Dear Applicant:

Thank you for your interest in the APA-accredited,* pre-doctoral internship in clinical psychology at Ann & Robert H. Lurie Children’s Hospital of Chicago. This internship focuses exclusively on training in clinical child and pediatric psychology. The Department of Child and Adolescent Psychiatry currently supports three interns per year, each with a stipend of $29,099; we offer no unfunded positions. Offers are made in February of each year in accordance with APPIC policies, and the intern year begins Tuesday, July 3, 2018. Preference is given to applicants from APA-accredited graduate programs in clinical psychology. The successful applicant will have a background in developmental psychology and psychopathology, a strong record of research and clinical training in the area of clinical child and/or pediatric psychology and an exemplary record of academic performance.

The Department of Child and Adolescent Psychiatry offers comprehensive mental health care to children and families through several programs including Outpatient Services, the Psychiatry and Behavioral Health Consultation Service, the Inpatient Unit, and the Partial Hospitalization Program. The Outpatient Child Psychiatry Clinic provides diagnostic and treatment services to children ages 2-18 with emotional, behavioral, and developmental problems. The Consult Service, which comprises the bulk of the interns’ pediatric psychology experience, offers direct consultation and clinical services to the medical and surgical units of the hospital, and to the Emergency Department. The 12-bed Inpatient Unit offers 24-hour, 7-day-a-week acute care to more severely psychiatrically impaired children ranging in age from 4 to 17 years. The Partial Hospitalization Program offers intensive day treatment for children aged 4 to 14 years whose difficulties are too severe for outpatient treatment, but do not warrant psychiatric hospitalization. In addition, the Department provides a variety of community services including consultation work with schools and other agencies serving children's needs.

Ann & Robert H. Lurie Children's Hospital of Chicago is the pediatric training hospital for Northwestern University's Feinberg School of Medicine. As such, it provides training and research opportunities in a large number of clinical specialties. The Department of Child and Adolescent Psychiatry currently has training programs in psychology, psychiatry, social work, and recreational therapy. The hospital provides medical and psychiatric services to a racially, culturally, and socioeconomically diverse population in Chicago and the surrounding suburbs. The hospital is heavily committed to service, training, research and advocacy.

The twenty five full-time psychologists and four part-time psychologists employed in the Department of Child and Adolescent Psychiatry reflect a broad complement of theoretical viewpoints and approaches to therapy. Interns are not trained in any one particular theoretical orientation, but are encouraged to find a perspective suited to their own style and experiences. All clinical care in the Department is informed by scientific research with a commitment to current best practice and an emphasis on empirically supported treatments.

September 1, 2017

Re: Internship Year 2017-2018
The goal of our program is to train psychologists capable of functioning as independent professionals, conversant, and comfortable, with a wide variety of techniques and perspectives.

If you are interested in pursuing an internship at Ann & Robert H. Lurie Children’s Hospital of Chicago, please access the AAPI Online via the “Applicant Portal” and submit your electronic AAPI internship application. A completed application will consist of:

**1) A completed standard AAPI form verified by the student’s Academic Director of Clinical Training. The AAPI form includes the application itself, a curriculum vita and all graduate transcripts.**

**2) Three letters of recommendation. At least one letter should be from a supervisor in a practicum or clinical placement.**

* APA accreditation information: Questions related to the program’s accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, D.C. 20002
Phone: (202) 336-5979/ E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

**Web site: electronic APPIC Internship Application: https://natmatch.com/psychint**


General information about the Department of Child and Adolescent Psychiatry, Ann & Robert H. Lurie Children’s Hospital of Chicago can be found on the web site: www.luriechildrens.org

Questions regarding the Internship Program: e-mail: lvelez@luriechildrens.org or contact Lymaries Velez by telephone (312.227.3410).

All applications should be submitted through the APPLICANT PORTAL on the APPIC National Match web site listed above. Completed application materials must be received by Wednesday, November 1, 2017. Personal interviews are not required but are encouraged for serious candidates; you will be notified by email by December 15th if an interview is recommended.
Sincerely,

Karen R. Gouze, PhD
Director of Training in Psychology
Department of Child and Adolescent Psychiatry, #10
Ann & Robert H. Lurie Children's Hospital of Chicago
Professor of Psychiatry and Behavioral Sciences
Northwestern University Feinberg School of Medicine

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THE PROGRAM

The Internship Program in Clinical Psychology, accredited by the American Psychological Association (the APA office of Program Accreditation can be reached at 750 First Street, Washington, D.C. 20002-4242; phone 202.336.5979), has been offered by the Department of Child and Adolescent Psychiatry at Ann & Robert H. Lurie Children’s Hospital of Chicago since 1963. The exclusive training focus of this internship is clinical child and pediatric psychology. As such, it is designed to train competent psychologists to provide services to children and their families in pediatric and mental health settings. Upon completing the program, interns will be skilled in the areas of diagnostic assessment, psychological and developmental evaluation, behavioral analysis, short-term therapy, parent training, cognitive-behavioral intervention, individual child/adolescent therapy, family therapy, consultation with school and agency personnel, and consultation in a medical setting. During their internship, students will be exposed to a broad range of theoretical orientations, treatment settings, and interventions relevant to child, adolescent, and family treatment. The program is strongly committed to training in empirically supported treatments. While breadth of training is emphasized, the program is flexible enough to allow interns to pursue their particular interests within the Department.

THE LOCATION

Ann & Robert H. Lurie Children’s Hospital of Chicago is located at 225 E. Chicago Ave. on the campus of Northwestern University’s Feinberg School of Medicine. This location enhances collaboration with clinical and research partners at Northwestern, expedites care of critically ill newborns delivered at Prentice Women’s Hospital, and facilitates the transition of chronically ill children to adult care. Streeterville is one of the most desirable locations in the city of Chicago. The hospital is across the street from the Museum of Contemporary Art, a block away from the Magnificent Mile, and within walking distance of the Art Institute, Symphony Center and Millennium Park. Bordered on one side by beautiful Lake Michigan with its bicycle and walking paths and surrounded by renowned
architecture, wonderful shopping and superb restaurants, this location embodies the energy and excitement of modern urban life. Chicago is one of the nation’s leading medical, educational and cultural centers. No matter what their interests, interns will find something to satisfy their intellectual, social and cultural curiosity in this vibrant city.

THE DEPARTMENT OF CHILD AND ADOLESCENT PSYCHIATRY

Ann & Robert H. Lurie Children’s Hospital of Chicago is a 288-bed pediatric tertiary care facility. It is the major pediatric training facility for the Feinberg School of Medicine, Northwestern University and, as a major teaching and treatment center it attracts a diverse patient population from all socioeconomic classes in Chicago, its suburbs, and surrounding states. The Department of Child and Adolescent Psychiatry is one of the larger Departments in the Hospital. Professionals in this department are dedicated to promoting the mental health of children, adolescents, and their families through the provision of state-of-the-art psychological services, public education, and advocacy. Our mission includes providing national leadership in the education of health care professionals and advancing knowledge through research.

Children of all ages and from every socioeconomic background are treated in the Department for a wide variety of problems including adjustment disorders, emotional problems related to pediatric disorders, trauma, psychoses, mood disorders, anxiety disorders, developmental delays, autism spectrum disorders, externalizing disorders, and learning disabilities.

The Department of Child and Adolescent Psychiatry is staffed by a multi-disciplinary group of more than 70 professionals with representatives from milieu therapy, recreational therapy, nursing, psychiatry, psychology, social work, clinical education and speech pathology. To best meet patients’ needs the Department is organized into the following four services: 1) Outpatient Services, 2) Inpatient Psychiatry, 3) Partial Hospitalization, and 4) Intake and Mobile Services which includes the Psychiatry and Behavioral Health Consultation Service. Outpatient Services provides assessment and short- and long-term
treatment for a wide variety of patients ages two through eighteen years of age. The Inpatient Service is designed to provide short-term acute care for psychiatric patients between four and seventeen years of age who cannot be maintained in outpatient settings. Partial Hospitalization serves a similar, but less acute, population ages four to fourteen years, for a somewhat longer treatment period. The Partial Hospitalization Program has a strong family emphasis. Intake and Mobile Services performs a triage service for all intakes for the Department. It also includes all emergency department consultation and consultation to the inpatient medical beds through the Psychiatry and Behavioral Health Consultation Service. This Consult service constitutes the bulk of the interns’ pediatric psychology experience.

THE PSYCHOLOGY DISCIPLINE

Psychology is one of several professional disciplines within the Department of Child and Adolescent Psychiatry. Presently, its staff consists of twenty-five full-time and four part-time psychologists. Most staff psychologists hold clinical appointments in the Department of Psychiatry and Behavioral Sciences, Feinberg School of Medicine, Northwestern University and all, but two, are licensed to practice clinical psychology in the State of Illinois. The entire psychology staff participates in the internship program, through direct supervision, presentation of seminars, and/or involvement in the intern application process. During the year, each intern has the opportunity to work with many of the psychologists on the staff, with some flexibility to pursue common interests.

Psychologists at Lurie Children’s come from a variety of educational backgrounds and theoretical orientations which are reflected in different approaches to therapy and supervision. They provide exposure to a diversity of clinical styles and professional interests thereby allowing interns to learn from a range of professional models. All training at Ann & Robert H. Lurie Children’s Hospital of Chicago is grounded in a strong commitment to the interface between scientific inquiry and clinical practice.
THE INTERNSHIP PROGRAM IN CLINICAL PSYCHOLOGY

The primary goal of the internship program at Ann & Robert H. Lurie Children’s Hospital of Chicago is to train competent psychologists to provide services to children and their families in pediatric and mental health settings. The training program is guided by a scientist-practitioner model in which clinical practice is informed by science, research, and empirically supported treatments and clinical practice, in turn, leads to the generation of research ideas. Program graduates will achieve assessment and intervention competence in the areas of cognitive and developmental assessment, clinical diagnosis, behavioral analysis and treatment, short-term therapy, cognitive-behavioral therapy, parent training, individual therapy, family therapy, consultation with school and agency personnel, and consultation in a medical setting. Training objectives are consistent with profession-wide competencies specified in the APA Standards of Accreditation. Broadly stated, they include the following objectives: 1) to train competent clinicians whose orientation to clinical work is guided by scientific inquiry, research, and the application of scientific principles to the practice of psychology. 2) to train psychologists who are competent in clinical diagnostic assessment of children, adolescents, and families in a range of clinical settings. 3) to train psychologists in developmental and neuropsychological testing. 4) to train psychologists competent to provide a range of empirically supported and best practice therapies for children, adolescents, and families including individual therapy, family therapy, and group therapy 5) to train psychologists competent to address multi-systemic issues relevant to clinical care of children and adolescents. 6) to train psychologists competent to provide psychological services in a range of mental health settings. 7) to train psychologists in consultation and inter-professional/interdisciplinary skills. 8) to train psychologists sensitive to issues of diversity including, but not limited to, cultural, racial, ethnic, religious, socioeconomic, sexual orientation, and family composition differences. 9) to train psychologists in professional ethics and to familiarize them with the ethical and legal guidelines governing the delivery of psychological services to children and their families. 10) To train psychologists in supervision, and 11) to facilitate the acquisition of a
professional identity as a psychologist and to help students develop the communication and interpersonal skills needed to fulfill the role of a psychologist in most mental health settings. [Specific program wide competencies and how they are addressed through the program can be found in Appendix A]

The internship involves a non-rotational, year-long experience in Outpatient Services and three four-month rotations through the Inpatient Unit, Partial Hospitalization Program, and Psychiatry & Behavioral Health Consultation Service (Consult Service). Students also complete a 4 month rotation in neuropsychological assessment and a 4 month rotation in developmental assessment. The year-long experience allows interns to pursue both short and long-term cases while the rotations provide intensive experience on a variety of other services. All services are described in greater detail below:

**OUTPATIENT SERVICES**

The largest of the programs, Outpatient Services, meets the needs of children and their families in approximately 20,000 visits each year. Children are referred for virtually every reason, including disruptive behavior disorders, anxiety disorders, psychosis, conduct disorder, school problems, mood disorders, post-traumatic stress disorder, developmental delay, cognitive challenges, and a range of adjustment problems. All psychologists and interns in Outpatient Services see a variety of children during the course of the year. Their duties include psychological assessment, psychotherapy, and school and community consultation. Psychologists and interns make decisions regarding the most appropriate assessment or therapy approaches to cases in conjunction with other members of the Outpatient Services staff. Psychological involvement might include traditional assessment, behavioral assessment, individual relationship-based therapy, family therapy, behavioral therapy, cognitive-behavioral therapy or group therapy. Decisions regarding assessment and treatment are generally determined on the basis of the psychological needs of the case, the current research literature and the theoretical orientation of the psychologist and other professionals involved. The Psychology Staff is particularly
committed to the use of empirically supported treatments and to the ongoing measurement of outcomes. Each intern devotes approximately 12-hours per week to the outpatient clinic, eight as a primary therapist (four for general outpatient and four for medical psychology cases) and, during eight of their twelve months, four-six hours as an evaluator for the neuropsychology or developmental testing service. Two hours a month are devoted to intake and diagnostic evaluations.

Subsumed under Outpatient Services are several specialty clinics including an Anxiety/Mood Disorders Clinic (MAP), a Preschoolers’ Clinic (Right Start), and a Trauma Team. All interns are required to participate in the MAP clinic for part of the year; the other clinics are optional. The Department also has numerous therapy groups for children of different ages including anxiety groups (largely based on the Coping Cat), adolescent depression groups, disruptive behavior disorders groups (including a preschool group based on Carolyn Webster-Stratton’s Incredible Years Program), and social skills groups for different ages (including Flexible Thinking groups). Interns are encouraged to participate in several groups during the course of their training.

On the outpatient medical side, interns have the option of participating in many different teams and clinics including diabetes, epilepsy, pain, palliative care, HIV, organ transplant, and the gender and sex development clinics. At the beginning of the internship year each intern meets with the Training Director to design a professional education plan (PEP plan) that outlines the programs they will participate in during the year. This PEP plan is based on an assessment of the intern’s needs and professional goals and allows for individual programming within the larger structure of the internship.

**Neuropsychology and Testing Service**

Interns will spend eight months on the Neuropsychology and Developmental Testing Service. Four months will be devoted to neuropsychological testing and four months will be devoted to developmental evaluations (while the intern is on the Consult Service they do not do a testing rotation). The Neuropsychology Service conducts
evaluations of patients referred from both psychiatric and medical settings for questions regarding cognitive functioning and its relationship to underlying neurologic dysfunction. Referrals span a broad age range (five years and older), and include concerns such as developmentally-based deficiencies of attention and learning, anomalies of neural development, seizure disorders, traumatic head injuries, toxin exposure (pre and postnatal), brain tumors, and systemic medical disorders, among others.

The Developmental Testing rotation is completed in both the Neonatal Follow-up Clinic and the Developmental and Behavioral Pediatrics Clinic where children from birth to five years old are assessed. The Neonatal Follow-Up Clinic involves evaluation of infants, toddlers, and preschool children who were born prematurely. Children seen in the Developmental and Behavioral Pediatrics Clinic generally have developmental delays, symptoms of autism or other behavioral and emotional disorders, or are considered at risk due to prenatal or perinatal injury or complications.

**PSYCHIATRY & BEHAVIORAL HEALTH CONSULTATION SERVICE**

**(CONSULT SERVICE)**

The Psychiatry & Behavioral Health Consultation Service is designed to respond rapidly to the clinical needs of children and families who are medically hospitalized. Clinical activities include evaluation and treatment of children, adolescents and their families, as well as consultation with physicians, nurses, and allied health care personnel within the hospital. Interns participate in the Consult Service during a four month rotation.

Members of the medical teams request consults for a wide variety of reasons. These may include: assessment pre and post-surgery, mood and behavior changes following medical procedures, psychological factors that may be contributing to a child’s medical condition, depression related to an illness, anxiety regarding invasive or aversive procedures, adaptation and coping with a medical diagnosis and/or with complicated medical regimens, poor adherence to medical regimens, and treatment planning after a
suicide attempt. Presently, the Consult Service faculty have close working relationships with colleagues in most of the major pediatric services offered at Lurie Children’s.

A variety of assessment and treatment approaches are used by the Consult Service, but behavioral interventions are most often employed because of the unique problems that present in the medical setting. Psychological assessments of all kinds are also very useful within the medical setting, and assessment plays a vital role in the work of the psychologists and interns on this service.

After the initial evaluation and follow-up treatment in the hospital, the psychologist may provide outpatient services on a long-term basis, including individual, behavioral, or family therapy as needed. Outpatient pediatric psychology services are offered to patients with medical conditions and fall under the auspices of the Outpatient Services Team. Interns will devote at least three-four hours per week for the entire year to Outpatient pediatric psychology.

THE INPATIENT UNIT
(IPU)

The Inpatient Unit of the Department of Child and Adolescent Psychiatry is an acute care, crisis stabilization unit with a capacity of 12 beds and an average length-of-stay of 5-10 days. The unit structure and multidisciplinary programs support its primary aims of diagnostic evaluation, stabilization, discharge and after-care planning. Psychology maintains a central presence on the Inpatient Unit, providing individual and family therapy, and collaboration with other disciplines in assessment, treatment, and discharge planning. During their four-month rotation on this unit, interns will serve as the primary therapist for a number of cases, responsible for coordinating the diagnostic assessment and providing intensive therapy to the hospitalized child and his/her family as indicated (individual child therapy, family therapy, parent guidance, etc.). The goals of the Inpatient rotation are to develop and refine skills necessary for effective interdisciplinary collaboration, and to
become more experienced with assessment and treatment approaches to acute crises with severely psychiatrically impaired children and their families.

THE PARTIAL HOSPITALIZATION PROGRAM (PHP)

The Partial Hospitalization Program provides an intensive day treatment program for children whose emotional or behavioral problems may require more than outpatient treatment, but are not severe enough to warrant inpatient hospitalization. Children generally remain in the program for two to three weeks at which time they return to their home schools (if appropriate) and participate in intensive outpatient treatment. The program is strongly family focused and staffed by a multidisciplinary team consisting of social workers, milieu workers, psychologists, psychiatrists and a clinical educator. The unit operates on principles set forth in Ross Greene’s Collaborative and Proactive Solutions approach to treatment. During their four-month rotation in the Partial Program interns will follow several cases in individual and family therapy. They will also lead a children's therapy group and attend treatment reviews. They may participate in or observe other activities in the Program including recreational therapy, a parent support group, and/or multi-family groups.

PROFESSIONAL ACTIVITIES OF THE INTERN

Interns are required to maintain approximately 16-hours per week of direct patient contact throughout the year. Typically, interns spend 18-hours per week in a variety of clinical activities. Other clinical learning experiences include participation in teams, observation of supervisors, and co-therapy.

Assessment – Interns spend approximately half of their time in Pediatric Psychology and one-third of their time in Outpatient Services doing psychological evaluations. Psychological assessment may consist of a functional analysis of behavior, formal developmental or cognitive testing, clinical diagnostic assessment, structured interviews,
or other procedures deemed appropriate by the psychologist for gathering clinical information and answering the referral question. Psychologists might perform assessments in the context of gathering information on their own cases, in response to requests by members of another discipline such as psychiatry or social work, or in response to requests for a consult by medical personnel in the hospital or an outside agency already treating the child.

Psychotherapy – Interns are encouraged to distribute their therapy activities across all service units. A typical weekly caseload might include three to four hours a week of work with a child and his/her family on the interns’ major rotation (Consult Service, Inpatient, or Partial Hospitalization), six to eight hours of outpatient therapy with children, adolescents or families, an outpatient intake; and one or two hours of group work. The form and focus of treatment (child, family, parent, or some combination) is determined by the intern and his/her supervisor after consideration of diagnostic input, the scientific literature, conference recommendations, and patient/family needs and resources.

**PROGRAM ADMINISTRATION**

The program is administered directly by the Director of Training with the support of the Chief Psychologist, the Psychology Staff, and the Department Chair. Monthly psychology staff meetings allow for discussion of program issues on a regular basis. Each Spring interns meet for a half day retreat with the post-doctoral fellows to provide feedback on the program. This feedback is then discussed by the staff over several weeks. Each year, changes in the program are made in response to this feedback. The Director of Training is a member of the Department Education and Training Committee and training concerns which require broader Department attention are addressed in meetings of this committee. Furthermore, any issues of grievance or due process are brought before this committee for consideration.
EDUCATION AND TRAINING

As a major pediatric teaching facility for the Feinberg School of Medicine, considerable staff time and facilities are invested in the training of students from several disciplines. Professions currently represented among the department staff include psychiatrists, psychologists, social workers, speech therapists, recreational therapists, nurses, clinical educators, and milieu therapists. Active training programs draw students and trainees in psychiatry, psychology, and social work for full-time placements. Additional part-time or part-year placements are arranged for students in recreational therapy and pediatrics.

At present, funding is available for three full-time, twelve-month internships in clinical psychology. Typically, four graduate students from Northwestern University’s graduate program in clinical psychology arrange for a practicum experience in our department. Two of these are second year students participating in a diagnostic and testing practicum; two are third year students participating in a therapy practicum. Currently three post-doctoral positions are available, one in Outpatient Therapy and Consult Service work, one in Outpatient Therapy with a focus on trauma and community based mental health services, and one in research and treatment of children and adolescents with diabetes. Preference for filling these positions is given to current interns.

Seminars

Interns attend approximately seven hours of seminars per week although this time commitment varies at different times of the year. The seminar load is heaviest during the first two months of the internship when interns require more didactic learning to acquire the information necessary to be clinically effective as the year proceeds and clinical loads increase. The Neuropsychology Seminar meets for full day workshops once a week in the summer, during which time interns are introduced to all the necessary assessment instruments. In the Fall, this seminar continues for one and half hours per week to cover
topics of interest in the field of pediatric neuropsychology. The Pediatric Psychology Seminar also meets for a longer period of time during the first two months of the internship to introduce interns rapidly to hospital consultation and topics critical to care in pediatric psychology. In the Fall, this seminar moves to one hour per week and it is completed at the end of February. The seminars under the rubric of Topics and Treatment in Child Psychiatry and Psychology meet 2-3 times per week throughout the year and include blocks of seminars in the areas of clinical assessment, community issues including schools, diversity and cultural competence, essentials of psychopathology, the psychotherapies, forensic and ethical issues, and trauma assessment and treatment. Advanced Family Therapy Seminar meets for one hour per week during the Fall with didactic presentations on the family therapy model to be used in the seminar. Following the didactic period, during the winter and spring months, the seminar meets weekly for one and half hours for live family therapy supervision sessions.

Additional workshops are presented at the beginning of each training year to address the use of empirically supported treatments for specific presenting problems, most notably anxiety, depression, and oppositional disorders. The workshops include training in semi-structured interview techniques and the use of manualized treatments.

Daily rounds during each of the major rotations—Consult Service, Inpatient, and Partial Hospitalization—provide additional case based didactic experiences as does a bi-weekly multi-disciplinary case conference. During these conferences, psychology interns, as well as staff and other trainees, present cases for discussion and consultation. Additional didactic experiences include Grand Rounds in the Department of Psychiatry and Behavioral Sciences, Northwestern University Feinberg School of Medicine.

**Training in Empirically-Supported Treatment**

Staff at Lurie Children’s are strongly committed to training interns in empirically supported treatments for a wide range of disorders. Specific workshops, training seminars and/or supervision are provided in the following treatments:
1. Cognitive-behavioral therapy for anxiety based on Chorpita’s modular cognitive behavioral therapy and Kendall’s Coping Cat.
2. Cognitive-behavior therapy for depression- based on TADS and Lewinsohn’s work.
3. Parent-management training based on Webster-Stratton’s The Incredible Years, PCIT, and Barkley’s Defiant Child
4. Trauma treatments including TF-CBT, Child Parent Psychotherapy (CPP), Attachment Regulation and Competence (ARC) therapy, and Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
5. Greene’s Collaborative and Proactive Solutions for externalizing disorders
6. Motivational Interviewing
7. Interpersonal Psychotherapy for depressed adolescents
8. Attachment based family therapy
9. Lochman’s Anger Coping Program

**Supervision**

During the course of the year, interns are assigned two supervisors for their work in General Outpatient Services (one of whom is the Director of Training), and one supervisor for their Testing Service cases. In addition, all three interns meet together weekly for Outpatient supervision of pediatric psychology cases. Typically, interns receive at least one-hour of supervision for every two-three cases they see. Supervision for Inpatient cases is provided by the Medical Director of the Inpatient Unit and supervision for Partial Hospitalization cases is provided by the Clinical Director of this Service. While participating on the Consult Service, interns are supervised on a rotating basis by all the pediatric psychology staff and the Consult Service psychiatrists. Thus, each intern receives a minimum of five hours of supervision per week. Although most of the supervision is done by psychologists, interns also receive supervision by members of other disciplines.

Video recording units and observation rooms are available in the Department for use by interns and their supervisors. All interns are expected to videotape at least some of their therapy sessions during the year and are observed live in the family therapy seminar.
Supervision for Spanish-speaking Interns

The Department of Child and Adolescent Psychiatry serves a large and diverse patient population among which is Chicago’s growing Hispanic community. Interns who are bi-lingual in Spanish are, thus, highly recruited. Supervision for treatment of Spanish speaking families is provided by Rebecca Ford-Paz, Ph.D., a bi-lingual staff psychologist, who conducts supervision in Spanish for these cases.

Mentoring

All interns meet together bi-weekly with the Director of Training who provides support, mentorship and seminars on ethics, professional development and supervision. These meetings also provide an informal forum for addressing intern concerns and grievances. The variety of ages, backgrounds, interests, and approaches to balancing life and work among the Lurie Children’s psychology staff provides a broad range of role models and mentors for the interns.

Research and Program Development

The internship program in clinical psychology in the Department of Child and Adolescent Psychiatry at Ann & Robert H. Lurie Children’s Hospital of Chicago has a strong commitment to training students as scientist/practitioners. This is an ideal setting in which to teach students how to integrate research and clinical practice. In addition to allowing access to a number of populations (e.g. medically ill children) who are otherwise difficult to study, this setting provides students with a unique opportunity to study the effectiveness of a variety of treatment approaches with children and families. As the field of psychology moves increasingly towards accountability and the use of empirically supported treatments this becomes a critical component of training at the doctoral level. Once they have completed their dissertation work, interns at Lurie Children’s have the option of becoming involved in an ongoing research project in the Department. If they decide to do so, they will be assigned a research mentor, based on their particular interest, to help guide them in this
process. Although research time is not protected motivated interns can become involved in research as part of their PEP plan.

**Evaluation**

Interns are formally evaluated three times per year by all of their supervisors. Following the completion of each major rotation, rotation supervisors, testing supervisors, and outpatient supervisors complete evaluation forms. At each of these evaluation points interns are given the opportunity to make changes in their PEP plans. Additional, less formal, student evaluations take place at monthly staff meetings; students receive feedback about any concerns raised during these meetings in one-on-one meetings with the Training Director. All evaluations, grievance and due process procedures are outlined in the Intern Handbook and distributed during orientation. Twice a year, the Training Director also sends an evaluation letter to each Intern’s Academic Director of Training.

Interns are also asked to evaluate their supervisors three times a year and the overall program twice a year. Seminars are evaluated after the completion of each presentation.

Successful completion of the internship requires that, by the end of the internship year, students obtain competency grades of 3 or above (on a 5 point scale) on all items in their outpatient evaluations. Similar competency ratings are required on evaluations at the completion of all rotations.

**A Typical Week**

An intern’s hours during a typical week are likely to be spent in the following way:

Clinical Service (16 – 18 hours)

- 8 hours in Outpatient Services (Intake, Diagnostics, and Treatment)
- 4-6 hours on the Testing Service (except during their Consult rotation)
- 4-6 Clinical hours in their major rotation if it is Inpatient or Partial, or 10-12 hours if it is Consult Service.
- 1 – 2 hours group therapy (e.g. disruptive behavior disorders clinic)
Supervision (5 – 6 hours)
- 2 hours general outpatient therapy
- 1 hour outpatient pediatric psychology (Group)
- 1 hour Testing Service
- 1 hour major rotation

Education (7 – 10 hours)
- 2 -- 3 hours Topics and Treatment in Child and Adolescent Psychiatry
- 1 – 2 hours Medical Psychology Seminar
- 1-1/2 hours Neuropsychology Seminar
- 1-1/2 hours Family Therapy Seminar
- 1 – 3 hours Case conferences and Guest Lectures

Meetings and Community Services (4 – 8 hours) depending on each intern’s current rotation and particular Professional Education Plan
- 4 – 8 hours clinic or team meetings (e.g. rounds, treatment planning meetings, mood and anxiety (MAP) team meetings, pain clinic, etc.)

Research
- 2-4 hours dissertation or other research

Paperwork, Phone Calls, etc.
- 4 – 6 hours per week
**Application and Selection Procedures**

Students with a longstanding interest in clinical child and/or pediatric psychology as demonstrated by their graduate studies, research, and/or clinical experiences are encouraged to apply. Preference is given to those from APA accredited clinical programs. Selection procedures are based on a team approach. All applications are evaluated by a team of three staff psychologists, one of whom is the Director of Training. Based on the student’s coursework, research, and clinical experiences, along with letters of recommendation, the team decides whether or not to invite the applicant for a personal interview. Generally, the program receives approximately 135 applications and offers interviews to 30 applicants. Final rank order decisions are determined by the psychology staff following the team’s discussion of the applicant’s written materials and presentation at interview. The successful applicant generally has a strong interest in clinical and developmental psychology, has demonstrated academic excellence through publication or presentation of research related to this field, is well regarded by clinical and research supervisors, and presents well during interview. Minority applicants and students with bilingual skills are encouraged to apply.

**SALARY AND BENEFITS**

The APA-accredited pre-doctoral internship program in psychology is supported by Ann & Robert H. Lurie Children’s Hospital of Chicago. Interns will receive a salary of $29,099. Benefits include 22 personal days off, seven national holidays and, five professional leave days (for conferences, dissertation work, job interviews), and health plan coverage.

**APPLICATION PROCEDURE**

Applicants must have completed at least three years of coursework and practica before the internship. Applicants must be certified as ready for internship by their Academic
Training Director. Preference is given to applicants from APA-accredited clinical programs who have extensive training in both clinical and research areas of child psychology.

The deadline for receiving applications is **Wednesday, November 1, 2017.** Interviews are not required, but are strongly encouraged for serious candidates. Candidates will be notified by December 15th if an interview is recommended.

Minority applicants are strongly encouraged to apply. Ann & Robert H. Lurie Children’s Hospital of Chicago serves an extremely diverse population and all interns have the opportunity to work with people from different ethnic, racial, and socioeconomic backgrounds.

Applicants to the Ann & Robert H. Lurie Children’s Hospital of Chicago are hereby informed that hospital regulations require that all new employees must undergo and pass drug testing before employment begins.

To complete your application for the internship in clinical psychology at Ann & Robert H. Lurie Children’s Hospital of Chicago all of the following material must be submitted. **Access the AAPI Online** via the “**Applicant Portal**” and submit your electronic AAPI internship application. A completed application will consist of:

* 1) A completed standard AAPI form verified by the student’s Academic Director of Clinical Training. The AAPI form includes the application itself, a curriculum vita and all graduate transcripts

* 2) Three letters of recommendation. At least one letter should be from a supervisor in a practicum or clinical placement.

* Web site: electronic APPIC Internship Application:  
  https://natmatch.com/psychint/
Web site: Internship Application/Brochure information:

General information about the Department of Child and Adolescent Psychiatry, Ann & Robert H. Lurie Children’s Hospital of Chicago can be found on the web site:
www.luriechildrens.org

Questions regarding Internship Program:
e-mail: lvelez@luriechildrens.org or contact Lymaries Velez by telephone (312-227-3410).

The psychology internship at Ann & Robert H. Lurie Children’s Hospital of Chicago is in compliance with all APPIC policies regarding the match.
Web site: Match Policies http://www.appic.org/match

“This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.”

This internship is accredited by the American Psychological Association.
Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, N.E.
Washington, D.C. 20002-4242
Phone: 202.336.5979
NOTE:
All applications should be submitted according to AAPI Instructions for Online Submission.
No e-mailed, faxed, or mailed applications will be accepted.

Please address any correspondence to:

Karen R. Gouze, PhD
Director of Training in Psychology
Department of Child and Adolescent Psychiatry, #10
Ann & Robert H. Lurie Children’s Hospital of Chicago
225 E. Chicago Ave
Chicago, IL  60611
Phone:  312.227.3410
Fax:       312.227.9659
e-mail:  k gouze@luriechildrens.org

2017-2018 Internship Year
**PSYCHOLOGY STAFF**

**Jeanne Antisdel** - Pediatric Psychologist  
Assistant Professor  
Psychiatry & Behavioral Sciences  
Northwestern University Feinberg School of Medicine  
PhD, 2000, Yeshiva University  
Diagnostic, developmental, and psychological evaluations of children and adolescents. Individual and family therapy for children and adolescents presenting with emotional/behavioral problems and/or medical illness.

**Richard A. Arend** - Staff Psychologist  
Assistant Professor  
Psychiatry & Behavioral Sciences  
Northwestern University Feinberg School of Medicine  
PhD, 1984 University of Minnesota  
Parent training, early intervention with disruptive behavior disorders, behavior therapy.

**Devin Carey** – Pediatric Psychologist  
PhD, 2015, Loyola University Chicago  
Assessment and treatment of behavioral health concerns in primary care; Parent and professional psychoeducation, consultation, and outreach; Coping and adjustment with medical conditions; Screening and primary prevention.
Diane Chen – Pediatric Psychologist  
Assistant Professor of Psychiatry & Behavioral Sciences  
Northwestern University Feinberg School of Medicine  
PhD, 2012, Temple University  
Areas of research include gender development in gender-diverse/transgender youth and medical decision-making among gender- and sex-diverse youth and their caregivers. Primary areas of clinical interest include emotional and behavioral health concerns among gender-diverse/transgender children, adolescents, and young adults; psychosocial issues in the management of disorders/differences of sex development (DSD); and behavioral health service delivery in multidisciplinary settings.

Colleen Cicchetti—Director of Center for Childhood Resilience  
Assistant Professor  
Psychiatry & Behavioral Sciences  
Northwestern University Feinberg School of Medicine  
PhD, 1996, Northwestern University  
MEd, 1989, Harvard Graduate School of Education  
Advocacy and public health approach to mental health services: promotion of evidence-based treatment in school and community settings for children/youth who have been exposed to trauma/victimization including training, supported implementation and evaluation; community, parent and professional outreach and education/training;

Claire Coyne- Staff Psychologist  
PhD, 2014, Indiana University  
Cognitive-behavioral therapy for depression and anxiety, parent management training, evidence-based treatment for at-risk youth and their families, including youth exposed to childhood trauma, and gender-nonconforming and transgender youth. Consultation to
school and community agencies on promoting evidence-based behavioral health practices.

**Bonnie Essner** – Medical Psychologist, Department of Child and Adolescent Psychiatry, Ann & Robert H. Lurie Children’s Hospital of Chicago
Assistant Professor of Psychiatry & Behavioral Sciences
Northwestern University Feinberg School of Medicine
PhD, 2012, Loyola University Chicago
Parent-child shared health behaviors and cognitions in families of adolescents with chronic pain, family-based psychological interventions for youth with acute and chronic pain, integrative health approaches to pediatric pain management, psychological assessment and treatment for pediatric patients receiving palliative care for life-limiting and life-threatening illnesses.

**Meredyth A Evans**- Pediatric Psychologist
Assistant Professor
Psychiatry & Behavioral Sciences
Northwestern University Feinberg School of Medicine
PhD, 2015 DePaul University
MA, 2012 DePaul University
Pediatric Consultation/Liaison; psychosocial issues in the treatment of children with chronic illnesses, special training and expertise in working with children and adolescents with diabetes; child and family adjustment to medical diagnosis and family/life stressors; cognitive and behavioral strategies for management of depression and anxiety; parent management strategies for addressing behavioral difficulties in children.
Rebecca Ford-Paz - Staff Psychologist, Coordinating Psychologist of the Mood & Anxiety Program
Assistant Professor
Psychiatry & Behavioral Sciences
Northwestern University Feinberg School of Medicine
PhD, 2006 DePaul University
MA, 2000, Columbia University
CBT for anxiety and mood disorders, Latino mental health, consultation to school and community agencies on promoting social-emotional learning and behavioral health, community-based participatory research with a focus on health disparities and diversity issues.

Tara Gill - Staff Psychologist, Center for Childhood Resilience
PhD, 2008, DePaul University
MA, 2003, DePaul University
Disruptive behavior disorders in school-age children and adolescents, family therapy, African American mental health, consultation to school and community agencies on promoting social-emotional learning and behavioral health, trauma treatment, school-based prevention, and diversity issues.

Karen R. Gouze – Director of Psychology Training Program
Professor
Psychiatry & Behavioral Sciences
Northwestern University Feinberg School of Medicine
PhD, 1980 University of Minnesota
Family dynamics and family therapy; developmental psychopathology; outcomes of child mental health services, school-based prevention and intervention, sensory processing and psychopathology.

**Marco Hidalgo** – Medical Psychologist
Assistant Professor
Pediatrics, Psychiatry & Behavioral Sciences
Northwestern University Feinberg School of Medicine
PhD, 2011, DePaul University
Gender-nonconforming/transgender (TGNC) youth; LGBTQ mental health; evidence-based practice for mood, anxiety, and trauma-related disorders; interpersonal violence; HIV prevention intervention research; HIV pre-exposure prophylaxis (PrEP).

**Clayton D. Hinkle** – Pediatric Neuropsychologist
Instructor
Psychiatry & Behavioral Sciences
Northwestern University Feinberg School of Medicine
PhD, 2013, Illinois Institute of Technology
Neuropsychological sequelae of traumatic brain injury and sports-related concussion, brain and nervous system tumors, epilepsy, stroke, congenital heart disease, infectious and autoimmune diseases, and Tourette Syndrome and pediatric movement disorders

**John V. Lavigne** - Chief Psychologist
Professor
Psychiatry and Pediatrics
Northwestern University Feinberg School of Medicine
PhD, 1974, University of Texas
Psychological aspects of primary care, developmental psychopathology, pain and other medically unexplained symptoms.

**Kelly Walker-Lowry** – Program Manager, Partial Hospitalization Program
Assistant Professor
Psychiatry & Behavioral Sciences
Northwestern University Feinberg School of Medicine
PhD, 2007, University of Florida
Partial hospitalization, implementation and dissemination, motivational interviewing, consultation/liaison, childhood obesity, adjustment and coping in chronic illness, behavioral treatments.

**Kathleen M. Malee** - Special Infectious Disease Clinic
Associate Professor
Psychiatry & Behavioral Sciences
Northwestern University Feinberg School of Medicine
PhD, 1987, Loyola University of Chicago
Pediatric and adolescent HIV/AIDS; chronic illness; medication adherence; biopsychosocial issues in high risk infants, children and adolescents.

**Katie Mendelsohn-Meyers** – Pediatric Psychologist
Northwestern University Feinberg School of Medicine
PhD, 2013, Northwestern University
Pediatric consultation, CBT for anxiety and mood disorders, parent training, treatment related to adherence and coping with chronic illness, family therapy
Jonathan M. Pochyly - Staff Psychologist
Instructor
Psychiatry & Behavioral Sciences
Northwestern University Feinberg School of Medicine
PhD, 1998, Loyola University of Chicago
Anxiety disorders in children; parent training; family therapy; disruptive behavior disorders; cognitive assessment, executive abilities.

Stephanie K. Powell – Pediatric Neuropsychologist
Assistant Professor
Psychiatry & Behavioral Sciences
Northwestern University Feinberg School of Medicine
Ph.D. 2006 University of Wisconsin-Milwaukee
Neuropsychological assessment and consultation; neuropsychological correlates of both hematologic/oncologic conditions (brain tumors, leukemia, sickle cell disease) and their treatment (chemotherapy, radiation therapy, stem-cell transplant)

Tali Raviv - Staff Psychologist
Assistant Professor
Psychiatry & Behavioral Sciences
Northwestern University Feinberg School of Medicine
PhD, 2007, University of Denver
Consultation to school and community agencies on promoting social-emotional learning and behavioral health, cognitive-behavioral group therapy, parent training, family therapy, trauma treatment, cognitive-behavioral therapy for depression and anxiety; prevention of psychopathology among at-risk youth.
Julie A. Rinaldi - Staff Psychologist
Assistant Professor  Psychiatry & Behavioral Sciences
Northwestern University Feinberg School of Medicine
PhD, 2001, University of Washington, Seattle, WA
Developmental assessment, treatment of preschool disruptive behavior disorders, treatment of trauma related anxiety in abuse/neglect victims. Consultation to school and community agencies on promoting social-emotional learning and behavioral health.

Edna Romero – Pediatric Psychologist
Assistant Professor
Psychiatry and Pediatrics
Northwestern University Feinberg School of Medicine
PhD, 2015, Loyola University Chicago
Psychosocial assessment related to pediatric cancer and hematologic disease, adjustment and coping with medical illness, pediatric consultation, individual and family therapy.

Miller Shivers - Staff Psychologist
Instructor
Psychiatry & Behavioral Sciences
Northwestern University Feinberg School of Medicine
PhD, 2003, Illinois Institute of Technology, Chicago, IL
Attachment-based intervention, infant and preschool mental health, effects of maternal depression on infants and young children, disruptive behavior, sleeping and
feeding problems in infancy and early childhood, toileting concerns, cleft palate, cranio-facial issues and vascular lesions as they effect mental health

**Lisa Sorensen** - Pediatric Neuropsychologist
Associate Professor
Psychiatry & Behavioral Sciences
Northwestern University Feinberg School of Medicine
PhD, 1999, The University of Chicago
Neuropsychological assessment; neurocognitive sequelae in solid organ and stem cell transplantation/systemic disease, epilepsy, oncology, immunology, traumatic brain injury.

**Sally Tarbell** - Medical Psychologist
PhD, 1984, York University, Toronto
Professor, Psychiatry and Behavioral Sciences
Division of Gastroenterology, Hepatology and Nutrition
Clinical and research interests: psychiatric comorbidities and evidenced based behavioral treatment in pediatric gastrointestinal and autonomic disorders.

**Constance M. Weil** - Pediatric Psychologist
Assistant Professor
Psychiatry & Behavioral Sciences
Northwestern University Feinberg School of Medicine
PhD, 1987, Michigan State University
Adjustment to illness, psychosocial factors in asthma and food allergies, developmental assessment, behavior problems in young children.
**Jill Weissberg-Benchell** - Pediatric Psychologist
Professor
Psychiatry & Behavioral Sciences
Northwestern University Feinberg School of Medicine
PhD, 1990, Case Western Reserve University
Pediatric consultation, psychosocial issues in the treatment of diabetes, medical adherence in chronic illness, adaptation and coping with chronic and fatal illness, adaptation and coping with chronic and fatal illnesses, transitioning from pediatric to adult care among chronically ill youth.

**Marie Weissbourd** - Pediatric Psychologist
Assistant Professor
Psychiatry & Behavioral Sciences
Northwestern University Feinberg School of Medicine
PhD, 1985, Northwestern University
Autism evaluation, development of high risk newborns, developmental assessment, developmental behavioral disorders, learning disabilities.

**Frank A. Zelko** - Pediatric Neuropsychologist
Associate Professor
Psychiatry & Behavioral Sciences
Northwestern University Feinberg School of Medicine
Director, Pediatric Neuropsychology Service
PhD, 1985, University of Minnesota
Neuropsychological assessment; attention and executive skills; concussion; epilepsy; functional neuroimaging; neurocognitive effects of systemic disease.
Resilience Promotion I Teens with Type 1 Diabetes: Preventing Negative Outcomes. NIDDK R01 multi-site study, (2011–2016) - **Jill Weissberg-Benchell, PhD**

Transitioning from Pediatric to Adult Care: Developing An Innovative, Family-Focused Program, (2013) Lurie Childrens Advocacy Grant. Brickman, W., **Jill Weissberg-Benchell, PhD**


Neurobehavioral outcomes in adolescents following liver transplantation (CMIER Seed Grant, 2/02 to present) – Estella Alonso, MD and **Lisa Sorensen, PhD**

Studies of Pediatric Liver Transplantation (SPLIT) – Attention deficits following Pediatric Liver Transplantation (NIDDK) – Estella Alonso, MD and **Lisa Sorensen, PhD**

Neurocognitive Function and Health Related Quality of Life in Pediatric Survivors of Acute Liver Failure – ARRA supplement to A Multi-center Group to Study Acute Liver Failure in Children (NIDDK) – Robert Squires, MD, Estella Alonso, MD, **Lisa Sorensen, PhD, et al**

Neurocognitive Function and Health-Related Quality of Life Longitudinal Follow-up – a substudy of the Observational Study of Children with Acute Liver Failure in North
America (Cohort Study) (NIDDK, 9/10-9/15) - Robert Squires, MD, Estella Alonso, MD, Lisa Sorensen, PhD, et al

- Analysis of neurocognitive function in children with systemic lupus erythematosus – Marisa Klein-Gitelman, MD and Frank Zelko, PhD

- Developing a Pediatric Perceived Cognitive Function (pedsPCF) Item Bank for Children with Brain Tumors. -- Jin-Shei Lai, PhD, David Cella, PhD, Zeeshan Butt, PhD, Frank Zelko PhD, and Stewart Goldman, MD

- Silent infarct transfusion trial for sickle cell disease – Alexis Thompson, MD and Frank Zelko, PhD

- The rate of mental health problems in children and their caregivers in an inner-city Latino population with asthma and, the efficacy of a community based intervention model for decreasing asthma morbidity/mortality and mental health problems in this population - - Connie Weil, PhD

- Prediction of Hepatic Encephalopathy and its outcome in Children with Acute Liver Failure -- Robert Squires, Michael Bell, Mark Sher, Mark Wainwright, MD, PhD and Constance Weil, PhD

- Developing a culturally appropriate treatment for depressed Latino adolescents (Van Buren Research Fund, Dept of Child and Adolescent Psychiatry, CMH) – Rebecca Ford-Paz, PhD

- Manuscript Writing Mini-Grant. Northwestern University Medical School. Community-Engaged Research Center. Funding to protect time to write manuscripts. Rebecca Ford-Paz, PhD.

- Evergreen Invitational Women’s Health Grants Initiative. Northwestern Memorial Foundation. Working on Womanhood. (W.O.W). Rebecca Ford-Paz, PhD.

- Community-Academic Partnership to Promote Integration of Health Promotion and Prevention Efforts Benefiting Girls of Color. Rebecca Ford-Paz, PhD.

- Cognitive, mental health and behavioral risk outcomes in children and adolescents with perinatally acquired HIV infection and HIV exposure (Pediatric HIV/AIDS Cohort Study-PHACS) – Kathleen Malee, PhD
- Longitudinal investigation of medication adherence in children and adolescents with HIV Infection (Pediatric HIV/AIDS Cohort Study-PHACS) – **Kathleen Malee, PhD**


- Parent Influences on Eating Behaviors in Early Childhood (Practice-Based Research Program of the Community-Engaged Research Center, Northwestern University Clinical and Translational Sciences Institute 11/09-10/12) – **Kelly Walker Lowry, PhD**

- **Lowry, K.** (PI). 03/1/13–11/30/13. COMP Grant, Ann & Robert H. Lurie Children’s Hospital of Chicago. Analysis of Time 2 Data for Project EAT.

- **Lowry, K.** (PI). 09/01/13–07/31/14. ARCC Program at NUCATS. Community Engaged Publication Support. Grant supporting analyses and manuscript preparation of data collected to promote publication of practice-based research findings.

- **Lowry, K.** (PI). 03/1/14–08/312016. NUCATS. 3rd Year Follow-up of a Longitudinal Study to Explore Behavioral Factors Associated with Obesity in Preschoolers (Project EAT).


- **Lowry, K.** 2014-2016. Third-Year Follow-up of a Longitudinal Study to Explore Behavioral Factors Associated with Obesity in Preschoolers (Project EAT) Lurie Children’s Research Center/CAP clinical-translational pilot study program.

- Development and validation of a protocol for screening concussion symptoms in primary pediatric care settings. **Frank Zelko, Ph.D.** with Brian Hang, M.D., Cynthia LaBella, M.D., Rebecca Carl, M.D., and Jin-Shei Lai, Ph.D.

- Community-Academic Partnership to Prevent Depression in Latino Youth - **Ford-Paz, R.**


APPENDIX A
Training Plan to Ensure Attainment of Program Wide Competencies as Defined by the APA Standards of Accreditation

<table>
<thead>
<tr>
<th>Competency:</th>
<th>(i) Research</th>
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<tbody>
<tr>
<td>Elements associated with this competency from IR C-81</td>
<td>- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.</td>
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</tbody>
</table>
| Program-defined elements associated with this competency (see table description above) | - Demonstrates knowledge of readings in seminars and case conferences  
- Integrates scientific knowledge into clinical care during supervision and case conferences  
- Can use empirically supported treatments  
- Demonstrates the ability to disseminate research through presentation at case conferences, seminars, and in supervision  
- Can interpret and use outcome reports to assess patient progress and formulate changes in treatment as necessary |
| Required training/experiential activities to meet each element. | - Research based readings are required for most seminars; all didactics are based on scientific readings.  
- Interns are encouraged to integrate scientific knowledge into clinical care during supervision-this is promoted by supervisors providing readings as well as encouraging interns to explore the literature to obtain information on empirically based treatments as needed.  
- Interns are trained to evaluate and implement empirically supported treatments, including the use of treatment manuals and specified treatment protocols. During their training, interns will be exposed through workshops and seminars, and provided cases enabling them to use one or more of the following treatments: Coping Cat for anxiety (Kendall, 1992), Modular Cognitive Behavior Therapy for anxiety (Chorpita, 2007), Modular Cognitive Behavior therapy for depression (TADS, 1996, TORDIA, 2012), TF-CBT (2005), The Incredible Years Parent Training Program (Webster-
• Stratton, 1997), Collaborative and Proactive Solutions (Greene, 1998). Aspects of other empirically supported treatments which might be applied include Motivational Interviewing, IPT-A, Attachment Based Family Therapy.

• All interns will present a case at a Multi-Disciplinary Case Conference (MDCC) in which they are required to integrate research and case material and invite a consultant to also bring research based knowledge to a discussion of the case. They will also attend this conference on a bi-weekly basis as other students in the Department present their cases with supporting research.

• All interns attend Grand Rounds sponsored jointly by the Department of Child and Adolescent Psychiatry at Lurie Children’s and the Department of Psychiatry and Behavioral Sciences at Northwestern University Feinberg School of Medicine. The Grand Rounds include sponsored presentations by researchers from across the country.

• All interns are released from clinical activities to attend the full day Brookstone Conference, a newly funded yearly conference in the Department of Psychiatry and Behavioral Sciences at Northwestern University Feinberg School of Medicine. This conference features implementation and dissemination research.

• All interns are required to attend Education Day, jointly sponsored by the Department of Child and Adolescent Psychiatry and the Department of Psychiatry and Behavioral Sciences at Feinberg, in which all trainees across the two departments are encouraged to present posters of their research work.

• Interns are provided 5 professional days as part of their benefit package to enable them to attend research conferences.

• Interns are exposed to many role models on the psychology staff who are actively engaged in research, including grant writing, gathering data, and disseminating findings. The importance of research in guiding clinical practice and as an integral part of the work of professional psychologists permeates the culture in psychology in the Department.

• Interns are encouraged to complete their dissertations before becoming involved in research during their internship year. However, those who have completed their dissertations are provided opportunities to join staff in research projects as part of their individual Professional Education Plan.
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<th>Competency:</th>
<th>(ii) Ethical and legal standards</th>
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</table>
| Elements associated with this competency from IR C-81 | • Be knowledgeable of and act in accordance with each of the following:  
{o} the current version of the APA Ethical Principles of Psychologists and Code of Conduct;  
{o} Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and  
{o} Relevant professional standards and guidelines.  
• Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.  
• Conduct self in an ethical manner in all professional activities. |
| Program-defined elements associated with this competency (if applicable) | • Demonstrates understanding of the Ethical Guidelines through his/her conversations in supervision, approach to ethical dilemmas in therapy and contributions to case conferences and seminars.  
• Seeks consultation appropriately when confronted with ethical dilemmas  
• Understands when and how to apply the principles of the Mental Health and Developmental Disabilities Act of Illinois  
• Is able to assess and report instances of child abuse  
• Knows when it is appropriate to seek additional consultation on cases involving legal issues or child abuse reporting  
• Understands how to consult with a multi-disciplinary treatment team when legal issues or issues of abuse arise and he/she is competent to present cases before the trauma team as needed  
• Addresses reporting issues with parents and families and knows how to handle these issues sensitively and in a therapeutic manner as possible |
| Required training/experiential activities to meet elements | • Interns will participate in a series of ethical discussions as part of their bi-weekly professional development seminars with the Director of Training.  
• Interns will attend seminars that address ethical and legal standards in the provision of psychological services to children, adolescents, and families.  
• Interns will discuss ethical and legal issues pertinent to their cases in supervision.  
• Interns will attend Multi-Disciplinary Case Conferences and Grand Rounds in which ethical and legal dilemmas are addressed at times. |
- Interns will be provided with the Mental Health and Developmental Disabilities Act of Illinois and the Illinois Child Abuse Reporting Laws in their Internship Handbook.

- Interns will engage in many experiences with different teams in which ethical and legal issues relevant to providing psychological services to children, adolescents, and families will be addressed. These include the medical teams with which they engage on the Consult Service, the Consult Team, the Inpatient Unit staff, the Partial Hospital staff, the Trauma Team, and the Outpatient Services staff.

- Interns will generally have the experience of filing a child abuse report during the course of their internship and will engage in this activity in consultation with their case supervisor.
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<th>Competency:</th>
<th>(iii) Individual and cultural diversity</th>
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| Elements associated with this competency from IR C-81 | - An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.  
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.  
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.  
- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship. |
| Program-defined elements associated with this competency (if applicable) | - Understands the ways in which their own life and background affects their perceptions of and work with patients from a wide range of backgrounds  
- Understands that diversity applies to a broad range of categories including, but not limited to, race, religion, ethnicity, age, sexual preference, socioeconomic status, geographic origin, type of family, etc.  
- Recognizes when it is appropriate to address these issues to facilitate treatment and when it is unnecessary to do so  
- Recognizes when their patients or families are responding to them based on such differences (e.g. when it might be interfering with the formation of a therapeutic alliance)  
- Is familiar with important aspects of the lives of their patients – e.g. the degree to which poverty might affect a patient’s ability to attend therapy on a regular basis  
- Knows how to use community resources that might be more consistent with their patients’ “world view” than therapy (e.g. accessing a religious leader with power in the community).  
- Evaluates the treatments they are using in the context of their applicability to the population they are seeing |
- Is conversant with literature and research that helps them evaluate the applicability of their therapy techniques to the population they are seeing.
- Can conduct an appropriate literature search to further examine biases in treatment.

- Knows how to question their patients and families in a non-threatening way about aspects of their lives that they do not understand
- Understands appropriate boundaries when children or families ask about their background or personal life
- Addresses issues of cultural difference especially when such differences are interfering with treatment progress.
- Demonstrates cultural competence during case presentations
- Knows relevant literature addressing issues of diversity including as it pertains to interpreting psychological testing
- Chooses tests appropriate to the population they are testing
- Interprets psychological test in the context of relevant issues of diversity
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<tr>
<th>Competency:</th>
<th>(iv) Professional values, attitudes, and behaviors</th>
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| Elements associated with this competency from IR C-81 | - Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others  
- Engage in self-reflection regarding one’s personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.  
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.  
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. |
| Program-defined elements associated with this competency (if applicable) | - Appropriately meets all responsibilities to patients and families including timeliness, professional attire, positive communication  
- Handles differences with staff and supervisors tactfully and effectively  
- Completes all notes and reports in a timely manner  
- Efficiently completes all tasks without prompting; takes initiative as needed  
- Responsibly adheres to institution policies regarding vacation, sick leave, absences, coverage, etc  
- Sets priorities appropriately and independently to efficiently complete all tasks in order of importance  
- Actively engages in self-reflection regarding performance  
- Actively engages in self-reflection regarding interpersonal interactions with staff and patients  
- Is open and non-defensive in accepting feedback  
- Demonstrates the ability to manage stress and engage in self-care as needed  
- Exhibits good awareness of professional and personal barriers to professional development |
| Required training/experiential activities to meet elements | - Interns engage in ongoing discussion with all staff throughout the internship year regarding issues of professional values, attitudes and behaviors. The breadth and depth of their training which is characterized by a wide range of patients seen across multiple settings provides a structure wherein the acquisition of professional norms is more easily facilitated.  
- Professional issues are discussed throughout the year in the context of supervision and in bi-weekly meetings with the Director of Training. |
• Ongoing discussion of self-reflection and the encouragement of growing self-awareness is part of the supervisory experience at Lurie Children’s for all interns.

• Professional values and attitudes such as deportment and accountability, concern for the welfare of others, and the acquisition of knowledge integral to the work of a professional clinical child/pediatric psychologist is modelled by their supervisors throughout the year. All interns have the benefit of observing staff at work and are similarly observed in their work. Feedback and discussion during and after these observations contributes to intern growth in the area of professional values, attitudes, and behavior.
<table>
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<tr>
<th>Competency:</th>
<th>(v) Communications and interpersonal skills</th>
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| Elements associated with this competency from IR C-81 | - Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.  
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.  
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well. |
| Program-defined elements associated with this competency (if applicable) | - Collaborates effectively with psychiatrists regarding the medication of his/her patients to facilitate optimal mental health outcomes  
- Collaborates effectively with other mental health providers when asked to consult regarding issues of testing  
- Collaborates effectively as a member of a medical team  
- Collaborates effectively as a member of a milieu team  
- Communicates effectively, both orally and in writing, with patients, colleagues, supervisors, and other health professionals  
- Relates effectively and appropriately with patients, colleagues, supervisors, and other health professionals  
- Demonstrates the ability to work collaboratively and manage conflicts or differences of opinion  
- Maintains appropriate boundaries with patients  
- Actively seeks additional input from supervisors or colleagues as needed |
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<tr>
<th>Competency:</th>
<th>(vi) Assessment</th>
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| Elements associated with this competency from **IR C-81** | - Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.  
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.  
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. |
| Program-defined elements associated with this competency (if applicable) | - Conducts a clinically sound outpatient diagnostic  
- Able to identify presenting problem(s) and gather background information  
- Makes observations of children’s play, social interactions, responses to parental authority, cognitive abilities, and developmental level of functioning  
- Able to present above observations in a coherent and meaningful description of the child  
- Has understanding of the major DSM5 diagnoses used in children and adolescents  
- Able to apply diagnoses appropriately following diagnostic evaluation  
- Able to interpret parent, teacher, and self-report instruments in the context of making a DSM5 diagnosis  
- Uses structured interview data derived from the ADIS and CY-BOCS, as needed, to assign DSM5 diagnoses  
- Uses Integrative Module-Based Family Therapy model to complete an assessment of families presenting with their children/adolescents for treatment  
- Writes a well-formulated diagnostic report containing identifying data, reason for referral, history of presenting problems, developmental, medical, psychiatric, family and social history; behavioral observations; a case formulation; diagnoses; and treatment recommendations |
- Explains sensitively to parents, in clear and understandable language, the findings from their child’s diagnostic evaluation.
- Explains treatment recommendations being made on the basis of the child’s diagnostic evaluation
- Provides psycho-education to parents regarding their child’s diagnosis
- Identifies and administers appropriate developmental tests for children 2-5 years old.
- Accurately interprets a range of developmental tests.
- Organizes developmental test findings in a coherent picture of a child’s functioning in a written report.
- Familiar with the administration, proper use, and interpretation of a wide range of neuropsychological tests used to evaluate school-aged children and adolescents, particularly those presenting with medical issues
- Familiar with the administration, proper use, and interpretation of a wide range of cognitive, self-report, parent report, and educational tests used to evaluate school-aged children and adolescents
- Chooses appropriate neuropsychological tests to address a particular referral question
- Analyzes neuropsychological test findings and organizes them in a coherent, informative report
- Uses neuropsychological testing findings to make appropriate recommendations to parents, schools, and relevant medical personnel
- Provides neuropsychological testing feedback at an appropriate level to children and adolescents
- Provides neuropsychological testing feedback to parents in a sensitive and informative manner
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<tr>
<th>Competency: (vii) Intervention</th>
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</table>
| **Elements associated with this competency from IR C-81** | • Establish and maintain effective relationships with the recipients of psychological services.  
  • Develop evidence-based intervention plans specific to the service delivery goals.  
  • Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.  
  • Demonstrate the ability to apply the relevant research literature to clinical decision making.  
  • Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.  
  • Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation. |
| **Program-defined elements associated with this competency (if applicable)** | • Formulates specific treatment recommendations based on his/her diagnostic evaluation  
  • Familiar with empirically-supported and best practice treatment options for a range of psychiatric/psychological difficulties.  
  • Addresses treatment recommendations for a range of settings critical to healthy child development  
  • Establishes rapport with children, adolescents and parents  
  • Competently forges an ongoing therapeutic alliance with children, adolescents and families that contributes to effective intervention  
  • Is conversant with common factors that affect treatment outcome such as treatment alliance, hope, early gains, etc  
  • Clearly articulates, in supervision, a specific treatment plan appropriate for the presenting problem.  
  • Formulates treatment plans that are appropriate to the age and developmental level of his/her patients  
  • Uses cognitive-behavioral approaches for internalizing disorders.  
  • Has successfully completed a rotation in the Mood and Anxiety Program (MAP) Clinic.  
  • Has seen at least one patient with whom they used a manualized CBT approach such as Modular Cognitive Behavior Therapy for anxiety, or manual-based cognitive behavior therapy for depression. |
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<td>Understands the relationship between thoughts, feelings, and actions and can apply basic cognitive-behavioral principles including, but not limited to, identification of perceptual and cognitive distortions, cognitive restructuring, problem solving, and development of coping strategies.</td>
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<td>Able to teach relaxation training, including use of breathing, imagery, and deep muscle relaxation techniques.</td>
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<td>Assigns homework designed to support the cognitive behavioral techniques being taught.</td>
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<td>Instructs patients and parents in strategies for maintenance and relapse prevention.</td>
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<td>Provides behavioral parent training for the treatment of children with oppositional and non-compliant behavior. Is familiar with empirically-supported treatment programs such as Carolyn Webster-Stratton or PCIT.</td>
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<td>Does careful behavioral analysis for maladaptive behavior such as oppositionality, refusal to eat, medical non-adherence including measuring the frequency with which target behaviors occur.</td>
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<td>Constructs behavioral programs, including the ability to set appropriate goals for intervention, develop a plan, and measure the outcome plan.</td>
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<td>Guides parents in the determination of behavioral goals, the construction of effective behavioral charts, and the administration of rewards and consequences.</td>
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<td>Uses play and “talk” therapy approaches to help children express feelings and address concerns, issues of loss, identity issues, etc.</td>
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<td>Uses reflective listening techniques to promote emotional expression and identification of child concerns.</td>
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<td>Understands the importance of the relationship as a foundation for promoting therapeutic change.</td>
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<td>Understands empirically supported and best practice family treatments associated with each of the ten IMBFT modules.</td>
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<td>Has a basic understanding of each of the modules and how they manifest in families.</td>
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<td>Able to assess the relative importance of each of the modules in contributing to and maintaining symptoms in individual identified patients.</td>
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<td>Competently develops a therapeutic plan using the IMBFT approach to family therapy.</td>
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<tr>
<td><strong>Required training/experiential activities to meet elements</strong></td>
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| • Interns will be involved experientially in providing individual outpatient therapy for children and adolescents that is empirically based, consistent with best practices, and demonstrates awareness of common and non-specific factors. Specific empirically supported individual treatments to which they will likely be exposed include:  
  1) Parent management Training (Webster-Stratton, Barkley, Kazdin)  
  2) TADS, TORDIA (general CBT principles for treatment of depression)  
  3) Collaborative and Proactive Solutions (Greene)  
  4) TF-CBT  
  5) CBT for anxiety (Chorpita)  
  6) General Behavior Therapy based on a solid understanding of behavioral principles  
  7) Motivational Interviewing  
• Interns will be involved experientially in providing individual therapy for children and adolescents during their rotations on major services: the Partial Hospital Program, Inpatient Unit, and Consult Service when appropriate.  
• Interns will attend workshops and training seminars specific to the provision of individual psychological treatment (see section on training seminars)  
• Interns will be involved experientially in providing family therapy and family based treatments for children, adolescents, and their families. Best practice approaches and empirically based treatments to which they will be exposed include Attachment Based Family Therapy, Interpersonal Psychotherapy for Adolescents (both an individual and family based intervention), Parent Management Training, Structural Family Therapy, specific interventions for improving communication, affect regulation, and family narratives.  
• Interns will attend a 9 month family therapy seminar based on didactics and live supervision.  
• Interns will be involved experientially in providing group therapy that is empirically based. Depending upon their interests their group therapy experiences might include, among others: |
1) Group therapy for children with anxiety based on Kendall’s Coping Cat
2) Group therapy for adolescents with anxiety and depression based on Lewinsohn’s work.
3) Group therapy based on control of difficult emotions based on Lochman’s Anger Coping program
4) Group therapy for preschoolers with oppositional disorders based on Webster-Stratton’s Incredible Years Program
5) Social skills groups based on the Flexible Thinking Program
6) Social Skills groups that incorporate the Zones of Regulation program

• During the course of their internship interns will have therapy experiences with many different children and adolescents from a range of socioeconomic, ethnic, gender and other diverse backgrounds, across a broad age range (2-18 years) and with a large variety of presenting problems, including, but not limited to, anxiety, depression, oppositional disorders, conduct disorders, ADHD, developmental disabilities, medical issues, severe mental illnesses such as schizophrenia or extreme OCD, selective mutism, eating issues, learning difficulties, etc.

• Interns will attend seminars to provide them with the educational background and necessary skills to treat these children and adolescents (see section on training seminars).

• Interns will have experience collaborating with schools to ensure better outcomes for their patients.

• Interns will, by choice, have observational and/or therapy experiences with a variety of specific services such as the Trauma team, the Right Start Clinic, any number of medical specialty teams including, but not limited to, endocrine, palliative care, pain clinic, epilepsy, hematology-oncology, etc.

• Interns will have exposure to intervening to maintain the health and safety of a child or adolescent in the context of child abuse reporting

• Interns will attend a seminar on child abuse reporting.

• Interns will receive additional training and support for all intervention work through
- weekly supervision. All interns will have four supervisors for therapy supervision—two in general outpatient (one of whom is the Director of Training), one in outpatient medical psychology (group format), and one on their major rotation (the nature of this supervision varies depending upon the rotation).
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<th>Competency:</th>
<th>(viii) Supervision</th>
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<td><strong>Elements associated with this competency from IR C-81</strong></td>
<td>- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.</td>
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| **Program-defined elements associated with this competency** | - Understands a developmental model of supervision  
- Is able to supervise colleagues in the context of case presentations  
- Is able to supervise colleagues in the context of videotaped case presentations  
- Has the ability to critique the supervision style of colleagues |
| **Required training/experiential activities to meet elements** | - Interns engage in an ongoing supervision training workshop with the Director of Training from March-June of the internship year. This experience includes a didactic component designed to teach a developmental model of supervision, and a case-based peer supervision component in which interns take turns as supervisor, supervisee, and observer commenting on the supervision process and the supervisory skills of their colleagues.  
- All interns engage in informal supervision with the therapy practicum students at Lurie Children’s who seek them out for informal supervision due to their greater experience.  
- Interns contribute to live group supervision in the Family Therapy seminar. |
| Competency: | 
|---|---|
| **(ix) Consultation and interprofessional/interdisciplinary skills** | 
| **Elements associated with this competency from IR C-81** | 
| • Demonstrate knowledge and respect for the roles and perspectives of other professions. | 
| • Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, inter-professional groups, or systems related to health and behavior. | 
| **Program-defined elements associated with this competency (if applicable)** | 
| • Consults with teachers regarding the teacher’s perceptions of his/hers patient’s behavior in the classroom for purposes | 
| • Allies with teachers in order to design effective behavioral interventions for their patients in the classroom, as needed | 
| • Consults as necessary in obtaining special education assistance for his/her patients including the initiation of case studies and the development of appropriate 504 and IEP plans. Able to educate parents regarding these rules and regulations and assist parents in obtaining appropriate services for their children. | 
| • Consults as necessary with the Illinois Department of Child and Family Services in regards to foster placement, child abuse protection, and intact family services and will be competent to help families access these services as needed | 
| • Consults with outside agencies as needed to help parents access outside activities that can facilitate growth of mastery and self-esteem in children and adolescents | 
| • Finds appropriate services and guides parents in accessing such outside agency services when needed. | 
| • Effectively consults with the medical team regarding consult requests | 
| • Facilitates positive communication between the Consult service and medical services to promote the best possible patient care | 
| • Demonstrates the ability to gather diagnostic information on children with medical illnesses and complicating psychological concerns and convey it to the medical team | 
| • Demonstrates the ability to implement empirically supported short term treatment as needed to patients on the Consult Service | 
| • Effectively works with fellow professionals on these units, including milieu workers, in the context of diagnostic evaluation |
- Demonstrates the ability to coordinate care with other professionals on these units to provide coordinated mental health care based on empirically supported treatments

| Required training/experiential activities to meet elements | • Interns will learn to consult and collaborate with psychiatry trainees and staff through shared cases on the Outpatient Psychiatry Service.
• Interns will learn consultation and inter-professional /interdisciplinary skills through their work on the Consult team during their four-month rotation. In this capacity they will consult with medical personnel in the hospital, social workers, psychiatrists, and other health professionals.
• Interns will learn to consult and collaborate with members of an Inpatient Psychiatry team, including, but not limited to, psychiatry staff, social work staff, recreational therapists, nurses, milieu workers, etc. on their 4-month rotation on the Inpatient Psychiatry Service.
• Interns will learn to consult and collaborate with members of a Partial Hospital team, including, but not limited to, psychiatry staff, social work staff, recreational therapists, nurses, milieu workers, etc. on their 4-month rotation on the Inpatient Psychiatry Service.
• Interns will learn to collaborate with teachers, other school personnel, case workers in social service agencies and other outside professionals in the context of their work on all services.
• Interns will attend seminars addressing collaboration with community partners (see section on training seminars)
• Interns will receive additional training in consultation and inter-professional/inter-disciplinary skills in the course of their weekly supervision and case discussion.
• Interns will attend seminars and multi-disciplinary case conferences which specifically address consultation skills and inter-professional and inter-disciplinary skills (see section on training seminars). |