

University of Arkansas for  
Medical Sciences  
Post-Doctoral Fellowship  
in Clinical Neuropsychology

2025-2027

**UAMS**<sup>®</sup>

| Psychiatric  
| Research Institute

## Summary

The University of Arkansas for Medical Sciences (UAMS) hosts an APPCN fellowship that offers a flexible and individualized experience, with opportunities in outpatient assessment, outpatient cognitive rehabilitation, and inpatient assessment and rehabilitation. The program provides excellent experience in multidisciplinary team environments, including Behavioral Neurology, Huntington's disease, atypical parkinsonisms, epilepsy, DBS, and acute rehabilitation, as well as a wide variety of clinical medical populations for assessment and treatment. Additional benefits include supervision experience across both years of fellowship, administrative and leadership opportunities, and involvement in ongoing research.

## The Setting

### University of Arkansas for Medical Sciences

UAMS is Arkansas' only comprehensive academic health center. It is the largest public employer in the state, with more than 10,000 employees in 73 of Arkansas' 75 counties and a regional campus in Northwest Arkansas. UAMS offers 64 baccalaureate, master's, doctoral, professional, and specialist degree programs and certificates through their Colleges of Medicine, Nursing, Pharmacy, Health Professions, Public Health, and graduate school. UAMS is also home to seven institutes, where specialized clinical care and research are conducted, including the Winthrop P. Rockefeller Cancer Institute, Harvey & Bernice Jones

Eye Institute, Myeloma Institute, Donald W. Reynolds Institute on Aging, Jackson T. Stephens Spine & Neurosciences Institute, Translational Research Institute, and the Psychiatric Research Institute. UAMS and its clinical affiliates, Arkansas Children's Hospital and the VA Medical Center, are an economic engine for the state with an annual economic impact of \$3.92 billion. Due to its wide ranging influence, UAMS is impacting the health care of Arkansans now and in the future.





The Psychiatric Research Institute (PRI) is a state of the art facility that is dedicated to improving the mental health and well-being of residents in Little Rock, the state of Arkansas, and the country through evidence-based treatment, innovative research, and quality training and education. Clinical programs are dedicated to assessing and treating children, adolescents, and adults through a variety of outpatient clinics and inpatient programs, including the Walker Family Clinic, Child Study Center, Center for Addiction Services and Treatment, Women’s Mental

Health Program, and STRIVE (Seeking To Reinforce my Identity and Values Everyday), a school-based community outreach program.

In addition to clinical care of psychiatric disorders, research and education are integral to the overall approach of PRI. The institute’s focus on evidence-based care takes into consideration the education of future medical personnel, while relying on the work of research scientists to provide innovative forms of treatment. PRI’s three research divisions are the Center for Addiction Research, the Division of Health Services Research, and the Brain Imaging Research Center. In addition to the Postdoctoral fellowship in Clinical Neuropsychology, educational programs include an APA pre-doctoral clinical psychology internship with four training tracks, an Adult Trauma Psychology Fellowship, Psychology Fellowship in Integrated Care, general psychiatry residency, and fellowships in child and adolescent, forensic, addiction, and geriatric psychiatry.

## Life in Little Rock

Little Rock is a scenic city sitting on the south bank of the Arkansas River in Central Arkansas. It is the capital and most populous city in Arkansas, with a 2022 population estimate of 204,000, though the Little Rock metropolitan area is ranked 122<sup>nd</sup> in terms of population with approximately 726,000 residents. The size of Little Rock and surrounding area gives its residents a feeling of living in a large city, with all the amenities accessible to them but also having a small town feel, with quiet shops and unique neighborhoods. In fact, in 2014, Little Rock was ranked #1 in “America’s 10 Great Places to Live” by Kiplinger Personal Finance Magazine.



Little Rock is a major cultural, economic, educational, medical, government, and transportation center within Arkansas, the South and the country. Fortune 500 companies Dillard's and Windstream Communications are headquartered in Little Rock, along with Axion, Stevens, Inc., American Taekwondo Association, and Heifer International. Little Rock boasts a number of attractions for those who are lovers of art, music, and theater, including the Arkansas Arts Center, Arkansas Repertory Theatre, Robinson Center Music Hall, Wildwood Park for the Arts, Community Theatre of Little Rock, and Ballet Arkansas.



The city is probably most well known for being home of the William J. Clinton Presidential Library and Museum, which was opened in 2004. The archives and library contain 2 million photographs, 80 million pages of documents, 21 million e-mail messages, and nearly 80,000 artifacts from the Clinton presidency. The museum within the library showcases artifacts from Clinton's term and includes a full-scale replica of the Clinton-era Oval Office.

*William J. Clinton Presidential Library and Museum*

Little Rock is home to a wide variety of other museums, such as the Museum of Discovery, Historic Arkansas Museum, MacArthur Museum of Arkansas Military History, Old State House Museum, and the Mosaic Templars Cultural Center. Little Rock has a proud history of being on the forefront of the civil rights movement. The Little Rock Central National Historic Site commemorates the desegregation of Central High School in 1957 and the persistence of nine African American students in attending a formerly all-White school.

Outdoor enthusiasts enjoy biking and running on the Arkansas River Trail, which features more than 15 miles of scenic riverfront and the Big Dam Bridge, one of the longest pedestrian and bicycle bridges in North America. Little Rock also has over 60 parks and recreational areas, and Pinnacle Mountain State Park is adjacent to the western side of the city. The most prominent feature of the park is Pinnacle Mountain, which towers over 1,000 feet above the Arkansas River Valley and includes several hiking trails. The park also includes the Arkansas Arboretum, an interpretive trail with flora and tree plantings.



Education also is an integral part of Little Rock. It is home to two branches of the University of Arkansas system: the University of Arkansas, Little Rock (UALR) and the University of Arkansas for Medical Sciences (UAMS). Over 9,500 students receive their education at UALR, and the university features over 100 undergraduate degree programs and over 60 graduate degree programs. Athletes participate in Division I athletics in the Sun Belt Conference. UAMS is the



only academic medical center in Arkansas and includes the medical school for the University of Arkansas. It also features seven institutions that provide specialized clinical care and research.



*Dickey-Stephens Park*

Sports are important to the culture of Little Rock and to the state of Arkansas. The Arkansas Travelers, the AA professional minor league baseball affiliate of the Los Angeles Angels, play their home games at Dickey-Stephens Park in North Little Rock. War Memorial Stadium in Little Rock is the home of the Little Rock Rangers Soccer Club, a club which plays in the USL League Two, a national semi-professional league.

## **Links to Local Information**

Little Rock Visitors Bureau – [www.littlerock.com](http://www.littlerock.com)

Little Rock Calendar of Events – [www.littlerock.com/calendar](http://www.littlerock.com/calendar)

Little Rock Neighborhoods – [www.littlerock.com/travel-tools/neighborhoods/](http://www.littlerock.com/travel-tools/neighborhoods/)

Little Rock River Market – [www.rivermarket.info/](http://www.rivermarket.info/)

# Fellowship in Clinical Neuropsychology

## Overview

The Clinical Neuropsychology Fellowship is designed for residents who intend to pursue a career in neuropsychology, with a focus in clinical service, research, and education. The primary objective of the neuropsychology track is to fulfill the requirements set forth by APA Division 40, the Houston Conference guidelines, and the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). The neuropsychology track provides clinical, didactic, and research training to develop a high level of competence in clinical neuropsychology. During fellowship there is exposure to a wide range of patient populations, including classic neurologic disorders and rarer syndromes, using a flexible battery to more qualitative approaches for assessing and understanding the neurocognitive profiles of these patients. Successful completion of this fellowship program will meet criteria for future board certification in Clinical Neuropsychology. The primary patient population for this track is adults with a variety of neurological, neurosurgical, medical, and psychiatric presentations.

Our two-year fellowship in Clinical Neuropsychology is designed to provide residents with a broad and general training experience in adult neuropsychology within an academic medical setting, while also providing them opportunities for further specialization. It is sponsored by UAMS and the College of Medicine and is one of many training programs within the [Department of Psychiatry](#), including an APA accredited pre-doctoral psychology internship with one track dedicated to Neuropsychology. Training faculty hold secondary appointments in the Departments of Neurology, Neurosurgery, Trauma Surgery, and Medical Humanities allowing for a wide range of training experiences within the clinics of these departments. The Fellowship training is anticipated to run August 1, 2025 through July 31, 2027.

## Mission

The mission of the Clinical Neuropsychology Fellowship program is to train post-doctoral level Residents for the professional practice of clinical neuropsychology in a competent, ethical, and socially relevant manner, in order to serve patients without regard to race, religion, gender and sexual identity, or economic status.

## Training Model and Goals

We adhere to a scientist-practitioner training model in which our emphasis is on developing professional psychologists, who can provide culturally competent clinical services to individuals, while working within the community context of each person. Our goal is to train Fellows so that at the completion of the program, they will be able to demonstrate competency in neuropsychological assessment, and in consultation and multi-disciplinary teamwork. They will be able to provide services to a diverse population that varies by age, socio-economic level,

ethnicity, rural/urban setting, and type and severity of neuropathology. We adhere to the Houston Conference guidelines.

## Training Clinics

### Walker Family Clinic

The Walker Family Clinic has been offering mental health services to young adults, adults, and geriatric populations since 2008. The clinic was formed by the integration of the UAMS Program for Adults and Program for Young Adults. This clinic serves the referral needs for inpatient units, UAMS outpatient clinical programs, the community of greater Little Rock, and for secondary and tertiary settings from across the state. The patient population for the clinic generally reflects the racial and ethnic breakdown of the Greater Little Rock metropolitan area. Socioeconomic status also is diverse; however, many clients come from lower income homes. Staff include psychologists, psychology interns, psychiatrists, psychiatry residents and fellows, licensed clinical social workers, social work interns, licensed professional counselors, and three neuropsychology technicians.

### Neuropsychology

Throughout both years the resident will train within the neuropsychology service, which was developed in 2006. The service has developed a strong regional reputation, and patients are referred from across the state and from bordering regions of adjacent states. At present, the neuropsychology service is a referral-based program that provides neurocognitive assessment for a variety of patient populations with referrals primarily coming from the Departments of Neurology and Neurosurgery, as well as from Physical Medicine and Rehabilitation, Family Medicine, Gerontology, Psychiatry, and community- and hospital-based clinicians throughout the state. Although the majority of the service is outpatient based, inpatient consults for NPH, Wada procedures, and the trauma service are also conducted. Common referral questions focus on diagnostic clarification, neurocognitive and functional abilities within existing conditions, and evaluation for surgical planning, with the neuropsychologists playing important roles on multiple interdisciplinary treatment teams, including the Huntington's Disease Clinic, Atypical Parkinsonian Clinic, Behavioral Neurology Clinic, Epilepsy Surgery, and Functional Neurosurgery teams. The service is comprised of two board certified neuropsychologists, three early career neuropsychologists, two neuropsychology fellows, one neuropsychology intern, and three dedicated neuropsychology technicians. Residents have the opportunity to conduct testing independently and, on occasion, to train with the neuropsychology technicians to fully experience the range of testing modalities. Our goal is to help residents improve proficiency and self-assurance, with increasing levels of independence throughout the training program so that they leave fellowship with a strong sense of confidence and professional identity.

## **Clinical Populations**

Neurology – The Neurology Clinics are a primary referral source to the neuropsychology service. Primary patient populations from the Neurology Clinics include multiple sclerosis, autoimmune disorders, epilepsy (pre-surgical and general epilepsy-related cognitive disorders), movement disorders (including pre-surgical Parkinson’s Disease and essential tremor as well as other movement disorder types), head injury, and stroke. Typical consults are conducted to evaluate the extent to which an individual’s illness impacts cognition, emotion, and functionality to 1) assist in differential diagnosis; 2) track disease progression over time, which often informs treatment decisions; and 3) provide recommendations to patients to improve daily functioning. In the case of pre-surgical evaluations, assessments are intended to help decide candidacy, risk, and appropriate treatment targets.

Neurosurgery – The Neurosurgery Clinic is staffed by Neurosurgeon faculty, who specialize in functional neurosurgery, skull-based and vascular neurosurgery, oncology, and spine. The Neurosurgery Department houses the only gamma knife service within the state of Arkansas and is one of the few hospitals in the country that offers skull-based surgery. Common referrals include pre-and post-surgical evaluations for brain tumors, aneurysm, and trauma. In addition, all patients being considered for placement of spinal cord stimulators to control chronic pain are required to undergo a cognitive and emotional screening evaluation with Neuropsychology.

Physical Medicine and Rehabilitation (PM&R) – The PM&R program provides comprehensive physician services to individuals with a variety of chronic injuries and disorders including central nervous system injury, neuromuscular and musculoskeletal disorders, and chronic pain. Typical referrals from PM&R often include the assessment of cognitive and emotional functioning in individuals with acute injuries such as TBI or stroke, or more chronic illness such as multiple sclerosis to determine functional abilities and make recommendations regarding ability to return to work, driving, and other daily activities.

Psychiatry – The neuropsychology service receives referrals for a variety of presenting problems from within the Psychiatry Department including differential diagnosis of cognitive decline (pseudodementia versus dementia) as well as dual diagnosis (cognitive decline, mood disorder and medical comorbidities).

Primary Care and Trauma – As the only level one trauma center for adults and academic medical center Arkansas, the neuropsychology service receives referrals across the state from primary care providers and other medical clinics for a wide variety of referral questions including dementia, general memory loss, concussion, and questions of differential diagnosis.

Gerontology – The Donald W. Reynolds Institute on Aging provides primary care for patients who are 65 years and older, and also houses the Thomas and Lyon Longevity Clinic and Walker Family Memory Clinic. Common referrals often include patients with suspected neurodegenerative processes, with the goal of differential diagnosis, treatment planning, and recommendations for safety and support.



## **Specialty Areas of Focus – Multidisciplinary Teams**

Deep Brain Stimulation (DBS) – The Neuromodulation Program at UAMS was formulated in 2010 under the direction of Dr. Erika Petersen, functional neurosurgeon in the Department of Neurosurgery. Over the proceeding years, the program has grown exponentially and developed a strong regional and national reputation; indeed, in 2012 UAMS was identified as the most rapidly-growing center for DBS. We currently rank in the top 50 most active sites nationally. UAMS is one of only 38 centers in the country with an active program for implementing DBS in severe, treatment refractory obsessive-compulsive disorder. This multidisciplinary team is comprised of two functional neurosurgeons, four Movement Disorder specialty Neurologists, Neuropsychology, and Ethics. This collaboration has led to active research programming, with a mission to improve pre-surgical evaluation procedures and post-surgical outcomes. Neuropsychology is an integral component to the Neuromodulation Program; all individuals being considered for DBS implantation regardless of diagnosis (including Parkinson’s disease, essential tremor, and dystonia) undergo comprehensive neuropsychological assessment.

Epilepsy – The Clinical Epilepsy Division of the Department of Neurology is comprised of a multidisciplinary team of clinicians, including neurology, neurosurgery, radiology, and neuropsychology, who work together to find the most appropriate epilepsy treatment for each patient. The UAMS Epilepsy service is the only adult level 4 NEAC accredited center in the state of Arkansas. Neuropsychology serves an integral role within this team by providing neurocognitive evaluations for individuals with epilepsy. Neuropsychology is consulted to assist with diagnosis, cognitive and functional impact, treatment recommendations, and as part of the epilepsy surgical team. All individuals being considered for surgical intervention undergo presurgical evaluations with neuropsychology for the purposes of identifying areas of dysfunction that may support the seizure focus, and for determining cognitive, or other, risks of surgery in the individual. Neuropsychology is consulted in cooperation with Interventional Radiology and Neurology. In some cases Wada testing or functional mapping is requested, which are directed by the Neuropsychology team. These results are discussed during the biweekly epilepsy surgical team meetings, and if the patient is approved for surgery, a follow-up postsurgical evaluation is conducted 12 months post-surgery.

Behavioral Neurology Clinic – The Behavioral Neurology Clinic is comprised of a multidisciplinary team serving older adults with intervenable causes of cognitive decline, including Alzheimer’s disease, rapidly progressive dementia (e.g., autoimmune encephalopathies), and NPH. The clinic primarily evaluates and subsequently treats patients interested in anti-amyloid monoclonal antibodies (i.e., lecanemab and donanemab). Fellows will have an opportunity to provide baseline cognitive assessment, assist in treatment planning, and provide follow-ups across the treatment process. There are also opportunities for training and experience with the Clinical Dementia Rating (CDR) Scale. Interested parties can become involved in ongoing research.

Huntington’s Disease Clinic – The Huntington’s Disease Clinic is a Center of Excellence as designated by the Huntington’s Disease Society of America (HDSA) and the only such center in Arkansas. It features a multi-disciplinary team, including neurologists, neuropsychologists, physical therapists, speech therapists, nutritionists, social workers, and nurses. Fellows have the

opportunity to work with patients with Huntington's Disease and their families through periodic assessment as well as psychoeducation and psychological support.

Atypical Parkinsonian Clinic – The Atypical Parkinsonian Clinic is a clinic for patients with PSP, CBS, and MSA. It is staffed by a multidisciplinary team, and UAMS is a CurePSP Center of Care for atypical Parkinsonian conditions. This is a new clinic, but fellows would be expected to have opportunities for ongoing assessment and psychological support for these patients and their families.

Tumor – Neurosurgery regularly treats benign and malignant brain tumors through medication, surgery, radiation therapy, and chemotherapy. UAMS is also the only facility in Arkansas offering non-invasive gamma knife treatment for brain tumors. Fellows can attend brain tumor surgical planning meetings, and the service may be consulted for a variety of reasons including pre-treatment baseline evaluations, post-treatment evaluations for functional assessment, and ongoing monitoring of cognitive abilities and emotional functioning for individuals with chronic or recurrent tumors.

Trauma Surgery (Inpatient Neuropsychology Consult) — The UAMS Medical Center is an American College of Surgeons verified Level I Trauma Center that serves as a referral center for critically injured adult patients. Common patient presentations include polytrauma with TBI, stroke, and SCI. The Trauma Center is staffed by the faculty of the UAMS Department of Surgery, Division of Trauma, and Acute Care Surgery. Trauma patients are typically admitted to the UAMS Medical Surgical Unit or the Surgical Intensive Care Unit. Neuropsychology provides a consultation service to include serial bedside assessment (i.e., O-log, CRS-R) and abbreviated neuropsychological evaluations to track recovery, relay information to the multidisciplinary treatment team, quantify cognitive and emotional deficits, and target symptoms for appropriate inpatient treatment and outpatient referrals after discharge. Opportunities for more robust assessment as well as capacity evaluations are frequently available. This rotation also provides ample opportunity to engage in early rehabilitation services for trauma patients including in-room environmental restructuring, compensatory strategies, behavioral management, and adjustment to injury focused therapies. This setting is highly dependent on multidisciplinary consultation and collaboration, which also provides exposure to frequent co-treatment with other disciplines, development of educational material for families, training for other disciplines, and systemic intervention. This rotation specifically, is available for a 6-month period with additional opportunity for extension to a 1-year duration depending on fellow interest and supervisor approval.

## **External Training Rotation**

During the second year of fellowship, neuropsychology fellows can join our IHC fellow and provide neuropsychological services off site at a local neighboring institution increasing opportunities for additional multidisciplinary consultation as well as longer term care/follow up for critically injured patients.

Acute Rehabilitation Neuropsychology Service.

Setting: Baptist Health Rehabilitation Institute (BHRI) – Little Rock, is Arkansas' largest and most comprehensive physical medicine and rehabilitation hospital. BHRI includes inpatient, outpatient, and specialty rehabilitation clinics. In addition, BHRI is the only facility in Arkansas certified in

brain injury, spinal cord injury, stroke, and amputee rehabilitation. BHRI is known for excellence in inpatient acute rehabilitation, with CARF accredited programming that focuses on helping patients restore as much function as possible after a major medical event. All inpatient therapy is focused on life after rehab and resolves around helping patients regain capabilities that will help them transition back home. For patients admitted to BHRI, a minimum of 3 hours per day, 5 days per week, is spent in customized therapy sessions with a variety of health professionals, including:

- Physical Medicine and Rehabilitation
- Rehabilitation Nursing
- Allied Health: Physical Therapy, Occupational Therapy, Speech Language Pathology
- Medical Social Work and Care Coordination
- Neuropsychology
- Clinical Dietician
- Pharmacy
- Respiratory Therapy
- Adaptive Driving
- Therapeutic Recreation

Population served: BHRI provides acute rehabilitation to adults with the following conditions, and commonly with polytrauma:

- Amputation
- Brain injury
- Cancer
- Cardiac conditions
- Decreased ability to communicate with others
- Impaired ability to swallow
- Impaired balance and/or coordination
- Impaired strength or loss of motion in an extremity
- Impaired ability to perform daily activities such as eating, grooming, dressing or bathing
- Impaired mobility in the home or community
- Neurological disorders
- Orthopedics
- Parkinson's disease
- Spinal cord injury
- Stroke

Neuropsychology Service: The clinical neuropsychology service at BHRI is tasked with providing wrap-around psychological services to patients during their inpatient stay. Neuropsychology services are initiated by physician referral to the program to target a variety of presentations that can impact successful rehabilitation, including:

- Cognitive impairment
- Adjustment to injury, including depression and anxiety

- PTSD
- Emotional dysregulation
- Agitation

As such, neuropsychological services include evidence-based assessment and intervention services both in office, at bedside, on the therapy floor, and when co-treating with other providers to help maximize patient success in recovery and in achieving patient-centered goals.

Services include:

- Abbreviated psychological assessment: Evaluation of mood and personality for accurate diagnoses and when needed to delineate premorbid factors that may be impacting patient presentation and success.
- Abbreviated and serial cognitive assessment: Evaluation of orientation, awareness, and cognition; most often aphasia and amnesia, and progress in therapies to provide updated recommendations for the patient, family, and rehabilitation team.
- Comprehensive neuropsychological evaluations: Evaluations are typically requested for determination of return to work, school, and home to help inform treatment planning. In addition, we conduct evaluations of premorbid neurodevelopmental conditions and their impact on current functioning as well as evaluations to determine the presence/influence of neurodegenerative conditions. Neuropsychological test administration, scoring, interpretation, and report writing is the focus of this specialty area. A specific focus in writing various ADA accommodations for employers and higher education institutions is highlighted.
- Assessment of agitated behavior: Whenever needed, assessment of agitation using objective measures is requested. The neuropsychology team also creates adaptive strategies within a multi-disciplinary team to inform different models of de-escalation techniques/strategies to improve patient care and outcomes.
- Adjustment to injury counseling: Initial sessions include conducting comprehensive intake evaluations with a rehabilitation lens. Follow-up sessions include targeting psychological changes, grief, and psychosocial challenges associated with new injuries and diagnoses.
- Family counseling: Working with families to help improve education and to encourage proactive positive emotional adjustment.
- Rehab psychology: Focusing on building education and awareness regarding diagnoses, problem-solving possible barriers to success, improving healthcare management, increasing health literacy, and implementing behavioral techniques to improve sleep, pain management, and other health concerns such as smoking cessation and overcoming addiction.
- Co-treatment: Collaboration with other team members to provide live feedback of patient cognitive and emotional symptoms and to mentor and guide use of adaptive coping skills.
- Consultation: Collaborating with other team members to share information about psychological and cognitive diagnoses and their nuances to improve treatment planning.
- Training: Providing CEUs to specialized healthcare practitioners on psychological and neuropsychological topics/practice (i.e., trauma informed care, behavioral strategies,

agitation management, and other evidenced based techniques) relevant to rehabilitation medicine to increase multidisciplinary knowledge.

Training Overview: The BHRI rotation will begin with active clinical shadowing experiences with all members of the rehabilitation team. Thereafter, fellows will be provided the the opportunity to observe the range of neuropsychological services with current patients. Depending on individual skill, the fellow will then begin providing clinical services to include intakes with patients referred for psychological assessment and leading adjustment to injury sessions. Once the fellow has an established caseload, either additional rehabilitation psychology services and/or neuropsychological assessment services will be integrated. Thereafter, additional consultation and training opportunities can be included, as appropriate.

Sample Schedule for Fellows on the BHRI Rotation:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	UAMS Outpatient Neuropsych Service	UAMS Inpatient Neuropsych Consult (Level 1 Trauma)	UAMS Outpatient Neuropsych Service	UAMS Inpatient Neuropsych Consult (Level 1 Trauma)	Neuroanatomy Didactics/Admin; Behavioral Neurology Clinic, biweekly
Lunch					Neurology Grand Rounds
PM	Admin Time/ Report Writing	BHRI Neuropsych Service	Admin Time/ Report Writing	BHRI Neuropsych Service	Neuropsychology Didactics/Admin

**Outpatient Therapy**

If desired, neuropsychology residents may elect to continue their training in the area of treatment, including cognitive rehabilitation and/or individual or group behavioral medicine. Supervision is based on the developmental level of resident, who will have flexibility in the number and types of cases seen.

Cognitive Rehabilitation

*Overview of Setting:* In 2019, a multi-tiered Cognitive Rehabilitation Program was initiated within the Walker Family Clinic to provide individual and group therapy services to restore cognitive functioning for adults with neurologic conditions.

*Patient Population:* The program includes individual cognitive rehabilitation for patients with acquired brain injury or epilepsy, group cognitive rehabilitation for patients with MS-related cognitive changes, group interventions for TBI, and group Cognitive Stimulation Therapy (CST)



for mild to moderate forms of dementia. Treatment populations continue to expand with program growth.

*Core Training Opportunities:* In this 6- or 12-month rotation, fellows have the opportunity to provide direct individual cognitive rehabilitation focused on empirically-supported manualized interventions and recommended techniques for acquired brain injury and epilepsy. In group settings, interns may either facilitate or co-facilitate (depending on experience) cognitive rehabilitation targeted at mild cognitive impairment for patients diagnosed with MS or in a group format for patients diagnosed with TBI. Fellows will also have the unique opportunity to provide CST, an evidenced-based treatment for dementia in a group setting. Each of these tiers provides ample exposure to new training, direct patient care, multidisciplinary interaction, and the option of research throughout the rotation. The amount of time spent on this rotation is flexible and based on the fellow's interest in other rotations.

*Optional Training Opportunities:* In addition to providing individual and group cognitive rehabilitation, interested fellows are able to gain experience in program development. Due to the rapid growth to meet patient needs across the state, opportunities for implementation of evidenced-based rehabilitation, program evaluation, development of updated manualized treatment, and interdisciplinary consultation and training of other providers are also available.

*Supervision:* Fellows have weekly individual supervision focused on their cases within this rotation. Dr. Fullen and Dr. Clark are the primary supervisors for this rotation. \

## Didactics

**Didactic opportunities unique to the neuropsychology fellowship are offered in addition to the general didactics that are scheduled for interns and fellows across the three tracks. They include the following:**

- UAMS Neuropsychology Seminar (weekly)
- UAMS Neuroanatomy Seminar (biweekly)
- DBS Surgical Conference (monthly)
- Epilepsy Surgical Conference (biweekly)
- Neuro-Oncology/Gamma Knife Conference (weekly)
- Brain Cutting Conference (weekly or as scheduled)
- Neurology Grand Rounds (weekly)
- Movement Disorders Video Conference (as scheduled)
- UUAMS Neuropsychology/Health Psychology Conference/Journal Club (monthly)
- UAMS Neuropsychology Fact Finding/Journal Club (monthly)
- Other didactic opportunities in conjunction with Neurology and Neurosurgery Residents as applicable
- BIRC Journal Club and other lectures as available

## Research

Because UAMS is an academic medical setting, the Psychiatric Research Institute/Department of Psychiatry has multiple opportunities for research. Neuropsychology residents will be required to engage in research while completing their training program. This experience is designed to afford residents the opportunity to participate in neuropsychologically-focused research of their choosing from multiple ongoing research endeavors.

### **Current Research Opportunities:**

Founded in 2010 as Arkansas's first research-dedicated human MRI center, the Helen L. Porter and James T. Dyke Brain Imaging Research Center (BIRC) is a neuroscience and neurotechnology resource for the PRI, College of Medicine, UAMS, and the state of Arkansas. The long-term goal of the BIRC is to conduct human neuroscientific research that has the greatest potential to improve the treatment of neuropsychiatric disorders and prevent illness in at-risk individuals. The BIRC's past and currently funded scientific initiatives focus on modeling the neural mechanisms underlying addiction, individual differences in cognition and behavior, emotion regulation and dysregulation, adaptive and maladaptive responses to early childhood trauma, and predicting treatment responses. In addition, the BIRC fosters collaborative research with external investigators spanning PRI research divisions, College of Medicine departments, UAMS Colleges, 29 and other academic institutions. Additional details on the BIRC past and current research, as well as training opportunities, can be found at <https://birc.uams.edu/>. Individuals who come in with imaging research experience and specific research goals may be able to collaborate on projects with Dr. Andy James in the BIRC.

Clinical Databases. Fellows will have access to three databases, which include neuropsychological test results for individual project development. These databases include a clinic-wide database and several specific databases for the following patient populations: pre- and post-DBS evaluations, pre- and post-epilepsy surgery, older adults, and TBI.

Other options may be available depending on the interests and funding of faculty members, so Fellowship applicants are encouraged to inquire about ongoing research projects that may complement their scientific goals and objectives.

## Supervision Opportunities

Fellows have the opportunity to serve as supervisors across both years of fellowship:

- The first-year neuropsychology fellow works with an undergraduate research extern who spends the year working with us for graduation credits. The first-year fellow helps to design

the training curriculum for the extern and mentors the extern through an independent research project.

- During the second year, the fellow provides clinical supervision to the neuropsychology intern through a tiered supervision model.

## Faculty

### **Hilary Clark, Ph.D.**

Assistant Professor

Wichita State University - 2022

Clinics: Walker Family Clinic

Clinical interests: Neurodegenerative disorders/dementia, complex medical and psychiatric presentations, cognitive rehabilitation

Research interests: In general, topics with the potential to inform clinical practice; some specific interests include aging/dementia, interventions to reduce or prevent cognitive decline in individuals with neurologic illness or injury, and strategies to improve day-to-day functioning

### **Chrystal Fullen, Psy.D.**

Assistant Professor

Our Lady of the Lake University - 2019

Clinics: Walker Family Clinic, Freeway Clinic

Clinical interests: Traumatic and other acquired brain injuries, MS, cognitive rehabilitation, integrated neuropsychological assessment and intervention

Research interests: Program evaluation, efficacy of evidenced based rehabilitation models, technological advancements in stroke rehab, and neuro-oncology

### **Jennifer Gess, Ph.D., ABPP/CN**

Professor

Director, Psychology Training

Georgia State University – 2001

Clinic: Walker Family Clinic

Clinical interests: Epilepsy, brain injury, movement disorders, brain neoplasm, dementia

Research interests: Post-surgical cognitive outcome, the development of fMRI as a clinical tool

### **Lee Isaac, Psy.D.**

Assistant Professor

Director, Neuropsychology

La Salle University - 2020

Clinics: Walker Family Clinic, Behavioral Neurology Clinic, Huntington's Disease Clinic, and Atypical Parkinsonian Clinic

Clinical interests: Geriatrics, neurodegenerative conditions, Atypical Parkinsonian syndromes

Research interests: Older adults, Loneliness, and White Matter Integrity; ARIA; Diagnostic specificity in the assessment of older adults

### **G. Andy James, Ph.D.**

Professor

University of Florida - 2005

Research Location: Brain Imaging Research Center

Research Interests: Dr. James's research focuses on refining functional MRI methodology to better model how the brain encodes individual variance in cognition, thus translating this technology to clinical decision making.

**Jennifer Kleiner, Ph.D., ABPP/CN**

Professor

Director, Division of Psychology

Vice Chair for Faculty Affairs

University of Buffalo – 2004

Clinic: Walker Family Clinic

Clinical interests: Movement disorders, multiple sclerosis, dementia, brain tumors, brain injuries

Research interests: Presurgical evaluation for deep brain stimulation and postsurgical outcomes

## Applying to Fellowship

### Eligibility Requirements

- On track for successful completion of an APA-accredited internship in Clinical Psychology, with specialty training in Clinical Neuropsychology prior to start of Fellowship
- On track for successful completion of an APA-accredited doctoral program in clinical psychology (preferred) or counseling psychology prior to start of Fellowship

### Post-Application Requirements

- Personal interview (via remote platform) occurring in January 2025
- Successful completion of the neuropsychology matching program

## Post-Match Requirements

- Pass criminal background checks by the Arkansas State Police and FBI, including fingerprinting
- Pass a pre-employment drug screen (Fellows are also subject per UAMS policy to random drug screens during internship)

## Application Procedure

Application materials should be emailed to Dr. Jennifer Gess, Director of Psychology Training, at [gessjenniferl@uams.edu](mailto:gessjenniferl@uams.edu)

- Cover Letter
- Current CV
- Three letters of reference, one of which must be from internship
- Documentation of dissertation status and completion of dissertation by start of fellowship
- Two de-identified reports

The deadline for completed applications is **December 1, 2024**.

## Interviews

Interviews will take place remotely during the month of January 2025. We will contact applicants to schedule an interview once all materials are reviewed.

## Stipend and Fringe Benefits

**Benefits:** The current salary is \$52,389 for the first year and \$54,572 for the second year. Health insurance is available for families or single individual at a reasonable rate. All fees associated with EPPP and the licensure process (preparation materials, fees, etc.) are covered in full by the department. The resident will also receive some support for conference attendance with successful acceptance of a presentation. Vacation, sick leave, and professional leave are standard. The resident will have their own office with up-to-date technology support.

Psychology trainees are considered Medical School House Staff and participate in all fringe benefits allotted to Medical Interns and Residents as set forth by UAMS and Arkansas Children's Hospital. These include, but are not limited to, paid professional liability insurance coverage, paid hospitalization insurance policy for the intern, plus benefits at nominal cost for dependents.



## Contact Information

### Training Director

Jennifer L. Gess, Ph.D., ABPP/CN  
Walker Family Clinic  
4301 W. Markham St., Slot 568  
Little Rock, AR 72205  
[gessjenniferl@uams.edu](mailto:gessjenniferl@uams.edu)  
Phone: (501) 526-8239  
Fax: (501) 526-5296

### Psychology Training Assistant

David Miles  
Walker Family Clinic  
4301 West Markham St., slot #568  
Little Rock, AR 72202  
[damiles2@uams.edu](mailto:damiles2@uams.edu)  
Phone 501-320-7302  
Fax (501) 526-8199