

August 1, 2011

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Re: Internship Year 2012-2013

Dear Applicant:

Thank you for your interest in the APA-approved,* pre-doctoral internship in clinical psychology at **Children's Memorial Hospital. 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 \$26,228; we offer no unfunded positions. Offers are made in February of each year, and the intern year begins **Monday, July 2, 2012**. Preference is given to applicants from APA-approved 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, Consultation-Liaison Services, 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 Consultation-Liaison 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 3 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/liaison work with schools and other agencies serving children's needs.

Children's Memorial Hospital 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, speech therapy 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 twelve 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. 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 Children's Memorial Hospital, 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) The Children’s Memorial Addendum attached electronically to the AAPI online as “supplementary materials.”
- ** 3) 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:*
- ** Web site: electronic APPIC Internship Application: <http://www.appic.org/match>
- ** Web site: Internship Application/Brochure information: www.childrensmemorial.org/psychology

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

General information about the Department of Child and Adolescent Psychiatry, Children’s Memorial Hospital can be found on the web site: www.childrensmemorial.org

Questions regarding the Internship Program: e-mail: EMMartinez@childrensmemorial.org or contact Elizabeth Morales-Martinez by telephone (773.880.4877).

All applications should be submitted through the **APPLICANT PORTAL** on the APPIC web site listed above. Completed application materials must be received **by Tuesday, November 1, 2011**. You will be informed by email when all materials have been received. 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
Children’s Memorial Hospital

KRG
2012-2013: Internship Program-Application letter-checklist-brochure-website-8-2011

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 202.336.5500), has been offered by the Department of Child and Adolescent Psychiatry at Children's Memorial Hospital 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. While breadth of training is emphasized, the program is flexible enough to allow interns to pursue their particular interests within the Department.

THE LOCATION

In June, 2012, Children's Memorial Hospital will be changing its name to Ann & Robert H. Lurie Children's Hospital of Chicago and moving to a new home at 225 E. Chicago Ave. on the campus of Northwestern University Feinberg School of Medicine. The new location will enhance collaboration with Children's clinical and research partners at Northwestern, expedite care of critically ill newborns born at Prentiss Women's Hospital and facilitate the transition of chronically ill children to adult care. Streeterville is one of the most desirable locations in the city of Chicago. The new 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 new 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

Children's Memorial Hospital is a 243-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, 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 eighty 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 consultation-liaison psychiatry and pediatric psychology. The Outpatient Service provides assessment services and short- and long-term treatment for a wide variety of patients ages two through eighteen years. The Inpatient Service is designed to provide short-term acute care for psychiatric patients between three 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

consultation-liaison psychiatry and pediatric psychology service. This consultation-liaison 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 twelve full-time and four part-time psychologists. All staff psychologists hold clinical appointments in the Department of Psychiatry and Behavioral Sciences, Feinberg School of Medicine, Northwestern University and all, but one, are licensed to practice clinical psychology in the State of Illinois. The entire psychology staff participates in the internship program, both through direct supervision and presentation of seminars. During the year, each intern has the opportunity to work with most of the psychologists on the staff, with some flexibility to pursue common interests.

Psychologists at 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 Children's Memorial Hospital 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 Children's Memorial Hospital 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 competence in the areas of cognitive and developmental assessment, behavioral analysis and treatment, short-term therapy, cognitive-behavioral therapy, parent training, individual therapy, consultation with school and agency personnel, and consultation in a medical setting. Training objectives, broadly

stated, include: 1) To train competent clinicians whose orientation to clinical work is guided by scientific inquiry 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 individual therapy for children and adolescents. 5) To train psychologists competent to provide family therapy as appropriate for treating children and adolescents with emotional and behavior problems. 6) To train psychologists competent to intervene using group therapy techniques. 7) To train psychologists competent to address multi-systemic issues relevant to clinical care of children and adolescents. 8) To train psychologists competent to provide psychological services in a range of mental health settings. 9) To train psychologists sensitive to issues of diversity including, but not limited to, cultural, racial, ethnic, religious, socioeconomic, sexual orientation, and family composition differences. 10) To train psychologists in professional ethics and familiarize them with the ethical and legal guidelines governing the delivery of psychological services to children and their families. 11) To facilitate the acquisition of a professional identity as a psychologist and help students develop additional skills needed to fulfill the role of a psychologist in most mental health settings. [Specific objectives and competencies associated with each of these training goals are available 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 Consultation and Liaison Service. 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 19,000 visits each year. Children are referred for virtually every reason, including disruptive behavior disorders, anxiety disorders, psychoses, antisocial behavior, school problems, mood disorders, post-traumatic stress disorder, developmental delay, mental retardation, 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 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 four hours as an evaluator for the neuropsychology and testing service. Two hours a month are devoted to intake and diagnostic evaluations.

Subsumed under Outpatient Services are several specialty clinics including a Disruptive Behavior Disorders Clinic, an Anxiety/Mood Disorders Clinic (MAP), a Preschoolers' Clinic (Right Start), and a Trauma Team. All interns are required to participate in the MAP group 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), disruptive behavior disorders groups (including a preschool group based on Carolyn Webster-Stratton's Incredible Years Program), a healthy teens group, social skills groups for different ages, and R.O.P.E.S— a social skills and leadership group for teens. 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, HIV, organ transplant, etc. At the beginning of the internship year each intern meets with staff 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 a full year on the Neuropsychology and Testing Service. Two-thirds of this time will be devoted to neuropsychological testing and one-third will be devoted to developmental evaluations. 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 Clinic assesses children from birth to five years who have developmental delays or are considered at risk due to prenatal or perinatal injury or complications.

CONSULTATION-LIAISON PSYCHIATRY AND PEDIATRIC PSYCHOLOGY SERVICE

The consultation liaison psychiatry and pediatric psychology 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 C-L service during a four month rotation.

Members of the medical teams request C-L 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 C-L service faculty have close working relationships with

colleagues in several of the major pediatric services, including among others, Endocrinology, Transplant, Pain clinic, Obesity and Nutrition clinic, and Neurosurgery.

A variety of assessment and treatment approaches are used by the C-L 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 treatment, 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 depending upon their Professional Education Plan.

THE INPATIENT UNIT

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, psychological testing when needed, and collaboration with other disciplines in assessment and treatment 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

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. During their four-month rotation in the Partial Program interns will follow several cases in individual and family therapy. They will also co-lead a children's therapy group and attend treatment reviews and a weekly seminar series on treatment issues. They may participate in or observe other activities in the Program including recreational therapy, a parent support group, and 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, developmental or intellectual evaluation, general psychological 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 (C\L, Inpatient, or Partial Hospitalization), five to six 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 fellow 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 of eighty people include psychiatrists, psychologists, social workers, speech therapists, recreational therapists, nurses, clinical educators, and milieu therapists. Active training programs draw students and trainees in pediatrics, psychiatry, psychology, and social work for full-time placements. Additional part-time or part-year placements are arranged for students in clinical education, speech therapy, and recreational therapy.

At present, funding is available for three full-time, twelve-month internships in child psychology. Typically, four graduate students from Northwestern University's clinical psychology department 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 in a therapy practicum. A fully funded post-doctoral position is also available. Preference for filling this position 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 on the pediatric psychology and consultation/liaison service. 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. 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, the seminar meets weekly for one and half hours for taped and live 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—C/L Services, 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 and the Warren Wright series, a guest lecture series sponsored jointly by Northwestern University Feinberg School of Medicine and Children's Memorial Hospital. Last year's speakers included such nationally known researchers as Lauren Wakschlag, Ph.D., John Hamilton, M.D. MSc, James Hudziak, M.D., David Posey, M.D.MS, Carol Anderson, Ph.D., and Linda Pfiiffner, Ph.D.

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 Pediatric Psychology supervision. 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 Consultation-Liaison Service, interns are supervised on a rotating basis by all the pediatric psychology staff and the consultation-liaison 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, audio 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 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 CMH 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 Children's Memorial Hospital 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 CMH 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. Interns are encouraged to spend between two and four hours per week working on their chosen research or program development project.

Evaluation

Interns are formally evaluated three times per year by all of their supervisors. Following the completion of each major rotation, rotation supervisors and testing supervisors complete evaluation forms. All of a student's outpatient supervisors meet together to discuss his/her progress, view a videotaped therapy session, and complete an evaluation form. The student participates in the last fifteen minutes which is devoted to providing feedback to the student and addressing any concerns he/she may have. This is also an opportunity for the intern to make changes in his/her PEP plan, formulated at the beginning of the training year to individualize each student's program. 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 on their outpatient evaluations which place them at the level expected for an intern at this point in training. Similarly, adequate 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 hours on the Testing Service
- ◆ 4 – 6 hours in their major rotation (Inpatient, Partial or C-L Service)

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

- ◆ 3 – 6 hours clinic or team meetings (e.g. rounds, treatment planning meetings, mood and anxiety (MAP) team meetings, pain clinic, etc.)
- ◆ 1 – 2 hours group therapy (e.g. disruptive behavior disorders clinic)

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 psychology as demonstrated by their graduate studies, research, and/or clinical experiences are encouraged to apply. Preference is given to those from APA approved 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 120 applications and offers interviews to between 30 and 36 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 bi-lingual skills are encouraged to apply.

CMH CAP RESEARCH PROJECTS – PhD Faculty

- ❑ ODD/depression in young children: Developmental aspects (NIMH 2004-2009) – John Lavigne, PhD and Karen Gouze, PhD
- ❑ Resilience Promotion I Teens with Type 1 Diabetes: Preventing Negative Outcomes. NIDDK RO1 multi-site study, (2011–2016) - Jill Weissberg-Benchell, PhD
- ❑ Transitioning from Pediatric to Adult Care in Youth with Type 1 Diabetes. Shaw Family Research Grant, 2010-2011 Jill Weissberg-Benchell, PhD
- ❑ Meta analysis of Insulin Pump Use – Metabolic and Psychosocial Outcomes. 2010-2012.
- ❑ Assessment of psychotherapy outcomes in the Department of Child and Adolescent Psychiatry at CMH (funded by CMH Grant Healthcare Endowment) -- John Lavigne, PhD, Karen Gouze, PhD and Barbara Suplit, RN
- ❑ Neurobehavioral outcomes in adolescents following liver transplantation (CMIER Seed Grant, 2/02 to present) – Estella Alonso, MD and Lisa Sorensen, PhD
- ❑ Functional Outcomes in Pediatric Liver Transplantation (NICHD, 4/05-3/10) -- Estella Alonso, MD and Lisa Sorensen, PhD
- ❑ Studies of Pediatric Liver Transplantation (SPLIT) – Academic outcomes following Pediatric Liver Transplantation – Estella Alonso, MD, Susan Gilmour, MD and Lisa Sorensen, PhD
- ❑ Transition of Pediatric Liver Transplant Recipients from Late Adolescence through Early Adulthood; Obstacles and Outcomes -- Estella Alonso, MD, John Bucavalas, MD, James Varni, PhD, Jill Weissberg-Benchell, PhD, Lisa Sorensen, PhD, et al
- ❑ Long-term Follow-up of Neurocognitive Function and Health Related Quality of Life (HRQOL) in Children Following Acute Liver Failure -- Estella Alonso MD, Constance Weil, PhD, Lisa Sorensen, PhD, Mark Wainwright MD, PhD, and James Varni, PhD
- ❑ Feeding problems/disorders in infants and young children (Grant Healthcare Award 2006) – Miller Shivers, PhD
- ❑ 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
- ❑ Morbidity and risk for subsequent stroke in childhood sickle cell disease – Alexis Thompson, MD and Frank Zelko, PhD

- ❑ 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
- ❑ Long-term Follow-up of Neurocognitive Function and Health Related Quality of Life (HRQOL) in Children Following Acute Liver Failure -- Estella M Alonso, MD, Constance Weil, PhD, Mark S Wainwright, MD, PhD, James Varni, 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
- ❑ Cognitive and mental health outcomes in children born to HIV infected women (Pediatric HIV/AIDS Cohort Study-PHACS) – Kathleen Malee, PhD
- ❑ Medication Adherence in Children and Adolescents with HIV Infection (Pediatric HIV/AIDS Cohort Study-PHACS) – Kathleen Malee, PhD
- ❑ Sexual and Drug Use Risk Behaviors Among Adolescents with Perinatally Acquired HIV Infection (Pediatric HIV/AIDS Cohort Study-PHACS) – Kathleen Malee, PhD
- ❑ Memory Functioning in Children and Adolescents with Perinatal HIV Infection and HIV Exposure (Pediatric HIV/AIDS Cohort Study-PHACS substudy) – Kathleen Malee, PhD
- ❑ Use of Photographic Techniques in an Outpatient Medical Clinic Setting to Target Childhood Obesity (Children’s Memorial Hospital 8/08-12/09) -- Kelly Walker Lowry, PhD
- ❑ Promoting Communication Based Behavior Change in Pediatric Clinic Settings (Pediatric Practice Research Group, CMH 5/09-6/10) -- Kelly Walker Lowry, PhD
- ❑ Evaluation of CHICAGO RUN: Achieving Fitness and Fun, One Mile at a Time (Consortium to Lower Obesity in Chicago Children (CLOCC) Seed Grant, CMH 6/09-9/10) – Kelly Walker Lowry, 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 6/09-11/10) – Kelly Walker Lowry, PhD

PSYCHOLOGY STAFF

Jeanne Antisdell – Pediatric Psychologist

PhD, 2000, Yeshiva University, Bronx, NY

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

PhD, 1984, University of Minnesota

Parent training, early intervention with disruptive behavior disorders, behavior therapy.

Colleen Cicchetti – Director of Advocacy and Community-Linked Mental Health Services

PhD, 1996, Northwestern University

MEd, 1989, Harvard Graduate School of Education

Intensive treatment programming, consultation to school and community agencies on promoting social-emotional learning and behavioral health, cognitive-behavioral group therapy, parent training, family therapy, trauma treatment, developmental psychopathology, preschool behavior problems.

Rebecca Ford-Paz – Staff Psychologist, Coordinating Psychologist of the Mood & Anxiety Program

PhD, 2006, DePaul University

MA, 2000, Columbia University

CBT for anxiety and mood disorders, Latino mental health, community-based participatory research with a focus on health disparities and diversity issues.

Karen R. Gouze – Director of Training

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 disorders and psychopathology.

John V. Lavigne – Chief Psychologist and Co-Director

Pediatric Psychology/Psychiatry Consultation Service

PhD, 1974, University of Texas

Psychological aspects of primary care, developmental psychopathology, pediatric mental health services research, outcomes of child mental health services.

Kelly Walker Lowry – Pediatric Psychologist

PhD, 2007, University of Florida

Pediatric consultation/liaison, psychological assessment and treatment of childhood obesity, adjustment and coping in chronic illness, behavioral treatment, outpatient therapy with children and families affected by chronic illness.

Kathleen M. Malee – Special Infectious Disease Clinic

PhD, 1987, Loyola University of Chicago

Pediatric and adolescent HIV/AIDS; chronic illness; medication adherence; bio-psychosocial issues in high risk infants, children and adolescents.

Jonathan M. Pochyly – Staff Psychologist

PhD, 1998, Loyola University of Chicago

Anxiety disorders in children; parent training; family therapy; disruptive behavior disorders; cognitive assessment, executive abilities.

Tali Raviv – Staff Psychologist

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

PhD, 2001, University of Washington, Seattle, WA

Developmental assessment, treatment of preschool disruptive behavior disorders, treatment of trauma related anxiety in abuse/neglect victims.

Mi-Young Ryee – Pediatric Psychologist

PhD, 2005, University of Virginia

Pediatric consultation/liaison; adjustment and coping with chronic illness; behavioral treatment, outpatient therapy with children and families affected by chronic illness.

Miller Shivers – Staff Psychologist

PhD, 2003, Illinois Institute of Technology, Chicago, IL

Attachment-based intervention, infant mental health, effects of maternal depression on infants and young children, infant and preschool trauma, toddler disruptive behavior, sleeping and feeding problems in infancy and early childhood, developmental assessment.

Lisa Sorensen – Pediatric Neuropsychologist

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.

Constance M. Weil – Pediatric Psychologist

PhD, 1987, Michigan State University

Pediatric consultation/liaison, medical adherence, coping with medical procedures, adjustment to chronic illness, psychosocial factors in asthma and food allergies; biopsychosocial issues on the NICU, developmental assessment.

Jill Weissberg-Benchell – Pediatric Psychologist

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 illnesses, psychosocial issues in solid organ transplant recipients and their families, transitioning from pediatric to adult care among chronically ill youth.

Frank A. Zelko -- Pediatric Neuropsychologist

Director, Pediatric Neuropsychology Service

PhD, 1985, University of Minnesota

Neuropsychological assessment; attention and executive skills; epilepsy; functional neuroimaging; neurocognitive effects of systemic disease.

PSYCHOLOGY STAFF 7-2011.doc

SALARY AND BENEFITS

The APA-approved pre-doctoral internship program in psychology is supported by Children's Memorial Hospital. Interns will receive a salary of \$26,228. Benefits include 22 personal days off, 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. All comprehensive exams and qualifying documents must be completed satisfactorily before February 1st. Preference is given to applicants from APA-approved clinical programs who have extensive training in both clinical and research areas of child psychology.

The deadline for receiving applications is **Tuesday, November 1, 2011**. 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. Children's Memorial Hospital 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 Children's Memorial Hospital 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 Children's Memorial Hospital, 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) The Children's Memorial Addendum attached electronically to the AAPI online as “supplementary materials.”
- * 3) 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:
<http://www.appic.org/match>

- * Web site: Internship Application/Brochure information:
www.childrensmemorial.org/psychology

General information about the Department of Child and Adolescent Psychiatry, Children's Memorial Hospital can be found on the web site:

www.childrensmemorial.org

Questions regarding Internship Program:

e-mail: EMMartinez@childrensmemorial.org or contact Elizabeth Morales-Martinez by telephone (773.880.4877).

The psychology internship at Children's Memorial Hospital 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

Children's Memorial Hospital

2300 Children's Plaza

Chicago, IL 60614-3363

Phone: 773.880.4877

Fax: 773.880.8110

e-mail: kgouze@childrensmemorial.org

2012-2013 Internship Year

INTERNSHIP PROGRAM-Application Letter-Checklist-Brochure-WEBSITE-

APPENDIX A

Goal #1: To train competent clinicians whose orientation to clinical work is guided by scientific inquiry and the application of scientific principles to the practice of psychology.

Objective(s) for Goal #1:

Objective # 1: Interns will be able to read and evaluate scientific research related to clinical practice.

Competencies expected:

- Interns will demonstrate knowledge of readings in seminars and case conferences.
- Interns will demonstrate the ability to integrate scientific knowledge into clinical care during supervision and case conferences.

Objective #2: Interns will be trained to evaluate and implement empirically supported treatments, including the use of treatment manuals and specified treatment protocols.

Competencies expected:

- During their internship, interns will be exposed to, and use at least one of the following empirically supported treatments: Coping Cat for anxiety (Kendall, 1992), Modular Cognitive Behavior Therapy for anxiety (Chorpita, 2007), Modular Cognitive Behavior Therapy for depression (TADS or other modular program), Trauma Based CBT (2005), The Incredible Years Parent Training Program (Webster-Stratton, 1997).

Objective #3: Interns will understand how to assess progress and outcomes for individual cases and group therapies. They will learn how to use indicators of progress, or lack, thereof, to refine and modify treatment plans.

Competencies expected:

- Interns will demonstrate that they can interpret and use outcome data on their patients to assess their patient's progress and formulate changes in treatment plans as necessary.

Goal #2: To train psychologists who are competent in clinical diagnostic assessment of children, adolescents, and families in a range of clinical settings.

Objective(s) for Goal #2:

Objective #1: Interns will learn to conduct clinical diagnostic interviews of children, adolescents, and families.

Competencies expected:

- Interns will be competent to conduct a clinically sound outpatient diagnostic interview with a child and/or adolescent and his/her parents that is guided by the format of the Department of Child and Adolescent Psychiatry evaluation form. This will include the ability to form a relationship; gather background information; gather developmental, psychiatric, medical, family, social, and educational history; and assess absence or presence of symptoms.
- Interns will be able to conduct a clinically sound diagnostic interview in an inpatient psychiatric setting.
- Interns will be able to conduct a clinically sound diagnostic interview in a partial hospitalization setting.
- Interns will be able to conduct a clinically sound diagnostic interview in a consultation-liaison setting.
- Interns will be able to conduct a clinically sound diagnostic evaluation during an emergency room consultation.
- In the context of collecting diagnostic data across these settings, interns will be able to identify the presenting problem and gather background information, as well as, gather developmental, psychiatric, medical, family, social, and educational history.
- Interns will be able to accurately assess the presence and/or absence of symptoms and analyze how the symptom picture fits together to guide decisions about diagnosis.

Objective #2: Interns will learn to make thorough behavioral observations guided by a developmental framework.

Competencies expected:

- Interns will learn to make observations of children's play, social interactions, responses to parental authority, cognitive abilities, and developmental level of functioning during diagnostic interviews.
- Interns will be able to present these observations in a coherent and meaningful description of the child.

Objective #3: Interns will learn to diagnose internalizing, externalizing, pervasive developmental, and psychotic disorders in children and adolescents and to assign DSM-IV-TR diagnoses.

Competencies expected:

- Interns will demonstrate an understanding of the major DSM-IV-TR diagnoses used with children and adolescents and the ability to apply diagnoses appropriately following diagnostic evaluation.
- Interns will demonstrate knowledge of parent, teacher, and self report instruments and how to interpret them in the context of making a DSM-IV-TR diagnosis.
- Interns will demonstrate the ability to use semi-structured interview techniques, specifically, the K-SADS, ADIS, and CY-BOCS, to assign DSM-IVTR diagnoses to children and adolescents.

Objective #4: Interns will learn to do an integrative module-based family therapy assessment of families whose children or adolescents have presented for treatment.

Competencies expected:

- Interns will be competent to use the assessment template of the Integrative Module-Based Family Therapy model (Gouze & Wendel, 2008; Wendel, Gouze & Lake, 2005; Wendel & Gouze, 2009) to complete an assessment of families presenting with their children and adolescents for treatment.

Objective #5: Interns will learn to formulate an appropriate biopsychosocial treatment plan.

Competencies expected:

- Interns will be able to formulate specific treatment recommendations based on their diagnostic evaluation.
- Interns will be familiar with empirically-supported and best-practice treatment options for a range of child and adolescent psychiatric/psychological difficulties.
- Interns will be competent to address treatment recommendations for a range of settings critical to healthy child development including, but not limited to, therapy, the family environment, school-based interventions, recreational therapy options, etc.
- Interns will be competent to help implement coordination of services when appropriate, including, but not limited to, referrals for medication evaluations.

Objective #6: Interns will learn to present their diagnostic findings in a comprehensive, user-friendly diagnostic report.

Competencies expected:

- Interns will be competent to write clear, concise diagnostic reports that include identifying data and reason for referral; history of presenting problems; developmental, medical, psychiatric, family, and social history; behavioral observations; a case formulation; diagnoses; and recommendations for treatment.
- Interns will be competent to write a diagnostic evaluation for children and adolescents seen on the consultation-liaison service.
- Interns will be competent to write a diagnostic evaluation for children and adolescents seen in emergency room consults.

Objective #7: Interns will learn to provide feedback regarding their diagnostic evaluations to parents, and, when age and developmentally appropriate, to children and adolescents.

Competencies expected:

- Interns will be able to explain sensitively to parents in clear and understandable language the findings from their child's diagnostic evaluations.
- Interns will be able to explain the treatment recommendations being made on the basis of the child's diagnostic evaluation.

- Interns will be able to provide psycho-education to parents regarding their child's diagnosis.
- Interns will be able to provide parents with empirical data supporting the treatment recommendations being made for their child. In cases in which more than one treatment might be appropriate, interns will be competent to discuss all appropriate treatments with the family and the family will be involved in the decision making process.

Goal #3: To train psychologists in developmental, psychoeducational, and neuropsychological testing.

Objective(s) for Goal #3:

Objective #1: Interns will learn to administer developmental tests.

Competencies expected:

- Interns will be competent to assess which, of a range of developmental tests, is appropriate for use with a particular referral question, age of child, etc.
- Interns will be competent to administer a range of tests for children ages 2-5 years old.
- Interns will be competent to interpret a range of developmental tests.
- Interns will be competent to organize developmental test findings into a coherent picture of a child's functioning.
- Interns will be competent to make recommendations to parents and schools based on developmental testing.
- Interns will be competent to provide testing feedback to parents in a sensitive and informative manner.

Objective #2: Interns will be conversant and competent with a range of psychoeducational tests for middle childhood and adolescence.

Competencies expected:

- Interns will be 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.
- Interns will be competent to choose appropriate tests to address a particular referral question.
- Interns will be able to analyze test findings and organize them into a coherent, informative report.
- Interns will be able to use test findings to make appropriate recommendations to parents, schools, and other relevant persons in a child's life.
- Interns will be competent to provide testing feedback at an appropriate developmental level to children and adolescents.
- Interns will be competent to provide testing feedback to parents in a sensitive and informative manner.

Objective #3: Interns will be conversant and competent with a range of neuropsychological tests for middle childhood and adolescence.

Competencies expected:

- Interns will be 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 (e.g. traumatic brain injury, epilepsy, etc.)
- Interns will be competent to choose appropriate neuropsychological tests to address a particular referral question.
- Interns will be able to analyze neuropsychological test findings and organize them into a coherent, informative report.
- Interns will be able to use neuropsychological test findings to make appropriate recommendations to parents, schools, and relevant medical personnel.
- Interns will be competent to provide neuropsychological testing feedback at an appropriate developmental level to children and adolescents.
- Interns will be competent to provide neuropsychological testing feedback to parents in a sensitive and informative manner.

Goal #4: To train psychologists competent to provide individual therapy for children and adolescents.

Objective(s) for Goal #4:

Objective #1: Interns will learn to form a therapeutic alliance with children and adolescents.

Competencies expected:

- Interns will be able to establish rapport with children, adolescents, and parents.
- Interns will form an ongoing therapeutic alliance with children, adolescents and families that allows them to effectively intervene.

Objective #2: Interns will learn to formulate treatment plans consistent with the presenting problem(s), diagnostic assessment, and current scientific thinking.

Competencies expected:

- Interns will be able to articulate clearly, in supervision, a specific treatment plan for their patients appropriate for the presenting problem.
- Interns will formulate treatment plans that are appropriate to the age and developmental level of their patients (e.g., they will not use cognitive-behavioral techniques with a three year old).
- Interns will be able to formulate treatment plans for their patients that take into account current scientific literature on empirically supported treatments and best practice approaches.

Objective #3: Interns will learn to intervene using cognitive-behavioral techniques.

Competencies expected:

- Interns will learn to intervene using cognitive-behavioral approaches for internalizing disorders. They will successfully complete a rotation in the Mood and Anxiety Program (MAP) Clinic and see at least one patient with whom they

use a manualized CBT approach such as Modular Cognitive Behavior Therapy for anxiety (Chorpita, 2007) or manual-based cognitive behavior therapy (e.g. TADS) for depression.

- Interns will understand the relationship between thoughts, feelings, and actions and learn to 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.
- Interns will be competent to do relaxation training, including use of breathing, imagery, and deep muscle relaxation techniques.
- Interns will be competent to assign homework designed to support the cognitive behavioral techniques being taught.
- Interns will be competent to instruct patients and parents in strategies for maintenance and relapse prevention.

Objective #4: Interns will learn to intervene using behavioral techniques.

Competencies expected:

- Interns will be able to competently provide behavioral parent training for the treatment of children with oppositional and non compliant behavior. This will include a familiarity with the principles of empirically-supported treatment programs such as Carolyn Webster-Stratton's Incredible Years Program (1997).
- Interns will be able to do a careful behavioral analysis of maladaptive behavior such as oppositionality, refusal to eat, medical nonadherence and to measure the frequency with which target behaviors occur.
- Interns will understand antecedent and consequent events.
- Interns will be competent to construct behavioral programs, including the ability to set appropriate goals for intervention, develop a plan, and measure the outcome of the plan.
- Interns will be competent to guide parents in the determination of appropriate behavioral goals, the construction of effective behavioral charts, and the administration of rewards and consequences.

Objective #5: Interns will learn to intervene using supportive, relationship-based individual therapy.

Competencies expected:

- Interns will be competent to use play and "talk" therapy approaches to help children express feelings and address concerns, issues of loss, identity issues, etc.
- Interns will be competent in using reflective listening techniques to promote emotional expression and identification of child concerns.
- Interns will understand the importance of the relationship as a foundation for promoting therapeutic change.

Goal #5: To train psychologists competent to provide family therapy as appropriate for treating children and adolescents with emotional and behavior problems.

Objective(s) for Goal #5:

Objective #1: Interns will learn to apply Integrative Module Based Family Therapy (IMBFT; Gouze & Wendel, 2008; Wendel, Gouze & Lake, 2005; Wendel & Gouze, 2009) to their work with families of children and adolescents.

Competencies expected:

- Interns will understand the empirically supported and best practice family treatments associated with each of the ten IMBFT modules (e.g. emotion focused therapy, attachment based family therapy, narrative family therapy).
- Interns will have a basic understanding of each of the modules and how they manifest in families.
- Interns will be able to assess the relative importance of each of the modules in contributing to and maintaining symptoms in individual identified patients.
- Interns will be competent to develop a therapeutic plan using the IMBFT approach to family therapy.

Goal #6: To train psychologists competent to intervene using group therapy techniques.

Objective(s) for Goal #6:

Objective #1: Interns will learn to lead open-ended groups on the Partial Hospitalization Program.

Competencies expected:

- Interns will feel competent to manage the behavior of group members.
- Interns will be competent to determine a curriculum relevant to the issues being addressed by group participants.
- Interns will be able to collaborate with a co-therapist for more effective group work.

Objective #2: Interns will learn to lead closed-ended outpatient groups designed to address specific presenting problems.

Competencies expected:

- Interns will participate in at least one outpatient group as a co-therapist. These groups include, but are not limited to, anxiety groups based on the Coping Cat manual, pre-school disruptive behavior groups based on the Incredible Years Program (Webster-Stratton), and social skills groups for 6-8 or 9-11 year olds.
- Interns will be competent to help plan the group curriculum and design activities for a given group session.
- Interns will be competent to assess the progress of group members and to help design appropriate post-group therapeutic programs for group members.
- Interns will be competent to help manage behavior of group members.

Goal #7: To train psychologists competent to address multi-systemic issues relevant to clinical care of children and adolescents.

Objective(s) for Goal #7:

Objective #1: Interns will learn to consult with school personnel.

Competencies expected:

- Interns will be competent to consult with teachers regarding the teacher's perceptions of the intern's patient's behavior in the classroom for purposes of assessment.
- Interns will be competent to ally with teachers in order to design effective behavioral interventions for their patients in the classroom.
- Interns will understand the process for obtaining special education assistance for their patients including the initiation of case studies and the development of appropriate 504 and IEP plans. They will be able to educate parents regarding these rules and regulations and assist parents in obtaining appropriate services for their children.

Objective #2: Interns will learn to work with the Illinois Department of Children and Family Services.

Competencies expected:

- Interns will understand the role of 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.

Objective #3: Interns will learn to involve other appropriate community agencies including, but not limited to, recreational agencies, adult mental health agencies, parent training agencies, and religious organizations, when appropriate to facilitate treatment progress.

Competencies expected:

- Interns will be familiar with outside agencies (e.g. Big Brother) and/or outside activities (e.g. Girls on the Run) that can facilitate growth of mastery and self-esteem in children and adolescents.
- Interns will be able to assess when recommendations regarding involvement with such agencies might be beneficial to children and adolescents and facilitate therapeutic progress.
- Interns will be competent to find appropriate services and guide parents in accessing such outside agency services when needed.

Goal #8: To train psychologists competent to provide psychological services in a range of mental health settings.

Objective(s) for Goal #8:

Objective #1: Interns will learn to provide psychological services in an outpatient, hospital-based, mental health setting.

Competencies expected:

- Interns will be competent to address issues specific to outpatient care such as missed and failed appointments, need to involve systems outside of the individual child or adolescent (e.g. parents, extended family, recreational facilities, school, etc.)
- Interns will be able to conduct outpatient diagnostic assessments and employ a range of appropriate outpatient therapeutic interventions as specified in goals #2-#5.

Objective #2: Interns will acquire beginning competence in providing psychological care in an inpatient psychiatric setting.

Competencies expected:

- Interns will be able to stabilize inpatients in crisis through therapeutic intervention.
- Interns will be able to develop appropriate inpatient treatment plans and to collaborate effectively with a multi-disciplinary team.
- Interns will be able formulate and carry out appropriate discharge plans.

Objective #3: Interns will acquire competence in treating children and adolescents in a partial hospitalization program.

Competencies expected:

- Interns will be competent to develop and execute appropriate individual and family treatment plans within the context of a milieu setting, and to work effectively with the multi-disciplinary team in doing so.
- Interns will be competent to coordinate the patient's educational objectives with psychological treatment.
- Interns will be competent to make appropriate discharge plans from partial hospitalization.

Objective #4: Interns will acquire competence in consultation-liaison work with medically ill children (e.g. children with asthma, diabetes, seizures, transplants, etc.) and in multi-disciplinary teamwork.

Competencies expected:

- Interns will be able to respond to a consult on the medical floors in a timely manner.
- Interns will be competent to determine the needs of the patient, the family, and the medical team.
- The intern will be competent to present a viable treatment plan that addresses the consultation concern in a timely and efficient manner.
- The intern will be competent to write a thorough, accurate, concise, and timely report summarizing the consult.

Goal #9: To train psychologists sensitive to issues of diversity including, but not limited to, cultural, racial, ethnic, religious, socioeconomic, sexual orientation, and family composition differences.

Objective(s) for Goal #9:

Objective #1: Interns will develop sensitivity to issues of diversity and awareness of the extent to which the lives of others can differ from their own.

Competencies expected:

- Interns will engage in self-examination regarding their own lives and families of origin and understand the ways in which their background affects their perceptions of and work with patients from a wide range of backgrounds.
- Interns will understand 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
- Interns will learn to recognize when it is appropriate to address these issues directly to facilitate treatment and when it is unnecessary to do so.
- Interns will learn to recognize 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).

Objective #2: Interns will become aware of the extent to which such differences can have an impact on their patients' everyday life experiences.

Competencies expected:

- Interns will become 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.
- Interns will learn 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).

Objective #3: Interns will become aware of the ways in which such differences can have an effect on therapy outcomes and will become competent at developing "culturally responsive" therapies.

Competencies expected:

- Interns will learn to evaluate the treatments they are using in the context of their applicability to the population they are seeing.
- Interns will be exposed in all seminars to literature and research that helps them evaluate the applicability of their therapy techniques to the population they are seeing. Additionally, they will be competent to conduct an appropriate literature search to further examine such biases in treatment.

Objective #4: Interns will become comfortable with addressing issues of difference with their patients and families when relevant.

Competencies expected:

- Interns will learn to question their patients and families in a non-threatening way about aspects of their lives that the intern does not understand or that are unfamiliar to the intern.
- Interns will understand appropriate boundaries when children or families ask them about their own background or personal lives.
- Interns will be competent to address issues of cultural difference between themselves and their patients, especially when such differences are interfering with treatment progress.

Objective #5: Interns will gain knowledge about different groups that can be helpful in treatment, e.g. understanding the role a member of the clergy might have in the treatment of a family seen in therapy.

Competencies expected:

- Interns will read about different types of families and address issues of diversity in seminars including Medical Psychology Seminar, Topics and Treatment in Child Psychiatry and Psychology and Family Therapy Seminar.
- Interns will demonstrate cultural competence during case presentations in the diversity seminar that is part of Topics and Treatment in Child Psychiatry and Psychology.

Objective #6: Interns will become familiar with issues of diversity and how they might alter interpretation or use of particular psychological assessment instruments.

Competencies expected:

- Interns will know the relevant literature addressing issues of diversity and interpretations of psychological testing.
- Interns will be competent to choose tests appropriate to the population they are testing.
- Interns will be competent to interpret psychological tests in the context of relevant issues of diversity.

Goal 10: Interns will acquire a deeper understanding of professional ethics and awareness of ethical and legal guidelines governing the delivery of psychological services to children and their families.

Objective(s) for Goal #10:

Objective #1: Interns will be familiar with the Ethical Guidelines for Psychologists published by the American Psychological Association

Competencies expected:

- Interns will demonstrate understanding of the Ethical Guidelines through their conversations in supervision, approach to ethical dilemmas in therapy and contributions to case conferences and seminars.

- Interns will seek consultation appropriately when confronted with ethical dilemmas.
- Interns will be competent to help their colleagues address ethical dilemmas in treatment.

Objective #2: Interns will understand the Mental Health and Developmental Disabilities Act of Illinois and the Child Abuse Reporting Act.

Competencies expected:

- Interns will understand when and how to apply the principles of the Mental Health and Developmental Disabilities Act of Illinois.
- Interns will be competent to assess and report instances of child abuse.
- Interns will know when it is appropriate to seek additional consultation on cases involving legal issues or child abuse reporting.
- Interns will understand how to consult with a multi disciplinary treatment team when legal issues or issues of abuse arise and they will be competent to present cases before the trauma team as needed.
- Interns will be competent to address reporting issues with parents and families and will know how to handle these issues sensitively and in as therapeutic a manner as possible.

Goal #11: Each intern will begin to acquire a professional identity as a psychologist and to develop additional skills needed to fulfill the role of psychologist in most mental health settings.

Objective(s) for Goal #11:

Objective #1: Interns will explore a range of professional roles in considering further training and education including but not limited to, pediatric psychology, clinical child psychology in a hospital setting, community psychology, academic psychology, etc.

Competencies expected:

- Interns will gain exposure to multiple aspects of the delivery of mental health services during their internship thereby contributing to their knowledge of the many roles a psychologist can play in providing care.
- Interns will be exposed to many different role models in the context of supervision and a staff engaged in a range of psychological service delivery modalities.
- Interns will gain competency in applying for post-doctoral and other relevant professional positions.
- Interns will begin to understand the role that an individual psychologist plays in the context of an institutional setting.

Objective #2: Interns will gain beginning supervisory skills.

Competencies expected:

- Interns will understand a developmental model of supervision.
- Interns will gain exposure to supervising colleagues in the context of case presentation.
- Interns will gain exposure to supervising colleagues in the context of process note presentations.
- Interns will gain exposure to supervising colleagues in the context of videotaped case presentations.
- Interns will gain the ability to critique the supervision style of colleagues.

Objective #3: Interns will learn to effectively collaborate with professionals in a multi-disciplinary setting.

Competencies expected:

- Interns will be competent to present their cases in a multi-disciplinary case conference.
- Interns will be competent to collaborate effectively with psychiatrists regarding the medication of their patients to facilitate optimal mental health outcomes.
- Interns will gain competence in collaborating effectively with other mental health providers when asked to consult regarding issues of testing.
- Interns will learn to collaborate effectively as members of a medical team.
- Interns will learn to collaborate effectively as members of a milieu team.

CHILDREN'S MEMORIAL HOSPITAL
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APPLICATION ADDENDUM

- **List all therapy cases you have seen on the following Application Addendum tables.**
- **Be sure to include all requested information.**

