



**Department of Physical Medicine and Rehabilitation  
Division of Rehabilitation Psychology and Neuropsychology  
Post-Doctoral Training Program in Rehabilitation Psychology  
2010-2012 Program Brochure**

**Overview**

The University of Michigan Health System's Postdoctoral Fellowship Training Program in Rehabilitation Psychology is based in the Department of Physical Medicine and Rehabilitation (<http://www.med.umich.edu/pmr/>) and the Division of Rehabilitation Psychology-



Neuropsychology. Ranked among the best hospitals in 2009 for Rehabilitation by the U.S. News & World Report, the University of Michigan's reputation for rehabilitation medicine is nationally known for excellence in clinical services, education and research. The fellowship program provides training opportunities within the University Hospital, C.S. Mott Children's Hospital, and outpatient satellite clinic offices. Fellowship candidates will choose between two primary training tracks: Adult Rehabilitation and Pediatric Rehabilitation. Interested fellows may also have the opportunity to obtain cross track training though

this is determined on a case-by-case basis. The primary goal of the fellowship training program is to prepare quality clinical psychologists for leadership roles and independent work in rehabilitation psychology. Training opportunities are diverse, and while fellows are expected primarily to participate in structured core rotations, training faculty will assist fellows in defining their own career goals and seeking out opportunities for additional training in specific areas of interest.

The fellows in our program are key members of the treatment teams, providing ongoing psychological and neuropsychological care, in conjunction with interventions from Physicians, Speech-Language Pathology, Physical Therapy, Occupational Therapy, Rehabilitation Engineering and other professionals. Post-doctoral fellows on the Pediatric Track participate in advanced training for a professional career that includes expertise in cognitive assessment and psychological interventions for children from infancy through adolescence and their families. Fellows who are most likely to value their experience here are those who wish to continue in careers that include neuropsychological assessment, but in a rehabilitation context where the data are used to inform and facilitate treatment planning. Fellows who follow the Adult Track



are trained for a professional career that focuses on the evaluation and treatment of individuals with traumatic and acquired chronic physical disability, including patients with history of brain injury, spinal cord injury, chronic pain, neurological disorders and neuromuscular disease. Post-doctoral fellows typically provide a number of clinical services, including neuropsychological and psychological assessment, counseling and psychotherapy, participation in cognitive rehabilitation programming, family intervention regarding cognitive and physical impairments and how to manage them in the home and community, and facilitation of cross-disciplinary treatment strategies based on the patient's cognitive and physical profile. All fellows participate in leading didactic seminars, as well as additional lecture opportunities by invitation.

The postdoctoral fellowship is designed as a 2-year training program. This allows trainees to obtain a diversity of skills over the course of the first training year, and to apply and refine these skills with more independence during the second training year. Additionally, the two-year time frame allows interested fellows to participate in existing faculty research programs with the potential for manuscript preparation and submission.

### **Fellowship Training Tracks**

Postdoctoral fellows must apply for one of two tracks – Pediatric or Adult Rehabilitation. Specific track information is as follows:

#### **Adult Rehabilitation Track**

Fellows who are accepted into the Adult Rehabilitation Track have the opportunity to treat patients who sustain traumatic brain injury, stroke, and a variety of acquired, typically non-progressive disorders, including toxic and anoxic encephalopathies, brain tumors, and other similar disorders. Fellows typically do not see patients with dementia; however, they see quite a number of middle-aged to elderly patients with non-dementia related memory loss associated with both ideopathic and disease specific changes (e.g., diabetes). Fellows will for the most part split their time between the Inpatient Neurorehabilitation Service or MedRehab Day Treatment Program and the Inpatient Spinal Cord Injury Service. The University of Michigan Health System's Department of Physical Medicine and Rehabilitation is one of only 16 institutions in the United States to be classified as a Model Spinal Cord Injury Center by the National Institute on Disability and Rehabilitation Research (NIDRR) and post-doctoral fellows play an important role in the clinical care of patients on this service beginning immediately following injury through discharge planning and community re-entry. Fellows regularly evaluate neuropsychological status of patients to assist with clinical planning, and aid patients with their neurobehavioral rehabilitation following traumatic brain injuries. Fellows also have opportunities to work with adult patients who present with significant orthopedic injuries, strokes, demyelinating diseases, burns, and other acute and chronic conditions that require inpatient and outpatient rehabilitation services.

#### **Pediatric Rehabilitation Track**

The pediatric rehabilitation track (2 positions) is divided into two core training experiences to allow for comprehensive rehabilitation psychology preparation. Pediatric fellows will have a 1 year inpatient training experience at the C.S. Mott Children's Hospital, primarily on the pediatric acute care unit, though some patients are also seen in the Pediatric Intensive Care Unit when neurological injuries require serial coma assessment. Fellows will provide psychological support to patients and their families presenting with a wide variety of health conditions including traumatic brain injury, spinal cord injury, orthopedic injuries, demyelinating conditions, and to patients who require long-term mechanical ventilation. While the primary placement is with Physical Medicine and Rehabilitation, fellows also may be consulted from outside services such as Hematology/Oncology/Bone Marrow Transplant, Cardiology, and Pediatric ICU to provide support services and cognitive recovery monitoring to hospitalized pediatric patients. Post-doctoral fellows frequently are called upon to evaluate neurocognitive status, provide behavioral pain management, reduce procedural anxiety, and to develop behavioral plans for pediatric patients. The second core placement is a 1 year outpatient training experience at the MedRehab Milestones Pediatric Brain Injury Day Treatment Program. Fellows work with pediatric brain injury program patients as integral parts of a multidisciplinary treatment team to include rehabilitation psychology and cognitive monitoring. For the full two year period, pediatric fellows also conduct weekly outpatient neuropsychological evaluations

for a number of patient populations including those with history of traumatic brain injury, craniofacial-cleft conditions, developmental delays/Autism, attention-deficit/hyperactivity disorder, learning disorders, late effects of cancer, complex genetic conditions and many more conditions. A unique training opportunity associated with this track includes instruction in the use of assistive technology to increase accessibility to neuropsychological assessment in children with severe motor and speech impairments. In addition to weekly neuropsychological evaluations, fellows also complete outpatient cognitive screening evaluations in the acute Pediatric Post Concussion Clinic, as well as infant and toddler developmental evaluations for children with complex medical conditions. Candidates with prior experience and training in neuropsychology will be most competitive for this position. Minor rotations include participation in outpatient clinics for Muscular Dystrophy, craniofacial anomalies/cleft, and brachial plexus injuries with a focus on associated cognitive dysfunction and neuropsychological screening. Pediatric fellows are partially funded through research grants and will be expected to participate fully in existing pediatric research projects, though the nature of participation will be decided mutually with fellowship mentors to meet larger personal training goals. Pediatric fellows will be expected to actively pursue mentored writing opportunities (journal, chapter, other) and conference presentations with a goal towards publication during the full course of training. An individualized training plan is created in collaboration with the trainee and the clinical training director and/or primary mentor to tailor individual training goals to meet professional needs.

### All Fellows

#### Health Psychology Training

All fellows will have opportunities to participate in specialized clinical health psychology training under the guidance of our health psychology faculty. Adult track fellows are required to participate in this service as a minor rotation, and pediatric fellows may participate if in accord with their training goals. The outpatient health psychology services are provided at the PM&R outpatient facility at the Burlington Building (free transportation is available for fellows between office locations as needed). The health psychology clinic serves primarily patients with chronic pain (e.g. back pain, headaches, and orthopedic injuries) and other chronic health problems. Trainees will learn and/or refine a variety of relaxation and pain management techniques often used to treat this complex patient population.

#### Didactic Training

All fellows come together to participate in didactic learning opportunities that are shared not only by fellows but other trainees, technicians, and faculty members. Didactic seminars are taught primarily by department faculty, although outside speakers and post-doctoral fellows also participate in teaching opportunities. Fellows will be required to attend two primary didactic seminars: The Rehabilitation Psychology Core Seminar, which provides advanced training in rehabilitation psychology topics (in accordance with topic recommendations laid out by Division 22 of the APA), and the Neuropsychology Seminar, which provides a wide variety of lectures related to neurodevelopment, brain injury, and the neuropsychology of specific conditions. Journal clubs often are integrated into these didactics to provide timely updates on current research and treatment paradigms. Didactic seminars are held in a casual but rigorous setting to promote active participation and to maximize learning. Fellows deliver a portion of the didactic seminars under the tutelage of faculty mentors. Some fellows take advantage of additional didactic opportunities on the medical campus such as brain cuttings, ethics rounds, grant writing courses and professional development seminars as time and individual training goals permit.

### Rounds expectations

All fellows attend chart rounds appropriate for their service and case-load. Chart rounds are typically held once weekly with the multidisciplinary staff of the inpatient rehabilitation unit. Fellows on the adult service participate in additional inpatient staffings during the week. Fellows will have the opportunity to work closely with other rehabilitation disciplines and to participate in important treatment and discharge planning decision making. The Department of Physical Medicine and Rehabilitation is truly a multidisciplinary department, and fellows are expected to contribute at a high level to the conceptualization and planning of treatment for all patients. This multidisciplinary opportunity is an important aspect of the training program that prepares fellows to take on independent leadership roles in hospital-based rehabilitation settings following their fellowship.

### Research Participation

Our department currently hosts two research training grants funded by the National Health Institutes and the National Institute on Disability Research. Fellows are invited to participate in the didactic portion of these programs by attending research lectures which typically occur on Friday mornings. Pediatric fellows will spend 20% of their time engaged in research pursuits associated with existing funded research in the area of adapted cognitive assessments. This will involve a range of activities including data collection, analysis, interpretation and publication under the guidance of faculty mentors as well as regular participation in lab meetings and conference presentation. Fellows not already participating in formal research experiences through their track will identify a faculty member(s) they wish to work with in that faculty member's research interest area. Although the primary focus of the fellowship is clinical, fellows are expected to gain a breadth of understanding of rehabilitation psychology through the applied process of research. Fellows will be encouraged to complete at least one publication during their two-year fellowship. Fellows will work closely with their identified mentor to determine a reasonable research goal given the time demands of their clinical training.

## **Faculty Biosketches**

### Angela Giacoletti-Argento, Ph.D.

Dr. Argento is Assistant Professor (Clinical) and member of the pediatric faculty group in the Division of Rehabilitation Psychology and Neuropsychology. Dr. Argento received her Ph.D. in clinical psychology from West Virginia University, with a specialization in child and adolescent psychology and an emphasis on behavioral medicine issues. She completed a one-year internship in clinical psychology through Henry Ford Hospitals and a two-year post-doctoral fellowship in Rehabilitation Psychology/Neuropsychology within the U of M PM&R department. Dr. Argento conducted clinical and research-related neuropsychological assessments through Children's Hospital of Michigan, including serial assessments of pediatric patients with HIV/AIDS. Previously, she served as attending psychologist for the U of M Pediatric NeuroRehabilitation Program, where she treated children, adolescents, and young adults with a range of neurologic disorders. Her research interests include the neuropsychology of congenital and acquired neurodevelopmental disorders, social integration and community participation of individuals with disabilities, adapted training methods to improve health prevention behaviors of youth with disabilities, and pediatric spinal cord injury.

Giacoletti-Argento, A., Warschawsky, S., Shank, L., & Hornyak, J. (2009). Spina Bifida. In S. Goldstein & C. Reynolds (Eds.), *Handbook of Neurodevelopmental and Genetic Disorders in Children*, Second Edition. NY: Guilford Publications.

Giacoletti Argento, A. & Kaufman, J. (2008). Cognition in neuromuscular Disease. *Journal of Pediatric Rehabilitation Medicine*, 1(3), 199-210.

Warschawsky, S., Giacoletti Argento, A., Hurvitz, E., & Berg, M. (2003). Neuropsychological correlates of social problem solving in children with congenital and acquired brain dysfunction. *Rehabilitation Psychology*, 48(4), 250-254.

Giacoletti Argento, A., Engel, L., & Warschausky, S. (June, 1997). Sexuality education for ventilated adolescents and their families. In Driver, L.E., Nelson, V., & Warschausky, S. (Eds.), *Transitioning the ventilator-assisted child: A practical resource guide*. Tucson, AZ: Communication Skills Builders.

Scotti, J.R., Nangle, D.W., Masia, C.L., Ellis, J.T., Ujchich, K.J., Giacoletti, A.M., Vittimberga, G.L., & Carr-Nangle, R. (1997). Providing an AIDS education and skills training program to persons with mild developmental disabilities. *Education and Training in Mental Retardation and Developmental Disabilities*, 32, 113-128.

Hansen, D.J., Giacoletti, A.M., & Nangle, D.W. (1995). Social interactions and adjustment. In V.B. VanHasselt & M. Hersen (Eds.), *Handbook of adolescent psychopathology: A guide to diagnosis and treatment*. NY: Lexington Books.

#### Jeffrey E. Evans, Ph.D.

Dr. Evans is an Associate Professor (Clinical) in the Department of Physical Medicine and Rehabilitation, where he is Director of the Adult Postdoctoral Fellowship Training Program and supervising psychologist on the Neurological and General Rehabilitation services of the adult inpatient unit. He is also Adjunct Associate Professor in the Residential College, University of Michigan, where he is head of the First-Year Seminar Program. He received his B.S. in Chemistry from Carnegie-Mellon University, M.S. in Physiological Psychology from Purdue University, and Ph.D. in Clinical Psychology from the University of Michigan. He completed postdoctoral fellowships in Clinical Neuropsychology at the VA Medical Center in San Francisco and Sinai Hospital of Detroit. He also completed a postdoctoral fellowship in behavioral neurophysiology at Stanford University. His special interests include psychotherapy in medical rehabilitation, and visuospatial and executive mental functioning in health and disease. He is also interested in interdisciplinary approaches to the use of expressive arts in response to illness and trauma, in which creativity is conceived as a process of problem solving. Selected Publications:

Evans, JE: The science of arts in healthcare. In: Graham-Pole, J.: *Art and Creative Arts in Healthcare* (Volume III of the American Psychological Association series, Mind/Body Medicine: Integrated Healthcare, Praeger Publishers, 2007.)

Evans, JE: Review of *Picasso's Guernica: the Genesis of a Painting*. [Psychology of Aesthetics, Creativity and the Arts](#). (*In press*)

Evans, JE: Why the medical model needs disability studies (and vice-versa): a perspective from rehabilitation psychology. [Disability Studies Quarterly](#), 24 (4), Fall, 2004. <http://www.dsqsds.org/>.

Warschausky SA, Evans JE, Bradley A: Rehabilitation psychology and neuropsychology consultation. In: Brammer C, Spires MC: *Manual of Physical Medicine and Rehabilitation* (Philadelphia, PA: Hanley and Belfus, Inc., 2002), 271-279.

Rubinstein JS, Meyer DE, Evans JE: Executive control of cognitive processes in task switching. [J Exp Psychol Human Perception and Performance](#) 27(4)763-797, 2001.

#### Michael Edward Geisser, Ph.D.

Dr. Geisser is a Professor in the Department of PM&R. He received his Ph.D. in Clinical Psychology from the Finch University of the Health Sciences/Chicago Medical School in 1988, and completed his internship in the Department of Clinical and Health Psychology at the University of Florida that same year. He is currently Director of Research at the Spine Program, and Co-Chair of the Medical School Institutional Review Board. He is also a former President of the Midwest Pain Society and Co-Chair of the Psychosocial Research Special Interest Group of the American Pain Society. Dr. Geisser's research interests include studying the influence of psychosocial factors on the experience of acute and chronic pain, psychophysical assessment of pain, and treatments for chronic pain and disability. He has published over 80 peer-reviewed articles, and five book chapters. Dr. Geisser is also on the Editorial Board of The Clinical Journal of Pain, Pain, and the Journal of Pain, and has received extramural funding from the National Institutes of Health and other sources to assist in conducting his research.

##### Selected Publications:

Geisser ME, Casey KL, Brucksch CB, Ribbens CM, Appleton BB, Crofford LJ. Perception of noxious and innocuous heat stimulation among healthy women and women with fibromyalgia: association with mood, somatic focus, and catastrophizing. *Pain* 2003; 102: 243-250.

Geisser ME, Haig AJ, Wallbom AS, Wiggert EA. Pain-related fear, lumbar flexion, and dynamic EMG among persons with chronic musculoskeletal low back pain. *Clin J Pain* 2004; 20: 61-69.

Gracely RH, Geisser ME, Giesicke T, Grant MAB, Petzke FW, Williams DA, Clauw DJ. Pain catastrophizing and neural responses to pain among persons with fibromyalgia. *Brain* 2004; 127: 835-43.

Geisser ME, Wiggert EA, Haig AJ, Colwell MO. A randomized, controlled trial of manual therapy and specific adjuvant exercise for chronic low back pain. *Clin J Pain* 2005; 21: 463-70.

Geisser ME, Ranavaya M, Haig AJ, Roth RS, Zucker R, Ambroz C, Caruso M. A meta-analytic review of surface electromyography among persons with low back pain and normal, healthy controls. *J Pain* 2005; 6: 711-26.

#### Jacqueline N. Kaufman, PhD

Dr. Kaufman is an Assistant Professor and member of the pediatric faculty group in the Division of Rehabilitation Psychology and Neuropsychology. She joined the Department of Physical Medicine and Rehabilitation after completing a T-32 NIH Fellowship under the direction of Denise Tate, Ph.D. Dr. Kaufman completed her graduate training at the University of Wisconsin-Milwaukee in Clinical Psychology with a specialization in Neuroscience and Pediatric Clinical Neuropsychology. She completed her internship training at the Columbus Children's Hospital in Columbus, Ohio in pediatric hospital based psychology. Clinical interests include the evaluation of acquired and congenital neuropsychological disorders as well as inpatient rehabilitation psychology within the pediatric population. Previous research expertise includes the use of functional neuroimaging techniques to evaluate cognitive processes. Currently, Dr. Kaufman is interested in research in the areas of mild traumatic brain injury and cognitive evaluation of children with cerebral palsy. She is the director of the Pediatric Acute Post-Concussion Assessment Clinic developed in collaboration with faculty in the Department of Emergency Medicine. She is a co-investigator on two federally funded grants through the Adapted Cognitive Assessment Lab which evaluates psychometric properties of adapted neuropsychological tests for use by individuals with motoric and communicative impairments. Dr. Kaufman currently provides research mentorship to undergraduate students, and clinical and research supervision to graduate level trainees and post-doctoral fellows. She is the Co-Director of the Post Doctoral Fellowship Training Program. Selected publications:

Kaufman JN, Ross TJ, Stein EA, Garavan H. Cingulate hypoactivity in cocaine users during a GO/NOGO task as revealed by event-related functional magnetic resonance imaging. *Journal of Neuroscience* 23(21):7839-7843, August 27, 2003.

McKiernan KA, D'Angelo BR, Kaufman JN, Binder JR. Interrupting the "stream of consciousness": An fMRI investigation. *Neuroimage* 29(4):1185-91, Feb, 2006.

Murphy K, Dixon V, LaGrave K, Kaufman J, Risinger R, Bloom A, Garavan H. A validation of event-related fMRI comparisons between users of cocaine, nicotine, or cannabis and control subjects. *American Journal of Psychiatry*, July, 2006; 163(7):1245-51.

Warschausky S, Kaufman J, Stiers W. Training Requirements and scope of practice in Rehabilitation Psychology and Neuropsychology. *Journal of Pediatric Rehabilitation Medicine: An Interdisciplinary Approach* 1(1):61-65, 2007.

Giacoletti Argento, A. & Kaufman, J. (2008). Cognition in neuromuscular Disease. *Journal of Pediatric Rehabilitation Medicine*, 1(3), 199-210.

#### Michelle Meade, Ph.D.

Dr. Meade is an Assistant Professor in the Department of Physical Medicine and Rehabilitation at the University of Michigan. In this role she spends part of her time providing clinical services to adults with spinal cord injury / disease (SCI/D) and other physical disabilities and part on research and programs to facilitate the health, functioning and community integration of this population. Dr. Meade received her Ph.D. in clinical psychology (health emphasis) from Ohio University and completed a postdoctoral fellowship in clinical rehabilitation psychology at the University of Michigan Medical Center. Her research interests include health disparities experienced by individuals with disabilities, particularly those from traditionally underserved populations; health behaviors, self-management and tertiary prevention of disease by individuals with chronic illness and disability; and community integration and employment of individuals with SCI/D and other physical disabilities. Dr. Meade has authored numerous peer-reviewed journal articles, serves on several grant review and editorial boards, and is an active member in the American Psychological Association's Division of Rehabilitation Psychology, the American Association of Spinal Cord Injury Psychologists and Social Workers and the American Spinal Injury Association. Selected publications:

Meade M, Mahan J, Creer T. (2003). A Self-Management Program for Adolescents and Children with Renal Transplantations. *Journal of Clinical Psychology in a Medical Setting*, 10(3), 165-171.

Meade M, Cifu D, Seel R, McKinley W, Kreutzer J. (2004). Medical Procedures, Complications and Outcomes for Patients with SCI: A Multicenter Investigation comparing African Americans and Caucasians. *Archives of Physical Medicine and Rehabilitation*, 85, 368-375.

Meade M, Taylor L, Kreutzer J, Marwitz J, Thomas V. (2004). A Preliminary Study of Acute Family Needs Following Spinal Cord Injury: Analysis and Implications. *Rehabilitation Psychology*, 49(2), 150-155.

Meade M, Lewis A, Jackson MN, Hess D. Race, Employment and Spinal Cord Injury (2004). *Archives of Physical Medicine & Rehabilitation*, 85 (11), 1782-1792.

Meade MA, Barrett K, Ellenbogen PS, Jackson MN (2006). Work Intensity and Variations in Health and Personal Characteristics of Individuals with Spinal Cord Injury (SCI). *Journal of Vocational Rehabilitation*, 25 (1), 13-19.

### Ned Kirsch, PhD, ABPP(RP)

Dr. Kirsch is an Associate Professor (Clinical) in the Department of PM&R, APA Fellow and Diplomate of the American Board of Professional Psychology. He received his Ph.D. from the University of Colorado and completed advanced training at Yale University. His primary clinical interest is the neuropsychological assessment and treatment of acquired, non-progressive neurological disorders such as traumatic brain injury, stroke, and various encephalopathies. He is clinical manager of the Department's outpatient Adult Neurorehabilitation Program, which provides intensive, interdisciplinary care, including community re-entry, vocational planning and family intervention. He currently is pursuing two lines of research. First, in conjunction with colleagues in the Department of Emergency Medicine, he is completing a project that examined outcomes for a group of patients with mild traumatic brain injury who were been discharged directly from the Emergency Department. Second, his more persisting interest is in the development and assessment of interventions for cognitive impairment that utilize assistive technology systems, including: a) assistance for scheduling and planning, b) activity guidance, and c) modification and management of problematic neurobehavioral changes, including changes of communication pragmatics that interfere with social relations. He has recently started a series of studies looking at the integration of these interactive cueing systems with environmental and physiological wireless sensors. Selected Publications:

Kirsch, N.L., Shenton, M., Spirl, E., Rowan, J., Simpson, R., Schreckenghost, D. & LoPresti, E. (2004). Web-based assistive technology interventions for cognitive impairments after traumatic brain injury: A selective review and two cases studies. *Rehabilitation Psychology*, 49(3), 200 – 212.

Scherer, M, Hart, T, Kirsch, NL, Schultheis, M. (2005). Assistive Technologies for Cognitive Disabilities. *Critical Reviews in Physical and Rehabilitation Medicine*, 17(3), 195-215.

Edmund F. LoPresti, PhD, Richard C. Simpson, PhD, ATP, Ned Kirsch, PhD, Debra Schreckenghost, MS, Stephen Hayashi, BS. (2008). Distributed Cognitive Aid with Scheduling and Interactive Task Guidance. *Journal of Rehabilitation Research and Development*, 45, 505-522, 2008.

McLean, S., Kirsch, NL, Tan-Schriner, CU, Sen, A, Frederiksen, S., Harris, RH, Maixner, W, Maio, RF. (2009). Health status not head injury predicts concussion symptoms after minor injury. *American Journal of Emergency Medicine*,

de Leon, M., Kirsch, N.L., Maio, R, Tan-Schriner, C., Millis, S.R., Frederikson, S., Tanner, C., & Breer, L. (2009). Baseline Predictors of Fatigue One Year after Mild Head Injury. *Archives of Physical Medicine and Rehabilitation*, 90, 956-965.

Kirsch, NL, Scherer, M. (2009). Assistive cognition for cognition and behavior. In R Frank, M Rosenthal, B Caplan (Eds.). *Handbook of Rehabilitation Psychology: 2nd Edition*, Washington, DC: APA , 2009.

Kirsch, N.L., de Leon, M., Maio, R., Millis, S.R., Tan-Schriner, C., & Frederikson, S. (in press). Characteristics of a Mild Head Injury Sub-Group with Extreme, Persisting Distress on the Rivermead Postconcussion Symptoms Questionnaire. *Archives of Physical Medicine and Rehabilitation*.

### Randy S. Roth, Ph.D.

Dr. Roth is Professor (Clinical) in the Department of PM&R. He received his doctoral training in clinical psychology at the University of North Dakota following an internship at the University of Oregon Health Sciences Center and Portland Veterans Hospital. Dr. Roth has spent 30 years working in rehabilitation medicine. His clinical experience includes work with spinal cord injury, neurobehavioral disorders, amputees, neuromuscular disease and chronic pain. Over the past 20

years he has specialized in the assessment and treatment of chronic pain, with particular interest in myofascial pain syndromes. He has served as the past Director of the Pain Management Program in PM&R and Associate Director of the Multidisciplinary Pain Center in Anesthesiology. He also serves as a consultant to the transplant surgery team and Neurosurgery Pain Neuromodulation Program, and staffs a Chronic Pain Clinic at the Ann Arbor VA hospital. His research interests include cognitive-behavioral factors in pain disability, pain beliefs in musculoskeletal pain patients, trauma and pain, and psychological factors in breast reconstruction outcome (with the Dept. of Plastic Surgery). Recent publications include:

Roth, R.S., Geisser, M.E. Educational achievement and chronic pain disability: mediating role of pain-related cognition. *Clinical Journal of Pain*, 2002, 18, 286-296.

Roth, R.S., Geisser, M.E., Theisen-Goodvich, M.E., Dixon, P.J. Cognitive complaints are associated with depression, fatigue, female gender and pain catastrophizing in patients with chronic pain. *Archives of Physical Medicine and Rehabilitation*, 2005, 86, 47-54.

Roth, R.S., Lowery, J.C., Davis, J., Wilkins, E.G. Persistent pain following postmastectomy breast reconstruction: The effects of type and timing of surgery. *Annals of Plastic Surgery*, 2007, 58(4), 371-376.

Roth, R.S., Lowery, J.C., Davis, J., Wilkins, E.G. Preoperative affective distress and somatic complaints predict persistent pain following postmastectomy breast reconstruction. *European Journal of Plastic Surgery*, 2007, 29, 227-233..

Roth, J.K., Roth, R.S., Weintraub, J.R., Simons, D.G. Cervicogenic headache caused by myofascial trigger points in the sternocleidomastoid muscle: a case report. *Cephalalgia*, 2007, 27, 375-380..

Roth, R.S., Geisser, M. E., Bates, R. A. The relation of posttraumatic stress symptoms to depression and pain in patients with accident-related chronic pain. *Journal of Pain*, 2008, 9, 588-596.

Cyders, M.A., Tang C-T, Rosenberg, J., Roth, R.S. Post-traumatic stress disorder as a primary cause of disability in chronic pain patients: a case study. *AAPM&R Case of the Month #11*, February, 2010.  
<http://www.aapmr.org/cme/emgcases/emg9802a.htm>.

#### James Rowan, Ph.D.

Dr. Rowan has been the staff rehabilitation psychologist for the Adult Neurorehabilitation Day Treatment Program at MedRehab since 1997. He holds a degree in Clinical Psychology from the University of Michigan, and subsequently completed a post-doctoral fellowship in Rehabilitation Psychology at the University of Michigan Medical Center. His clinical interests include adjustment issues following traumatic brain injury, and vocational planning for brain-injured individuals.

Kirsch, N., Shenton, M., Spirl, E., Rowan, J., Simpson, R., Schreckenghost, D., & LoPresti, E. Web-based assistive technology interventions for cognitive impairments after traumatic brain injury: A selective review and two case studies. (2004). *Rehabilitation Psychology*, 49(3), 200-212.

Kirsch, N., Shenton, M., & Rowan, J. A generic, "in-house", alphanumeric paging system for prospective activity impairments after traumatic brain injury. (2004). *Brain Injury*, 18(7), 725-734.

#### Denise G. Tate, Ph.D., ABPP (RP)

Dr. Tate is Professor and Associate Chair for Research in PM&R. She completed her masters degree in experimental psychology in Rio de Janeiro, Brazil and her doctoral program at Michigan State University, where she also completed postdoctoral training in rehabilitation psychology. Dr. Tate is an APA fellow and a Diplomate of the American Board of Professional Psychology, served on the executive board of Division 22 of APA and as chair of the division's research committee. She currently directs two post doctoral research training grants funded by the NIH and NIDRR. She is the Co-Director of the U-M Model SCI Care Systems program and specializes in treating adults with traumatic SCI. Other research interests include quality of life outcomes, and depression following chronic illness and disability. Dr. Tate serves as a reviewer for many federal agencies including NIDRR and the NIH. More recently, she served as a member of the Institute of Medicine taskforce on veterans' medical benefits. Selected Publications:

Tate DG, Forchheimer M: Quality of life, life satisfaction and spirituality: comparing outcomes between rehabilitation and cancer patients. *Am J Phys Med Rehabil*. 81(6): 400-410, 2002.

Tate DG, Kalpakjian, CZ, Forchheimer M: Quality of life issues in individuals with spinal cord injury. Arch Phys Med Rehabil 83 (12): Suppl 2, S18-S25, 2002.

Tate DG, Pledger C: An integrative conceptual framework of disability. Amer Psych 58 (4):289-95, 2003.

Tate DG, Forchheimer MB, Krause JS, Meade MA, Bombardier CH: Patterns of alcohol and substance use and abuse in persons with spinal cord injury: Risk factors and correlates. Arch Phys Med Rehabil 85(11):1837-1847, 2004.

Rahman R.O., Forchheimer M., & Tate, D.G. (2005). Quality of Life Correlates Among Individuals with a Spinal Cord Injury: Does Race Matter? International Journal of Psychosocial Rehabilitation, 9(1), 153-165.

#### Marie Van Tubbergen, Ph.D.

Dr. Van Tubbergen is a Research Investigator in PM&R. Her research interests include development of adapted techniques and accessible measures for use in neuropsychological assessment. Currently she is refining assessment processes to examine phonological processing abilities and ADHD symptoms among children with speech and motor impairments. In addition to her academic interests, Dr. Van Tubbergen is also the pediatric psychologist at MedRehab NeuroRehabilitation Program, an outpatient, multi-disciplinary rehabilitation program. Selected publications:

Kay JB, Van Tubbergen M, Warschausky SA, Buchman S. (2005). Social Response in Children with Severe Cognitive Impairments: Factors in Aesthetic Surgery Decision-making. Plastic & Reconstructive Surgery, 116(2), 408-416.

Van Tubbergen M, Omichinski D, Warschausky S. (2007). How Children with Severe Disabilities Make Choices of Preference and Knowledge. Exceptional Parent, 37(5), 36-38.

Van Tubbergen M, Warschausky S, Birnholz J, Baker S. (in press). Choice Beyond Preference: Conceptualization and Assessment of Choice Making Skills in Children with Significant Impairments. Rehabilitation Psychology.

Van Tubbergen M, Omichinski D, Warschausky S. (in press). Using the Choice-making Skills of Students with Disabilities for Educational Planning. Journal of the American Academy of Special Education Professionals. Winter, 2008.

#### Seth Warschausky, Ph.D.

Dr. Warschausky is an Associate Professor in the Department of PM&R and Director of the Division of Rehabilitation Psychology and Neuropsychology. He is an APA Fellow and a past-President of the American Psychological Association's Division 22, Section 1, Pediatric Rehabilitation Psychology. He has served as an Advisory Board member to the American Psychological Association's Center for Psychology in Schools and Education. Dr. Warschausky's clinical and research interests focus on the neuropsychology and social development of children with neurodevelopmental disorders. He has been Principal Investigator on studies of social integration of children and young adults with congenital and acquired neurodevelopmental conditions. He is the Principal Investigator of the federally funded (NIH, DOED) Adapted Cognitive Assessment Lab in which a team of investigators study the psychometric properties of neuropsychological tests modified for use with assistive technology. These tests are utilized to identify the cognitive capabilities of children with cerebral palsy. Dr. Warschausky teaches seminars to graduate students, post-doctoral fellows, and residents in the areas of child neuropsychology and rehabilitation psychology. Selected publications:

Warschausky S, Kay JB, Chi P, Donders J. (2005). Hierarchical linear modeling of CVLT-C learning curve characteristics following childhood traumatic brain injury. Neuropsychology, 19, 193-198.

Cunningham S, Thomas P., Warschausky S. (2007). Gender differences in peer relations of children with neurodevelopmental conditions. *Rehabilitation Psychology*, 52, 331-337.

Donders J, Warschausky S. (2007). Neurobehavioral outcomes after early versus late childhood traumatic brain injury. *Journal of Head Trauma Rehabilitation*, Vol. 22, 296-302

Cunningham S, Warschausky, Thomas P. (2009). Parenting style and social functioning of children with and without congenital neurodevelopmental conditions. *Rehabilitation Psychology*, 54, 109-115.

Sroufe NS, Kay JB, Fuller DS, West BT, Singal BM, Warschausky SA, Maio RF. (in press). A prospective, longitudinal study of post-concussive symptoms and neurocognitive deficits after mild traumatic brain injury in children 10-17 years of age. *Pediatrics*

## **About the University of Michigan**



### **Community**

The University of Michigan, one of the world's most distinguished academic institutions, is an international resource for scholarship and service. At the Ann Arbor campus, nearly 3,800 faculty and 36,600 students study, teach and conduct research in a modern environment. The University also has campuses in Flint and Dearborn.

The quality of the academic programs at the University of Michigan places it among the top 10 colleges and universities nationwide. The University's academic excellence is renowned throughout the world on both graduate and undergraduate levels and in a wide variety of degree programs. Students at the University represent richly diverse social, ethnic and economic backgrounds; geographically, they originate from all 50 states and almost 100 foreign countries. The University is proud of its diverse community and is committed to sustaining its leadership as a premier center for the pursuit of knowledge. The University of Michigan Health System comprises the Medical School, the University Hospitals and Health Centers and the Michigan Health Corporation. The University of Michigan established the first University-owned teaching hospital in the nation when it opened University Hospital in 1869. The establishment of this hospital introduced a legacy of providing health care, programs of education and research, and referral support for other health care providers and institutions in Michigan.

Today, there are three core hospitals as well as extensive outpatient and ambulatory clinics continuing the tradition of excellence at the University of Michigan Health System. The Comprehensive Cancer Center and Cardiovascular Center are new state of the art facilities on the medical campus that highlight the University of Michigan's burgeoning care options. As a teaching resource, the Hospitals are used for the training of students each year in the techniques of modern clinical medicine, including physicians in residency training in all medical and surgical specialties. The Hospitals serve as the core teaching facility for the U-M Medical School.

### **Department of Physical Medicine and Rehabilitation**

The University of Michigan Health System was among the first major institutions in the nation to organize and develop an independent Department of Physical Medicine and Rehabilitation. Established in 1950 by James W. Rae, M.D., he saw the need to have hospital-based research and education related to people with disabilities. The department currently operates 17 clinics providing a wide range of rehabilitation services to children and adults. Post-Doctoral Fellowship candidates can learn more about these clinics and departmental offerings by viewing the following website: <http://www.med.umich.edu/pmr/>.

### **Research at the University of Michigan Health System**

Over \$340 million in total research funds every year, world-renowned investigators, a tradition of collaboration between the basic science researchers and their clinical colleagues, and a strong tradition of clinical research; this is the University of Michigan Medical School's research environment. In addition, the 126 invention disclosures and \$9.3 million in royalty revenue in fiscal year 2008 exemplifies the result of translating the pioneering breakthroughs to the clinical setting and the distribution of new knowledge to the public. In addition, the School has a strong tradition of clinical research including the highest funded single Clinical Research Center in the nation and a newly established Center for Clinical Therapeutics. The Medical School's biomedical research environment also is enriched by the prestigious Howard Hughes

Medical Institute, whose research programs address areas of molecular genetics.

Throughout the past decade, the Medical School has ranked nationally in the top tier institutions in federally funded research. In generating approximately 70 percent of the University's total NIH research funding, the Medical School has maintained a key position of scientific leadership within and beyond the University's scientific community in the pursuit of discovery, in the translation of pioneering breakthroughs to the clinical setting, and in the dissemination of new knowledge to the public at large.

Students, fellows and faculty can take advantage of a number of resources available through the University to supplement their education and facilitate research. Free statistical consulting is available, as is access to a remarkable and nationally recognized library system with numerous electronic journals. Rapid communication is facilitated through a campus-wide wireless internet system. The medical campus is replete with lectures and seminars that fellows are encouraged to attend, time permitting.

### Living in Ann Arbor



Built on the banks of the Huron River and located just 45 minutes west of downtown Detroit, Ann Arbor is a cultural mecca within the Midwest basin. Not only is it

home to one of the finest academic institutions and health systems in the country, the University of Michigan, but it offers a unique blend of city sophistication and small town charm that appeals to everyone - students and professionals, singles and families, newly born and newly retired. It is both ethnically diverse and culturally rich. Just one visit and you will quickly understand why Ann Arbor is consistently voted one of the best places to live in the United States. It's where tradition and innovation meet, where generations merge and ideas are kindled. Whether you enjoy fine arts, fine dining, casual entertainment or hiking nature trails, you will find it all – and then some – right here in Ann Arbor.

Downtown Ann Arbor is easily accessible from multiple state and local highways including 94, 96, 23, and M-14. The city boasts an award-winning bus system and is extremely bicycle-friendly – providing bike lanes, shared road systems, sidewalk paths, and bus racks. Parking is something of a problem in Ann Arbor and around the medical system, and those that are able do best to ride the bus. The good news: University of Michigan employees receive free bus fare with their Michigan ID.

Ann Arbor has a very vibrant cultural scene including all areas of the arts. Both University-based and community-based experiences are available, and you don't have to travel far to enjoy the symphony, a play, comedy routine, or intimate folk music show. Restaurant connoisseurs like to take advantage of Ann Arbor's 200 plus restaurants. Offerings range from fine dining to casual cafés, and there is plenty to choose from in every price range and for every taste. Ann Arbor has 2,000 acres of parkland and more than 145 public parks within city limits. In addition, there are countless outlying parks and natural areas to explore on foot or on the water. Because lakes, rivers, and parklands surround the city, residents and visitors are never at a loss for a chance to escape the hustle and bustle of the downtown atmosphere and indulge in the tranquility of nature within just a few minutes or miles. Take advantage of the area's 134 Metroparks that offer hiking, fishing, canoeing, cross-country skiing, children's play areas, and picnic shelters. If mountain biking fits your fitness lifestyle, visit Potowatomi Trail or countless other locations in Michigan. Ann Arbor is a wonderful place for families. We have a highly regarded public school system and various family-oriented recreational activities: parks spread over 2,000 acres, bike paths, walking trails, three city swimming pools, ice rinks, softball and baseball fields, and much, much more.

### **Stipend and Benefits**

Fellows are offered a competitive stipend with a very attractive benefits package. Health care benefits are included, and fellows have access to a number of campus services as a member of the University of Michigan community.

### **Application Process**

Individuals interested in applying for a fellowship position for the entering class of 2010-2012 are encouraged to submit a complete application for review. Applicants are asked to include the following:

1. Letter of interest (please indicate which track – adult/pediatric – that you are applying for).
2. Curriculum Vitae, including status of your dissertation.
3. Three letters of recommendation (at least 2 from clinical supervisors)
4. 1-2 relevant clinical reports/notes (appropriately de-identified) that are representative of the applicant's current report/note writing skills (e.g. please ensure that selective reports are not the product of significant supervisory editing).

### **CONTACT INFORMATION**

Information/Inquiries can be directed to:

#### **PEDIATRIC TRACK APPLICATIONS:**

Jacqueline Kaufman, PhD  
Co-director Post-Doctoral Training Program  
Physical Medicine and Rehabilitation – RPN  
Attn: Post Doctoral Fellowship Application  
325 E. Eisenhower Parkway  
Ann Arbor, MI 48108-5744  
Phone: 734.936.7051  
Fax: 734.936-7048  
Contact for further inquiries: [jaqk@med.umich.edu](mailto:jaqk@med.umich.edu).

#### **ADULT TRACK APPLICATIONS:**

Jeffrey Evans, PhD  
Co-director Post-Doctoral Training Program  
Physical Medicine and Rehabilitation – RPN  
Attn: Post Doctoral Fellowship Application  
325 E. Eisenhower Parkway  
Ann Arbor, MI 48108-5744  
Phone: 734.936.7051  
Fax: 734.936-7048  
Contact for further inquiries: [jeevans@med.umich.edu](mailto:jeevans@med.umich.edu)

***We look forward to receiving your application!***