly Schedule

- Section 1 – Neuroscience and Functional Neuroanatomy
 - Week 1 – No conference – Orientation
 - Week 2 – Introduction to acute TBI Rehabilitation (Chock)
 - Week 3 – Diversity Issues in Neuropsychological Assessment (Barisa)
 - Week 4 – Research Grand Rounds
 - Week 5 – Neuropsychological Interviewing
 - Week 6 – Introduction to Neurocognitive Assessment
 - Week 7 – Overview of Neuropsychological Screening Tools
 - Week 8 – Training in Neuropsychological Screening Batteries
- Section 2 – Neuroanatomy Lecture Series

Text: Waxman, S.G. (2003). Clinical Neuroanatomy: 25th Edition. McGraw-Hill Publisher.

 - Week 9 – Introduction to new course format (Barisa)
 - Week 10 – Spinal Cord-Ch 5 & 6 (Warren)
 - Week 11 – Brainstem, Cerebellum, and Cranial Nerves – Ch 7&8 (Barisa)
 - Week 12 – Diencephalon – Ch 9
 - Week 13 – Cerebral Hemispheres/Telencephalon – Ch 10
 - Week 14 – Ventricular and Vascular Systems – Ch 11 & 12
 - Week 15 – Control of Movement – Ch 13
 - Week 16 – Somatosensory Systems – Ch 14
 - Week 17 – Visual System – Ch 15
 - Week 18 – Auditory System – Ch 16
 - Week 19 – Vestibular System – Ch 17
 - Week 20 – The Reticular Formation – Ch 18
 - Week 21 – The Limbic System – Ch 19
 - Week 22 – The Autonomic Nervous System – Ch 20
 - Week 23 – Higher Cortical Functions – Ch 21
- Section 3 - Focal Neurologic Syndromes
 - Week 24 - Aphasia
 - Week 25 - Alexia and Agraphia
 - Week 26 - Apraxia
 - Week 27 - Neglect and Visuospatial Impairments

- Week 28 - Agnosia, Body Schema Disorders
- Week 29 - Memory Systems
- Week 30 - Amnesia
- Week 31 - Kluver-Bucy, Reduplicative Phenomena, Capgras and other rare syndromes
- Week 32 – The Neurologic Examination
- Section 5 - Topical Presentations

Each of the lectures listed below will include detailed discussions of basic and current knowledge of each disorder, etiology, associated neuropathology, neuropsychological sequelae, a case presentation with treatment recommendations, related professional and ethical issues, multicultural/diversity issues, a written review of the literature, and a small selection of key articles related to the topic.

 - Week 33 - Neurodevelopmental Disorders (Warren/Barisa)
 - Week 34 - Intracranial Pressure and Hydrocephalus (Chock/Barisa)
 - Week 35 - Delirium (Barisa/Chock)
 - Week 36 - Cortical Dementias (Barisa)
 - Week 37 - Subcortical Dementias (Barisa)
 - Week 38 - Movement Disorders (Barisa)
 - Week 39 - Cerebrovascular Accidents/Disease (Chock/Barisa)
 - Week 40 - Traumatic Brain Injury (Chock/Barisa)
 - Week 41 - Seizure Disorders/Epilepsy (Barisa)
 - Week 42 - Multiple Sclerosis & Demyelinating Conditions (Barisa/Chock)
 - Week 43 - Neoplasm (Barisa/Warren)
 - Week 44 - HIV/AIDS (Barisa/Warren/Chock)
 - Week 45 - Developmental Learning Disabilities (Chock)
 - Week 46 - Attention Deficit Disorder (Barisa/Chock)
 - Week 47 - Somataform and Pseudoneurologic Conditions (Barisa)

Internship: The internship will start on July 1, 2009 and end on June 30 2010.

Selection Process: By mid December the program will contact selected applicants and arrange for telephone interviews in January.

Application and screening: Intern applications are typically due by December 30th although some variability may occur from year to year. Please contact the Director of Training for the current deadline date.* All applications are reviewed by training staff and interns are evaluated in terms of "fit" for our program.

* Applications will be accepted through January 17, 2009 for the February 2009 APPIC Match / 2009-10 internship year. Please access the standard APPIC Internship Application (AAPI) from the APPIC website at:

http://appic.org/match/5_3_match_application.html

Email your AAPI to Stephen Chock, Ph.D., Director of Training at:

stephenc@baylorhealth.edu

Please also email a current curriculum vitae and a cover letter stating your internship goals and the experiences you would like to have if selected to intern at BIR.

Interviews will be held at BIR on January 19 and 21, 2009. We appreciate your patience in this process, given we just received notification of our APPIC membership acceptance on January 5, 2009.

In late December, early January, we contact candidates who represent the strongest fit and arrange for in person interviews. We notify applicants whose fit is considered poor and notify them their applications are no longer under consideration.

Professional status: Interns participate in clinical team and staff meetings as colleagues on an interdisciplinary staff.

Stipends: Two interns receive a stipend of \$22,000 each for the one-year internship.

Insurance: Interns may elect to participate in the hospital subsidized health and dental plans and are covered by the hospital's group life insurance plan. See the training manual for complete details regarding insurance and benefits.

Time off: You are eligible for PTO after three months of employment. PTO may be used as vacation pay, personal time off, and holiday pay. PTO accrues based on regular hours worked. The annual accrual for regular, full-time employees is 152 hours for 1-4 years of service and 192 hours for 5-9 years of service. You may be eligible to sell back your PTO at the end of the year for 90% of its value. All interns receive 6 hospital holidays; this includes Labor Day, Thanksgiving, Christmas Day, New Years Day, Memorial Day, and Independence Day.