Ann & Robert H. Lurie Children's Hospital of Chicago®

The Internship Program in Clinical Child and Pediatric Psychology, 2026-2027

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WELCOME & UPDATES FROM THE TRAINING DIRECTOR

Dear Applicant,

I am delighted to introduce our internship to you. The Internship Program in Clinical Psychology has been offered by the Pritzker Department of Psychiatry and Behavioral Health at Ann & Robert H. Lurie Children's Hospital of Chicago and continuously accredited by the American Psychological Association since 1963. Our program is located within Ann & Robert H. Lurie Children's Hospital of Chicago, a 350+ bed pediatric tertiary care hospital on Northwestern University's downtown campus. It is the pediatric training facility for the Feinberg School of Medicine 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. Considerable staff time and facilities are invested throughout the institution in the training of students from many disciplines.

The exclusive training focus of our internship is clinical child and pediatric psychology. The training program is guided by a clinical science model in which clinical practice is informed by science and research, and clinical work, in turn, generates new research ideas. Program graduates will achieve assessment and intervention competence in the areas of neuropsychological 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.

The Internship Class will offer full-time, twelve-month internships in two specialty tracks: the Pediatric Psychology Track and the Clinical Child Psychology Track. This will allow interns to pursue a greater degree of specialty training in clinical child or pediatric psychology while building upon our decades of exceptional teaching and training. Breadth of training will be encouraged through exposure to a broad range of theoretical orientations, treatment settings, and evidence-based interventions for child, adolescent, and family treatment. Cohesion among all interns will be supported through shared didactics and co-located offices. Applicants may apply to both tracks but must indicate their first preference in their cover letter.

Thank you for your time and attention in reviewing our program brochure and we look forward to receiving and reviewing your application.

Warmly,

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THE SETTING

Ann & Robert H Lurie Children's Hospital of Chicago

Ann & Robert H. Lurie Children's Hospital of Chicago is a 350+ bed pediatric tertiary care facility located at 225 E. Chicago Ave. on the campus of Northwestern University's Feinberg School of Medicine. We acknowledge and recognize that the campus is located on the traditional homelands of the people of the Council of the Three Fires, the Ojibwe, Potawatomi, and Odawa as well as the Menominee, Miami, and Ho-Chunk nations. If you would like to learn more about these and local, present-day nations in the area please click here.

The location on the university campus 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. 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. The campus is bordered on one side by beautiful Lake Michigan with its bicycle and walking paths and surrounded by renowned architecture, shopping, and superb restaurants. Chicago is an extremely diverse sanctuary city and one of the nation's leading medical, educational, and cultural centers. All experiences are housed in the main hospital unless noted otherwise.

The Pritzker Department of Psychiatry and Behavioral Sciences

The Pritzker Department of Psychiatry and Behavioral Health is one of the largest 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 health disorders, trauma, psychoses, mood disorders, anxiety disorders, developmental delays, autism spectrum disorders, externalizing disorders, and learning disabilities.

The Pritzker Department of Psychiatry and Behavioral Health is staffed by a multi-disciplinary group including psychiatrists, psychologists, social workers, 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 with additional part-time or part-year training placements in other disciplines.

To best meet patients' needs the department is organized into the following five clinical service areas:

1. *Outpatient Services*. Outpatient Services provides assessment and short- and long-term treatment for a wide variety of patients.
2. *Psychologists embedded within subspecialty medical clinics.* Pediatric psychologists work throughout Lurie Children's to provide mental and behavioral health support to an increasing number of subspecialty medical clinics. We have a strong and thriving pediatric psychology practice with psychologists currently embedded within the following clinics: Bariatric Surgery, Developmental and Behavioral Pediatrics, Disorders of Sexual Development, Endocrinology, Gastroenterology, Feeding, Heart Transplantation, Hematology/Oncology, Neonatal Intensive Care, Neurology, Pain, Sleep Medicine, and Spina Bifida.
3. *Intake and Mobile Services including the Psychiatry and Behavioral Health Consultation Service.* Intake and Mobile Services performs a triage service for all intakes for the department. It also triages all requests for consultation to the emergency department and inpatient medical beds for the Psychiatry and Behavioral Health Consultation Service (Consult Service).
4. *Partial Hospitalization and Intensive Outpatient Services*. The Partial Hospitalization Program (PHP) and Intensive Outpatient Services (IOP) serves a similar, but less acute, population ages ten to fourteen years, for a somewhat longer treatment period. The programs have a strong family emphasis.
5. *Inpatient Psychiatry*. The Inpatient Psychiatry Unit (IPU) provides short-term acute care for psychiatric patients between three and seventeen years of age who cannot be maintained in outpatient settings.

The Psychology Discipline

The department currently includes 62 pediatric psychologists, clinical child psychologists, and neuropsychologists. Most staff psychologists hold clinical appointments in the Department of Psychiatry and Behavioral Sciences, faculty appointments in Northwestern University's Feinberg School of Medicine, and are licensed to practice clinical psychology in the State of Illinois. The entire psychology faculty participates in the internship program through direct supervision, presentation of seminars, and/or involvement in the intern application process. During the year, each intern can work with many of the psychologists on the staff, with flexibility to pursue specialty 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 CHILD & PEDIATRIC PSYCHOLOGY

The Psychology Internship Program has been offered by the Pritzker Department of Psychiatry and Behavioral Health at Ann & Robert H. Lurie Children's Hospital of Chicago and continuously accredited by the American Psychological Association since 1963. **The Internship Class will support full-time, twelve-month internships of interns each in two tracks: the Pediatric Psychology Track and the Clinical Child Psychology Track.** This will allow interns to pursue focused training while building on our decades of exceptional training. Applicants may apply to both tracks but must indicate their first preference in their cover letter.

Training Model

The primary goal of the internship program at Ann & Robert H. Lurie Children's Hospital of Chicago is to train highly competent health service psychologists to provide services and engage in research to improve the lives of children and their families in pediatric and mental health settings. The training program is guided by a clinical science model in which clinical practice is informed by science and research, and clinical work, in turn, generates new research ideas. Program graduates will achieve competence in the areas of 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.

Interns will participate in year-long outpatient services focused on cases aligned with their specialty track, three rotations within their chosen track for 3-months each, one 3-month rotation conducting assessments with the neuropsychology team, and associated efforts in research, program evaluation, and advocacy. The three-month rotations aligned with the chosen track will consist of one required acute care rotation (the Partial Hospitalization Program for Clinical Child interns, the Psychiatry & Behavioral Health Consultation Service for Pediatric Psychology interns), two rotations chosen by the intern within their dedicated track, and one 3-month choice rotation from the opposing track to encourage breadth of training. The year-long internship experience allows interns to pursue both short and long-term cases while the rotations provide intensive experience on a

variety of other services. Cohort cohesion is supported through one half day each week of didactics attended by all four interns and co-located offices.

In addition to internship training, the department supports practicum student and postdoctoral fellowship training. Multiple postdoctoral fellowship positions are available.

Commitment to Equity, Diversity, and Inclusion

Our Internship Program is committed to supporting the diversification of psychology. We acknowledge and work to address and reduce structural, systemic, and supremacist forces that perpetuate inequities in our field and contribute inequitably to the burden of mental illness. We seek to elevate and validate the voices of trainees, staff, youth, and families with identities that have been oppressed and marginalized, and to be actively anti-racist in our actions.

We seek to achieve these goals by ensuring that our recruitment, selection, retention, teaching, and training efforts are equitable, inclusive, and accessible. We promote a focus on issues of equity and inclusion in all didactics, not just our dedicated diversity series. We invite discussion of identity, power, and intersectionality within supervision (but do not require trainees to disclose personal information). We support intern requests for pairing with supervisors and/or mentors with intersecting identities. We are proud to offer Spanish language supervision to our bilingual Spanish speaking interns. We are fortunate to partner with, support, and learn from our department's Equity, Diversity, Inclusion (EDI) Steering Committee and interns are supported in joining the committee during their training year. We are committed to ongoing growth in alignment with these values.

Clinical Activities of the Intern

Interns are required to maintain approximately 15 to 20 hours of direct patient contact per week throughout the year. Other clinical learning experiences include participation in interdisciplinary and multidisciplinary team discussions, observation of supervisors, and co-therapy.

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.

Psychological intervention is distributed across all service units and a wide variety of treatment settings. A typical weekly caseload might include four to eight hours a week of work with a child and his/her family on the interns' rotation, six to eight hours of outpatient therapy with children, adolescents or families, an outpatient diagnostic evaluation; and one or two hours of group therapy. The form and focus of treatment (child, family, parent, or some combination) is determined by the intern and their supervisor after consideration of diagnostic input, the scientific literature, conference recommendations, and patient/family needs and resources.

A Typical Week

A typical week is projected to 45 to 55 hours per week. An intern's hours during a typical week are likely to be spent in the following way:

- Clinical Service (15 – 20 hours)
  - 6-8 hours in Outpatient Services (Intake, Diagnostics, and Treatment)
  - 5-6 direct clinical hours during choice rotations, 10-12 direct clinical hours during acute care rotations (the Partial Hospitalization Program or Consult Service)
  - 4-5 hours on the Testing Service (completed during choice rotation blocks)
  - 1 – 2 hours group therapy (completed during choice rotation blocks)
- Supervision (4 – 5 hours)
  - 1-2 hours outpatient therapy
  - 1 hour Testing Service
  - 1 – 2 hours major rotation
- Didactics (5 – 10 hours)
  - 1 – 2 hours track specific seminar (Trauma Treatment Service Collective for Child Clinical track interns, Medical Psychology Seminar for Pediatric Psychology track interns)
  - 1 hour Neuropsychology Seminar
  - 1 hour MI or ACT Intensive Seminar
  - 1-2 hours multidisciplinary Topics and Treatment in the Pritzker Department of Psychiatry and Behavioral Health
  - 1 – 3 hours Case conferences, Grand Rounds and/or Guest Lectures
- Meetings and Community Services (4 – 8 hours)
  - 4 – 8 hours clinic or team meetings (e.g., rounds, treatment planning meetings)
- Research, Program Evaluation, and Advocacy (4 – 6 hours)
  - 4 – 6 hours per week
- Paperwork, Phone Calls, etc. (4 – 6 hours)
  - 4 – 6 hours per week

Program Administration

The program is administered directly by the Director of Training with the support of the Chief Psychologist, the Psychology Training Program Supervisors, and the Department Chair. Monthly psychology training program supervisor meetings allow for discussion of program issues on a regular basis. Interns also meet bi-weekly with the Director of Training to elicit and address program feedback. Each winter and spring interns meet for a facilitated retreat to provide formal feedback on the program. This feedback is then discussed by the staff. 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.

Training Objectives

Training objectives are consistent with profession-wide competencies specified in the APA Standards of Accreditation. Broadly stated, they include the following objectives:

1. *Research*: 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. *Ethical and Legal Standards*: 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.
3. *Individual and Cultural Diversity*: To train psychologists sensitive and humble to issues of diversity including, but not limited to, cultural, racial, ethnic, religious, socioeconomic, sexual orientation, and family composition differences.
4. *Professional Values & Attitudes*: 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 mental health settings.
5. *Communication and Interpersonal Skills*: To train psychologists with strong communication skills able to address multi-systemic issues relevant to clinical care of children, adolescents, and families.
6. *Assessment*: To train psychologists who are competent in clinical diagnostic assessment of children, adolescents, and families in a range of clinical settings.
7. *Intervention*: 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.
8. *Supervision*: To train psychologists in understanding supervision competencies and the ability to give feedback to their peers in simulated practice.
9. *Consultation and Interprofessional/Interdisciplinary Consultation*: To train psychologists in consultation and inter-professional/inter-disciplinary skills across a range of mental health settings..

Evaluation

Interns are formally evaluated by all of their supervisors. Following the completion of each major rotation, rotation supervisors complete evaluation forms. Outpatient supervisors complete formal evaluations at mid-year and end-of-year. Less formal student evaluations take place during psychology training program supervisor meetings; students receive feedback about any concerns raised during these meetings in their monthly 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 sends an evaluation letter to each Intern's Director of Clinical Training.

Interns are also asked to formally evaluate their rotation supervisors at the end rotations, their outpatient supervisors two 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.

Benefits

The start date for all interns will be July 1st, 2026. Interns receive an annual salary of $43,888 with an additional $750 per year for reimbursed professional development expenses. Time off includes 22 personal days off, eight national holidays, and five professional leave days (conferences, dissertation work, job interviews). As employees of Ann & Robert H. Lurie Children's Hospital of Chicago, all interns receive a competitive benefits package including medical, dental, and vision coverage. Interns have offices with phones, computers, and printers. Our interns are supported by an administrative assistant specifically for the department's psychology and psychiatry program trainees who assists with scheduling, nonclinical patient communication, and a variety of other administrative tasks.

Application Process and Selection Procedures

Students with a longstanding interest in clinical child or pediatric psychology as demonstrated by their graduate studies, research, and/or clinical experiences are encouraged to apply. 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 to invite the applicant for virtual personal interviews. Generally, the program receives over 150 applications and offers interviews to 30-40 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, pediatric, 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. Applicants with diverse identities and students with bilingual skills are strongly encouraged to apply.

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 Director of Clinical Training. 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 November 1, 2026. Candidates will be notified by December 15th if an interview is recommended. Interviews are strongly encouraged for serious candidates.

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. For those choosing the Center for Childhood Resilience and Trauma rotation for their Intern Choice Rotation, finger printing and background check are required by the Chicago Public Schools.

To complete your application for the Internship Program in Clinical Child & Pediatric Psychology at Ann & Robert H. Lurie Children's Hospital of Chicago all of the following material must be submitted.

A completed application will consist of:

- 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. All applications should be submitted according to APPIC. No e-mailed, faxed, or mailed applications will be accepted. Access the AAPI Online via the "Applicant Portal" to submit your electronic AAPI internship application. The electronic APPIC Internship Application
- Three letters of recommendation. At least one letter should be from a supervisor in a practicum or clinical placement.
- Web site: Internship Application/Brochure information: https://www.luriechildrens.org/en/for-healthcare-professionals/education/fellowships-training-programs/clinical-psychology-internship/

General information about the Pritzker Department of Psychiatry and Behavioral Health and Ann & Robert H. Lurie Children's Hospital of Chicago can be found on the web site: www.luriechildrens.org. For other questions regarding the Internship Program, please contact Lymaries Velez by email: lvelez@luriechildrens.org or 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. "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." For more information on Match Policies please visit the website at http://www.appic.org/match.

This internship is accredited by the American Psychological Association.

Office of Program Consultation and Accreditation
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Please address any application correspondence to:

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CORE COMPONENTS ACROSS ALL TRACKS

Outpatient & Assessment Services

The largest of the department 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, psychoses, school problems, mood disorders, trauma, developmental delay, cognitive challenges, and a range of adjustment problems. All psychologists and interns in Outpatient Services see a variety of children, presenting concerns, and diagnostic presentations during the year.

Diagnostic Evaluation, Individual & Family Therapy Services

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 based on the psychological needs of the case, the current research literature, and the theoretical orientation of the psychologist and other professionals involved. The Psychology Training Program Supervisors are committed to the use of empirically supported treatments and to the ongoing measurement of outcomes. Each intern devotes approximately six to eight hours a week as a primary therapist including 2-3 hours a month conducting intake and diagnostic evaluations. In addition to in-person evaluation and treatment, telehealth videoconferencing software is utilized to provide telehealth services. Interns are supervised by an outpatient supervisor.

Assessment

Interns will spend one day per week for 3-months with the Neuropsychology Testing Service. This rotation is scheduled during choice rotations. 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 and include concerns such as developmentally based deficiencies of attention and learning, anomalies of neural development, seizure disorders, traumatic head injuries, toxin exposure, brain tumors, and systemic medical disorders, among others. Depending on the supervisor, the assessment day may occur at the main hospital or at our Deming location. A complementary shuttle runs multiple times daily between the two locations.

Group Therapy

Subsumed under Outpatient Services are several specialty clinics, such as the Trauma Team Service, and group opportunities including group to treat traumatic stress (including Structured Psychotherapy for Adolescents Responding to Chronic Stress: SPARCS), anxiety groups (largely based on the Unified Protocol for Children and Adolescents), adolescent depression groups, disruptive behavior disorders groups (including a preschool group), and social skills groups for different ages (including Flexible Thinking groups). Interns are required to participate in at least one group treatment during their training. Groups may occur via telemedicine, at the main hospital, or at the Dayton location.

Didactics

Interns attend approximately 5 to 10 hours of didactics per week. The seminar load is heaviest during the first two to three 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 didactic experience includes a combination of seminars exclusively for our psychology program trainees as well as multidisciplinary didactics.

Psychology Discipline Didactics

Most didactics exclusive to the psychology training program are held during a single half day block each week to support dedicated learning and professional growth without the interruption of clinical services and to promote intern cohort cohesion and camaraderie.

Didactics in this section include:

- The *Pediatric Psychology Seminar* introduces interns rapidly to hospital consultation and topics critical to hospital-based care and pediatric psychology. All interns participate in this seminar in the summer when overarching topics (e.g., adherence, family functioning) are covered. In the latter portion of the seminar when topics become more focused on specific medical populations, attendance by pediatric psychology track interns is required, and clinical child psychology track interns will have the choice to continue to discontinue attendance.
- The *Trauma Treatment Service Learning Collaborative* is a learning collaborative infused with group supervision for interns providing trauma-focused care. All interns participate in this seminar in the summer when broad topics are covered. In the latter portion of the seminar when topics become more

focused on specific interventional strategies and group supervision of trauma treatment cases, attendance by the clinical child psychology track interns is required and pediatric psychology track interns will have the choice to continue to discontinue attendance. This collaborative may include trainees from other disciplines.

- The *Motivational Interviewing (MI)*, *Acceptance and Commitment Therapy (ACT), and Dialectical Behavior Therapy (DBT) Intensives* are in-depth examinations of these evidence-based interventions. These Intensive last approximately four months each and are offered sequentially. Experiential practice is emphasized to promote competency in clinical practice. All interns attend the entire series.
- The *Neuropsychology Seminar* introduces interns to all necessary assessment instruments and covers topics of interest in the field of pediatric assessment and neuropsychology. All interns attend the entire series.
- The *Supervision Seminar* is built upon the American Psychological Association Guidelines for Clinical Supervision in Health Service Psychology and related seven domains of supervision. The seminar supports a competency-based approach to promote supervisory skills, attitudes, and best practices. While the interns do not engage in active supervision of earlier stage psychology trainees, the seminar is highly experiential with multiple opportunities for peer supervision across a variety of formats. All interns attend the entire series.

Multidisciplinary Seminars

The seminars under the rubric of Topics and Treatment in Child Psychiatry and Psychology meet 1-2 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, the psychotherapies, forensic and ethical issues, and trauma assessment and treatment.

Workshops are presented at the beginning of each training year to address the use of empirically supported treatments for specific presenting problems. 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 treatments such as:

- Cognitive-behavioral therapy for anxiety and depression based on the Unified Protocol for Children and Adolescents
- Parent-management training including Parent Child Interaction Therapy (PCIT)
- Trauma treatments including Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Attachment Regulation and Competence (ARC) therapy, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), and Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- Principles of Dialectical Behavior Therapy (DBT)
- Comprehensive Behavioral Intervention for Tics (CBITS)

Interns participate in a bi-weekly Multi-Disciplinary Case Conference (MDCC) and present cases for discussion and expert consultation. Daily rounds or required meetings during clinical rotations provide additional case based didactic experiences. Finally, interns may attend Grand Rounds in the Department of Psychiatry and Behavioral Sciences at Northwestern University's Feinberg School of Medicine.

Supervision

Overview

Typically, interns receive at least one hour of supervision for every three to four cases they see. Supervision for the Intern Choice Rotations is provided by the attending working on that service while supervision for Partial Hospitalization cases is provided by the Clinical Director of this Service. While on the Consult Service, interns are supervised on a rotating basis by all the Attending Pediatric Psychologists and the Attending Psychiatrists. Thus, each intern receives a minimum of four to five hours of supervision per week. Although most of the supervision is done by psychologists, interns may 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 a portion of of their therapy sessions during the year.

Spanish Language Consultation Experience for Spanish-speaking Interns

The Pritzker Department of Psychiatry and Behavioral Health serves a large and diverse patient population including Chicago's Latin*x* community. Interns who are bilingual in Spanish language are highly recruited. Supervision for treatment of Spanish speaking families is provided by bilingual psychologists, Rebecca Ford-Paz, PhD, Edna Romero, PhD, Anna Ros, PhD, Alison Chavez, PhD, Marilyn Sampilo, PhD, Lauren Swift, PhD, or Patricia Aguirre, LCSW who conduct supervision in Spanish for these cases.

Research, Program Evaluation, & Advocacy

The Internship Program has a strong commitment to training clinical scientists. This is an ideal setting in which to teach students how to integrate research and clinical practice. Once they have completed their dissertation work, interns at Lurie Children's will become involved in an ongoing research, program evaluation, or advocacy project in the department. Many opportunities for completing research are provided within the Choice Rotations. Please refer to individual rotation descriptions for more information on these activities. There are also opportunities to join other active programs in the department such the Forensic Assessment for Immigration Relief (FAIR) Clinic team under the supervision of Rebecca Ford-Paz, PhD. research within Pediatric Obesity or Motivational Interviewing under the supervision of Kelly Walker Lowry, PhD, in gastrointestinal research with Bonnie Essner, PhD.

Professional Development

Meetings with the Training Director

All interns meet with the Training Director who provides support, mentorship and seminars on ethics, professional development including postdoctoral processes, and supervision. These meetings are held weekly during the summer to promote onboarding, belonging, and provide additional support during orientation period and held at least bi-weekly through the remainder of the training year. These meetings also provide an informal forum for addressing intern concerns and grievances. Interns may choose to join select postdoctoral fellowship professional development seminar sessions on a range of topics including work-life balance, diverse career paths in clinical child and pediatric psychology, and job negotiation skills.

Mentorship

All interns are assigned an individual mentor with whom they can meet on an as needed basis to discuss career objectives, the stresses of internship, dissertation matters, and more. The assigned mentor is someone who does not have an evaluative role with the intern to reduce power imbalances. Interns have the option to request a pairing with a mentor with intersecting identities. The variety of ages, backgrounds, interests, and approaches to balancing life and work among the Lurie Children's psychology faculty provides a broad range of role models and mentors for the interns.

PEDIATRIC PSYCHOLOGY TRACK

Track Overview

The goal of the Pediatric Psychology Track is to deliver inclusive, evidence-based pediatric psychology training to prepare interns for careers that promote the health and well-being of all children and specifically youth in, affected by, and receiving care in medical and related settings.

Interns on the Pediatric Psychology Track will engage in nine months of time-limited specialty clinical rotations including one required 3-month rotation with an acute care pediatric psychology focus, the Psychiatry & Behavioral Health Consultation Service, and two pediatric psychology focused rotations of the intern's choice for 3-months each. Interns will also choose one 3-month rotation from the Clinical Child Psychology Track to support breadth of training. We recognize that the diversity and number of pediatric psychology rotations offered are a significant strength of our training program and interns may have interests in multiple areas. Opportunities may be available for interns to arrange for smaller observational experiences in additional focus areas beyond their chosen rotations. Pediatric Psychology Interns will participate in year-long experiences in Outpatient Services focused on presenting problems with medical complexity under the supervision of Pediatric Psychologists. Interns will also spend one day per week for three months with the Neuropsychology Testing Service. This rotation is scheduled during the choice rotations. Didactics will include a full year in the Medical Psychology Seminar in addition to didactics attended by all intern and related multidisciplinary seminars, professional development opportunities, and protected time for research, program evaluation, and/or advocacy.

Acute Care Experience: The Psychiatry & Behavioral Health Consultation Service

The Psychiatry & Behavioral Health Consultation Service (Consult 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 three-month rotation.

Members of the hospital-based 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 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.

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.

Interns on the rotation are assigned a primary Attending Psychologist supervisor and work closely throughout the rotation with Attending Psychiatrist supervisors and in collaboration with social work and child and adolescent psychiatry trainees.

Pediatric Psychology Focused Choice Rotations

Diabetes Service: Kelsey Brzezinski, PhD & Carolyn Turek, PhD

Participation on the diabetes service involves a combination of inpatient consultation (primary prevention work with families at the time of diagnosis and intervention for those admitted due to poor control) and clinic-based outpatient consultation with children and adolescents being followed for diabetes. The goals of this rotation are (a) to understand Type 1 diabetes and the daily treatment regimen for children, adolescents, and their families, (b) to gain experience in providing developmentally appropriate psycho-education about Type 1 diabetes to families at the time of diagnosis, (c) to gain an understanding of the psycho-social risks associated with the diagnosis of Type 1 diabetes, and the goals of anticipatory guidance and preventive interventions, (d) to learn to assess the current mental health functioning of children and adolescents diagnosed with Type 1 diabetes in the context of their disease, and (e) to learn to provide appropriate treatment to children with Type 1 diabetes, including an understanding of the factors influencing self-care behaviors, coping and adaptation, and family communication and collaboration. Interns participating on this rotation will (a) begin by observing inpatient consultation provided to children and adolescents admitted to the hospital due to the new diagnosis of Type 1 diabetes, (b) provide inpatient consultation to children and adolescents admitted to the hospital due to diabetes management difficulties, (c) provide psycho-education and support to parents whose children or adolescents have been admitted to the hospital due to diabetes management difficulties, (d) provide primary prevention work with families at the time of diagnosis with Type 1 diabetes, and (e) provide outpatient therapy for children and adolescents diagnosed with Type 1 diabetes who are struggling with the daily self-care regimen and/or behavioral health issues related to living with diabetes such as diabetes burn-out or depression. Interns on this service may join the diabetes research team.

Gender and Sex Development Clinic: Diane Chen, PhD, Claire Coyne, PhD, & Jackie Papadakis, PhD

The goals of the Gender and Sex Development rotation are (a) to develop competency working with sexual and gender minority youth populations with a particular focus on transgender/gender expansive youth, (b) to conduct diagnostic evaluations (including assessing presence of Gender Dysphoria) and provide supportive

psychotherapy to support gender exploration, (c) to evaluate individual/family readiness for gender-affirming interventions, and (d) to develop understanding of the comprehensive multidisciplinary evaluation for suspected differences of sex development (DSD)/intersex conditions and provide psychosocial evaluation of and psychotherapy for youth with DSD/intersex traits. Interns participating in the gender and sex development rotation will (a) attend multidisciplinary gender development clinic and the multidisciplinary sex development clinic with opportunities for shadowing and co-interviewing with the attending psychologist, (b) take on outpatient diagnostic evaluation/therapy for gender patients under supervision of GSDP attending psychologist, including opportunities for readiness assessments, and (c) co-facilitate therapeutic groups for gender patients. Opportunities for research supervision using clinical database for the gender program are available.

Heart Center Psychology Rotation: Katie Meyers, PhD & Meredyth Evans, PhD & Devin McNulty, PhD

The goals of the Heart Center Psychology rotation are (a) to develop an understanding of congenital and acquired heart disease, (b) to assess and treat common psychosocial needs in multidisciplinary outpatient clinics and during hospitalizations related to acute or chronic cardiac illness, (c) to build skills in consultation-liaison and interdisciplinary collaboration, and (d) to provide education and intervention that supports patients and families coping with cardiac illness. Research opportunities are also available.

Interns will have the opportunity to work across several cardiology subspecialties, including the Heart Transplant and Ventricular Assist Device (VAD) Program and the Single Ventricle Center of Excellence. Additional opportunities may be available in the Connective Tissue Disorders Clinic, Adult Congenital Heart Disease, and other specialty clinics based on intern interest and background.

Heart Transplant and Ventricular Assist Device (VAD): Serves patients in heart failure who require a VAD and/or heart transplant. The goals of this rotation are (a) to learn to conduct psychosocial assessments within the context of complex and chronic illness, (b) to gain experience providing developmentally appropriate psychoeducation about transplant and its impact on children and families, (c) to understand psychosocial risks associated with transplant and strategies for early identification and prevention, and (d) to provide treatment that addresses coping, self-care, and family collaboration. During this experience, interns will (a) observe and then conduct inpatient and outpatient pre-transplant evaluations, (b) work with patients listed for transplant while admitted and awaiting surgery, (c) provide consultation to patients hospitalized due to nonadherence or rejection, (d) provide consultation to post-transplant patients needing support or intervention, (e) conduct brief assessments and psychoeducation in outpatient clinics, and (f) provide outpatient therapy for children and adolescents pre- or post-transplant who are struggling with treatment demands or behavioral health needs.

Single Ventricle Center of Excellence: Provides comprehensive, family-centered care for patients with single ventricle heart defects from before birth through adulthood. The goals of this rotation are (a) to develop skills in psychosocial assessment in the context of complex congenital heart disease, (b) to provide brief treatment and consultation for concerns such as coping, adherence, anxiety, depression, and behavioral challenges, (c) to understand the impact of single ventricle disease on children and families, and (d) to collaborate with families and the multidisciplinary team to promote resilience and continuity of care. During this experience, interns will (a) participate in multidisciplinary outpatient Single Ventricle Follow-up Clinic, (b) provide assessment, consultation, and intervention for patients admitted to the Cardiac Care Unit, and (c) gain experience working with patients from infancy through young adulthood across both inpatient and outpatient settings.

Hematology, Oncology, and Stem Cell Transplant Rotation: Edna Romero, PhD, Mallorie Gordon, PhD, & Mayra Ramos, PhD

The goals of the Hematology, Oncology, and Stem Cell Transplant (HOT) rotation are (a) to develop a strong knowledge base in pediatric HOT clinical presentations and in the unique psychosocial stressors that affect this population, (b) to recognize how HOT treatments can impact behavioral presentations during treatment and into long-term survivorship, (c) to become competent at conducting behavioral health assessments and providing brief behavioral interventions in outpatient and inpatient settings, and (d) to learn to work collaboratively as a member of multidisciplinary pediatric subspecialty team. Interns participating in the rotation will (a) conduct behavioral health assessments and provide brief behavioral interventions with HOT patients during their outpatient HOT clinic appointments, (b) conduct inpatient consults for patients and families admitted for HOT treatment and provide behavioral recommendations to medical teams and families, (c) follow patients admitted for long-term treatments (e.g., stem cell transplant) and provide continued behavioral/diagnostic assessment as well as supportive interventions, and (d) have the option to provide outpatient psychotherapy for HOT patients/families who are having adjustment difficulties related to medical course or who are having behavioral challenges that negatively impact their care. Research opportunities are available.

Little Ones: Miller Shivers, PhD, Rebecca Kanine, PhD, & Amanda Lossia, PhD

The goals of the Little Ones rotation are to gain exposure to and competency with infants and young children through two of the following experiences: the Little Ones outpatient clinic, the inpatient Neonatal Intensive Care Unit (NICU), and/or the outpatient Neonatal Cardiac Neurodevelopmental Program (NCNP) Early Childhood Clinic. The Little Ones outpatient clinic will allow the intern to gain exposure and competency in diagnostic assessment and intervention with infants and children through the age of four years, to gain exposure to infant mental health principles of relationship-based assessment and intervention, and the unique considerations of families with young children. The Inpatient NICU will allow the intern to gain exposure to infant mental health principles of relationship-based assessment and intervention, to learn to assess post-partum mood and trauma symptoms in NICU parents, and to learn developmental considerations of medically fragile infants. The NCNP clinic will allow the intern to gain competency with developmental assessment of former NICU and cardiac patients ages two to five years of age. Research opportunities are available.

Chronic Pain, Headache, and Functional Neurologic Disorder (FND) Clinic: Justin Moore, PhD & Laurie Thompson, PhD

The goals this rotation are (a) to develop an understanding of the biopsychosocial perspective of chronic pain, headache, and FND in pediatric patients, (b) to develop the ability to conduct comprehensive health and 24 behavior assessment of children and adolescents with chronic pain, headache, and FND, (c) to develop skills in applying brief evidence-based psychosocial interventions for children and adolescents with chronic pain, headache, and FND that include components of Cognitive-Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), and Mindful Self-Compassion, and (d) to develop competency to work within an interdisciplinary pediatric clinics. During this experience, interns will (a) conduct health and behavior assessments and intervention encounters in outpatient interdisciplinary pediatric chronic pain clinic, outpatient headache clinic, and outpatient FND clinic (b) provide brief ambulatory psychotherapy to a caseload of pediatric patients with chronic pain, headache, and FND, (c) provide consultation to physician(s), nurse practitioner(s), physical therapist(s), and school staff, (d) assist with creation and implementation of 504 plans targeting functional restoration through pain, headache, and FND focused school accommodations, and (e) attend monthly chronic pain program clinical service meetings and monthly pain practices committee meetings.

Sleep Medicine: Allison Clarke, PhD

The goals of the Sleep Medicine rotation are (a) to assess and diagnose behavioral sleep disorders and learn to distinguish how medical and behavioral factors may impact a child's sleep needs, (b) to develop competency in providing brief evidence-based interventions to children with sleep disorders (both parent and child/adolescent interventions), (c) to develop competency in consulting with physicians and other sleep medicine providers in coordination of care. Interns participating in this experience will (a) work with a wide variety of children from birth through 18 years of age with history of autism and other neurodevelopmental disabilities, anxiety, depression, ADHD, and complex medical conditions, (b) assess and treat behavioral sleep difficulties in young children (e.g. bedtime refusal, need for bottle or parent presence to fall asleep, frequent nocturnal awakenings), (c) assess and treat child and adolescent insomnia (Cognitive-Behavioral Therapy for insomnia protocol), (d) assist children in adjusting to sleep-related medical conditions (e.g. narcolepsy, sleep apnea), and (e) use systematic desensitization approach to help children adjustment to using continuous positive airway pressure (CPAP) equipment. Research experiences are available.

Sample Yearly Breakdown of Pediatric Psychology Track Internship Experiences

July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Peds Psych Choice Rotation 1* 12-16 hrs/wk			Peds Psych Choice Rotation 2* 12-16 hrs/wk			Consult Service Rotation* 20-24 hrs/wk			Clinical Child Choice Rotation* 12-16 hrs/wk		
			Assessment* 1 day/wk						Group Therapy* 3 hrs/wk		
OPS diagnostic & intervention cases 6-8 hrs/wk											
Research, Program Evaluation, and Advocacy 4 hrs/wk											
Professional Development 1 hr/wk											
Supervision 4-5 hrs/wk											
Didactics 5-10 hrs/wk tapering as the year progresses											

*Timing of Rotations are illustrative and may be scheduled in different orders

CLINICAL CHILD PSYCHOLOGY TRACK

Track Overview

The goal of the Clinical Child Track is to use inclusive, evidence-based teaching and training to prepare interns for careers to promote the mental health and psychological well-being of children, youth, and their families.

Interns on the Clinical Child Track will engage in nine months of time-limited specialty clinical rotations with one required 3-month rotation in an acute care setting, the Partial Hospitalization Program, and two clinical child rotations of the intern's choice for 3-months each. Interns will also choose one 3-month rotation from the Pediatric Psychology Track to support breadth of training. Clinical Child Track Interns will participate in year-long experiences in Outpatient Services focused on a wide range of presenting problems under the supervision of Clinical Child Psychologists. Interns will also spend one day per week for three months with the Neuropsychology Testing Service. This rotation is scheduled during the choice rotations. Didactics will include a full year in the Trauma Treatment Service and Learning Collaborative in addition to cohort wide, didactics attended by all interns, related multidisciplinary seminars, professional development opportunities including supervision training, and protected time for research, program evaluation, and/or advocacy.

Acute Care Experience: The Partial Hospitalization Program

Interns on the Clinical Child Track will participate in one required acute care rotation, the Partial Hospitalization Program (PHP). PHP 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, psychiatrists, and an educator. The unit is based on empirically supported treatment approaches that include behavioral and

cognitive-behavioral interventions and treatment principles derived from evidence-based transdiagnostic treatment approaches. During their three-month rotation in the PHP interns will follow several cases in individual and family therapy. They will also lead a children's therapy group based on the Unified Protocol 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. Interns on the unit receive weekly supervision from the Director of the Partial Hospitalization and Intensive Outpatient Programs as well as support and supervision from the Acute Care Medical Directors. Currently, the PHP is located at the Dayton location.

Clinical Child Focused Choice Rotations

Center for Childhood Resilience: Mashana Smith, PhD & Caroline Kerns, PhD

Interns participating in this rotation will spend a portion of their time with Center for Childhood Resilience (CCR) in community and school-based work and time engaging in clinical services provided by the Trauma Treatment Service (TTS) in the Outpatient Services Program. The outpatient trauma work involves participation in the trauma team meetings, providing services for children and adolescents who have experienced trauma using empirically supported trauma treatments, and providing empirically supported group treatment for trauma. The community work involves observational experiences in school mental health including supported implementation of trauma and mental health services in the schools, creation of and consultation with school behavioral health teams, and presentations on trauma and social-emotional programming to school personnel. Interns will also participate in Tier 2 trainings such as Anger Coping, Think First, Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), Bounce Back, or Cognitive Behavioral Intervention for Trauma in Schools (CBITS). Interns will also be exposed to advocacy work by attending meetings, (e.g., for the Illinois Child Trauma Coalition). Research, program evaluation, and advocacy experiences are available.

Developmental and Behavioral Pediatrics: Lauren Pascarella, PhD

The developmental and behavioral pediatrics rotation involves working with the psychologists on that service to learn to administer and interpret age-appropriate developmental tests with high-risk populations, children with autism spectrum disorders, and young children with emotional and behavior disorders. Participation on this service includes one half day of testing and diagnostic evaluation in the neonatal and cardiac care intensive follow-up clinic, one half day per week of testing and diagnostic evaluation in the developmental and behavioral pediatrics clinic, and one-half day per week in a parent training clinic for parents of children with autism spectrum disorder.

Inpatient Psychiatry Unit and Emergency Department: Kelly Walker Lowry, PhD & Patrick Romani, PhD

The Inpatient Unit (IPU) of the Pritzker Department of Psychiatry and Behavioral Health is an acute care, crisis stabilization unit with a capacity of 12 beds and an average length of stay of 5 to 10 days. The unit structure and multidisciplinary programs support its primary aims of diagnostic evaluation, stabilization, discharge, and after-care planning. The Emergency Department (ED) is the premier pediatric trauma center in the Chicago are and provides more than 60,000 visits per year. The goals of the IPU and ED rotation are (a) to gain exposure to severe psychopathology, (b) to become more experienced with assessment, treatment, and disposition with youth and families experiencing acute psychiatric crises, and (c) to develop and refine skills necessary for effective interdisciplinary collaboration. During this experience, interns will (a) conduct assessments and disposition planning of youth and their families presenting to the Emergency Department for acute psychiatric evaluation, (b) serve as the primary therapist for a number of cases on the IPU by coordinating the diagnostic

assessment and providing intensive short-term evidence based therapy to the hospitalized child and his/her family as indicated (individual child therapy, family therapy, parent guidance, etc.), and (c) develop treatment plans for discharge including triage for post-discharge services such as step-down to partial hospitalization programs, intensive outpatient therapy, or weekly outpatient therapy. Participation in program development and quality improvement experiences are available.

Little Ones: Miller Shivers, PhD, Rebecca Kanine, PhD, & Amanda Lossia, PhD

The goals of the Little Ones rotation are to gain exposure to and competency with infants and young children through two of the following experiences: the Little Ones outpatient clinic, the inpatient Neonatal Intensive Care Unit (NICU), and/or the outpatient Neonatal Cardiac Neurodevelopmental Program (NCNP) Early Childhood Clinic. The Little Ones outpatient clinic will allow the intern to gain exposure and competency in diagnostic assessment and intervention with infants and children through the age of four years, to gain exposure to infant mental health principles of relationship-based assessment and intervention, and the unique considerations of families with young children. The Inpatient NICU will allow the intern to gain exposure to infant mental health principles of relationship-based assessment and intervention, to learn to assess post-partum mood and trauma symptoms in NICU parents, and to learn developmental considerations of medically fragile infants. The NCNP clinic will allow the intern to gain competency with developmental assessment of former NICU and cardiac patients ages two to five years of age. Research opportunities are available.

Collaborative & Integrated Primary Care: John Parkhurst, PhD & Eric Peist, PhD

The Collaborative & Integrated Primary Care Program extends behavioral health capabilities for commonly presenting behavioral health concerns in the primary care setting using a consultative and collaborative care approach. Through ongoing education and collaboration with primary care providers the mental health team works to build capacity for screening, identification, and treatment for mild to moderate anxiety, depression, and ADHD. The program is a team of primary care and mental health clinicians working together with patients and families in a co-located outpatient clinic. Participation in this rotation includes activities within the Mood, Anxiety, ADHD Collaborative Care (MAACC) program through assessment, training, and consultation with partnering pediatric primary care and federally qualified health centers as well as activities within the Integrated Primary Care program including participating in the pediatric clinic, providing brief assessments and interventions with the mental health team, and consultation to the medical team. Research opportunities are available.

Sample Yearly Breakdown of Clinical Child Track Internship Experiences

July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Clinical Child Choice Rotation 1* 12-16 hrs/wk			Clinical Child Choice Rotation 2* 12-16 hrs/wk			PHP Rotation* 20-24 hrs/wk			Peds Psych Choice Rotation* 12-16 hrs/wk		
			Assessment* 1 day/wk						Group Therapy* 3 hrs/wk		
OPS diagnostic & intervention cases 6-8 hrs/wk											
Research, Program Evaluation, and Advocacy 4 hrs/wk											
Professional Development 1 hr/wk											
Supervision 4-5 hrs/wk											
Didactics 5-10 hrs/wk tapering as the year progresses											

*Timing of Rotations are illustrative and may be scheduled in different orders

PRITZKER DEPARTMENT OF PSYCHIATRY & BEHAVIORAL HEALTH FACULTY

For a complete list of our faculty, clinical interests, and educational backgrounds please click here.

For additional information on faculty research interests and publications, please click here.