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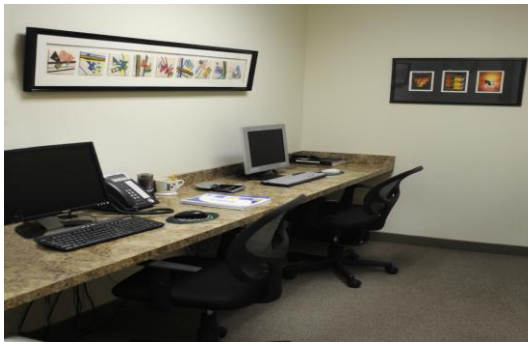

Neuropsychology Rehabilitation Services-Lifespan

Postdoctoral Fellowship in Neuropsychology

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nrslifespan.com

INTRODUCTION

Neuropsychology Rehabilitation Services-Lifespan (NRS-Lifespan)is a multidisciplinary private practice located in Neptune and Lakewood, New Jersey, that offers a wide array of neuropsychological (NRS), traditional psychological services (LifeSpan) and legal services. It is our goal to offer comprehensive, quality care from the time of consultation all the way through treatment. With a particular emphasis on health psychology, we employ the use of clinical skills adapted to those with medical conditions. Previously, physical health was separated from mental health and treated in different settings. We now realize the importance of emotional, cognitive and behavioral factors contributing to and as a consequence of health, illness, or injury. We recognize the uncertainty and confusion that accompanies both traditional health and behavioral health issues and we hope to provide as much clarity as we can.

NRS provides answers and solutions to problems ranging from acute brain insults, e.g., head injuries, to chronic brain disease conditions such as Parkinson's and Alzheimer's. CT scans, EEGs and MRI techniques are unable to functionally explain some brain disorders and many patients are discharged confused and in need of further treatment. These traditional imaging techniques often fail to detect conditions, such as mild brain injury, and are unable to define cognitive ability in higher levels of brain functions. Accurate measures, e.g., the Neuropsychological Examination (NPE), are needed to examine thinking ability that goes beyond the scope of traditional imaging techniques. This "mental map" or "blue print" of thinking strengths and weaknesses is crucial in the planning and implementation of proper treatment. It is this approach, emphasizing first and foremost, neuropsychological diagnostics, that distinguishes NRS as a comprehensive, quality-care outpatient program.

We understand the pervasive impact an injury of any kind can have on both the life of the patient and their family and friends. The accurate diagnosis provided by the Neuropsychological Examination is only one important piece of the puzzle. Patients and their families need answers to real-world questions; NRS can provide these. A comprehensive assessment and treatment plan (based on the blue print provided by the patient's NPE) is a crucial part of the quality-care provided by NRS. Problems associated with brain disorders such as irritability, excitability, anxiousness, impulsivity and thinking changes (memory, concentration, attention, judgment, etc.) may often go untreated and overlooked even when a patient is receiving other forms of rehabilitation, e.g., speech, occupational, and physical therapy.

For patients with conventional behavioral health issues, NRS-Lifespan offers traditional psychological counseling. Unlike Medical Adjustment Counseling (discussed on page 8), the focus and approach is different in these circumstances. However, treatment goals are still approached with the intention of collaborating on more effective ways of behaving and thinking. Through solution focused cognitive-behavioral therapy we aim to support, advocate for and motivate our patients toward healthy behaviors. We attempt to relieve

interpsychic conflict and modify unsuccessful coping strategies. Our treatment is based on individual patient needs. Some of the conditions we treat include, but are not limited to: PTSD, phobias, depression, mood disorder, impulse disorders, anger management, anxiety and panic attacks, developmental disorders, marriage and couples counseling, parental guidance and behavioral management of children. NRS also offers a wide range of legal services. Forensic neuropsychology is an emerging subspecialty within clinical neuropsychology. Neuropsychological testimony can define the functional outcome of acquired neurological injuries in the legal decision process.

PROGRAM STRUCTURE

The NRS-Lifespan 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.

This ABN-accredited fellowship differs from the guidelines of the Houston Conference in that:

1. Trainees are NOT required to have completed an APA-accredited internship.
2. Trainees are NOT required to be eligible for board certification in clinical neuropsychology by the American Board of Professional Psychology (ABPP) upon exit of the postdoctoral training program.

However, ABN-accredited training programs do require that trainees be eligible for board certification by ABN, ABPP or American Board of Pediatric Neuropsychology (ABPdN).

In addition, applicants may, but are not required to participate in the APPIC Matching Program or the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). NRS-Lifespan does not currently participate in either match process.

The training program does require two years of full-time education and training. All fellows will accrue a minimum of 4000 training hours.

Philosophy and Goals

The NRS-Lifespan training program follows a scientist-practitioner model of training. Fellowship training represents an advancing step toward independence as a professional neuropsychologist. NRS-Lifespan aims to recruit well-trained applicants who have demonstrated competence in basic neuropsychology skills and who are ready for the introduction to the more intensive clinical environment provided. 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.

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 collegial, 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 NRS-Lifespan 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. Advanced skill in the neuropsychological evaluation, treatment and consultation to patients and professionals sufficient to practice on an independent basis:

    a. Fellows are trained to increase knowledge and skills related to interviewing, classification, case formulation, neuropsychological testing, report writing, feedback and treatment planning. Fellows are expected to begin the postdoctoral training with a solid foundation of administration and scoring common neuropsychological measures. As the training evolves, the fellow is expected to gain more independence with interpretation and report writing. Supervision becomes less didactic regarding administration and scoring with a greater focus on case conceptualization, interpretation of data, and transfer of the testing data into practical solutions through the medical adjustment counseling process. Toward the end of training, fellows are expected to have greater skill and confidence in integrating and interpreting neuropsychological data, formulating diagnostic considerations and utilizing assessment findings in developing a treatment plan and appropriate recommendations.

    b. Fellows are trained to competently provide individual psychotherapy, medical adjustment counseling, biofeedback and cognitive rehabilitation, including the use of effective and appropriate interventions and monitoring treatment plan goals in collaboration with patients. Although close monitoring and observation are required initially, it is expected that as the year progresses, the fellow will acquire more skills in handling complex cases. Moreover, it is expected that the fellow will demonstrate greater clinical judgment and autonomy regarding implementing treatment strategies and using empirically based treatment interventions. At the end of fellowship, it is expected that a fellow is able to organize treatment inferences differently with greater sophistication and internalization of various theoretical models and strategies depending on the case presentation.

    c. Fellows are trained to consult with a wide range of mental health professionals, medical professionals, community organizations, referral sources and professionals in the management of patients. Throughout the year fellows are expected to work collegially and responsively with others. As the year progresses, direct monitoring of fellow interactions will become less as the fellow assumes more independence and increases consultation skills in clinical case dialogues and the development of positive professional relationships.

d. Fellows participate in face-to-face individual and group supervision. Fellows also receive supervised clinical training in the supervision of undergraduate or graduate externs. Fellows are expected to utilize and be receptive to individual and group supervision to explore case conceptualization, as well as application of theory and technique, and to gain increasing understanding and awareness of self in the role of clinician, demonstrate insight and awareness of attitudes and feelings about therapeutic process issues, and receive and provide supervision ethically. As a supervisor, fellows are expected to understand and apply theory, techniques and research behind supervisory practices.
e. The goal of the fellowship program is to enhance the fellow's ability to demonstrate professionalism, appropriate interpersonal demeanor, to develop interpersonal and professional relationships, to work collaboratively and effectively as a member of a team, and to demonstrate appropriate and respectful interactions with supervisors, other fellows, staff, and other professionals. The program is also designed to enhance the fellow's ability to demonstrate leadership, advocacy, and involvement in the profession. During the training year, fellows are also encouraged through didactic training and exposure to role models to develop a professional identity. It is expected that a fellow will develop a more consolidated identity, assume more responsibilities and independence with regard to professional and administrative practices, clearly recognize ethical situations, and engage in sound ethical reasoning.

2. Advanced understanding of brain-behavior relationships:
    a. Fellows will gain an advanced understanding of brain-behavior relationships through clinical cases, case discussion during case conferences and didactic seminars.

3. Scholarly activity, e.g., submission of a study or literature review for publication, presentation, submission of a grant proposal or outcome assessment.
    a. Throughout the year, fellows are exposed to current literature and are trained to discriminate appropriate applications of research to clinical practice. The fellow is expected, toward the end of fellowship, to be independent and confident in the application of research findings to clinical practice.
    b. Fellows are expected to submit an original article for publication (e.g., case study, literature review, etc.).

4. A formal evaluation of competency in the exit criteria 1 through 3 shall occur in the residency program.
    a. Residents are formally evaluated every quarter and provided with feedback and opportunity to improve any areas of weakness.

5. Eligibility for state or provincial licensure or certification for the independent practice of psychology.

6. Eligibility for board certification in clinical neuropsychology by ABPP, ABN, or ABPdN.

TRAINING MODEL AND FORMAT

NRS-Lifespan provides training and education through clinical, didactic, and academic training. A minimum of 25% of each fellow's time is spent in direct clinical service activities to patient's consultees, or agencies. Services include consultation, assessment, treatment, provision of supervision, research/scientific inquiry, and program development.

Post doctoral fellows have the option of receiving training in either the adult focused or pediatric focused track in an outpatient, private practice setting. Post doctoral fellows in the pediatric track will primarily treat children, adolescents, and families, with a smaller percentage of adult patients (approximately 20%). Post doctoral fellows interested in the adult track will primarily treat adults, from late teens to geriatrics. All tracks provide training in neuropsychological examination and psychological examination administration, scoring, interpretation, and report writing, individual/family counseling, medical adjustment counseling, biofeedback, and cognitive rehabilitation. The pediatric track also includes neurodevelopmental assessment with a focus on autism spectrum disorders (ASD).

NRS-Lifespan also provides fellowship training in Clinical Health Psychology. This track encompasses both diagnostic and treatment services for patients experiencing co-morbid psychological and physical conditions. The physician-driven referral system offers rich opportunities for trainees interested in inter-disciplinary collaboration to interact with medical providers and provide expertise regarding how psychological phenomena intersects with physical well-being. Patient populations most commonly referred for services include but not limited to: chronic pain, cardiovascular, gastrointestinal, autoimmune, headache, and women's health issues.

Fellows will also have the opportunity to interact and consult with professionals from other disciplines, including neurology, psychiatry, rehabilitation (speech, occupational, physical therapies), social workers, cardiology, gastroenterology, neurosurgery, etc.

In addition, the neuropsychologists and counselors at NRS-Lifespan provide diversity in terms of interests and specialty areas, including pediatric neuropsychology, adult neuropsychology, geriatric neuropsychology, forensics, pain management, biofeedback, cognitive remediation, women's issues, health psychology, marital and family therapy, parent training, medical adjustment counseling, and individual psychotherapy.

Specific training opportunities will be described in detail below.

1. Consultation

Fellows receive training in neuropsychological consultation. This includes clinical interviewing, communicating effectively, determining the referral question, developing an appropriate treatment plan regarding neuropsychological services, educating patients

about services and disorders, collaborating with other providers/professionals, medical record review, and making appropriate referrals.

2. Assessment

Neuropsychological Examination

Neuropsychology identifies the thinking and behavioral changes due to brain damage (e.g., concussion, traumatic brain injury, strokes, tumors and dementia.) Administering a neuropsychological examination (NPE) can provide a representation of one's thinking abilities in addition to serving as a blueprint for treatment in the rehabilitation process. The NPE also promotes the understanding of a patient's strengths and limitations. The NPE tests perceptual skills (hearing, seeing, feeling), reasoning, problem solving, logical analysis, mental efficiency, attention and concentration skills, memory, speech and language functions, visual spatial functions, speed of new learning (processing), learning capacity, background intellectual level, speed and coordination of simple motor responses and emotional and behavioral characteristics.

Adult Track: Fellows in the adult track will gain experiencing conducting NPEs with patients, from young adults geriatrics. Fellows will be exposed to a variety of conditions including traumatic brain injury, epilepsy, concussion, Parkinson's, multiple sclerosis, tumors, dementia, and other medical/neurological conditions. Post doctoral fellows will be trained to administer, score and interpret a variety of measures including but not limited to the Halstead Reitan Neuropsychological Battery, Wechsler Adult Intelligence Scales, Wechsler Memory Scales, Wide Range Achievement Test, Independent Living Scale, and malingering measures (e.g., Test of Memory Malingering, Green's Word Memory Test, Rey's 15 Item Test, etc.). Post doctoral fellows will also receive training in administering, scoring and interpreting a variety of psychological measures (e.g., Health Dynamic Inventory, Millon Behavioral Medicine Diagnostic, Behavioral Health Inventory-II, Personality Assessment Inventory, etc.). Finally, projective psychological measures, such as the Rorschach, Thematic Apperception Test, and Sentence Completion Test are available for use.

Through the NRS Dementia Program, postdoctoral fellows will receive training in diagnosing and differentiating subtypes of dementia, through consultation, integration of medical testing, and neuropsychological examination. In addition, they will gain experience providing supportive services, such as feedback from NPE, dementia education for the family, patient counseling, intervention programs, support groups, assistance with resource management, and adjustment counseling for caregivers and follow-up.

Pediatric Track: The NRS Pediatric Program consists of testing children with a variety of neurological conditions such as ADHD, Autism, developmental delays, learning disabilities, traumatic brain injuries, epilepsy, etc. Post doctoral fellows will be trained to administer, score and interpret a variety of measures including but not limited to the Halstead Reitan Neuropsychological Battery, The Reitan Indiana Neuropsychological

Battery, Wechsler Intelligence Scale for Children, Wechsler Preschool and Primary Scale of Intelligence, Wide Range Assessment of Memory and Learning, Wide Range Achievement Test, Wechsler Individual Achievement Test, and the Beery Test of Visual Motor Integration. Post doctoral fellows will also receive training on administering, scoring and interpreting a variety of psychological measures (e.g., Behavioral Assessment System for Children, Personality Assessment Inventory-Adolescent, etc.).

Additionally, Pediatric Track fellows will receive training in administering, scoring and interpreting the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2). The ADOS-2 has been named the 'gold standard' for assessing and diagnosing autism and pervasive developmental disorders across all ages, developmental level and language skills. It can be given to any individual suspected of having ASD from toddlers to adults. It includes a standardized administration of interactive activities, which measures social interaction, communication, play, repetitive behavior and imagination. The ADOS-2 consists of four modules which are chosen based on the individual's expressive language level and chronological age. Overall, the ADOS-2 is one of the few diagnostic measures that scores direct observation of a child's interaction and accounts for the developmental level and age of the child.

Psychological Examination

Post doctoral fellows will receive training in administering, scoring, interpreting and report writing of a variety of psychological measures (Personality Assessment Inventory, Symptom Checklist-90R, Health Dynamic Inventory, etc.). Psychological Examination is an objective means of helping us understand how we can be more effective in the patient's treatment. Specific problems can be identified, a plan specifically designed for the patient can be determined, and finally we can monitor the effectiveness of our treatment in terms of outcome. This approach provides an opportunity for treatment considerations involving important elements in case management and treatment planning. Three areas are focused upon: 1) behaviors that may serve as potential treatment complications, 2) aspects of the patient's clinical picture that may complicate treatment efforts, 3) motivation for treatment.

Psychological Pain Examination

Lifespan NRS utilizes a multi-dimensional approach in assessing chronic pain that collectively affects a patient's quality of life. These psychological and social factors, if undetected, can significantly interfere with a patient's pain and response to treatment. Fellows will be trained to help identify the psychological obstacles that may undermine a patient from improving. This includes behavioral medicine pain consultation, obtaining a patient's psychological profile utilizing a variety of measures, including the Millon Behavioral Medicine Diagnostic and Battery for Health Improvement-II, among others, and tracking outcomes.

Pre-surgical Psychological Screening

Pre-surgical Psychological Screening (PPS) can help the surgeon to improve overall surgical results and to avoid problem patients – those whose lack of response creates protracted frustration and places extensive demands on the surgeon. Furthermore, when the surgeon intuitively senses that a patient may not result in a good outcome, PPS can provide objective findings of such a feeling, or even contradict it, with the recommendation that surgery proceed without undue influence from psychosocial variables. Surgery patients' emotional and psychosocial concerns, health related behaviors, outcome expectations, and compliance with the treatment regimen can all strongly influence the ultimate effectiveness of surgery. Fellows will be instructed in the collection of these important pieces of data and summarizing them in a concise report for the prospective surgeon, including a recommendation for or against surgery based on the psychological findings.

3. Treatment and Intervention

Medical Adjustment Counseling

Our practice also specializes in Medical Adjustment Counseling (MAC). Unlike traditional Mental Health Counseling, MAC deals specifically with the emotional and thinking changes that often accompany medical conditions and physical trauma in a structured and pragmatic manner. Predicated upon evidence-based principles, MAC begins with objective findings from the NPE or PE upon which treatment is based. Next, a practical understanding of the medical condition and its impact upon daily adaptive functioning is addressed. Adjusting to, and understanding these changes can be extremely difficult for a person. Psychological overlay, that is, the emotional and behavioral impact of an injury, often accompanies physical trauma. Unlike traditional psychotherapy, MAC does not concentrate on past issues but focuses on three branches; education (understanding what you have), strategy development (understanding what to do with what you have), and application (understanding where you are going).

Behavioral Health Counseling

Post doctoral fellows will also gain experience in traditional mental health counseling for a wide variety of conditions, including but not limited to: anxiety, depression, PTSD, relationship issues, anger management, ADHD, parent management/behavior management, autism spectrum disorders, etc. Treatment goals are approached with the intention of developing more effective ways of functioning and thinking. Through solution focused cognitive and behavioral therapy, we aim to support, advocate for, and relieve internal conflict and modify unsuccessful coping strategies. Our treatment is eclectic and based on individual patient needs.

Biofeedback

Biofeedback is one of the true fusions between technology and traditional relaxation techniques. Holistic in its approach, our biofeedback program offers insight into the body’s stress response. With real-time feedback via computerized EEG, we are able to

monitor physiological changes (e.g. increased muscle tension) connected to heightened autonomic nervous system arousal secondary to conditions ranging from panic attacks to pain management. Biofeedback teaches numerous, proven relaxation techniques that can be easily learned and quickly implemented to help manage depressions, pain (acute and chronic), anxiety-related conditions, headaches (migraine, cluster and tension) excessive stress, sleep difficulties, high/low blood pressure, digestive system disorders, and Raynaud's disease, among others. Many people can benefit from the positive effects of a strategic, individualized biofeedback program to more effectively respond to the crisis of an active, acute, or chronic condition.

Post doctoral fellows will gain a conceptual understanding of biofeedback (e.g., Flight or Fight response, parasympathetic nervous system, etc.) and will be trained to administer biofeedback to patients with a wide array of conditions, offering an opportunity to apply both the biofeedback and MAC simultaneously.

Cognitive Rehabilitation

Post doctoral fellows will receive training in administering Cognitive Rehabilitation. Cognitive Rehabilitation is a therapeutic intervention aimed at retraining thinking skills disrupted as a result of neurological illness. The program is designed to target the full spectrum of thinking problems associated with brain injuries. Computer exercises and paper-and-pencil tasks target specific deficits in a patient's thinking profile. Cognitive rehabilitation is not done by computers. Computers are only one of the aids utilized by trained rehabilitation specialists who supervise and teach the patient throughout the length of their treatment the application of those strategies with daily adaptive functioning. Generally, patients work with a trained cognitive therapist 3 times a week, for 2 hours per session. Our program also addresses and provides risk assessment for our patients. NRS treats patients with cognitive problems ranging in age from children to senior citizens and addresses both acute brain insults (head injuries, strokes, brain tumors) and chronic diseases (various dementing conditions).

4. Research and Scientific Inquiry

Fellows are exposed to current literature and are trained to discriminate appropriate applications of research to clinical practice. Fellows will also be expected to conduct literature reviews on various topics. The fellow is expected, toward the end of fellowship, to be independent and confident in the application of research findings to clinical practice. Fellows are expected to submit an original article for publication (e.g., case study, literature review, etc.).

5. Supervision of Students

Post doctoral fellows will supervise graduate or undergraduate externs during the course of their training. Supervision includes training in test administration/scoring, involvement in presentations or projects, and allowing students to observe clinical work.

DIDACTICS

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

1. Foundations for the study of brain-behavior relationships
    A. Functional neuroanatomy
    B. Neurological and related disorders including their etiology, pathology, course and treatment
    C. Non-neurologic conditions affecting Central Nervous System (CNS) functioning
    D. Neuroimaging and other neurodiagnostic techniques
    E. Neurochemistry of behavior (e.g., psychopharmacology)
    F. Neuropsychology of behavior
2. Foundations for the practice of clinical neuropsychology
    A. Specialized neuropsychological assessment techniques
    B. Specialized neuropsychological intervention techniques
    C. Research design and analysis in neuropsychology
    D. Professional issues and ethics in neuropsychology
    E. Practical implications of neuropsychological conditions

At NRS-Lifespan, the post doctoral fellows will participate in at least two hours of didactic training per week. Didactic training includesneuropsychology didactic seminars, case review, lectures, observation, webinars article review and discussion, monthly professional/program development meetings, and external programming (e.g., Monmouth University, shadowing neuropsychologists at Jersey Shore University Medical Center, Brain Injury Alliance of NJ, etc.). Fellows will meet monthly with other residents of the AABN consortium to discuss presentations and clinical issues.

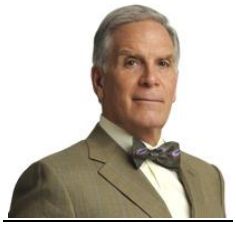
Fellows are expected to actively participate in these training opportunities by participating in question and answer, preparing in advance for seminars/discussions, presenting their counseling/assessment cases, reviewing and discussing articles, generating their own topic to present during weekly seminar, and providing feedback regarding the content and frequency of didactics to supervisors.

The weekly didactic seminars cover a variety of topics, including but not limited to:

- Neuroanatomy
- Diagnostic imaging
- Dementia
- Parkinson's
- ADHD/Learning Disability
- Stroke
- Nonverbal learning disability
- Autism spectrum disorders
- Mild traumatic brain injury
- Epilepsy
- Neurodegenerative disorders
- Professional issues

FACULTY, SUPERVISION, AND EVALUATION

CLINICAL STAFF



Robert B. Sica, Ph.D., ABN, FACPN
Licensed Clinical Neuropsychologist, Certified American Board of Professional Neuropsychology, Fellow-American College of Professional Neuropsychology, Member-National Register of Health Service Providers in Psychology
Director- Neuropsychology Rehabilitation Services-Lifespan

Dr. Sica has experience treating the full spectrum of brain disorders, in addition to a variety of mental health conditions, including but not limited to, traumatic brain injuries, cerebral vascular accidents, brain tumors, various types of dementias, and learning disabilities. Dr. Sica is a staff clinical neuropsychologist at Jersey Shore University Medical Center and Riverview Medical Center, both members of the Meridian Health Care System, besides a member of Meridian Neuroscience, where he treats patients along with his academic responsibilities of teaching medical students, residents, and neuropsychological post doctoral fellows. He is a forensic consultant in probate, workers' compensation, social security disability, and personal injury matters. In addition, he does consultation analysis for insurance companies regarding cost containment and legal neuropsychological direction. He also conducts independent medical examinations. He obtained his B.A. in psychology from Monmouth College, Long Branch, N.J., a Master's in research design and psychology from the New School for Social Research, N.Y., and a PhD in psychology from the University of Southern California, Los Angeles, CA, in 1978. He rotated through a number of pre-doctoral fellowships beginning at Los Angeles County General Hospital, then to California Pediatrics Hospital, and finally to Los Angeles County Family Guidance Clinic. He completed a two year post-doctoral residency at Monmouth Medical Center, Long Branch, N.J., and then proceeded with further rotations at Beth Israel Hospital at Harvard University, University of Medicine and Dentistry of New Jersey Neurodiagnostic Unit, and Columbia University College of Physicians and Surgeons, N.Y. He obtained his first board certification in neuropsychology in 1984 from the American Board of Professional Neuropsychology, and second in 1992.

Steven P. Greco, Ph.D., ABN
Licensed Clinical Neuropsychologist and Certified American Board of Professional Neuropsychology

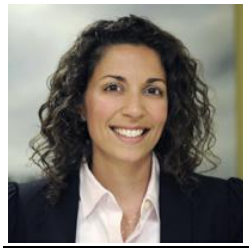
Dr. Greco treats a variety of neuropsychological conditions, such as, the spectrum of traumatic brain injury, dementias, cerebral tumors, CVAs, demyelinating diseases,

ADHD, learning disabilities, etc. Dr. Greco graduated Cum Laude with a bachelor's Degree in psychology from Monmouth University. Upon graduation, Dr. Greco completed a Master's degree in Psychological Studies at Seton Hall University. He then pursued his doctoral training in counseling psychology at Seton Hall University accredited by the American Psychological Association. Dr. Greco graduated with a Ph.D. in Counseling Psychology, Summa Cum Laude. He completed three clinical rotations at the pre-doctoral level.The first clinical rotation consisted of working with elementary age children with learning disabilities, mood disorders, and anxiety. The second clinical rotation was completed at JFK Hospital in Edison, NJ where he examined a variety of neuropsychological conditions, including but not limited to, traumatic brain injury, stroke, dementia, and learning disability. The third clinical rotation was completed at the Counseling Center at Seton Hall University where he worked as a counselor and provided treatment for anxiety, depression, learning disability and posttraumatic stress. Dr. Greco completed a one-year accredited internship at Jersey Shore University Medical Center. He completed the following clinical rotations: outpatient counseling, psychological and neuropsychological outpatient assessments, crisis screening and placement, in-patient consultations and provided recommendations to psychiatry. He obtained board certification through the American Board of Professional Neuropsychology in 2014. Lastly, Dr. Greco is on-staff at Shore Rehabilitation Institute and JSUMC as a consulting neuropsychologist.

Michael J. Raymond, Ph.D., ABN,
Licensed Clinical Neuropsychologist and Certified American Board of Professional Neuropsychology

Dr. Raymond has been the Director of Clinical/Forensic Neuropsychology and Clinical Director of the Brain Injury Program and Sports Concussion Program at Allied Services, John Heinz Institute of Rehabilitation Medicine, Wilkes-Barre, PA for the past 28 years. He maintains a private practice at Neuropsychology Rehabilitation Services, Neptune, NJ. Dr. Raymond is Clinical Professor in Psychology at the Philadelphia College of Osteopathic Medicine (PCOM), Clinical Associate Professor in the Department of Clinical Services at The Commonwealth Medical College (TCMC), and he has taught graduate neuropsychology courses. For 15 years he served as clinical surveyor (brain injury/medical programs) for the Commission on Accreditation of Rehabilitation Facilities (CARF). He is an examiner for the American Board of Professional Neuropsychology (ABN) and the New Jersey State Board of Psychological Examiners. Dr. Raymond is board certified in neuropsychology and has added qualifications in forensic and rehabilitation neuropsychology (ABN). He is also a certified ImPACT consultant (concussion) and evaluates professional, recreational, and student-athletes. He is a Fellow of the National Academy of Neuropsychology (NAN) and the American

College of Professional Neuropsychology (ACPN). For the past 22 years he served as the Executive Director of ABN. Dr. Raymond has provided expert testimony for plaintiff and defense attorneys throughout the country. In 2003, he received the Distinguished Neuropsychology Award and in 2014, he received the Lifetime Achievement Award (ABN) for contributions to the development of professional neuropsychology. In 2010, he was honored with the Times Leader Healthcare Hero Award. He has lectured both nationally and internationally and has authored or co-authored numerous peer reviewed publications including manuscripts, books, book chapters, and materials related to neuropsychological assessment, forensic neuropsychology, traumatic brain injury, brain injury rehabilitation, and other neurological disorders, including Brainwave-R: Cognitive Strategies and Techniques for Brain Injury Rehabilitation (1997), and Mild Traumatic Brain Injury: A Clinician's Guide (1999). Dr. Raymond received his BA Degree from Saint Francis College, Loretto, PA, and MS Degree from the University of Scranton, Scranton, PA, and Ph.D. from the Florida State University, Tallahassee, FL.

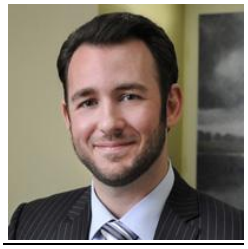


Cristina Shaheen, PsyD,
Licensed Psychologist and Clinical Neuropsychologist

Dr. Cristina Shaheen received her Doctorate in Psychology (Psy.D.) at Chestnut Hill College, accredited by the American Psychological Association (APA). Her previous clinical and research experiences focused on the assessment and treatment of various psychological and neuropsychological conditions across the lifespan from young children through older adults and geriatrics. She completed her predoctoral internship at APA-accredited Louisiana State University Health Sciences Center (LSU HSC) and postdoctoral residency at Neuropsychology Rehabilitation Services-Lifespan. Currently, Dr. Shaheen works with patients with various neurodevelopmental or neuropsychological disorders, including traumatic brain injury, dementias, movement disorders, learning disabilities, and attentional disorders as well as the emotional reactions of anxiety or depression that often accompany such diagnoses. In addition, Dr. Shaheen is collaborating on the development of a Geriatric/Dementia program at NRS focused on the neuropsychological assessment of dementia in older adults and clinical treatment with such patients and their families.

Lauren Gashlin, PsyD,
Clinical Health Psychologist

As a graduate of Chestnut Hill College's Doctor of Psychology (Psy.D.) program, Dr. Gashlin joined NRS-Lifespan as the clinical health psychology fellow in September 2014. Dr. Gashlin currently functions as a psychometrician for neuropsychological examinations, completes psychological and psychological pain examinations, and engages in counseling, biofeedback, and cognitive therapy with patients who commonly experience co-occuring physical and psychological conditions. Dr. Gashlin completed her predoctoral internship within the Chestnut Hill College Internship Consortium, conducting psychological and psychoeducational assessments in an outpatient practice and seeing medical patients in a co-located primary care setting. She has previous experience in a variety of mental health settings, including partial hospitalization programs, outpatient hospital facilities, school systems, and community mental health. Dr. Gashlin is currently an adjunct faculty member at Chestnut Hill College (School of Graduate Studies) and Monmouth University (School of Undergraduate Studies). Her main clinical interests include psychological assessment, medical conditions/clinical health psychology, chronic pain, postpartum depression, and women's issues.



George Corradino, LPC,
Licensed Professional Counselor

George Corradino has a Master's degree in psychological counseling and is a licensed professional counselor. He obtained his B.A. and M.A. from Monmouth University. He completed a clinical externship at Riverview Medical Center as part of their in-patient psychiatric unit on Lower Level One of the Jane Booker Pavilion working with various psychiatric conditions such as bipolar disorder, major depression, schizophrenia, anxiety disorders and MICA patients conducting intakes and facilitating therapy groups. At LifeSpan– Neuropsychology Rehabilitation Services he has training in individual and family mental health counseling and biofeedback for a variety of conditions including, but not limited to, anxiety, pain conditions, ADHD and anger management.

Support Staff

Post doctoral fellows will have full access to support staff for scheduling, billing, filing, faxing, etc. At NRS-Lifespan, the postdoctoral fellow functions primarily as a clinician. The majority of clerical work is managed by our front office staff.

Supervision

Post doctoral fellows will receive a minimum of two hours of face to face individual supervision with their supervisor(s). In addition, supervisors have an "open door" policy and are available throughout the day. Further, fellows will receive group supervision during case conferences when presenting clinical assessment and counseling cases. Supervision is specifically designed to provide supervision of the services rendered by the fellow and the supervisors are responsible for each of the fellow's cases.

Evaluation of Fellow

Fellows receive formal feedback quarterly. Fellows are evaluated on the core domains identified by the Houston Conference (i.e., consultation, assessment, treatment, research and supervision). Supervisors complete the Summative Evaluation Form providing ratings of the fellow's performance in key areas as well as narrative statements regarding strengths and weaknesses of the fellow or other relevant comments. Fellows read and sign these evaluations. If performance is below standards, additional training experiences are provided to increase competence. If the fellow's competence does not improve, the supervisor and Training Director will develop a corrective action plan which will be communicated to the fellow by the Training Director. Both the supervisor and Training Director closely monitor the fellow's efforts to fulfill the requirements of the corrective plan.

Residents will also maintain an activity log during the course of the training experience, documenting clinical hours, supervision, etc, in accordance with the NJ Board of Psychological Examiners. The primary supervisor will review and sign this documentation weekly.

By the end of training, fellows are encouraged to go through the National Register of Health Providers, a further review process for excellence in training.

APPLICATION PROCEDURE

NRS-Lifespan offers full-time post doctoral neuropsychology training positions which typically begin the first week of September of each two-year rotation. Available positions include adult focus and pediatric focus.

Post doctoral fellows will be evaluated based on the application, graduate academic training, practicum experience, and professional goals and aspirations. The program is nondiscriminatory in nature and avoids actions that would restrict program access on grounds that are irrelevant to success in a post doctoral fellowship or the profession of psychology. Applicants with disabilities are encouraged to apply and to contact the training director regarding individual needs. The program will avoid recruiting or selecting fellow candidates who might have a multiple role relationships with the site staff where conflicts of interest are detrimental to the fellow. The post doctoral fellowship is committed to upholding the APA Ethical Principles and Code of Conduct.

Applicant requirements

1. Completion of an APA or CPA accredited graduate academic program. Degrees in clinical, counseling and school psychology are accepted. The applicant must have completed the doctoral degree requirements before beginning post-doctoral training and prior to accruing post-doctoral training hours. On the first day of the training, fellows must submit a diploma, sealed graduate transcripts, or a letter from the director of graduate studies verifying completion of all degree requirements.
2. Applicants must have completed an internship that met APPIC standards and qualify for listing in the National Register. Applicants must also have some training in neuropsychology.

Formal Application

1. All applicants must submit the following:
   - NRS-Lifespan Application Form
   - Cover letter, including statement of career goals, interest, etc.
   - Current Vita
   - Three letters of recommendation from professionals
   - One redacted neuropsychological examination report
   - "Tests Administered" Form
2. All applicants must email packets with all required documentation to:

Robert B. Sica, PhD, ABN, FACPN at nrslifespan@nrslifespan.com

Selection and Notification

Applications will be reviewed and interviews will be arranged for qualified applicants. In person interviews are preferred, although phone interviews may be acceptable.

Applicants may participate in postdoctoral matching programs. However, NRS-Lifespan does NOT participate in any matching service. NRS-Lifespan reserves the right to offer a Fellowship position to any applicant prior to the applicant registering for the match. If an applicant accepts the position, they are obligated not to register for the match. If the position is not filled by the match date, any applicant who is continuing to seek a fellowship in neuropsychology will be considered eligible for the position.

Please see website nrslifespan.com, under the Training tab for application due date.

Applicants who are selected for a fellowship position will be notified via phone by the end of February. Applicants not selected for a fellowship position will be notified via email.

Applicants requiring accommodations for the application or application process should contact Dr. Sica directly at 732-988-3441.

Eligibility for Licensure

Thestate of New Jersey requires the following, in addition to prior completion of the doctoral program and receipt of the doctorate:

1. Two years of full-time (3,500 hours) supervised practice, at least one year of which (1,750 hours) is acquired subsequent to receiving the doctorate with the following breakdown:

A. 1,000 client contact hours;

B. 200 hours of supervision (at least 100 of which must be individual supervision, the remainder may be group or individual supervision); and

C. 550 hours in work-related activities such as recordkeeping, consultations, report writing, etc.

2. Supervision must be by a psychologist licensed for at least two years in the state in which the supervision is received. All supervision received in New Jersey must be by a Board-approved supervisor and under permit issued by the Board.

The full time post-doctoral fellow will meet the 1750 hour post doctorate requirements following the first year of the fellowship. However, completion of a postdoctoral fellowship with a specialization in neuropsychology is a two year process, in accordance with the guidelines of the Houston Conference.

3.Fellows will be required to obtain a temporary permit from the state of NJ prior to beginning the fellowship. More information is available at http://www.njconsumeraffairs.gov/psy/

BENEFITS AND PHYSICAL FACILITIES

Benefits

The postdoctoral fellow is provided with a salary of $20 per hour. This equates to $40,000 per year for full time 40 hours per week. Post-doctoral fellows are provided with paid vacation and sick time. For full time employees (40+ hours weekly), sick time is accrued at ½ day for each full month of work. Part-time employees working more than 25 hours weekly, ¼ day for each full month of work. This is advanced at the beginning of the year as needed. All time must be used by the end of each year. It cannot carry over to the following year. Postdoctoral fellows are also given 8 vacation days. In addition, the office is closed the week between Christmas and New Year's Day.

Post Doctoral Fellowship Training Sites

Neptune, NJ

NRS-Lifespan main office is located at 2100 Route 33, Neptune, New Jersey 07753 (Suite 9-10). This center includes a waiting area, a front desk space, kitchen, storage room and a patient's record room along with six offices and a conference room. This facility includes two biofeedback rooms, two testing rooms, and one cognitive remediation room. The biofeedback rooms contain a POD with an EMG monitor used for treatment. The testing rooms consist of a desk and two chairs for the examinee and examiner, as well as a cabinet complete with assessment manuals and kits.

Lakewood, NJ

This office is located at 1255 Route 70, Lakewood, NJ 08701 (Suite 25-S). This office consists of four clinical offices, one biofeedback room, a portable computer for biofeedback, and the pediatric/developmental assessment office. All child/adolescent neuropsychological examinations and developmental assessments are conducted in the Lakewood office. Adults are also seen for consultation, counseling, biofeedback, and occasional NPEs.

Life at the Jersey Shore

Just 60 miles south of Manhattan, the Jersey Shore starts. Our office locations are approximately 10-15 minutes from the shore. Some of our attractions include; beaches, boardwalks, amusement piers, bed and breakfasts, quaint Victorian towns, great restaurants, amusements, lodging, entertainment, real estate, shopping, meeting and convention space, and many events for adolescents and adults. Many northern shore towns in Monmouth and Ocean Counties are open all year round.