



**Nemours Children's Hospital, Delaware
Wilmington, DE**

**Division of Psychology
Department of Pediatrics**

**Psychology Internship Training in Health Service Psychology
2024 - 2025**

Accredited by the:

Commission on Accreditation of the American Psychological Association

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Overview

The Psychology Internship Program in Health Service Psychology within the Division of Psychology at Nemours Children's Hospital, Delaware provides training at the doctoral level for students who wish to pursue careers as psychologists in clinical practice and applied research in health service settings. Our program is founded on a developmental model of training, informed by an evidence-based approach to clinical practice and a strong diversity and inclusion focus.

We take pride in both the breadth and depth of our clinical training in specialty areas spanning pediatric psychology and clinical child psychology. Interns are exposed to a broad spectrum of patient populations in specialty medical care, integrated primary care, outpatient behavioral health, and inpatient medical settings. Interns gain extensive experience in case conceptualization, intervention, evaluation/diagnosis, assessment, and consultation in interdisciplinary contexts. There is also the opportunity to develop depth in particular areas through year-long consultation and intervention experiences. Within our program, opportunities exist for gaining experience with children and adolescents presenting with diabetes, asthma, cancer, transplant difficulties, gastrointestinal issues, elimination disorders, headaches and pain disorders, seizure disorders, cardiac complications, weight management concerns, hearing impairment, autism spectrum disorder, feeding and eating disorders, and other psychiatric issues such as attention-deficit/hyperactivity disorder, disruptive behavior disorder, obsessive compulsive disorder, anxiety, depression, bipolar disorder, somatic symptom and related disorders, and many other adjustment and family difficulties.

A strong emphasis on diversity awareness is woven throughout internship training, grounded in our commitment to support future psychologists in developing the cultural self-awareness and humility to effectively serve diverse populations. Our patients and families are diverse in terms of race, ethnicity, SES, immigration status, language spoken, country of origin, family composition, religion, ability level, geographical location (i.e., rural vs. urban), sexual orientation, and gender identity. In particular, several primary care clinics serve underresourced communities in Delaware (within Wilmington as well as more rural areas in the central and southern parts of the state). We offer interns opportunities to work with underserved populations and those experiencing various forms of adversity.

Training is central to the professional identities of our internship training faculty, and we are well known for the warm and friendly relationships between our interns and faculty. Formal supervision is abundant, and faculty maintain an open-door policy for informal consultation. Our faculty is primarily behavioral, cognitive-behavioral, and family-systems oriented, but we appreciate different theoretical approaches with empirical bases. Evidence-based and culturally responsive clinical practice is a cornerstone of our training program.

We strive to make supervision interactive and dynamic in that interns and faculty actively exchange ideas as they integrate empirical knowledge and evidence-based treatments into practice. Critical thinking and hypothesis formulation and testing are essential ingredients of the supervision experience. In supervision, interns examine individual patient

characteristics, family issues, and begin to develop a multicultural perspective to assessment and intervention. There is a focus on the integration of scientific methods and clinical practice, and interns are expected to consult the empirical literature in order to inform assessment or treatment planning. Interns formulate empirically supported case conceptualizations and link these conceptualizations to treatment plans. Ethical, legal, professional, and diversity issues are addressed as they apply to consultation, assessment and intervention, as well as through a curriculum of didactic and professional development seminars. Research and supervision competencies are also addressed through didactic seminars, collaborative research meetings, and continuing education opportunities.

All interns have completed their dissertation proposals. If not completed prior to internship, interns are supported to actively complete their dissertations during their internship. Our psychology intern graduates have been successful in obtaining competitive postdoctoral fellowships and are currently working in children's hospitals, medical schools, universities, and outpatient clinics nationwide.

Nemours Children's Hospital, Delaware and the Division of Psychology

We want to acknowledge that we gather to train and care for the community as the Nemours Children's Hospital, Delaware on the traditional land of the Lenni Lenape People past and present, and honor with gratitude the land itself and the people who have stewarded it throughout the generations. The Nemours Children's Hospital, Delaware (formerly known as Alfred I. duPont Hospital for Children) was founded in 1940 through a bequest in the will of Alfred I. duPont, upon whose estate, Nemours, the hospital now stands. Mr. DuPont stated in his will that he wanted part of his wealth to be used to "alleviate human suffering," especially that of children and the elderly. Soon after his death, the Nemours Foundation was established to carry out his wishes. Today, Nemours Children's Hospital, Delaware (NCH) is part of the broader, nonprofit Nemours pediatric health system, which provides primary care, urgent care, specialty care, and hospital and ER care in the state of Delaware, the Delaware Valley region, and the state of Florida and surrounding areas. NCH is the only children's hospital in Delaware and draws patients from three additional states (Maryland, Pennsylvania, and New Jersey). As a teaching facility, the hospital is affiliated with Thomas Jefferson University, where all psychology faculty hold academic appointments. Medical students, residents, and fellows specializing in various fields of pediatrics, as well as nursing and allied health students, also receive training at the hospital.

Nemours Children's Hospital, Delaware offers a wide array of services for infants, children and adolescents including:

Adolescent Medicine	Neurosurgery
Allergy	Neonatology
Audiology	Neurology
Cardiology	Occupational Therapy
Communicative Disorders	Ophthalmology
Critical Care Medicine	Orthopedics
Diagnostic Referral Service	Otolaryngology (ENT)

Dentistry
Dermatology
Developmental Pediatrics
Emergency Medicine
Endocrinology
Gastroenterology
General Pediatric Surgery
Genetics
Hematology/Oncology
Infectious Disease
Medical Imaging
Nephrology

Physical Medicine & Rehabilitation
Physical Therapy
Plastic Surgery
Psychiatry
Psychology
Pulmonary Medicine
Rheumatology
Sports Medicine
Thoracic Surgery
Transplant Services
Urology

The Division of Psychology reports administratively to the Chair of the Department of Pediatrics. We share a close and mutually supportive relationship with Psychiatry, Developmental Medicine, and Pediatrics. All psychology faculty are employees of the hospital. Psychology interns are not only valued within the Division of Psychology, but by all medical disciplines within the hospital.

Aims and Competencies

The Psychology Internship in Health Service Psychology provides training to prepare students for professional practice as psychologists in health service settings. Our program's overarching aim is to train interns to function as professional psychologists in integrated pediatric health care and/or applied research settings. We aim for our graduates to be able to:

- 1) Effectively serve diverse patient populations, including those from vulnerable, medically underserved, and/or underrepresented backgrounds;
- 2) Apply scientific knowledge and evidence-based practices when providing clinical care; and
- 3) Work effectively within integrated teams and across systems to improve care delivery for children and families.

To achieve these aims, we employ a competency-based approach to education and training that focuses on biological, psychological, social, and cultural aspects of health and behavior.

Our program is designed to develop competency across the following areas:

- 1) Intervention,
- 2) Consultation and Interprofessional/Interdisciplinary Skills,
- 3) Assessment,
- 4) Communication and Interpersonal Skills,
- 5) Professional Values, Attitudes, and Behaviors,
- 6) Individual and Cultural Diversity,
- 7) Ethical and Legal Standards,

- 8) Research, and
- 9) Supervision

Each intern's training is sequential and cumulative, with an increase in complex training experiences as the year progresses. We place particular focus on meeting each intern at their own developmental level to allow each trainee to develop a confident, solid foundation for the systematic application of scientific knowledge to practice. Interns begin the year by shadowing clinics and observing faculty members in clinical practice, prior to becoming more independent with providing clinical service.

Training Components and Tracks

For the 2024-2025 training year, 12 internship positions are available across three tracks to meet the training goals of interns interested in clinical child and pediatric psychology. Although each track has a particular focus, there are many training experiences in common. All tracks provide interns with high-quality training in assessment, intervention, consultation, and interprofessional collaboration, with a diverse caseload and an emphasis on evidence-based service delivery.

The **Integrated Behavioral Health Track** emphasizes training in integrated pediatric primary care psychology. Interns are placed in community-based, integrated pediatric primary care settings and hospital-based specialty care settings, where they integrate evidence-based psychological services within primary care and other clinics that comprise the medical home. IBH interns also participate in common training experiences in outpatient psychotherapy, psychological testing, and early childhood or autism intervention.

Number of Intern Positions: 5

The **Pediatric Psychology Track** has a particular focus on serving children/adolescents and families experiencing medical illness, somatic symptoms, and/or hospitalization. Interns train in hospital-based, medical inpatient and outpatient specialty care settings, with a focus on using evidence-based approaches to address psychosocial challenges and to support medical coping. Interns on the pediatric psychology track also participate in minor rotations, as well as common training experiences in outpatient psychotherapy, psychological testing, and early childhood or autism intervention.

Number of Intern Positions: 5

The **Clinical Child & Community Track** provides training in clinical child and adolescent psychology in multiple settings, with a focus on referrals from the surrounding community. Interns are placed in outpatient specialty care settings and hospital-based integrated pediatric primary care. Interns on this track participate in minor rotations, as well as common training experiences in outpatient psychotherapy, psychological testing, and early childhood or autism intervention.

Number of Intern Positions: 2

Please see page 9 for a comparison of the three tracks and the specific experiences and emphases associated with each.

Side-by-Side Comparison of Tracks

Experience/ Rotation	Clinical Child Community Track	Integrated Behavioral Health Track	Pediatric Psychology Track
Outpatient Psychotherapy	<ul style="list-style-type: none"> • 12-month experience • 2-3 cases per week with one year-long supervisor 	<ul style="list-style-type: none"> • <i>Not part of track</i> 	<ul style="list-style-type: none"> • 12-month experience • 4-6 cases per week with one year-long supervisor
Integrated Pediatric Primary Care	<ul style="list-style-type: none"> • 12-month experience • 1 full day per week at 1 primary care clinic offering opportunities for consultation, brief assessment, and short-term therapy 	<ul style="list-style-type: none"> • 12-month experience • 2 full days per week at 2 different primary care clinics offering opportunities for consultation, brief assessment, and short-term therapy 	<ul style="list-style-type: none"> • 6-month experience • ½ day per week in 1 primary care clinic offering opportunities for consultation, brief assessment, and short-term therapy
Inpatient Consultation- Liaison Psychology	<i>Not part of track</i>	<i>Not part of track</i>	<ul style="list-style-type: none"> • 12-month experience, rotating schedule every 6 weeks
Specialty Care	<ul style="list-style-type: none"> • 12-month experience for ½ day • Placed in one of 7 outpatient specialties: <ul style="list-style-type: none"> ▪ Adolescent Medicine ▪ Behavioral Sleep, ▪ Chronic Pain, ▪ Feeding, ▪ Gastroenterology, ▪ Healthy Weight, OR ▪ Down Syndrome 	<ul style="list-style-type: none"> • 12-month experience for ½ day • Placed in one of 7 outpatient specialties: <ul style="list-style-type: none"> ▪ Adolescent Medicine ▪ Behavioral Sleep, ▪ Chronic Pain, ▪ Feeding, ▪ Gastroenterology, ▪ Healthy Weight, OR ▪ Down Syndrome 	<ul style="list-style-type: none"> • 12-month experience for ½ day • Placed in one of 12 inpatient or outpatient specialties: <ul style="list-style-type: none"> ▪ Any of the 7 specialties listed to the left, ▪ Cardiology, ▪ Oncology, ▪ Rehab Medicine, ▪ Sickle Cell, OR ▪ Solid Organ Transplant
Short-Term Anxiety and Mood Program and Community Referral Clinic	<ul style="list-style-type: none"> • 6-month experience • 1 day per week 	<i>Not part of track</i>	<ul style="list-style-type: none"> • 6-month experience • ½ day per week
Behavior and Development Access Clinic	<ul style="list-style-type: none"> • 6-month experience • 1 day per week 	<i>Not part of track</i>	<i>Not part of track</i>
Early Childhood or Autism Intervention	All tracks complete a 6-month rotation in one of three clinics for ½ day		
Psychological Testing	All tracks complete a 6-month testing rotation consisting of 8-10 cases depending on rotation		

Although these tracks offer different major emphases, interns in all three tracks participate in a number of common training experiences.

Experiences common to all three tracks:

- Psychological Testing experiences, which include assessment of intellectual functioning and current academic levels; attentional functioning; personality and behavior that contribute to school, family, social, and developmental difficulties; neuropsychological functioning to assist in understanding the relationship between brain physiology and behavior; and/or autism spectrum disorder.
- Intervention experiences, which include rotations in behavioral therapy and consultation (early childhood or autism-focused behavior therapy), general outpatient child/pediatric psychotherapy, and group therapy.
- Specialty Care experience (outlined in detail at a later point)
- Opportunities to provide psychological services in Spanish (outlined in detail at a later point)
- Opportunities to provide psychological services via telehealth

Experiences specific to the Pediatric Psychology track:

- Major rotation in inpatient consultation/liaison psychology (12 months).
- Minor rotation in community referral and short-term treatment through the Short-Term Anxiety and Mood Program *and* Community Referral Clinic (1/2 day for 6 months). Minor rotation in integrated pediatric primary care psychology in one primary care clinic (1/2 day for 6 months).

Experiences specific to the Integrated Behavioral Health Track include:

- Major rotation in pediatric primary care psychology across two primary care satellite clinics (2 days per week for 12 months).

Experiences specific to the Clinical Child & Community Track include:

- Major rotation in pediatric primary care psychology at the hospital's primary care clinic (1 day per week for 12 months).
- Minor rotation in the Behavior and Development Access Clinic (1 day per week for 6 months).
- Minor rotation community referral and short-term treatment through the Family-Centered Consultation Clinic and STAMP program (1 day for 6 months).

Testing Experiences

Psychology interns on all tracks participate in a six-month psychological testing rotation with one faculty supervisor. Testing experiences emphasize the need to go beyond accurate diagnosis and provide recommendations tailored to each unique patient. Examples of types of testing include the following:

Clinical Child and ADHD Testing: Includes the assessment of multiple domains of functioning of children and adolescents presenting with a broad range of attentional, developmental, medical, behavioral, and emotional concerns. Diagnoses to be considered often include ADHD, anxiety disorders, depressive or mood disorders, disruptive behavior disorders, intellectual disabilities, and language disorders. Emphasis is placed on providing comprehensive recommendations to address individual patient needs in the home and school settings.

Neuropsychological Testing: Includes neuropsychological assessment of children/adolescents with known or suspected CNS compromise such as cancer, sickle cell disease, genetic syndromes, seizures, head injury, CP, cerebral vascular malformations, and infectious processes. Interns work with school systems and other professionals so that recommendations can be feasible to implement for each particular patient.

Autism Spectrum Disorder Testing: Includes testing for diagnostic determination of autism spectrum disorder and its common comorbidities. “Gold standard” assessment tools are used, such as the ADOS-2, ADI-R, ASRS, SRS-2 and other related diagnostic measures. During the COVID-19 pandemic, ASD focused assessment has been conducted via telehealth using the TELE-ASD-PEDS protocol and other modifications.

Thought/Mood/Personality Testing: Includes testing for diagnostic clarity of complex presentations, with a focus on assessing domains such as thinking, mood, behavior, and personality dynamics. Both objective and projective measures are typically administered, such as the MACI, Rorschach (Exner scoring), MMPI-A, and Roberts Apperception Test, which are administered and interpreted in the context of a comprehensive battery of other measures of intellectual, memory, executive, and attentional, and social-emotional-behavioral functioning.

Intervention Experiences

Outpatient Pediatric/Child Therapy Clinic (PP and CCC Tracks): Interns participate in the outpatient therapy program for the entire training year and are each assigned one therapy supervisor. Individual, family, and group therapies are provided for a broad range of psychological problems. Intervention opportunities are balanced between pediatric psychology and traditional child clinical experiences. Pediatric psychology cases are referred internally from pediatric specialty programs or following an initial consultation on the inpatient consultation/liaison service. Examples of presenting pediatric concerns include medical adherence difficulties (e.g., diabetes), pain management (e.g., headache, recurrent abdominal pain), somatic symptoms/functional neurological symptoms, adjustment to chronic illness, encopresis, and tics. Interns also gain exposure to ADHD, anxiety, and mood disorders, family adjustment issues including divorce and sibling issues, as well as early childhood issues such as child behavior management, parent-child interaction challenges, and pediatric feeding disorders. If an intern has a special area of interest, cases may be selected to help foster further growth in that area. Interns participate in individual and

family-based treatment modalities.

Behavioral Consultation/Intervention Clinics (All tracks): All Interns will complete a six-month rotation in one of our Behavioral Consultation/Intervention Clinics, with either an early childhood or autism focus. All of our clinics provide live supervision during the entire clinic via one-way mirror, video feed, or telehealth platform. Interns routinely consult with pediatricians, teachers, and child care providers to implement recommendations. Interns also have teaching opportunities as medical residents frequently observe behind the mirror.

Early Childhood Behavioral Consultation/Intervention: The Division of Psychology currently has three different early childhood behavior clinics, designed to provide behavior therapy or consultation for parents and children from birth to 5 or 6 years for a wide range of behavioral and developmental concerns, such as noncompliance, aggression, parent-child conflict, anxiety, emotion regulation difficulties, sleep problems, toileting concerns, daycare difficulties, and sibling rivalry. All clinics offer training in empirically-based approaches to behavior management or emotional difficulties. Certain clinics also offer experience in Parent-Child Interaction Therapy (PCIT) with psychologists who are certified in PCIT.

Autism Focused Behavioral Consultation/Intervention: The Autism Behavior Consultation Clinic (ABC) is designed to provide brief, targeted behavioral services for children with Autism Spectrum Disorder or other developmental disorders and their caregivers. Presenting concerns include comorbid behavioral difficulties, anxiety, self-care, and language difficulties and are addressed using parent-mediated behavioral interventions. For certain patients, PCIT may be tailored to address behavioral concerns.

Group Psychotherapy (All tracks): Interns gain experience in group therapy with groups for both parents and children/adolescents. The Parent-Child Behavior Clinic group series offers concurrent parent and child groups to address common disruptive behaviors associated with ADHD, such as noncompliance and aggression. Other group experiences that may be available include social skills group for children with autism spectrum disorder, a parent group focused on supporting parents in understanding autism (Parent Education and Acceptance of their Autistic Child's Experience- PEACE), DBT skills group, and a group adaptation of the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders for adolescents.

Telehealth (integrated into various rotations as needed; All tracks): For years, interns in our program have been providing evidence-based intervention services via video communication technology to patients and families who would otherwise be unable to receive services at the hospital. During the COVID-19 pandemic, our expertise in telehealth service delivery allowed us to transition seamlessly to providing an even greater proportion of our services via telehealth and we continue to offer telehealth services flexibly. Interns receive supervision focused on issues and special considerations in implementing telehealth interventions safely and effectively. The telehealth modality is used flexibly throughout many outpatient clinics, including some specialty and primary care clinics.

Consultation Experiences

Integrated Pediatric Primary Care (All tracks—Major Rotation: IBH and Clinical Child & Community Tracks; Minor Rotation: Pediatric Psychology track)

Primary Care Consultation is a rapidly growing area for psychologists and offers an opportunity for close collaboration with medical colleagues and community outreach in underserved areas. Interns provide consultation services in our satellite primary care offices during a 12-month, two-day major rotation (Integrated Behavioral Health track), a 12-month, one-day major rotation (Clinical Child & Community track) or a six-month, half-day minor rotation (Pediatric Psychology track).

The hospital's satellite offices are predominantly located in medically underserved areas of the state. All sites are Nationally Committee Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) certified.

IBH interns are placed in one inner-city Wilmington site (St. Francis or Jessup Street) and one additional site (Newark, Middletown, Pike Creek, Foulk Road, or Becks Woods) for the full training year. Opportunities for training in Kent or Sussex counties in Dover, Seaford, Milford, and Millsboro are also available. St. Francis serves primarily a Latinx/Hispanic population in an urban setting; all physicians at this office are Spanish-speaking and provide consultation and team-based care. Thus, training opportunities to develop skills in providing services in Spanish are available. Another primary care site (Jessup Street) serves a primarily African American population in an urban setting with close community partnerships. In order to provide a rich training experience, IBH interns are also placed in another clinic in a medically underserved area of the state in order to provide interns with rich experience of seeing two different integrated primary care clinics serving unique communities. Opportunities to train in rural primary care sites are also available.

Interns on the pediatric psychology track are placed in one of the above primary care clinics for a half day for 6 months and the Clinical Child and Community intern will be placed in a primary care clinic for 1 full day for 12 months. Across primary care sites, all interns work closely with primary care providers and function as an integral part of the medical home by providing warm hand-offs, consultation, and intervention services in a successful and sustainable model of integrated care.

Inpatient Consultation/Liaison Service (Pediatric Psychology Track)

Interns participate in inpatient consultation/liaison (C/L) for the entire 12-month training year. Each intern covers the C/L service with an attending psychologist for one week at a time every six weeks, during which they have reduced outpatient responsibilities. Interns participate in medical and psychosocial rounds as appropriate and also participate in didactic and group supervision seminars related to C/L.

Interns provide C/L services to multiple pediatric services and pediatric subspecialties, including General Pediatrics, Hematology-Oncology, Neurology, Endocrinology, Rheumatology, and Gastroenterology. Interns are exposed to a variety of ages and referral questions, including those regarding medical adherence, pain management, psychogenic

symptom presentation, adjustment to diagnosis and/or hospitalization, procedural anxiety, general medical coping, behavioral problems interfering with treatment, and post-discharge treatment planning. Consults often involve a combination of diagnostic assessment and formulation, psychoeducation, intervention (individual and family), and identification of goals and needs for outpatient follow-up after discharge.

Outpatient Consultation (Short-Term Anxiety and Mood Program / Community Referral Clinic: Pediatric Psychology & Clinical Child & Community Tracks)

Interns on these two tracks complete a six-month rotation in the Short-Term Anxiety and Mood Program and a community referral clinic, which provides brief consultative services to families with concerns about their child's developmental, behavioral, emotional and/or social functioning. At the end of an initial visit, clinical impressions, psychoeducation, and recommendations are shared with the family. When additional clinical follow-up is needed, referrals and detailed recommendations are provided to the family. Live supervision is provided along with group supervision for case conferencing.

Specialty Care Experiences

Each intern participates in a year-long specialty care rotation, designed to build skills in interdisciplinary team functioning and communication, as well as depth in a particular specialty care area. Options for specialty care areas differ by track, which are shown in parentheses: Clinical Child & Community (CCC), Integrated Behavioral Health (IBH), or Pediatric Psychology (PP). Possible specialty care experiences may include:

Adolescent Medicine (CCC/IBH/PP): The Adolescent Medicine clinic focuses on providing specialized health care for adolescents with direct referrals and collaboration with the interdisciplinary adolescent medicine team. The intern will provide consultative services and help develop screening initiatives in collaboration with the adolescent medicine team. The resident also provides training to medical students rotating through the clinic.

Behavioral Sleep (CCC/IBH/PP): The Behavioral Sleep program is a component of the Division of Pulmonology's Sleep Clinic. The behavioral sleep intern will gain experience in evaluation and treatment of behavioral sleep disorders in children and adolescents, including difficulties such as insomnia/sleep-onset problems, frequent night awakenings, bedtime resistance, PAP therapy nonadherence, nighttime fears/anxiety, delayed sleep-wake phase, and sleep terrors/parasomnias. The intern will gain experience with consultation, intervention, and collaboration with the Pulmonology team.

Cardiology (PP only): The intern on this specialty rotation gains experience in providing brief psychosocial intervention for families of infants hospitalized for cardiac surgery. The rotation also includes participation in interdisciplinary developmental rounds in the cardiac intensive care and step-down units. Opportunities to participate in developmental assessments through the Nemours Cardiac Learning and Early Development (LEAD) Program may also be available.

Chronic Pain (CCC/IBH/PP): The Chronic Pain Clinic will provide an intern experience with participating on a multidisciplinary treatment team focused on the outpatient treatment of pediatric pain. The experience will include exposure to intake evaluations, individual and family therapy, and consultation with medical staff.

Down Syndrome (CCC/IBH/PP): The intern on this specialty rotation will gain experience working in a multidisciplinary team, providing intake evaluations and consultation for children and adolescents with Down syndrome and their families, and consulting with medical providers. In addition to being integrated into Down Syndrome Clinic every other week, this experience will also include outpatient individual and family therapy with this population, focused on addressing commonly presenting challenges, such as disruptive behaviors, anxiety or mood-related concerns, or sleep and feeding difficulties.

Feeding (CCC/IBH/PP): Feeding Clinic is a multidisciplinary clinic (Rehab Medicine, Nutrition, Speech-Language Pathology, and Psychology) that serves patients who have medical and/or behavioral complexities that interfere with adequate calorie consumption. The intern will have the opportunity to observe the clinic, evaluate behavioral feeding concerns, plan treatment, and provide feeding therapy either within Psychology or by co-treating with Speech-Language, Nutrition, and GI.

Gastroenterology (CCC/IBH/PP): The intern will participate in a ½ day multidisciplinary Inflammatory Bowel Disease (IBD) clinic serving children and adolescents diagnosed with IBD (Crohn's Disease, Ulcerative Colitis, etc.). The intern will have the opportunity to observe the clinic, complete psychological assessments and brief intervention in clinic. The intern will also have the opportunity to conduct outpatient individual and family therapy with patients presenting with a variety of concerns including organic gastrointestinal disorders, disorders of the gut brain interaction, and comorbid emotional and behavioral concerns.

Healthy Weight and Wellness (CCC/IBH/PP): The intern will participate with the multidisciplinary Weight Management team to evaluate and develop treatment recommendations for children and adolescents who are struggling with obesity. In addition, opportunities are available in our Adolescent Bariatric Surgery Program.

Oncology (PP only): This is an interdisciplinary clinic serving children, adolescents, and their families coping with various types of cancer. The team is comprised of oncologists, oncology nurse practitioners, nutritionist, social workers, psychology intern, and psychology fellow, and attending psychologist. The psychology intern attends interdisciplinary rounds and is involved in conducting inpatient consultation and treatment during hospitalization, as well as ongoing therapy with patients in the outpatient clinic (often focused on medical adherence, psychosocial adjustment, and pain management).

Rehabilitation Medicine (PP only): The Rehabilitation specialty offers both outpatient and inpatient experiences for a diverse range of children and adolescents presenting to the rehab service. Interns will have the opportunity to see patients for individual treatment, co-treat with rehab therapists (PT, OT, ST), and participate in interdisciplinary family meetings.

Sickle Cell (PP only): This is an interdisciplinary clinic serving children, adolescents, and their families coping with sickle cell disease. The psychology intern attends interdisciplinary rounds and is involved in conducting inpatient consultation and treatment during hospitalization, as well as ongoing therapy with patients in the outpatient clinic (often focused on medical adherence, psychosocial adjustment, and pain management).

Solid Organ Transplant (PP only): This specialty rotation provides interns with the opportunity to participate in multidisciplinary care of pre- and post-kidney and liver transplant patients. Interns will have the opportunity to attend liver and/or kidney transplant rounds, conduct inpatient consultations, administer pre-transplant psychosocial evaluations to assess readiness for transplant, and provide therapy to patients while in dialysis or outpatient.

Didactics

In addition to direct patient care training opportunities, interns participate in a series of seminars and other didactic training events. The overall goal of the various didactic conferences and seminars is to provide interns with formal instruction on topics important to their practice as health service psychologists. Didactics include:

Pediatric Psychology Seminar

Two to four hours per month. This seminar features linked presentations by medical, psychology, and/or allied health providers that discuss both the medical and psychosocial aspects of various medical conditions or presentations (e.g., weight management from a medical and psychosocial perspective), as well as topics in general and subspecialty pediatric medical care.

Integrated Primary Care Seminar

Each month, all psychologists, social workers, postdoctoral fellows, and interns working in primary care participate in a one-hour meeting in order to discuss processes and issues related to primary care psychology. During certain months, the seminar is expanded into a two-hour experience to allow for a more in-depth examination of relevant topics.

Ethics Seminar

A minimum of one hour per month is spent on ethics didactics, either as a resident-only seminar or through the Division of Behavioral Health's Ethics Rounds (see below). This seminar focuses on ethical and legal issues, including the APA Code of Ethics, with particular application to the practice of psychology within a child/medical setting. Topics range from child abuse reporting law in Delaware to ethical issues in transplant evaluation and bariatric surgery.

Cultural Humility Experiential Seminar

One and a half hours per month. The American Psychological Association released updated multicultural guidelines in 2017 calling for professionals in psychology to engage in self-reflection around aspects of cultural identity, intersectionality, and social context. Further, the APA emphasizes that practicing psychologists should acknowledge themselves as

cultural beings with attitudes, beliefs, and personal histories that may influence clinical care. This seminar uses experiential activities and discussions around issues including cultural identity, intersectionality, bias, privilege, and power discrepancies, in order to ensure comprehensive training in cultural competence.

Assessment Seminar

One hour per month. Interns meet with faculty members to discuss approaches to assessing various domains of functioning, as well as approaches to rule in/out various diagnoses. Special topics are also covered, such as assessment issues in certain developmental periods and the assessment of children of diverse ability levels and cultural and linguistic backgrounds.

Intervention Seminar

Two to four hours per month. Intervention Seminar is centered on evidence-based interventions for the most frequently encountered referral issues. Past seminars have included topics such as motivational interviewing, exposure-based CBT for anxiety and OCD, treatment of tics and trichotillomania, trauma-focused CBT, Parent-Child Interaction Therapy, mindfulness-based interventions for stress management, suicide assessment and intervention, feeding therapy, and treatment of elimination disorders.

Supervision Seminar

One hour six times per year. The Supervision Seminar is focused on providing exposure to theories and methods of supervision. The seminar series covers topics such as supervisory development, competent supervision, legal, ethical, and diversity issues, and addressing personal factors in supervision. Skills are practiced in the seminar setting using role plays.

Research Seminar

Four hours per year. This seminar addresses specialized topics related to the conduct and dissemination of research in a health care setting.

Inpatient Consultation and Intervention Seminar

One hour per month. During this seminar, Pediatric Psychology interns present and discuss interesting or challenging inpatient cases, increase their familiarity with medical conditions and procedures encountered during inpatient consults, and discuss other issues relevant to inpatient work, such as interdisciplinary team collaboration and effective communication.

Quality Improvement Seminar

Six seminars per year. Interns learn Quality Improvement principles and complete individual or small-group QI projects that are aimed at improving clinical care and/or processes.

Professional Development Seminar

Four to six seminars per year. Various speakers present on professional development topics, such as licensure, professional writing workshops, career paths, interviewing for fellowships and jobs, and negotiating job offers.

Wellness Seminar

Six seminars per year. Various speakers present and offer space to focus on the well-being of

trainees and psychologists-in-training. Specific topics covered include, but not limited to, self-advocacy, resiliency, moral injury, and systemic supports for creating balance in both professional and personal roles.

Advocacy Seminar

Four to six seminars per year. Various speakers present and provide opportunities to engage in using the role of psychology to advocate at the state and national level.

Division- and Hospital-Sponsored Programs

Interns attend monthly rounds sponsored by the Division of Behavioral Health that alternate between diversity- and ethics-focused special topics. Interns are also encouraged to attend relevant Pediatric Grand Rounds and other training experiences that are sponsored by Nemours Children's Hospital. In addition, interns are encouraged to attend rounds or journal clubs offered by medical subspecialties (e.g., neurology, endocrinology, or gastroenterology).

A Year at a Glance and Sample Schedules

Pediatric Psychology Track

- 12-month Inpatient Consultation-Liaison Experience
- 12-month Pediatric Psychology Outpatient Therapy Experience
- Six-month Psychological Testing Rotation
- Six-month ½ day Behavior Consultation Clinic Experience
- Six-month ½ day Primary Care Experience
- Six-month ½ day Short-Term Anxiety and Mood Program and Community Referral Clinic Experience
- 12-month ½ day Specialty Experience
- Group Therapy Experience (one evening per week when group is meeting)

Integrated Behavioral Health Track

- 12-month, 2 day/week Primary Care Experience
- Six-month Psychological Testing Rotation
- Six-month ½ day Behavioral Consultation/Intervention Clinic Experience
- 12-month ½ day Specialty Experience
- Group Therapy Experience (one evening per week when group is meeting)

Clinical Child and Community Track

- 12-month, 1 day/week Primary Care Experience
- 12-month Clinical Child Psychology Outpatient Therapy Experience
- Six-month full-day Behavior and Developmental Access Clinic
- Six-month full-day Short-Term Anxiety and Mood Program and Community Referral Clinic Experience
- Six-month Psychological Testing Rotation
- Six-month ½ day Behavioral Consultation/Intervention Clinic Experience
- 12-month ½ day Specialty Experience
- Group Therapy Experience (one evening per week when group is meeting)

Sample Schedules (1st or 2nd Six-Month Rotations)

Sample Pediatric Psychology Track Schedule

Sample Pediatric Psychology Track (1st or 2nd half of the year)						
	Monday	Tuesday	Wednesday	Thursday	Friday	
8am	Admin Time	Test**	Seminars	Report Writing Time	Therapy*	
8:30						
9am					Therapy*	
9:30						
10am						
10:30						
11am	Therapy Supervision					
11:30						
12pm	Lunch		Lunch	Lunch	Lunch	
12:30						
1pm	Primary Care Rockland Rd	Lunch	Specialty Care Supervision		-	
1:30					-	
2pm		Supervision		Specialty Care: Weight Management	Therapy*	
2:30						
3pm		Parent Conference			Therapy*	Therapy*
3:30				Therapy*	Therapy*	
4pm		Scoring		Therapy*	Therapy*	
4:30						
5pm						
5:30	Therapy*		Group			
6pm						
6:30						

*4-6 therapy cases are seen each week (not all slots will be filled)

**8-10 testing cases seen over 6-month rotation

Sample Integrated Behavioral Health Schedule

Sample Integrated Behavioral Health Track (1st or 2nd half of the year)						
	Monday	Tuesday	Wednesday	Thursday	Friday	
8am	Admin Time	St. Francis	Seminars		Becks Woods	
8:30		Follow-Up			Follow-Up	
9am		New/ Follow-Up		Specialty Care: Behavioral Sleep Clinic	Specialty Care: Behavioral Sleep Clinic	New/ Follow-Up
9:30						
10am						
10:30						
11am	Lunch	Discretionary Slots				Discretionary Slots
11:30	Lunch					
12pm	PCIT Group Supervision	Lunch	Lunch	Lunch	Lunch	
12:30						
1pm	PCIT Clinic	Warm handoffs, Team Consults, Supervision		Specialty Clinic Supervision	Warm handoffs, Team Consults, Supervision	
1:30						
2pm			New/ Follow-Up		New/ Follow-Up	
2:30			New/ Follow-Up		New/ Follow-Up	
3pm			New/ Follow-Up		New/ Follow-Up	
3:30		Follow-Up		Follow-Up		
4pm						
4:30						
5pm						
5:30						
6pm						
6:30						

Sample Clinical Child and Community Schedule

Sample Child Clinical & Community Track (1st or 2nd half of the year)							
	Monday	Tuesday	Wednesday	Thursday	Friday		
8am	Admin Time		Seminars	Behavior & Dev Supervision	Hospital Primary Care		
8:30							Follow-Up
9am						Behavior & Development Clinic	New/Follow-Up
9:30							New/Follow-Up
10am							New/Follow-Up
10:30					Discretionary Slots		
11am	Lunch	Specialty Clinic Supervision					
11:30		Lunch	Lunch	Lunch	Lunch		
12pm			Lunch	Lunch	Lunch		
12:30			Autism Supervision		Warm handoffs, Team Consults, Supervision		
1pm	Therapy Supervision	Specialty Care: Adolescent Medicine Clinic	Autism Behavior Clinic				
1:30							
2pm						New/Follow-Up	
2:30				Behavior & Development Clinic	New/Follow-Up		
3pm	Therapy*				New/Follow-Up		
3:30					New/Follow-Up		
4pm	Therapy*				Follow-Up		
4:30		Therapy*					
5pm	Therapy*						
5:30							
6pm	Therapy*						
6:30							

*2-3 therapy cases are seen each week (not all slots will be filled)

Opportunities for Spanish-Speaking Interns

Opportunities to provide consultation and intervention services are available for Spanish-speaking interns on all three tracks. All Spanish-speaking interns can be matched with a Spanish-speaking psychologist as a therapy supervisor and see patients from the bilingual therapy wait list. Interns can be placed at the St. Francis primary care site for one of their primary care assignments, where many patients and family members are Spanish speakers. There is also the opportunity to see Spanish-speaking patients and family members through various clinics. Opportunities for psychological testing in Spanish may be available. Bilingual psychologists provide supervision predominantly in Spanish. On a biweekly basis, Spanish-speaking interns join other Spanish-speaking clinicians in our department for bilingual

seminar, which is conducted entirely in Spanish and focuses on clinical topics and case presentations. Interns have access to an extensive collection of treatment materials and other clinical resources in Spanish, as well.

Clinical / Workload Expectations

Interns gradually build their caseloads over the course of the first few months of internship, with a focus on shadowing and frequent direct observation by supervisors. Interns begin the year with a weekly expectation of 8 clinical hours per week in August (including shadowing). By December, interns are up to their full weekly expectation of 16 clinical hours. (It is important to note, however, that this expectation is adjusted if an intern is on vacation or otherwise out of the office.) Hours are spread out over the various rotations in order to ensure a sufficiently rich and varied training experience.

As can be seen on pages 20-22, a typical workday goes from 8am to 5pm, with one evening group per week during the group rotation. Interns are not required to be on-call during evening or weekend hours. Depending on a particular day's schedule, interns have varying amounts of unscheduled time during the workday to make phone calls, complete documentation, and complete other administrative tasks. Interns are provided extensive support in learning to use the electronic medical record to streamline documentation, as well as other time management and efficiency tips and tricks. Interns are also provided with a block of protected writing time while they are on the psychological testing rotation in order to work on reports during the workday. Other clinics, such as integrated primary care, also have time dedicated for documentation and consultation with medical team members and other collaterals. For maximal flexibility, interns have remote access to the electronic medical record and the Nemours network, in order to permit off-site completion of work after hours, if desired.

The extent to which interns complete work outside of the regular workday varies according to several factors, including personal work style and preferences; the point in the training year (efficiency naturally increases over the course of the training year); and what rotations the intern is on (e.g., the testing rotation comes with greater writing demands). Some interns routinely complete work after hours, whereas others rarely (if ever) do. It seems to be the case that most interns periodically complete work after hours, as needed.

Supervision

Supervision is one of our program's most significant strengths. Past interns and APA site visitors have commented on the high quality of supervision provided as well as the "open door policy", leading to easy access of supervisors. Interns receive supervised experience through exposure to a variety of clinical activities. The primary training model is experiential as interns are expected to provide direct service to children and families. Interns have an independent caseload, but they also directly observe psychology faculty conducting assessment, intervention, and consultation cases, particularly at the beginning of new rotations, but also as needed throughout the training year. In addition to observational/vicarious learning, training also is augmented through "behind the mirror" observation of

colleagues, group supervision via videotapes, didactic exposure via seminars, continuous mentoring, and supervisory and consultative guidance.

Training rotations and supervision are designed to permit exposure to the entire range of clinical activities represented by the clinical staff. Supervision is developmentally based in that it is geared to the clinical and personal developmental levels of the individual intern. As the year progresses and interns' clinical skills develop, they assume greater responsibility. A minimum of four hours of individual supervision is regularly scheduled each week. However, interns typically receive far more individual supervision because supervisors are available on an as-needed basis. Additional one-on-one supervision is provided when inpatient consultations are received, when additional review of assessment cases is needed, and for crisis intervention. Supervisors are in the room or behind the mirror for at least 50% of the time during testing procedures. Live supervision is provided in our early childhood behavioral clinics, autism behavioral clinic, and short-term anxiety and mood program, as well as in other experiences. Live supervision can be provided through our telehealth platform if interns are providing services via telehealth. In-person live supervision can be provided through one-way mirror or live video stream from camera-equipped rooms in our outpatient clinic and all primary care clinics. In primary care settings, supervisors are always on site and available at any time for on-the-spot supervision, in addition to scheduled supervision. Finally, group supervision is integrated into various rotations and didactic seminars. Thus, supervision is intense and comprehensive, usually far surpassing four hours per week.

Evaluation and Feedback

Training faculty meet on a monthly basis to review each intern's performance and progress, identify goals for ongoing development, and, if necessary, create a supportive, individualized, modified training plan to address areas of training need. Interns are provided with ongoing formative feedback; monthly written feedback (which is discussed with a primary supervisor); as well as summative feedback three times a year with the Training Director or Associate Director of Internship Training. Mid-year and end-of-year letters describing each intern's progress are sent to the intern's Director of Clinical Training at their graduate institution. Our program follows due process and grievance procedures in the event of a concern requiring resolution.

In addition to providing interns with frequent formative and summative feedback, we also collect feedback from our intern class, both formally and informally. This occurs at various points over the course of the year, in order to ensure the highest quality training experience and to continually assess and improve our program. The training director and associate training director join interns each month for a group check-in and are also available on a very flexible basis to be responsive to any questions or concerns as they arise.

Diversity, Equity, Inclusion and Anti-Racism Efforts

Our program and the Division of Psychology stand in solidarity with BIPOC communities and BIPOC movements (including but not limited to Black Lives Matter, Stop AAPI Hate, etc.).

Through self-reflection, self-awareness, cultural humility, and intentional action, we strive to live the philosophy of anti-racism, which we view, in the words of Ijeoma Oluo, as “the commitment to fight racism wherever [we] find it, including in [ourselves].” We also stand firmly with our LGBTQIA+ community now more than ever. As psychologists and community members, we are committed to dismantling systems of oppression and white supremacy.

Our program has long operated under the guiding principle that diversity enriches our internship training program, our Division, our institution, and our community. Therefore, our program and our Division have pursued a number of diversity promotion, recruitment, and training initiatives that aim to:

- 1) enhance our interns' and staff's cultural humility and attention to/participation in diversity, inclusion, and equity efforts;
- 2) recruit and retain diverse staff and interns, in order to reflect the diversity of the populations we serve and to strengthen our Division through the diversification of perspectives and lived experiences; and
- 3) foster a welcoming, safe, and inclusive environment that celebrates diversity.

We have been and continue to be intentional in creating a welcoming and inclusive training program that fosters the recruitment and retention of trainees from diverse backgrounds. We emphasize diversity in the absolute broadest sense and greatly value lived experiences including folks from minoritized or minority backgrounds who have been historically underrepresented in pediatric and child psychology.

Diversity-Focused Training

Cultural humility is a division-wide continuing education priority, and the strength of our diversity training reflects this. We regularly sponsor cultural humility and anti-racism workshops for both psychology faculty and interns, in addition to providing a focused diversity training experience as part of our internship program. Interns have monthly experiential cultural humility seminars that specifically focus on the intersectionality of aspects of identity and how identity applies to interactions with families, other care team members, peers, and supervisors (see page 17). This experiential seminar is also available to psychology faculty separately. Interns are also invited to attend department-wide monthly Diversity and Ethics Rounds that bring in guest speakers from across the organization and community. Beyond the experiential seminars, interns' diversity training is woven into all aspects of their training, including assessment, consultation, and therapy experiences, as well as professional conduct. Issues pertinent to diversity, inclusion, and equity are also included in our general seminars.

Division-Level Diversity and Inclusion Work

Since 2014, our Division has had an active and energetic Diversity Committee comprised of staff psychologists, social workers, and staff that meets monthly. Interns and other trainees participate quarterly. This committee works to:

- continuously identify diversity training initiatives;

- develop additional areas of focus and plans that would promote diversity at the intern and faculty levels;
- assist with community outreach to diverse and underrepresented students, with the goal of diversifying the pipeline into pediatric psychology; and
- review and make recommendations for the interviewing of job candidates.
- self-assessment of hiring and retention practices

Faculty involved in the Diversity Committee have been honored or recognized at the national level for their work on diversity issues. The Diversity Committee also collaborates with enterprise diversity, equity, and inclusion efforts and has created opportunities for interns to be involved in larger initiatives (e.g., Associate Resource groups, training and mentoring opportunities).

In February of 2020, the Division of Psychology added a Diversity and Inclusion Advisor position to the Division leadership team. The Diversity and Inclusion Advisor has a clinical time (RVU) offset to protect time for the work of guiding, leading, and mentoring diversity and inclusion growth, with the goal of ensuring that this work remains front and center in all that we do.

Enterprise-Level Diversity and Inclusion Work

Nemours has made the following declaration:

Nemours is an Anti-Racism Organization.

We define being an anti-racism organization as creating an environment where all children, families and associates, regardless of race or the color of their skin, know they are valued. We challenge ourselves to identify, discuss, understand and address racism and its impact on children's health, and to correct systemic racism and any resulting inequities within Nemours. We are committed to combatting racial disparities in the United States through all of the many factors that impact the health of children. This includes working to achieve equitable health outcomes for all children, regardless of race, by addressing the social determinants of health and providing equitable opportunities including but not limited to medical care.

Nemours has created the Inclusion, Diversity, Equity & Alignment (IDEA) Department that encompasses the Health, Value, and Equity Pillar. The Health, Value and Equity Pillar is focused on transforming Nemours into an organization that enables all children to be healthy by advancing their physical, social, and emotional wellbeing with the same vigor applied to medical care. Committing to a cultural and systemic transformation addresses the social, economic, and demographic factors that are determinants of health while reducing cost, waste, and unnecessary utilization. This Pillar strongly supports Nemours' vision by addressing equitable health outcomes and quality of life for children.

Professional Development & Research Opportunities

Intern professional development is supported in a number of ways. We offer a Professional Development Series for both our interns and fellows. Interns also participate in abundant cross-discipline, in-house continuing education workshops at no charge. We provide a stipend to offset the cost of registration and travel to relevant professional conferences and trainings. Interns are encouraged to attend and present at professional conferences, and release time is possible if Nemours research is being presented. Faculty members are involved in numerous research projects. Psychology interns are welcome to contribute to ongoing clinical research and participate in research education in the Division of Behavioral Health. Although research experiences are encouraged, we view the internship year as a clinical training experience and, thus, clinical experience activities are primary. Current areas of faculty research include:

- Role of behavioral interventions in improving health outcomes and lowering healthcare costs for type 1 diabetes
- Self-management of type 1 diabetes during adolescence
- Family psychosocial risk assessment in sickle cell disease
- Implementing social skills groups for autism spectrum disorder in community settings
- Neurodevelopmental outcomes following infant cardiac surgery
- Psychosocial needs of families of infants with congenital heart disease
- Psychological screening for bariatric surgery
- Screening in pediatric primary care
- Actions Against Racism

Postdoctoral Fellowship Opportunities

Postdoctoral fellowship opportunities are available and are described on our training website at Nemours.org. For more information regarding our fellowship training and available positions, please contact Dr. Megan Cohen, Fellowship Training Director: psychologytraining@nemours.org.

Life in the Greater Wilmington/Philadelphia Area

Our interns tend to live primarily in Wilmington or Philadelphia, which each has its advantages. Wilmington offers a convenient commute to the hospital (about 10 minutes from Trolley Square and the Riverfront—two of the neighborhoods that are most popular with our interns), as well as a wealth of green spaces, recreation opportunities, and special events. Life in Delaware is family-friendly and dog-friendly, with many beautiful parks, botanical gardens, trails, and beaches. There is no sales tax in Delaware. Parking is fairly easy, and the pace of life is a bit more relaxed than many other East Coast cities.

Philadelphia is a vibrant, walkable city with incredible offerings in terms of restaurants, night life, museums, historical sites, art, theater, and other cultural offerings. It is about a 35- to 45-minute commute (reverse commute) to the hospital. Popular neighborhoods include Fishtown, Queen Village, Fitler Square, Northern Liberties/Spring Garden, Art Museum,

Francisville, University City/West Philly, South Philadelphia/Passyunk, and Pennsport.

Due to their mid-Atlantic geographical position, Wilmington and Philadelphia tend to have winters on the milder side for the Northeast. Both Wilmington and Philadelphia boast easy access for day/weekend trips to New York City, Washington DC, Atlantic City, Baltimore, Lancaster County in Pennsylvania (“Amish Country”), and beaches in both New Jersey (“the Shore”) and Delaware. Both are close to many beautiful tourist destinations including Winterthur Museum Garden and Library, Longwood Gardens, Valley Forge, Brandywine Battlefield, Brandywine River Museum, Historic New Castle, Hagley Museum and Garden, Tyler Arboretum, Wissahickon Valley Park, New Hope PA, and numerous scenic state parks.

Internship Admissions, Support, and Initial Placement Data

Date Program Tables were updated: 7/30/2023

Internship Program Admissions

We welcome applications from applicants in APA-accredited doctoral graduate programs in clinical, school, or counseling psychology who have completed all required coursework and the dissertation proposal by the application deadline. We look holistically at each application and do not require a minimum number of hours for intervention or assessment. Our application review focuses on fit with our program in terms of:

- Child/adolescent/pediatric experiences: Successful applicants usually have dedicated a significant portion of their graduate training to work with children and adolescents in the domains of intervention, consultation, and/or assessment;
- Setting: Successful applicants usually have worked in settings that include hospitals, integrated primary care clinics, and/or other multidisciplinary settings;
- Commitment to serving diverse populations and considering individual and cultural diversity variables in service delivery; and
- Commitment to evidence-based practice.

We understand that applicants’ hours and practicum experiences likely have been adversely affected by the COVID-19 pandemic. Our application review has always been holistic and not overly focused on hours, but please be assured that applications will not be penalized in any way for the impact of COVID.

Nemours has eligibility requirements that include background screening/checks for all hires. Matching with the internship program does not guarantee subsequent employment as a Nemours Associate. Applicants who successfully match with the internship program at Nemours must meet all hiring standards to be extended an offer of employment. Offers of employment are contingent upon satisfactory background screening(s)/checks(s), drug testing, demonstrating required vaccinations and/or immunizations, and proof of employment eligibility in the United States in accordance with the 1986 Immigration Act. Failure to meet these requirements as determined by the Internship Program, in

consultation with Human Resources, will result in postponement of employment until resolution or may result in total withdrawal of the employment offer.

Background screenings/checks may include but are not limited to the following (depending on applicable federal law and state law): Criminal background check, adult and child abuse registry, drug screening, qualifying health status/immunization, personal background checks, OUG and SGA sanction screening, sex offender registry checks, FBI criminal history summary, and education. Criminal convictions, including DUI and misdemeanor convictions, do not *necessarily* render the applicant ineligible to be hired. Upon being matched to our program, applicants who possess a valid medical marijuana card are asked to provide appropriate documentation from their medical provider, which is maintained in their confidential Employee Health file. The Delaware state site pertaining to medical marijuana may be accessed here: <https://dhss.delaware.gov/dph/hsp/medmarpt.html>. Applicants with valid medical marijuana cards must still adhere to the Nemours Drug Free Work Place policy and may not be impaired at work. For further details about any eligibility requirement, please contact Dr. Hughes-Reid and Dr. Branch at psychologytraining@nemours.org.

**Psychology Internship Admissions, Support, and Initial Placement Data
Date Program Tables are updated: 7/11/2023**

Program Disclosures

<p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.</p>	<p style="text-align: center;"><u> X </u> Yes No</p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented:</p>	
<p>Nemours has eligibility requirements that include background screening/checks for all hires. Matching with the internship program does not guarantee subsequent employment as a Nemours Associate. Applicants who successfully match with the internship program at Nemours must meet all hiring standards to be extended an offer of employment. Offers of employment are contingent upon satisfactory background screening(s)/checks(s), drug testing, demonstrating required vaccinations and/or immunizations, and proof of employment eligibility in the United States in accordance with the 1986 Immigration Act. Failure to meet these requirements as determined by the Internship Program, in consultation with Human Resources, will result in postponement of employment until resolution or may result in total withdrawal of the employment offer.</p> <p>Background screenings/checks may include but are not limited to the following (depending on applicable federal law and state law): Criminal background check, adult and child abuse registry, drug screening, qualifying health status/immunization, personal background checks, OUG and SGA sanction screening, sex offender registry checks, FBI criminal history summary, and education. Criminal convictions, including DUI and misdemeanor convictions, do not <i>necessarily</i></p>	

render the applicant ineligible to be hired. Upon being matched to our program, applicants who possess a valid medical marijuana card are asked to provide appropriate documentation from their medical provider, which is maintained in their confidential Employee Health file. The Delaware state site pertaining to medical marijuana may be accessed here: <https://dhss.delaware.gov/dph/hsp/medmarpt.html>. Applicants with valid medical marijuana cards must still adhere to the Nemours Drug Free Work Place policy and may not be impaired at work. For further details about any eligibility requirement, please contact our training program at psychologytraining@nemours.org.

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

We welcome applications from applicants in APA-accredited doctoral graduate programs in clinical, school, or counseling psychology who have completed all required coursework and the dissertation proposal by the application deadline. We look holistically at each application and do not require a minimum number of hours for intervention or assessment. Our application review focuses on fit with our program in terms of:

- Child/adolescent/pediatric experiences: Successful applicants usually have dedicated a significant portion of their graduate training to work with children and adolescents in the domains of intervention, consultation, and/or assessment;
- Setting: Successful applicants usually have worked in settings that include hospitals, integrated primary care clinics, and/or other multidisciplinary settings);
- Commitment to serving diverse populations and considering individual and cultural diversity variables in service delivery; and
- Commitment to evidence-based practice.

We understand that applicants' hours and practicum experiences likely have been adversely affected by the COVID-19 pandemic. Our application review has always been holistic and not overly focused on hours, but please be assured that applications will not be penalized in any way for the impact of COVID.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	Yes	No	Amount: NA
Total Direct Contact Assessment Hours	Yes	No	Amount: NA

Describe any other required minimum criteria used to screen applicants:

Dissertation proposal completed/approved by applicant's graduate program by the application date of November 1st.

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$40,443	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	<u>Yes</u>	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<u>Yes</u>	No
Coverage of family member(s) available?	<u>Yes</u>	No
Coverage of legally married partner available?	<u>Yes</u>	No
Coverage of domestic partner available?	<u>Yes</u>	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	216 (27 days)	
Hours of Annual Paid Sick Leave	Included in PTO	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<u>Yes</u>	No
Other Benefits (please describe): Six paid holidays; free parking; five educational leave days for dissertation defense (if not already defended) or attendance at professional conferences; various options for prescription medication coverage; various options for dental and vision insurance; retirement annuity programs; six weeks' paid parental leave; employer-paid short-term disability; basic life insurance and A&D included; voluntary additional life insurance and/or AD&D; voluntary long-term disability; flexible spending accounts for health, dependent care, and/or transportation; Employee Assistance Program; wellness program; financial education program; and others.		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

The expected stipend for all interns is \$40,443 for the 2024-25 training year. Interns are also provided a generous benefits package, including 27 days of Paid Time Off (PTO), which can be used flexibly for vacation, sick leave, fellowship/job interviews, graduation, and conference travel; five Educational Leave days for those dissertation defense and conference attendance; subsidized health insurance; six paid holidays; one day of volunteer time off for an approved activity; and free on-site parking. Other benefits include options for prescription medication coverage; options for dental and vision insurance; retirement annuity programs; employer-paid short-term disability; basic life insurance and A&D; voluntary additional life insurance and/or AD&D; voluntary long-term disability; flexible spending accounts for health, dependent care, and/or transportation; Employee Assistance Program; wellness program; financial education program; and others.

The Nemours Child Development Center is the hospital's on-site childcare facility (NAEYC-accredited) and provides high-quality childcare, prekindergarten, and kindergarten, as well as before-/after-care, drop-in care, and summer camp. Interns are welcome to use the hospital's medical library and can join the hospital's Fitness Center no cost.

Interns have access to support personnel, including our GME coordinator, numerous other full-time psychology/psychiatry administrative staff, check-in/check-out billing liaisons, medical assistants, psychometrists, insurance verification specialists, and medical transcriptionists. Support staff aid in scheduling patients, obtaining authorizations, patient check-in/check-out, and other clerical work. There are also personnel to assist with hospital-based research project protocols, statistical consultation for hospital-based projects, poster preparation, and editing and review tasks. Finally, there is computer/technological support available on a daily basis including computerized administration and scoring for many of our testing batteries.

Office and Outpatient Clinic Space

The Division of Psychology is located in a beautiful, state-of-the-art clinic and office space next to the main hospital building on Rockland Road, which is shared with the Divisions of Psychiatry, Developmental Medicine, and the Swank Autism Center. Interns share a large, sunny office that is located one floor up from the clinic space. Each intern has their own personal workspace with high-speed internet access, Nemours-issued iPhone, Nemours-issued laptop, e-mail account, and voicemail. Computer support training and electronic medical record use are provided. Remote access to the hospital server is also available. The office space also includes a large break room and kitchen, conference room, seminar room for didactics, treatment and scoring library, lounge seating, lactation room, and private spaces for supervision and other small-group meetings.

The clinic area features 54 specially-designed treatment rooms, all of which allow for observation via one-way mirror or iPad technology. Some have internal rooms for time-outs or cool-downs. "Bug in the ear" technology is available for unobtrusive parent coaching during therapy appointments. Other features of the clinic include extensive space and equipment for live supervision and case discussion; convenient workstations for in-clinic documentation; feeding therapy facilities; and multiple waiting areas for patients of different

ages and with different sensory needs. Providers in the Divisions of Psychology, Psychiatry, and Developmental Medicine see patients in the same clinic space to promote interdisciplinary collaboration and joint appointments where appropriate. In addition to the outpatient clinic space, clinical work also takes place in primary care clinics and the main hospital building (e.g., in specialty care clinics and on the inpatient medical units).

Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2019-2022	
Total # of interns who were in the 3 cohorts	44	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	EP
Academic teaching	1	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	40	0
Veterans Affairs Health Care System	0	0
Psychiatric facility	0	0
Correctional facility	0	0
Health maintenance organization	0	0
School district/system	0	0
Independent practice setting	2	0
Other	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Internship Training Team

Anthony Alioto, PhD, ABPP, BCB (Clinical Director of Specialty Care Psychology; Kent State University, 1998). Biofeedback, gender wellness, rumination syndrome of adolescence, functional GI disorders.

Emily Bernabe, PhD (Temple University, 2013). Autism spectrum disorder assessment and treatment, early childhood behavioral difficulties.

Kira Branch, PsyD (Associate Training Director, La Salle University, 2015). GI disorders, diabetes, adjustment to chronic illness, diversity issues.

Jason Boye, PhD, ABPP (UNC-Greensboro, 2014). Weight management, integrated primary care, health promotion, health informatics.

Christina Cammarata, PhD, ABPP (Clinical Director of Child Clinical Psychology, Central Michigan University, 2009). Diabetes, PCIT, eating disorders, OCD, Body Focused Repetitive Behavior Disorders.

Kimberly Canter, PhD (University of Kansas, 2015). Behavioral sleep, cystic fibrosis, e-health interventions for children with cancer.

Stephanie Chopko, PhD (University of Alabama at Birmingham, 2011). Developmental disorders/delays, intellectual disabilities, early intervention, cerebral palsy, orthopedics.

Megan Cohen, PhD, ABPP (Director of Postdoctoral Fellowship Training, University of Florida, 2013). Integrated primary care, weight management, health promotion and prevention.

Ally Davis, PhD (Loma Linda University, 2017). Treatment of behavioral feeding concerns in the context of ASD, early childhood psychology, developmental disabilities.

Ana Diaz-LePage, PhD (East Carolina University, 2021). Integrated primary care, bilingual services, cultural humility.

Paul Enlow, PhD (West Virginia University, 2017). Rehab psychology, adherence, psychological impacts of illness, disease and injury on youth.

Brian Freedman, PhD (Nova Southeastern University, 2006). Autism, Down Syndrome; development and delivery of person-centered and family-centered evidence-based practices; advocacy among autistic people and family members.

Laura Freeman, PhD (Temple University, 2015). Pediatric neuropsychological testing

Allen Garcia, PhD (University of Nebraska at Lincoln, 2019). Integrated primary care, health disparities, bilingual service delivery.

Roger Harrison, PhD (Diversity, Equity, and Inclusion Advisor; Brigham Young University, 2006). Integrated primary care, ADHD, adolescent therapy, family systems therapy, cultural humility.

Terry Harrison-Goldman, EdD (Director of Neuropsychology; Northern Arizona University, 1997). Pediatric neuropsychology, concussion, reading difficulties, executive function difficulties.

Zohal Heidari, PhD (Texas Tech University, 2021). Eating disorders, PCIT, mood and anxiety disorders.

Cheyenne Hughes-Reid, PhD (Director of Internship Training; Lehigh University, 2011). Integrated primary care, health disparities, cultural humility, workforce development, quality improvement.

Joselyn Kenowitz, PhD (Yeshiva University, 2018). Cardiac, diabetes, inpatient C/L.

Jennifer Kuhn, PhD (Western Michigan University, 2016). Integrated primary care, health promotion, ADHD, anxiety, injury prevention.

Taylor MacLean, PsyD (Kean University, 2021). Behavioral sleep, inpatient C/L.

Meghan McAuliffe Lines, PhD (Clinical Director of Integrated Primary Care Psychology; University of Delaware, 2008). Integrated primary care, early childhood behavioral and emotional difficulties, health promotion and prevention.

Ashley Marchante-Hoffman, PhD (University of Miami, 2018). Integrated primary care, bilingual services, psychological assessment, health disparities.

Roger Mercado, PhD (Temple University, 2018). Assessment and treatment of autism spectrum disorder, group treatment for internalizing symptoms.

Maia Noeder, PhD (Case Western University, 2014). Kidney and liver transplant, neurology, adjustment to chronic illness, inpatient consultation-liaison psychology.

Jennifer Shroff Pendley, PhD (Chief Psychologist; Indiana University, 1993). Diabetes, medical adherence, behavior management, training.

Zach Radcliff, PhD (Virginia Commonwealth University, 2018). Integrated primary care, rural mental health, chronic illness, parent mental health.

Steve Reader, PhD (University of Florida, 2007). Sickle cell disease, health disparities, cultural humility.

Katherine Salamon, PhD (University of Wisconsin - Milwaukee, 2012). Chronic pain, POTS, somatic symptoms, inpatient consultation-liaison psychology.

Cynthia Torres, PsyD (Nova Southeastern University, 2021). Chronic illness, inpatient consultation-liaison psychology, bilingual English-Spanish services.

Kate Vertucci, PhD (Interim Clinical Director Swank Autism Center; Northeastern University, 2017). Assessment and treatment of autism spectrum disorder.

Robert Washington, PhD (The University of Memphis, 2021). Child clinical and adolescent mood and anxiety disorders; diversity, equity, and inclusion.

Greg Witkin, PhD (Gallaudet University, 2014). Pediatric neuropsychological testing; hearing loss.

Karen Wohlheiter, PhD (University of Maryland, Baltimore County, 2011). Hematology-oncology, adjustment to chronic illness, inpatient consultation-liaison psychology.

Application Procedure

Materials Required

Our training program requires the AAPI Online, which is available through www.appic.org or at <https://www.appic.org/Internships/AAPI>. Your online application should include:

1. Cover letter that discusses your interest in our program and the fit between our program and your experiences and training goals. Please also indicate if you are interested in more than one of our tracks or one track in particular. (See below for a discussion of tracks).
2. Curriculum Vitae
3. AAPI itself (which includes essays and the DCT's verification of eligibility and readiness)
4. All graduate transcripts.
5. Three letters of recommendation, at least two of which should be from supervisors familiar with your clinical work.

A Note about Tracks and the Application Process

It is helpful to us when applicants indicate interest in one (or more) of our tracks at the time of initial application, but doing so does not commit an applicant. Many applicants are interested in more than one track, and we do not view this as problematic in any way. Applicants who are invited to interview are asked to indicate at the end of the interview day, after hearing in detail about our program, which track(s) they wish to be considered for when our rankings are submitted.

Application Deadline

Applications are due by 11:59 PM Eastern Standard Time on November 1, 2023. Interview offers will be extended by email on or before November 24, 2023, and all applicants will be notified of their status by December 15, 2023 at the very latest.

Interviews

Virtual interview dates for the upcoming year are:

Thursday, December 7, 2023

Friday, December 15, 2023

Friday, January 5, 2024

Wednesday, January 10, 2024 (if needed)

For applicants who indicate Spanish language fluency, a portion of the interviews will be conducted in Spanish.

Contact Information

Questions regarding our internship program or the application process should be addressed to Dr. Cheyenne Hughes-Reid, Training Director, or Dr. Kira Branch, Associate Training Director, at psychologytraining@nemours.org (email is the preferred method of contact) or:

Nemours Children's Hospital, Delaware
Division of Psychology
1801 Rockland Road, Suite 300
Wilmington, DE 19803
302-651-4523 (Dr. Hughes-Reid) 302-298-7341 (Dr. Branch)

Our internship in health service psychology is APA Accredited. Our next site visit will be held in 2029. **Questions related to our program's accreditation status should be directed to the Commission on Accreditation of the American Psychological Association:**

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street NE
Washington, DC 20002
Phone: (202) 336-5979
Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation