



2024 - 2025

Neuropsychology and Rehabilitation Psychology Practicum Training Programs



Shepherd Center

2020 Peachtree Road, NW
Atlanta, GA 30309-1465
404-352-2020 shepherd.org

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Joseph Lopez, 24, of Jacksonville, Florida, moves beyond brain injury to graduate college on time, build career in banking.

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Shepherd Center, located in Atlanta, Georgia, is a private, not-for-profit hospital specializing in medical treatment, research and rehabilitation for people with spinal cord injury, brain injury, stroke, multiple sclerosis, spine and chronic pain, Veterans with combat injury, PTSD, and other neuromuscular conditions.

In its more than four decades, Shepherd Center has grown from a six-bed rehabilitation unit to a world-renowned, 151-bed hospital that treats more than 743 inpatients, 277-day program patients and more than 7,161 outpatients each year in more than 46,000 visits.

Patients in Shepherd Center's rehabilitation programs get more than just medical care; they get an experience that brings healing and **hope**. Shepherd's teams of highly specialized, experienced clinicians are dedicated to helping their patients rebuild their lives with hope, independence and dignity, advocating for their full inclusion in all aspects of community life while promoting safety and injury prevention.

Patients range in age from adolescents to older adults. Patients come from all over the United States, as well as other countries, and may be from rural, suburban, or urban areas; speak a variety of languages; and are of many ethnic and racial backgrounds.

Clinicians work with each person to create a blueprint for rehabilitation, tapping into state-of-the-art medical care, therapeutic equipment and comprehensive educational services. Staff members also serve as ambassadors to help patients navigate their journey over a lifetime. At Shepherd Center, we are a family, working together to help patients and their families obtain the care they need plus so much more.

Mission: Shepherd Center's mission is to help people with a temporary or permanent disability caused by injury or disease, rebuild their lives with hope, independence, and dignity, advocating for their full inclusion in all aspects of community life while promoting safety and injury prevention.

Department of Psychology: The philosophy of the Psychology Department and Shepherd Center is that our mental health experts are active members and leaders of interdisciplinary rehabilitation teams. This allows for direct and immediate communication about patient care, and provides the most effective and evidence-based treatment interventions for our patients and families.

The **department staff** offer psychological services during each phase of the neurorehabilitation process, from ICU, to inpatient acute care, and through outpatient post-acute care. These interventions address emotional, cognitive, behavioral, pain, and process issues that can accompany the catastrophic injuries/illnesses treated at Shepherd Center. Our staff work across the center with these areas and programs:

Inpatient Units

- **Intensive Care Unit (ICU)**
- **Spinal Cord Injury Rehabilitation Program (SCI)**
- **Acquired Brain Injury Rehabilitation Program (ABI)**
- **Comprehensive Rehabilitation Unit (CRU)**

Outpatient Clinics

- **Shepherd Spine and Pain Institute**
- **SHARE Military Initiative**
- **Multiple Sclerosis Institute**
- **Outpatient Neuropsychology Clinic**

Outpatient Day Programs

- **Spinal Cord Injury Day Program**
- **Shepherd Pathways Brain Injury Day Program**

General Training Description

Our program is offered for **clinically advanced** students who have interest in pursuing the practice of rehabilitation psychology or neuropsychology with neuromedical populations, including persons with spinal cord injury, brain injury, multiple sclerosis, and complex neuromedical syndromes. Practicums are typically offered two to three days per week for 9-12 month placements.

Externs should be advanced in their clinical training and have experience in multiple clinical rotations prior to applying to Shepherd Center. A high level of professional communication and responsibility is required. The extern should demonstrate the ability to be flexible, manage multiple responsibilities, and have exceptional clinical skills within the domains of assessment and intervention.

Externs will complete a comprehensive orientation to various neurorehabilitation populations including the primary diagnosis of selected rotation, prior to beginning their training. Externs will receive training to actively participate in interdisciplinary team conferences, shadow other disciplines within the team, and have opportunities to co-treat with other disciplines in clinical settings. Additionally, readings and educational materials will be assigned, to help externs learn about the medical conditions of their patients in addition to contributing to their professional development as a new clinician.

Externs will have the opportunity to conduct initial neurobehavioral assessments, neurobehavioral interventions, psychological and/or neuropsychological testing as appropriate, and individual and group psychotherapy. Neuropsychological testing experience will be available for externs who have previously successfully completed neuropsychological testing and interpretation curricula/practicums. Finally, externs will gain experience functioning within medical treatment settings, which serves as exceptional preparation for the internship training year (and ideally, for consideration of training at the postdoctoral fellowship level).

Required: 16-20 hours per week, over two to three days. Different practicums require different days/hours on site, to allow for participation in seminars, didactics, and group supervision meetings. Please see each specific track for preferred days on site.

Didactics: We offer our weekly Neurorehabilitation Didactic Series which covers a wide range of topics presented by internal staff members, postdoctoral fellows, and external guest speakers. This occurs on Wednesdays from 3:30-5:00 p.m. via Zoom. Didactics focus on wide variety of neurorehabilitation topics which may include: neuroanatomy; clinical syndromes; impact of disability and chronic illness on various experiences including adjustment, sexuality, and pain; promotion of health and welfare within the disability community; psychopharmacology; neurological disorders; non-neurological conditions that affect the CNS; neuroimaging and other neurodiagnostic techniques; professional issues; advocacy; ethics; and multicultural competence. It is expected that externs present at least one topic of their choice that is relevant to their rotation during their practicum.

Supervision: At least one hour per week of individual supervision, and one hour per week of group supervision (group supervision days and times dependent upon practicum site).

Direct patient contact: 6-14 hours per week.

Support: It is expected that externs will raise any concerns they may have (about professional, clinical, or personal issues relevant to practicum work) with their direct supervisors. In the case that an extern or faculty advisor would like to discuss any issues with someone other than their direct rotation supervisor, they may contact the Psychology Department Director, Dr. Laurie Baker at 404-350-7470 for additional guidance.

Practicum Evaluation Process: At Shepherd Center, we approach extern training performance on a competency-based approach. *Competence* is generally understood to mean that one is qualified and capable of performing a specific professional function in an effective manner (Kaslow, 2004). But it involves more than the performance of specific technical tasks. Rather, it includes many interacting abilities, including critical judgment, interpersonal skills, and ethical conduct. Therefore, a complex assemblage of knowledge, skills, attitudes, values, and ethics is required. As an individual progresses through the various professional stages, the behavioral anchors under Foundational Competency Domains and Functional Competency Domains change.

The extern will be evaluated using the APA 2012 Benchmarks Clusters and Core Competencies for students within their doctoral education.

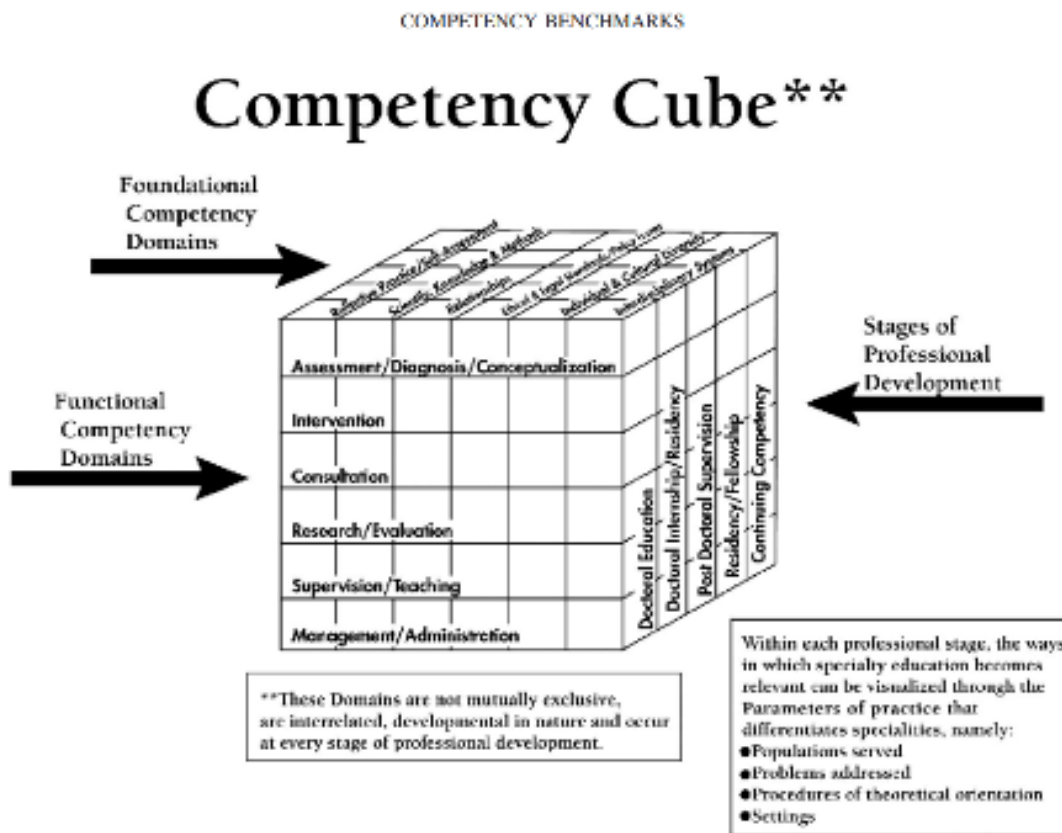


Figure 1. Cube model (Rodolfa et al., 2005).

Remedial Work: In the rare situation when it is recognized that an extern needs remedial work, a competency assessment form will be completed, prior to any deadline date for evaluation, and shared with the extern and the Training Coordinator. In order to allow the extern to gain competency and meet passing criteria for the rotation, these areas must be addressed proactively and a remedial plan needs to be devised and implemented promptly. Additionally, the extern’s graduate school will be notified of this remediation plan.

Requirements for Completion: Externs are continually evaluated on the six competencies found in the Extern Competency Rubric (shown above) during each of the training experiences. In addition to end of rotation evaluations, ratings of specific skills related to these competencies are completed during midyear and end-of-year evaluations. Externs must obtain “Competent” levels in their evaluations to complete the externship. Extern progress is assessed frequently, and externs are provided with continual feedback and

remediation if needed, to help shape successful development.

Application Process: Due to variations in local college/university programming, students are encouraged to apply early. Please refer to each track's individual deadlines for application submissions.

With Shepherd Center, there are various tracks for externship experiences. Below are the descriptions for each track as well as contact information for application materials.

Track 1: Spinal Cord Injury and Rehabilitation Psychology

Point of Contact: Dr. Punam Rahman, Psy.D. ABPP

2020 Peachtree Road NW, Atlanta, GA 30309

This is an **advanced intervention practicum** involving assessment and therapeutic interventions with individuals with Spinal Cord Injuries (SCI), dual diagnosis (TBI/SCI) and other neurological disorders. An advanced student is generally defined as a fourth year student (applying in the spring of the third year) in medical psychology, rehabilitation psychology, or neuropsychology tracks. The advanced student needs to have completed assessment and intervention curricula and completed at least one other external psychology practicum with focus on psychotherapeutic interventions.

Agency Involvement: Each extern will complete a total of four, three month rotations so there will be ample opportunity to complete rotations in a variety of areas to provide a well-rounded training experience. The first rotation, which is mandatory, is with the supervision of Dr. Punam Rahman, Psy.D., ABPP, to orient the extern to Shepherd Center and its culture, provide an in-depth overview and education of Rehabilitation Psychology, and mentorship regarding various aspects of professional development in preparation of internship and future practice.

The primary clinical population for this externship includes individuals with spinal cord injury. The most common precipitating factors leading to SCI seen in this facility include motor vehicle accidents, falls, gunshot wounds/assault, or neuromedical injury or disease including multiple sclerosis, stroke, or tumors.

We utilize evidence-based, biopsychosocial approaches to evaluation, intervention, and rehabilitation. Inpatient evaluations include clinical bedside evaluations, patient and family psychosocial interviews, neurobehavioral assessments, cognitive screeners, and may include brief cognitive testing assessment (1.5-2 hours) batteries prior to discharge from the inpatient unit, if/as deemed clinically warranted based on clinical presentation.

Rotations: Please see next page



Ken Johnson is a former spinal cord injury patient at Shepherd Center. He is a licensed professional counselor and has returned to work.

Rotation Name; Supervisor	Core Features	Other Possible Externship
<p>Introduction to Medical Rehabilitation Psychology</p> <p>Dr. Punam Rahman, Psy.D., ABPP</p>	<ul style="list-style-type: none"> • Introduction to adjustment and adaptation to disability and illness, changes within family roles, re-integration into the community, capacity evaluations (if it pertains) and crisis intervention. • Introduction to interdisciplinary teamwork including weekly teams, medical conferences, and goal-setting/discharge meetings as well as support groups for both patient and families. • Education about spinal cord injury and levels of injury and its implications from a biopsychosocial model. 	<ul style="list-style-type: none"> • Dialectical Behavior Therapy • Board-Certification Process for Rehab Psychology
<p>Rehabilitation with Adolescent and Families</p> <p>Cheryl Linden, LPC</p>	<ul style="list-style-type: none"> • Education and training in problem-solving, stigma management, self-advocacy, drug and alcohol awareness, self-care and sexuality within adolescents after injury. • Exposure on how to facilitate school-reintegration and lessen anxiety for the newly injured adolescent and family. • Training on family therapy with a minor. 	<ul style="list-style-type: none"> • Intimacy after Injury
<p>Outpatient Therapy (Individual & Group) with the MS Population</p> <p>Jackie Haar, MSW, LCSW</p>	<ul style="list-style-type: none"> • Involvement with individual therapy, couples counseling, and group psychotherapy with MS patients with a wide range of diagnoses and complexity such as depression, anxiety, trauma, post traumatic stress disorder, depression, sexuality, adjustment problems, and relationship difficulties. 	
<p>Outpatient Counseling (Individual and Group Support for patients with SCI and MS)</p> <p>Shatavia Thomas, DMFT, LMFT</p>	<ul style="list-style-type: none"> • Individual therapy with diverse outpatient clientele, including those diagnosed with spinal cord injury and multiple sclerosis; case conceptualization and treatment planning to support emotional, physical, and relational adjustment. • Virtual psychoeducation group supporting patients diagnosed with spinal cord injury (SCI, outpatients) • Facilitation of multidisciplinary treatment planning and collaborative care; prioritizing patient advocacy and consultations with colleagues across disciplines (physician, nursing, case management, PT, OT, SLP, etc.) 	<ul style="list-style-type: none"> • Family consultations to support relational adjustment and caregiver wellbeing relevant to medical family therapy practice. • Importance of culture, context, and creativity • Systemic/postmodern principles and practices such as solution focused brief therapy, narrative therapy, and collaborative therapy

**It should be noted that there are other possible rotations that could occur depending on extern's experience and interests.*

Student Involvement: This is typically a two day per week practicum placement (16 hours per week). Students may have the opportunity to lead adjustment groups and psychoeducational lectures for patients and family members. Students will gain experience in consultation with medical staff members, health care teams, families, and administrative systems. Students have the opportunity to apply CBT, ACT, and MI approaches with patients and families.

Supervision: All students are assigned a primary supervisor. Each week, the student will receive at least one hour of individual supervision, in addition to one hour of group supervision on Thursdays. Additional informal supervision regularly occurs as the student manages the demands of clinical services. Styles and modes of supervision vary according to supervisor. The student may also receive tiered supervision by experienced licensed professional counselors or a Rehabilitation Psychology Fellow. The student receives feedback on case presentation, performance in team meeting and seminars, consultative/supervisory work, writing skills, and overall professional conduct. Future career planning and interviewing skills are also addressed during supervisory sessions.

As mentioned on page three, extern is expected to present once during the year in the weekly Neurorehabilitation Didactics series.

Supervisors/Faculty:

- » Jackie Haar, MSW, LCSW - MS Counselor
- » Jill Koval, Ph.D., ABPP-RP - Psychology Supervisor, Spinal Cord Injury
- » Cheryl A. Linden, LPC, OT/L - Licensed Professional Counselor
- » Punam Rahman, Psy.D., ABPP-RP - Clinical Neurorehabilitation Psychologist; Primary Supervisor; Psychology Department Student Training Coordinator
- » Shatavia Thomas, DMLT, LMFT - SCI/MS Outpatient Counselor

Length of Training: August – August (flexible depending upon program and practicum agreement).

Preferred/Required Days/Times: Thursdays are required, with extern picking either Tuesday or Wednesday as their other training day. Group supervision occurs on Thursday afternoons and is mandatory for all trainees and staff. The inability to attend group supervision because of other obligations/conflicts is an exclusion criterion for consideration.

Application Process: Apply by January 5th for late summer/fall placement. Interviews will take place towards the end of January and run through February. Please submit curriculum vitae and a brief cover letter stating your reasons for interest in this practicum and how it will meet your training needs to

[Training Coordinator - Dr. Punam Rahman, ABPP at Punam.Rahman@shepherd.org.](mailto:Punam.Rahman@shepherd.org)

Students are encouraged to reach out to Dr. Rahman with any questions at the email above or at 404-350-7318.

Students who are selected for interviews will be contacted by their preferred method of communication (e-mail or phone). Candidates will be invited either for on site or video-conference interviews with staff members. Students will be informed if they will be offered a practicum by end of February.

Point of Contact: Dr. Vanessa Watorek, Psy.D.

2020 Peachtree Road NW, Atlanta, GA 30309

This is an **advanced diagnostic practicum** involving neuropsychological assessment and brief interventions with individuals with acquired brain injuries (ABI). Opportunity to work with patients who have sustained Spinal Cord Injuries (SCI), dual diagnosis (TBI/SCI) as well as other neurological disorders is also available on our Comprehensive Rehabilitation Unit (CRU). An advanced student is generally defined as a fourth year student (applying in the spring of the third year) in neuropsychology track or medical psychology track. The advanced student needs to have completed assessment curricula and completed at least one other external neuropsychology practicum.

Agency Involvement: The primary clinical population for this externship includes individuals with traumatic brain injury (TBI) and non-traumatic brain injury. The most common precipitating factors leading to TBI cases seen in this facility include motor vehicle accidents, falls, gunshot wound to the head, and assault. The most common precipitating factors leading to non-TBI cases seen in this facility include stroke, anoxia, aneurysm, brain tumor, and hydrocephalus.

Inpatient evaluations involve serial neurobehavioral assessments, cognitive screeners, as well as brief neuropsychological testing (1.5-2 hours) prior to discharge from the inpatient unit, if/as deemed clinically warranted.

Student Involvement: This is typically a two day practicum placement (16-20 hours per week). The trainee will have the opportunity to learn how to conduct neurobehavioral evaluations, inpatient neuropsychological evaluations, assess and manage disorders of consciousness, and conduct individual and group interventions with patients. Students may have the opportunity to lead adjustment groups and psychoeducational lectures for family members. Students will gain experience in consultation with medical staff members, health care teams, families, and administrative systems. Intervention typically consists of behavior management planning and individual/group intervention for adjustment issues. Students have the opportunity to apply CBT, ACT, and MI approaches with patients and families.

Supervision: All students are assigned a primary supervisor. Each week, the student will receive at least one hour of individual supervision, in addition to one hour of group supervision obtained through clinical and didactic activities (dependent on the days in which student is on site). Additional informal supervision regularly occurs as the student manages the demands of clinical services. Styles and modes of supervision vary according to supervisor. The student may also receive tiered supervision by a postdoctoral Neuropsychology Fellow. The student receives feedback on case presentation, performance in team meeting and seminars, consultative/supervisory work, writing skills, and overall professional conduct. Future career planning and interviewing skills are also addressed during supervisory sessions.

As mentioned on page three, the practicum student is expected to present once during the year in the weekly Neurorehabilitation Didactics series.

Supervisors/Faculty:

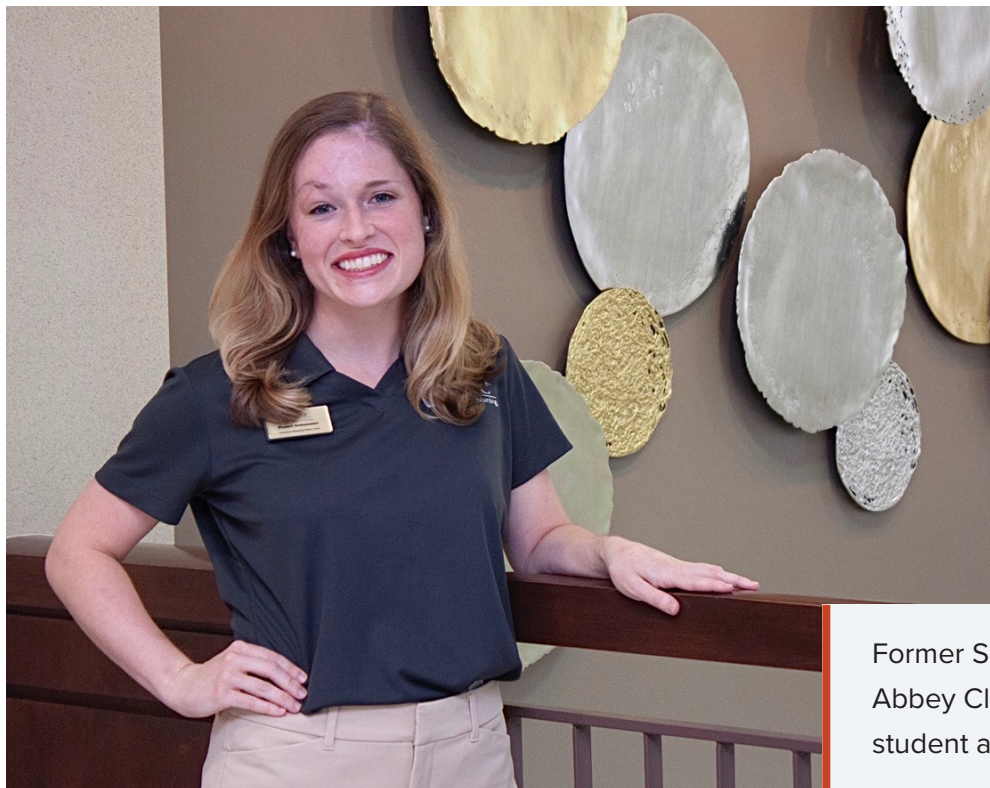
- » Abby Culin, LMFT - Family Therapist (ABI)
- » Chelsea Day, Psy.D. - Clinical Neuropsychologist (ABI); Inpatient NP Supervisor
- » Michelle Jackson, Ph.D., ABPP-CN - Clinical Neuropsychologist (ABI),
- » Lauren Thomas, Psy.D. - Clinical Neuropsychologist (CRU)
- » Vanessa Watorek, Psy.D. - Clinical Neuropsychologist (ABI), Primary Supervisor

Length of Training: August – August (flexible depending upon program and practicum agreement)

Preferred/Required Days/Times: Wednesdays are strongly preferred.

Application Process: Apply by January 5th for late summer/fall placement. Interviews will take place end of January through February. Please submit curriculum vitae and brief cover letter stating your interest in this practicum and how it will meet your training needs to [Dr. Vanessa Watorek at Dr. Vanessa Watorek at \[Vanessa.Watorek@Shepherd.org\]\(mailto:Vanessa.Watorek@Shepherd.org\)](mailto:Dr.Vanessa.Watorek@Shepherd.org). Students are encouraged to reach out to Dr. Watorek with any questions at the email above or at 404-350-7553.

Students who are selected for interviews will be contacted by their preferred method of communication (e-mail or phone). Candidates will be invited either for on site or video-conference interviews with staff members. Students will be informed if they will be offered a practicum by end of February.



Former Shepherd Brain Injury patient, Abbey Climer is a School of Nursing student ambassador 2021.

Point of Contact: Dr. Kristian Nitsch, Ph.D.

1942 Clairmont Road, Decatur, GA, 30033

This is an **advanced diagnostic practicum** involving neuropsychological assessment of individuals with brain injuries. Students will also be expected to conduct psychotherapy with a few clients. An advanced student is generally defined as a fourth year student (applying in the spring of the third year) and beyond who has completed assessment curricula and at least one other external neuropsychology practicum.

Agency Involvement: The primary clinical population includes individuals with traumatic brain injury (TBI) and non-traumatic brain injury. The most common precipitating factors leading to TBI cases seen in this facility include motor vehicle accidents, falls, gunshot wound to the head, and assault. The most common precipitating factors leading to non-TBI cases seen in this facility include aneurysm, stroke, anoxia, brain tumor, and hydrocephalus. Shepherd Pathways is a multifaceted facility that houses residential, day treatment and outpatient programs.

We operate from a flexible neuropsychological test battery approach. In most cases, batteries are comprehensive, although in select cases (or for capacity evaluations), a neurocognitive screen (versus full battery) can be administered. A typical full battery would be comprised of selections from the following tests: WASI-II, TOPF, WAIS-IV, BNT or NAB, MAE Token Test, WMS-IV Logical Memory and Visual Reproduction, BVMT-R, WMS-III Spatial Span, CVLT-3, BCT or SCT, D-KEFS Trails and Verbal Fluency, Symbol Digit Modalities (written and/or oral versions), Grooved Pegboard Test, Beck Depression Inventory-II, the TOMM, and MSVT. Given the flexible battery approach, there are tests which may be added, substituted and/or removed depending on the examinee and referral question(s).

Student Involvement: This is typically a two day practicum placement. Students are trained in assessment, intervention, and consultation. Training in assessment emphasizes both neurobehavioral examinations and neuropsychological evaluations. Emphasis is placed on effective determination of history, selection of tests, administration and scoring of tests, interpretation of results, and communication of findings in oral and written formats. Students examine persons with acute neurologic disorders, as well as persons presenting with chronic residual deficits of neurologic disorders. Supervision emphasizes integrated conceptualization of neuropsychological instruments, data, functional abilities, and biopsychosocial history.

Students will gain experience in consultation to medical staff, health care teams, families, administrative systems, and persons with neurologic disorders. Students are involved in clinical consultation with physicians and health care teams in formal settings, such as medical rounds and team conferences. Students also regularly provide consultative education to patients and families, as well as case managers and health care administrators. Intervention typically consists of short-term therapy, often related to adjustment to injury. Students learn to apply CBT, ACT, and MI approaches with clients. Student may also develop behavior management plans for clients and teams experiencing behavioral dysregulation that interferes with treatment.

Supervision: All students are assigned a primary supervisor. Each week, the student will receive at least one hour of individual supervision, in addition to one hour of group supervision obtained through clinical and didactic activities. Additional informal supervision regularly occurs as the student manages the demands of clinical services. Styles and modes of supervision vary according to supervisor. Students may

also receive tiered supervision with neuropsychology postdoctoral fellows. Students receive feedback on case presentations, performance in team meetings and seminars, consultative/supervisory work, writing skills and overall professional conduct. Future career planning and interviewing skills are also addressed during supervisory sessions.

As mentioned on page three, externs are expected to present once during the year in the weekly Neurorehabilitation Didactics series.

Supervisors/Faculty:

- » Taylor Liberta, Ph.D. - Clinical Neuropsychologist
- » Kristian Nitsch, Ph.D. - Neuropsychology Supervisor, Primary Supervisor

Length of Training: August – August (flexible depending upon program and practicum agreement)

Preferred/Required Days/Times: Tuesdays and Wednesdays are strongly preferred. Group supervision occurs on Tuesday afternoons and is **mandatory** for all trainees and staff. The inability to attend group supervision because of other obligations/conflicts is an exclusion criterion for consideration.

Application Process: Apply by January 5th for late summer/fall placement. Interviews will take place end of January through February. Please submit curriculum vitae and brief cover letter stating your interest in this practicum and how it will meet your training needs to

[Dr. Kristian Nitsch at Kristian.Nitsch@shepherd.org](mailto:Kristian.Nitsch@shepherd.org). Students are encouraged to reach out to Dr. Nitsch with any questions at the email above or at 404-350-3061

Students who are selected for interviews will be contacted by their preferred method of communication (e-mail or phone). Candidates will be invited either for on site or video-conference interviews with staff members. Students will be informed if they will be offered a practicum by end of February.

Track 4: Rehabilitation Psychology Post-Acute Brain Injury: Shepherd Pathways

Point of Contact: Dr. Kristian Nitsch, Ph.D.

1942 Clairmont Road, Decatur, GA, 30033

This is an **advanced intervention practicum** involving assessment and therapeutic interventions with individuals with acquired brain injuries. An advanced student is generally defined as a fourth year student (applying in the spring of the third year) in medical, health, or rehabilitation psychology tracks. The advanced student needs to have completed intervention curricula and completed at least one other external psychology practicum with focus on psychotherapeutic interventions.

Agency Involvement: The primary clinical population includes individuals with traumatic brain injury (TBI) and non-traumatic brain injury. The most common precipitating factors leading to TBI cases seen in this facility include motor vehicle accidents, falls, gunshot wound to the head, and assault. The most common precipitating factors leading to non-TBI cases seen in this facility include aneurysm, stroke, anoxia, brain tumor, and hydrocephalus. Shepherd Pathways is a multifaceted facility that houses residential, day treatment and outpatient programs.

We utilize evidence-based biopsychosocial approaches to evaluation, intervention, and rehabilitation. Outpatient interventions include clinical interviews and neurobehavioral evaluations, patient and

family psychosocial interviews, neurobehavioral assessments, and may include brief cognitive testing assessment (1.5-2 hours) batteries to facilitate treatment guidelines or capacity determination. Students may also be asked to contribute to the development of behavioral guidelines for patients presenting with neurobehavioral challenges (e.g., agitation, impulsivity, etc.).

Features of this practicum include introduction to adjustment and adaptation to disability and illness; family role changes; re-integration into the community; cognitive/capacity evaluations; crisis intervention; interdisciplinary teamwork; support groups for patients and families; psychoeducation regarding sexuality and intimacy, pain management, substance use, and medical management of injury/disease.

Student Involvement: This is typically a two day practicum placement (16 hours per week). Students may have the opportunity to lead adjustment groups and psychoeducational lectures for patients and family members. Students will gain experience in consultation with medical staff members, health care teams, families, and administrative systems. Intervention typically consists of short-term therapy, often related to adjustment to injury. Students learn to integrate CBT, ACT, and MI approaches with clients. They may also develop behavior management plans for clients and teams experiencing behavioral dysregulation that interferes with treatment.

Supervision: All students are assigned a primary supervisor. Each week, the student will receive at least 1 hour of individual supervision, in addition to 1 hour of group supervision obtained through clinical and didactic activities. Additional informal supervision regularly occurs as the student manages the demands of clinical services. Styles and modes of supervision vary according to supervisor. Students may also receive tiered supervision with postdoctoral neuropsychology fellows. Students receive feedback on case presentations, performance in team meetings and seminars, consultative/supervisory work, writing skills and overall professional conduct. Future career planning and interviewing skills are also addressed during supervisory sessions.

As mentioned on page three, extern is expected to present once during the year in the weekly Neurorehabilitation Didactics series.

Supervisors/Faculty:

- » Kristian Nitsch, Ph.D. - Neuropsychology Supervisor- Pathways
- » Taylor Liberta, Ph.D. - Clinical Neuropsychologist

Length of Training: August – August (flexible depending upon program and practicum agreement)

Preferred/Required Days/Times: Tuesdays and Wednesday are strongly preferred. Group supervision occurs on Tuesday afternoons and is **mandatory** for all trainees and staff. The inability to attend group supervision because of other obligations/conflicts is an exclusion criterion for consideration.

Application Process: Apply by January 10 for late summer/fall placement. Interviews will take place end of January through February. Please submit curriculum vitae and brief cover letter stating your interest in this practicum and how it will meet your training needs to

[Dr. Kristian Nitsch at Kristian.Nitsch@shepherd.org](mailto:Kristian.Nitsch@shepherd.org). Students are encouraged to reach out to Dr. Nitsch with any questions at the email above or at 404-350-3061

Students who are selected for interviews will be contacted by their preferred method of communication (e-mail or phone). Candidates will be invited either for on site or video-conference interviews with staff members. Students will be informed if they will be offered a practicum by end of February.

Point of Contact: Dr. Greg Brown, Psy.D.

80 Peachree Park Drive, Atlanta GA, 30309

This is an **advanced intervention and diagnostic practicum** for students to work with Veterans (SHARE Military Initiative) and/or individuals with complex concussion. An advanced student is generally defined as a fourth year student (applying in the spring of the third year) in neuropsychology track or medical psychology track. The advanced student needs to have completed assessment curricula and completed at least one other external neuropsychology practicum.

Agency Involvement: The primary clinical population for this externship includes post-9/11 military Veterans. Many of our clients experience symptoms of or have a diagnosis of mild to moderate traumatic brain injury or concussions, co-occurring psychological or behavioral health concerns, post-traumatic stress, sleep disturbance, mood issues, substance abuse issues, and/or family concerns. The mission of the SHARE Military Initiative is to empower post-9/11 Veterans and service members with brain injury to live with **hope and purpose** by providing high-quality, comprehensive and personalized rehabilitation care. Students learn to work with interdisciplinary treatment teams to provide the best care for these clients and their families, observe high level interventions, learn group therapy and psychoeducation classes, and master professional communication. This is a great practicum to prepare students who may be interested in working in the VA system or with Veterans and military personnel and their families.

The **Complex Concussion Clinic** serves patients ages 12 and up who are experiencing symptoms from a concussion or mild brain injury. The clinic's extensive program provides interdisciplinary treatment, and this practicum offers assessment and therapy experiences. Patients receive an initial evaluation to determine the best course for treatment, which may include neuropsychological or psychological assessments.

Student Involvement: This is typically a two or three day practicum placement (16-20 hours per week). Trainees have the opportunity to learn neurobehavioral evaluations, neuropsychological/psychological evaluations, assess and manage mood and substance use disorders, and conduct individual interventions with patients. They gain experience in consultation with medical staff members, health care teams, families, and administrative systems. Intervention typically consists of behavior management planning and individual/group intervention for adjustment issues. Students learn to utilize CBT, ACT, and MI approaches with patients and families. Research opportunities may be available for students with interest.

Supervision: All students are assigned a primary supervisor. Each week, the student will receive at least one hour of individual supervision, in addition to one hour of group supervision obtained through clinical and didactic activities (dependent on the days in which student is on site). Additional informal supervision regularly occurs as the student manages the demands of clinical services. Styles and modes of supervision vary according to supervisor. The student receives feedback on case presentations, performance in team meeting and seminars, consultative/supervisory work, writing skills, and overall professional conduct. Future career planning and interviewing skills are also addressed during supervisory sessions.

As mentioned on page three, extern is expected to present once during the year in the weekly Neurorehabilitation Didactics series.

Supervisors/Faculty:

- » Kirsten Allen, Psy.D., ABPP-RP - Rehabilitation Psychologist
- » Gregory Brown, Psy.D. - Clinical Neuropsychologist, Outpatient Psychology Supervisor, Primary Supervisor
- » Katie McCauley, Ph.D. - Clinical Psychologist

Length of Training: August – August (flexible depending upon program and practicum agreement)

Preferred/Required Days/Times: Wednesdays, Thursdays, and Friday are strongly preferred. Currently, Behavioral Health Rounding occurs on Monday mornings but subject to change.

Application Process: Apply by January 5th for late summer/fall placement. Interviews will take place end of January through February. Please submit curriculum vitae and brief cover letter stating your interest in this practicum and how it will meet your training needs to [Dr. Gregory Brown at Greg.Brown@shepherd.org](mailto:Greg.Brown@shepherd.org). Students are encouraged to reach out to Dr. Brown with any questions at the email above or at 404-603-4319.

Students who are selected for interviews will be contacted by their preferred method of communication (e-mail or phone). Candidates will be invited for on site interviews with staff members. Students will be informed if they will be offered a practicum by end of February.



Cpl. Shawn Lopez (USMC), is a graduate of the SHARE Military Initiative at Shepherd Center.

References and Resources For Externs

As externs advance through their rotations, specific readings will be assigned by the supervisors. The articles below are suggested to help educate and expose externs to various concepts when working with people with disabilities and rehabilitation:

- Dunn, D. S., & Andrews, E. E. (2015). Person-first and identity-first language: Developing psychologists' cultural competence using disability language. *The American Psychologist*, 70(3), 255–264.
- Karol, R. L. (2014). Team models in neurorehabilitation: Structure, function, and culture change. *NeuroRehabilitation*, 34(4), 655–669
- Nosek, M. A. (2010). Women's experience of disability. In R. G. Frank, M. Rosenthal & B. Caplan (Eds.), *Handbook of Rehabilitation Psychology* (Second ed., pp. 371 – 378). Washington, DC: American Psychological Association.
- Tackett, M. J., Nash, L., Stucky, K. S., Nierenberg, B. (2016). Supervision in Rehabilitation Psychology: Application of Beatrice Wright's Value-Laden Beliefs and Principles. *Rehabilitation Psychology*. February 2016, Vol 61.

Additional suggested textbook resources for externs:

- Andrews, E.E., (2019). *Disability as Diversity: Developing Cultural Competence*. New York: Oxford University Press.
- Blumenfeld, H. (2021). *Neuroanatomy through Clinical Cases*. Sinauer Associates, Inc., Sunderland, Massachusetts.
- Dunn, D. (2014). *The Social Psychology of Disability*. New York: Oxford University Press.
- Kerkhoff, T., & Hanson, S. (2013). *Ethics field guide: Applications to rehabilitation psychology*. New York: Oxford University Press.
- Stucky, K.J., Kirkwood, M.W., and Donders, J. (2020). *Neuropsychology, Study Guide & Board Review 2nd Edition*. Oxford University Press, New York, NY
- Wright, B. A. (1983). *Physical disability: A psychosocial approach* (2nd ed.). New York: Harper & Row.



Shepherd Center

2020 Peachtree Road, NW
Atlanta, GA 30309-1465
404-352-2020 shepherd.org