



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

**Division of Psychology  
Department of Pediatrics**

**Psychology Internship Training in Health Service Psychology  
2026-2027**

**Accredited by the:**

**Commission on Accreditation of the American Psychological Association**

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## **Acknowledgements**

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. We honor with gratitude the land itself and the people who have stewarded it throughout the generations, and we give gratitude for the opportunity to do this work on their homeland. We also acknowledge the historical and ongoing events that pose significant barriers to optimal health for children and families locally and globally. These acknowledgments alone are not enough but serve as a first step toward restoration and healing in honoring the land we are on and the communities we serve. We are committed to building authentic relationships and taking intentional action to promote inclusion and belonging and to increase access to quality healthcare for ALL.

## 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 focus on individual and cultural factors within social contexts.

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, autism spectrum disorder, feeding and eating disorders, and other psychiatric issues such as attention-deficit/hyperactivity disorder, disruptive behavior disorders, obsessive compulsive disorder, anxiety, depression, bipolar disorder, somatic symptom and related disorders, and many other adjustment and family difficulties.

Our internship program is committed to support future psychologists in developing the cultural self-awareness and humility needed to effectively serve diverse populations. Our patients and families have a variety of lived experiences. In particular, several primary care clinics serve communities in Delaware with limited access to resources (within Wilmington as well as more rural areas in the central and southern parts of the state). We offer interns opportunities to work with communities experiencing multiple barriers to optimal health.

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, cultural context and begin to develop a broad 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 social 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 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**

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 most 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	Physical Medicine & Rehabilitation
Dermatology	Physical Therapy
Developmental Pediatrics	Plastic Surgery
Emergency Medicine	Psychiatry
Endocrinology	Psychology
Gastroenterology	Pulmonary Medicine

General Pediatric Surgery  
Genetics  
Hematology/Oncology  
Infectious Disease  
Medical Imaging  
Nephrology

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 other divisions within 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 mission of the Division of Psychology at Nemours Children's Hospital, Delaware is "to improve well-being through quality behavioral health care, education, training and research in a collaborative, inclusive and culturally responsive manner."

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 who are living in economic and social conditions that put at risk for adverse health outcomes;
- 2) Critically 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 and provide culturally responsive care for ALL 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.

In accordance with APA competency benchmarks for professional psychology, 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 each rotation progresses. We place particular focus on meeting each intern at their own developmental level to allow each intern 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 2026-2027 training year, 8 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 (IBH) 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: 3

The **Pediatric Psychology (PP) 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: 4

The **Clinical Child & Community (CCC) 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, integrated pediatric primary care, and school-based health centers. 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: 1

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
<b>Outpatient Psychotherapy</b>	<ul style="list-style-type: none"> <li>12-month experience</li> <li><b>2-3 cases</b> per week with <b>one</b> year-long supervisor</li> </ul>	<ul style="list-style-type: none"> <li><i>Not part of track (Experience incorporated into primary care placements)</i></li> </ul>	<ul style="list-style-type: none"> <li>12-month experience</li> <li><b>4-6 cases</b> per week with <b>one</b> year-long supervisor</li> </ul>
<b>Integrated Pediatric Primary Care</b>	<ul style="list-style-type: none"> <li><b>12-month</b> experience</li> <li><b>1 full day</b> per week at <b>1 primary care clinic</b> offering opportunities for consultation, brief assessment, and short-term therapy</li> </ul>	<ul style="list-style-type: none"> <li><b>12-month</b> experience</li> <li><b>2 full days</b> per week at <b>2 different primary care clinics</b> offering opportunities for consultation, brief assessment, and short-term therapy</li> </ul>	<ul style="list-style-type: none"> <li><b>6-month</b> experience</li> <li><b>½ day</b> per week in <b>1 primary care clinic</b> offering opportunities for consultation, brief assessment, and short-term therapy</li> </ul>
<b>Inpatient Consultation- Liaison Psychology</b>	<i>Not part of track</i>	<i>Not part of track</i>	<ul style="list-style-type: none"> <li>12-month experience, rotating schedule every 6 weeks</li> </ul>
<b>Specialty Care</b>	<ul style="list-style-type: none"> <li>12-month experience for ½ day</li> <li>Placed in <b>one of 6</b> outpatient specialties: <ul style="list-style-type: none"> <li>Adolescent Medicine</li> <li>Behavioral Sleep,</li> <li>Endocrinology</li> <li>Feeding,</li> <li>Gastroenterology,</li> </ul> OR <ul style="list-style-type: none"> <li>Healthy Weight</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>12-month experience for ½ day</li> <li>Placed in <b>one of 6</b> outpatient specialties: <ul style="list-style-type: none"> <li>Adolescent Medicine</li> <li>Behavioral Sleep,</li> <li>Endocrinology</li> <li>Feeding,</li> <li>Gastroenterology,</li> </ul> OR <ul style="list-style-type: none"> <li>Healthy Weight</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>12-month experience for ½ day</li> <li>Placed in <b>one of 11</b> inpatient or outpatient specialties: <ul style="list-style-type: none"> <li>Any of the 6 specialties listed to the left,</li> <li>Cardiology,</li> <li>Oncology,</li> <li>Rehab Medicine,</li> <li>Sickle Cell</li> <li>Solid Organ Transplant</li> </ul> </li> </ul>
<b>Short-Term Anxiety and Mood Program (STAMP)</b>	<ul style="list-style-type: none"> <li>6-month experience</li> <li>½ day per week</li> </ul>	<i>Not part of track</i>	<ul style="list-style-type: none"> <li>6-month experience</li> <li>½ day per week</li> </ul>
<b>School-Based Health Center</b>	<ul style="list-style-type: none"> <li>6-month experience</li> <li>1 day per week</li> </ul>	<i>Not part of track</i>	<i>Not part of track</i>
<b>Early Childhood or Autism Intervention</b>	All tracks complete at least a 6-month rotation in one of three clinics for ½ day (PCIT is a 12-month rotation)		
<b>Psychological Testing</b>	All tracks complete a 6-month testing rotation consisting of 8-10 reports 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 cognitive functioning and current academic levels; attentional functioning; behavior that contributes to school, family, social, and developmental differences; 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), clinical child and adolescent outpatient therapy, pediatric specialty outpatient therapy, and group therapy.
- Specialty Care experience (see pages 14-16)
- Opportunities to provide psychological services in Spanish (see page 23)
- Opportunities to provide psychological services via telehealth

***Experiences specific to the Pediatric Psychology (PP) track:***

- Major rotation in inpatient consultation/liaison psychology (12 months).
- Minor rotation in community referral and short-term treatment through STAMP (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 (IBH) 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 (CCC) Track include:***

- Major rotation in pediatric primary care psychology at an integrated primary care clinic (1 day per week for 12 months).
- Minor rotation in community referral and short-term treatment through the STAMP program (1/2 day for 6 months).
- Minor rotation in school-based health center (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:

Neuropsychological Testing: Includes neuropsychological assessment of children/adolescents with medical disorders affecting the central nervous system (CNS), such as cancer, sickle cell disease, genetic conditions, congenital heart disease, seizures,

traumatic brain injury, cerebral palsy (CP), cerebral vascular malformations, and infectious processes. Interns will participate in comprehensive clinical consultations to obtain background history, conduct neuropsychological evaluations, write neuropsychological evaluation reports, and participate in parent feedback sessions. Interns will also have the opportunity to engage with multidisciplinary teams to coordinate patient care.

**Autism Spectrum Disorder Testing:** Includes in person and telehealth-based testing for diagnostic determination of autism spectrum disorder and its common co-occurring diagnoses. Assessment batteries are tailored to the youth's and family's needs, and typically include diagnostic interviewing, direct testing of autism characteristics (e.g., ADOS-2, TELE-ASD-PEDS/ASD-PEDS), cognitive/developmental testing (e.g., DAS-II, WISC-V), and rating scales (e.g., ABAS-3, ASRS, BASC-3, etc.). Interns completing this rotation will expand their competencies in diagnostic interviewing, administration of assessment batteries, report writing, and conducting feedback sessions, all within a lens of neurodiversity affirming and culturally responsive care.

## **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 and family therapies are provided for a broad range of psychological problems. Intervention opportunities are balanced between pediatric psychology and traditional clinical child 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, and elimination disorders. Interns also gain exposure to ADHD, anxiety, and mood disorders, family adjustment 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 at least a six-month rotation in one of our three 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, and/or telehealth platform. Interns routinely consult with pediatricians, teachers, and childcare providers to implement recommendations. Interns also have teaching opportunities as medical residents and other learners frequently observe behind the mirror.

***Behavior Consultation Clinic (BCC)*** (All tracks): The Behavior Consultation Clinic (BCC) is designed to provide brief, caregiver-mediated interventions for children under 5 and their caregivers. Common reasons for referral include aggression, emotion regulation, separation anxiety, tantrums, compliance, picky eating, and toileting concerns. Intervention focuses on

psychoeducation and empirically-supported approaches to behavior management within a culturally informed framework. Sessions are 45 minutes and can be delivered in person or via telehealth. This experience often involves coordination with early care and education centers and/or other multidisciplinary team members as appropriate.

*Parent Child Interaction Therapy (PCIT) Clinic* (PP and CCC tracks): PCIT is a short-term, evidence-based behavior management program designed for young children (2-5 years old) experiencing behavioral and/or emotional difficulties and their families. PCIT teaches caregivers to manage their child's difficult behaviors, while increasing their positive behaviors. PCIT works with the child and caregiver together to improve behavior and reduce parenting stress. Supervisors in this clinic are certified in PCIT and offer co-therapy and live supervision as part of the training model. PCIT will be offered as a year-long experience.

*Autism Behavior Consultation Clinic (ABC)* (All tracks): The Autism Behavior Consultation Clinic (ABC) housed in the Swank Autism Center is designed to provide brief, targeted behavioral services for autistic children/children with other developmental disorders and their caregivers. Intervention focuses on psychoeducation and empirically based approaches to behavioral supports within a neurodiversity affirming lens. Intervention targets include aggression, emotion regulation, tantrums, compliance, self-help skills, self-injurious behavior, picky eating, toileting concerns, and other related concerns. Appointments in ABC are 45 minutes and therapy focuses on evidence-based techniques to support autistic children's identity development, coping skills, skill development, emotional regulation, and increase caregivers' ability to understand and support their child. Onsite telehealth opportunities are available. This experience often involves coordination with schools and/or other multidisciplinary team members as appropriate. Within this training clinic, interns will have an opportunity to work with learners at a variety of levels, including externs and fellows.

Group Psychotherapy (All tracks): Interns gain experience in group therapy with groups for parents and/or children/adolescents. Group experiences are developed each year in response to the clinical needs of the community we serve. In previous training years, we have offered groups for disruptive behaviors, internalizing concerns, body image, parent support of ASD diagnosis, encopresis, and social skills training.

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 CCC Tracks; Minor Rotation: PP track)**

Integrated Primary Care is a rapidly growing area for psychologists and offers an opportunity for close collaboration with medical colleagues and community outreach in areas with limited access to resources. Interns provide consultation services in our satellite primary care offices during a 12-month, two-day major rotation (IBH track), a 12-month, one-day major rotation (CCC track) or a six-month, half-day minor rotation (PP track).

The hospital's satellite offices are predominantly located in areas of the state with limited access to healthcare. All sites are Nationally Committee Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) certified. IBH interns are placed in two different integrated primary care sites for the full training year. Sites are located throughout Delaware and interns are typically placed throughout New Castle county sites including Jessup Street, St. Francis, Foulk Road, Rockland Road, Pike Creek, Becks Woods, Newark, and Middletown. Opportunities for training in Kent or Sussex counties in Dover, Seaford, Milford, and Millsboro are also available. Being part of two different integrated primary care clinics allows interns to gain skills in providing culturally responsive and flexible model of IPC.

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, nurses, care coordinators, medical assistants, and patient service representatives and function as an integral part of the medical home by providing warm hand-offs, consultation, brief testing/screening, and intervention services in a successful and sustainable model of integrated care.

### **Inpatient Consultation/Liaison Service (PP Track only)**

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 five 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.

### School-Based Health Consultation Service (CCC Track only)

Nemours has partnered with three local school districts to provide physical health, behavioral health, and care coordination services to students during their school day as a School-Based Health Center. Interns on the Clinical Child and Community track are placed in a local elementary/middle school for 1 full day for 6 months. Interns will provide behavioral health consultation, screening, brief-intervention, and referral to specialty programs to students at the school. Interns will work closely with other members of the Nemours School-Based Health center team (Behavioral Health Therapists, Nurse Practitioners, Medical Assistants, and Care Coordinators) and school staff (counselors, psychologists, administration).

### Outpatient Consultation (Short-Term Anxiety and Mood Program: PP & CCC Tracks)

Interns on these two tracks complete a six-month rotation in the Short-Term Anxiety and Mood Program, which provides brief consultative services and intervention to families from the community 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. If appropriate, families participate in a manualized, brief intervention using a culturally responsive, evidence-based approach. When more comprehensive services are needed, detailed recommendations and referrals 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). Specialty care experiences vary each year due to clinical need and available supervisors and are subject to change. 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 the Cardiology 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.

#### Endocrinology (CCC/IBH/PP)

The intern on the Endocrinology specialty rotation will serve patients and families in the Diabetes Collaborative Clinic. This is an interdisciplinary diabetes clinic serving children and adolescents diagnosed with Type 1 diabetes and their families. The intern will develop skills in evidence-based assessment and intervention strategies related to adherence and adjustment challenges for youth with Type 1 diabetes and other endocrine disorders.

#### Feeding (CCC/IBH/PP)

Feeding Clinic serves patients who have medical and/or behavioral complexities that interfere with adequate calorie consumption. The intern will have the opportunity to evaluate behavioral feeding concerns, plan treatment, and provide feeding therapy within Psychology. Intern may also be able to observe and receive referrals from the multidisciplinary Feeding clinic, which includes Rehab Medicine, Nutrition, Speech-Language Pathology, and Psychology.

#### Gastroenterology (CCC/IBH/PP)

The intern on the Gastroenterology specialty rotation will have the opportunity to conduct outpatient individual and family therapy with patients presenting with a variety of concerns including organic gastrointestinal disorders (Inflammatory Bowel Disease, Celiac Disease, etc), disorders of the gut brain interaction (also known as functional gastrointestinal disorders), and comorbid emotional and behavioral concerns. The intern may also have the opportunity to participate in a multidisciplinary clinic, completing psychological assessments and brief intervention in clinic. Interns are also invited to participate in weekly didactic meetings with Gastroenterology faculty and medical residents and fellows.

#### Healthy Weight and Wellness (CCC/IBH/PP)

The intern in Healthy Weight and Wellness 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)

The Oncology specialty rotation 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)

Sickle Cell Clinic 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)

The Solid Organ Transplant 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, provide therapy to patients while in dialysis or outpatient, and participate in transplant clinic, which is an interdisciplinary outpatient pediatric clinic for children post-transplant that includes physicians, psychologists, nurses, and dieticians providing team-based care

### **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*

Six to eight seminars per year. Interns participate in ethics didactics, either in a resident-only seminar, through the Division of Behavioral Health's Rounds (see below), or through the enterprise-wide Nemours Children's Health Ethics Rounds. 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.

#### *Clinical Practice in Context Seminar*

One and a half hours per month. The clinical practice in context seminar is a shared learning space for active engagement in discussions that allows for increased self-reflection. Acknowledging that all interns bring their own unique lived experiences and training to the seminar space, the seminar focuses on the importance of lifelong learning. Interns are invited to consider how their own identities influence their clinical work, develop and refine skills to provide affirming care to patients, and learn methods for promoting inclusion and belonging.

#### *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 acceptance and commitment therapy (ACT), dialectical behavioral therapy (DBT), motivational interviewing, exposure-based cognitive behavioral therapy (CBT) for anxiety and OCD, trauma-focused CBT (TF-CBT), Parent-Child Interaction Therapy (PCIT), 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 social issues, and addressing personal factors in supervision. Skills are practiced in the seminar setting using group discussion and 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 and faculty 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 to eight seminars per year. Various speakers present and offer space to focus on the well-being of interns. 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 seminars per year. Various speakers present and provide opportunities to engage in using the role of psychology to advocate at the institution, state and national level.

### *Division- and Hospital-Sponsored Programs*

Interns are encouraged to attend grand rounds sponsored by the Division of Behavioral Health and other relevant Pediatric Grand Rounds and 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 ½ day Specialty 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 Experience
- Group Therapy Experience (one evening per week when group is meeting)

*Integrated Behavioral Health Track*

- 12-month, 2 day/week Primary Care Experience
- 12-month ½ day Specialty Experience
- Six-month Psychological Testing Rotation
- Six-month ½ day Behavioral Consultation/Intervention Clinic 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
- 12-month ½ day Specialty Experience
- Six-month full-day School-Based Health Center
- Six-month ½ day Short-Term Anxiety and Mood Program Experience
- Six-month Psychological Testing Rotation
- 12-month ½ day Behavioral Consultation/Intervention Clinic 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	Outpatient Therapy*	Seminars	Short-Term Anxiety and Mood Program	Behavior Consultation Clinic	
8:30						
9am	Oncology Supervision	Outpatient Therapy*				
9:30						
10am	Hem/Onc Psychosocial Rounds	Outpatient Supervision				
10:30						
11am	Oncology Specialty Clinic	Lunch				
11:30						
12pm		Lunch	Lunch			
12:30						
1pm	Lunch	Admin	Admin	Admin		
1:30						
2pm	Admin		Oncology Specialty Clinic	Admin		
2:30						
3pm	Outpatient Therapy*			Outpatient Therapy*		
3:30						
4pm	Outpatient Therapy*			Outpatient Therapy*		
4:30						
5pm	* 4-6 outpatient therapy cases per week					

## Sample Integrated Behavioral Health Schedule

Sample Integrated Behavioral Health Track (1st or 2nd half of the year)							
	Monday	Tuesday (Jessup St. Primary Care Clinic)	Wednesday	Thursday (Foulk Rd. Primary Care Clinic)	Friday		
8am	Admin	Admin	Seminars	Admin	ASD Testing*		
8:15am							
8:30am		New Pt/ Follow-Up		New Pt/ Follow-Up/ Brief Testing			
8:45am							
9am		New Pt/ Follow-Up/ Brief Testing		Discretionary/ Admin			
9:15am							
9:30am		Discretionary/ Admin		New Pt/ Follow-Up			
9:45am							
10am		New Pt/ Follow-Up		Supervision			
10:15am							
10:30am		Lunch		Lunch			
10:45am							
11am		Supervision/Warm-Handoffs/Admin		Admin			
11:15am							
11:30am		Adolescent Medicine Specialty Supervision		New Pt/ Follow-Up			
11:45am							
12pm	Lunch	Adolescent Medicine Specialty Supervision	Adolescent Medicine Specialty Treatment	Discretionary/ Admin			
12:15pm							
12:30pm							
12:45pm							
1pm	Admin	Supervision/Warm-Handoffs/Admin	Adolescent Medicine Specialty Treatment	New Pt/ Follow-Up			
1:15pm							
1:30pm		New Pt/ Follow-Up		Treatment			
1:45pm							
2pm		Discretionary/ Admin	Adolescent Medicine Specialty Treatment	Admin			
2:15pm							
2:30pm		Adolescent Medicine Specialty Supervision		New Pt/ Follow-Up			
2:45pm							
3pm		Adolescent Medicine Specialty Supervision		Admin			
3:15pm							
3:30pm		Lunch		Lunch			
3:45pm							
4pm		Supervision/Warm-Handoffs/Admin		Admin			
4:15pm							
4:30pm		Discretionary/ Admin		Admin			
4:45pm							
5pm	* 8-10 testing reports for 6 month rotation						

## Sample Clinical Child and Community Schedule

Sample Clinical Child and Community Track (1st or 2nd half of the year)					
	Monday	Tuesday	Wednesday	Thursday	Friday (St. Francis Primary Care Clinic)
8am	Admin	School-Based Health Center	Seminars	Admin	Admin/Huddle
8:15am					Treatment
8:30am					
8:45am					
9am					
9:15am					Discretionary/ Admin
9:30am					
9:45am					Supervision
10am					
10:15am					
10:30am					
10:45am					New Pt/ Follow- Up/ Brief Testing
11am					
11:15am					
11:30am					
11:45am					
12pm	PCIT Clinic Group Supervision	Lunch	Lunch	Lunch	
12:15pm					
12:30pm					
12:45pm					
1pm	PCIT Clinic	Outpatient Therapy Supervision	Healthy Weight & Wellness Specialty Supervision	New Pt/ Follow- Up	
1:15pm					
1:30pm					
1:45pm					
2pm		Outpatient Therapy*	HWW Specialty New Pt/Follow-Up	New Pt/ Follow- Up	
2:15pm					
2:30pm			HWW Specialty New Pt/Follow-Up	Admin	
2:45pm					
3pm		Outpatient Therapy*	HWW Specialty New Pt/Follow-Up	New Pt/ Follow- Up	
3:15pm					
3:30pm			HWW Specialty New Pt/Follow-Up	Discretionary/ Admin	
3:45pm					
4pm		Outpatient Therapy*	HWW Specialty New Pt/Follow-Up	Admin	
4:15pm					
4:30pm			HWW Specialty New Pt/Follow-Up		
4:45pm					
5pm	* 2-3 outpatient therapy cases per week				

## **Opportunities for Spanish-Speaking Interns**

Opportunities to provide consultation and intervention services are available for Spanish-speaking interns on all three tracks. Spanish-speaking interns can be matched with a Spanish-speaking psychologist as a supervisor. Interns participating in outpatient therapy (PP and CCC tracks) will receive supervision in providing psychotherapy in Spanish. Interns can be placed at the St. Francis primary care site as a primary care assignment, where the majority of the multidisciplinary team, including all primary care providers and 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 and the community 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 including time for lunch, consistent with a 40-hour work week. Interns may work one evening per week during their 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, if desired.

At Nemours Children's Health, we prioritize the wellness of our interns and try to promote a healthy balance of internship activities and daily living. It is our goal for interns to complete all clinical work, documentation, and other administrative tasks within a 40-hour work week. However, we know there are several factors that impact whether interns complete work outside of the regular 8-5 workday, including personal work style and preferences; the point in the training year (efficiency naturally increases over the course of the training year);

personal obligations; and what rotations the intern is on (e.g., the testing rotation comes with greater writing demands). Interns who choose to complete work after the typical 8-5 clinic hours due to personal work style and preferences shift their administrative hours during the day (e.g., take longer lunch breaks, start their day later, or end their day earlier) to minimize working more than a 40-hour work week. While it is our best intention to reduce working outside of typical business hours, it seems to be the case that most interns periodically complete work after business hours, as needed. We regularly monitor interns' hours to attend to intern wellness and need for additional supports.

## **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; as well as summative feedback three times a year with their Internship Program Training Director. 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 directors 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.

## **Inclusion and Belonging Efforts**

Our program and the Division of Psychology stand in solidarity with communities living with social and economic conditions that put them at risk for adverse health outcomes. 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]." As psychologists and community members, we are committed to supporting healthy outcomes for all.

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

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

We have been and continue to be intentional in creating a welcoming and inclusive training program that fosters the recruitment and retention of learners with different personal histories. We emphasize inclusion in the absolute broadest sense and greatly value lived experiences including folks from communities whose identities traditionally have not been reflected in pediatric and child psychology.

## **Inclusion-Focused Training**

Inclusion is a division-wide continuing education priority, and the strength of our training reflects this. We regularly sponsor cultural humility workshops for both psychology faculty

and interns, in addition to providing a training experience that is focused on inclusion and belonging as part of our internship program. Interns have a monthly seminar that specifically focus on aspects of identity and how identity applies to interactions with families, other care team members, peers, and supervisors (see page 17). Beyond the experiential seminar, interns' inclusion training is woven into all aspects of their training, including assessment, consultation, therapy, and didactic experiences, as well as professional conduct.

### **Division-Level Inclusion Work**

Since 2014, our Division has had an active and energetic committee dedicated to inclusion and belonging efforts. This committee is comprised of staff psychologists, social workers, and staff that meets monthly. Interns and other learners are invited triannually. This committee works to:

- continuously identify training initiatives;
- develop additional areas of focus and plans that would promote cultural humility, inclusion and belonging at the intern and faculty levels;
- assist with community outreach to students with different lived experiences and perspectives, with the goal of broadening 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 this committee have been honored or recognized at the national level for their work in cultural humility, inclusion, and belonging. This committee also collaborates with enterprise efforts and has created opportunities for interns to be involved in larger initiatives (e.g., Associate Resource groups, training, and mentoring opportunities).

### **Enterprise-Level Inclusion Work**

Nemours has created the IDEA Department that *“strives to cultivate a collaborative workforce that aligns with our mission to provide exceptional care to children and families, while actively advancing healthy opportunities to ensure that every child has what they need to achieve their optimal health.”* IDEA sponsors several Associate Resource Groups (ARGs), which are peer-led spaces dedicated to creating a sense of community and belonging among associates. ARGs are open to all, including interns. Additional information about IDEA can be found here: [IDEA](#)

## **Professional Development & Research Opportunities**

Intern professional development is supported in a number of ways. We offer professional development seminars 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. Areas of faculty research have included:

- 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

## **Postdoctoral Fellowship Opportunities**

Postdoctoral fellowship opportunities are available and are described on our training website at [Nemours.org](http://Nemours.org). For more information regarding our fellowship training and available positions, please contact Dr. Megan Cohen, Fellowship Training Director: [psychologytraining@nemours.org](mailto: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, nightlife, 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: 8/07/2025

## 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 vulnerable populations and considering individual and cultural 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. Branch and Dr. Smith at [psychologytraining@nemours.org](mailto:psychologytraining@nemours.org).

**Psychology Internship Admissions, Support, and Initial Placement Data**  
**Date Program Tables are updated: 8/07/2025**

**Program Disclosures**

<p><b>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.</b></p>	<p style="text-align: center;"><u>  X  </u> Yes  No</p>
<p><b>If yes, provide website link (or content from brochure) where this specific information is presented:</b></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> 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: <a href="https://dhss.delaware.gov/dph/hsp/medmarpt.html">https://dhss.delaware.gov/dph/hsp/medmarpt.html</a>. 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 <a href="mailto:psychologytraining@nemours.org">psychologytraining@nemours.org</a>.</p>	

## 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 vulnerable populations and considering individual and cultural 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	<u>No</u>	Amount: <b>NA</b>
Total Direct Contact Assessment Hours	Yes	<u>No</u>	Amount: <b>NA</b>

**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 1<sup>st</sup>.

## Financial and Other Benefit Support for Upcoming Training Year\*

Annual Stipend/Salary for Full-time Interns	\$45,205 (minimum)	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	<u>Yes</u>	No
<b>If access to medical insurance is provided:</b>		
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)	160 (20 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): <b>Six paid holidays; free parking; five educational leave days for educational activities; various options for prescription medication coverage; various options for dental and vision insurance; retirement annuity programs; employer-paid short-term disability; basic life insurance and A&amp;D included; voluntary additional life insurance and/or AD&amp;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.</b>		

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

In compliance with the Department of Labor Fair Labor Standards Act, the minimum stipend for all interns is \$45,205 for the 2026-2027 training year. Interns are classified as non-exempt employees and are paid at an hourly rate based on a 40-hour work week (8am-5:00pm), equating to \$45,205. Interns must seek approval to work over a 40-hour work week. Interns who work more than the 40-hour work week will be compensated at the hourly rate.



Interns are also provided a generous benefits package, including 20 days of Paid Time Off (PTO), which can be used flexibly for vacation, sick leave, fellowship/job interviews, and graduation; five Educational Leave days for educational and professional development activities; 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)

	<b>2022-2025</b>	
Total # of interns who were in the 3 cohorts	35	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	<b>PD</b>	<b>EP</b>
Academic teaching	0	0
Community mental health center	0	0
Consortium	0	0
University Counseling Center	0	0
Hospital/Medical Center	32	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	1
Independent practice setting	0	0
Other (Academic Psychology Dept)	2	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**

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

Jason Boye, PhD, ABPP (Clinical Director of School-Based Behavioral Health, Clinical Population Health Informatics Advisor; UNC-Greensboro, 2014). School-Based Behavioral Health, Population Health, Health Informatics, Integrated Primary Care, Weight Management.

Kira Branch, PsyD (Director of Doctoral Internship Training for Pediatric Psychology Track; La Salle University, 2015). GI disorders, adjustment to chronic illness, inclusion and belonging in health and school systems, addressing systemic barriers to healthy outcomes,

culturally responsive interventions.

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.

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

Brian Freedman, PhD (Director of Swank Autism Center; 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 (Clinical Director of Neuropsychology; Temple University, 2015). Pediatric neuropsychological testing

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

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

Kathryn Hoffses, PhD (University of Nebraska, Lincoln, 2011). Integrated primary care, research, health prevention and promotion.

Cheyenne Hughes-Reid, PhD (Clinical Director of Integrated Primary Care Psychology; Lehigh University, 2011). Integrated primary care, health disparities, cultural humility, workforce development, quality improvement, patient experience.

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.

Lian Liu, PhD (Lehigh University, 2022). Child and adolescent mental health, trauma-informed care, adverse childhood experiences, cultural humility.

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

Meghan McAuliffe Lines, PhD (Chief Psychologist; University of Delaware, 2008). Integrated primary care, early childhood behavioral and emotional difficulties, health promotion and prevention.

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

Danika Perry, PsyD (Philadelphia College of Osteopathic Medicine, 2013). Integrated primary Care, culturally responsive trauma-informed care, addressing systemic barriers, radical self-care.

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

Alora Rando, PhD (Suffolk University, 2021). Mood and anxiety disorders, OCD, tic disorders, populations facing barriers to optimal health, addressing systemic barriers.

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

Lily Slavin, PhD, BCBA (Central Michigan University, 2022). Autism spectrum disorder evaluation and autism treatment, including parent-mediated behavioral intervention, cognitive behavioral therapy, and behavioral feeding.

Joanna Smith, PhD ( Director of Doctoral Internship Training for Integrated Behavioral Health and Clinical Child and Community Tracks; Howard University, 2019). Clinical child and adolescent mood and anxiety disorders, eating disorders, early childhood, healthy weight and wellness, and populations facing barriers to optimal health.

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

Robert Washington, PhD (Director of Externship Training; The University of Memphis, 2021). Child clinical and adolescent mood and anxiety disorders, inclusion and belonging, addressing systemic barriers to healthy outcomes, cultural humility, culturally-responsive interventions.

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

Karen Wohlheiter, PhD (Interim Director of Specialty Care Psychology; 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](http://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, 2025. Interview offers will be extended by email on or before November 28, 2025, and all applicants will be notified of their status by December 5, 2025 at the very latest.

### Interviews

Virtual interview dates for the upcoming year are:

Friday, December 12, 2025

Wednesday, December 17, 2025

Friday, January 9, 2026

Additional interview date may be offered if needed.

The virtual interview day consists of general orientation, video "tour", opportunities to meet with current residents and fellows, and three individual faculty interviews.

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. Kira Branch, Director of Doctoral Internship Training for Pediatric Psychology Track, or Dr. Joanna Smith, Director of Doctoral Internship Training for Integrated Behavioral Health and Clinical Child and Community Tracks, at [psychologytraining@nemours.org](mailto: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  
302-298-7341 (Dr. Branch) 302-298-8180 (Dr. Smith)

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](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)