Dear Applicant:

Welcome to the Nemours/Alfred I. duPont Children’s Hospital Internship Training Program website. I hope that the information provided here is helpful to you in evaluating the training opportunities and atmosphere at our internship. Interns are not only valued within the Division of Behavioral Health but also as trainees by all medical disciplines. We share a close and mutually supportive relationship with Psychiatry and Pediatrics.

I hope the following sections help you understand the wide variety of experiences which are part of our standard training curriculum. We take pride in both the breadth and depth of training and feel we have much to offer doctoral candidates interested in both Pediatric Psychology and traditional Child Clinical Psychology.

Six interns comprise our class but there are Post Doctoral Fellows and Externs training with us as well. While we are known as a “hard working” training site, we are also well known for the warm and friendly relationships between our trainees and faculty. Formal supervision is abundant and faculty have an open-door policy for informal consultation.

If our program interests you, I hope you will review our application materials, which include details describing all training and educational aspects of the internship.

I wish you the best on your journey to obtain the very best clinical training and education possible,

Sincerely,

David V. Sheslow, Ph.D.
Director, Internship Training Program
Associate Clinical Professor
Thomas Jefferson Medical College
**Division of Behavioral Health**

The Division of Behavioral Health (DBH) reports administratively to the Chair of the Department of Pediatrics. All psychology faculty in the Division are employees of the hospital and are involved in supervising interns. There are currently nine full and part-time doctoral-level licensed psychologists and six post-doctoral fellows on staff. We also have an externship program that provides a range of training experiences to graduate students from doctoral programs in the Delaware and Philadelphia area.

The Division’s psychologists have provided training for many years and training is central to each psychologist’s professional identity. Training also represents an integral facet of the Department of Pediatrics and the mission of the Nemours/Alfred I. duPont Children’s Hospital. Academic affiliation with The Thomas Jefferson Medical College fosters training and research activities hospital-wide through a well-established residency program. All training faculty hold academic appointments through Jefferson Medical College. Psychology intern graduates are currently working in children’s hospitals, medical schools and outpatient clinics nationwide.

Within the Department of Pediatrics, the Division of Behavioral Health serves infants, children and adolescents in need of psychological evaluation, consultation and treatment. Services are provided to hospital inpatients as well as outpatients referred from ambulatory services of the hospital and the community. As previously stated, interns are exposed to a wide range of patients, encompassing both child clinical and pediatric experiences. In general, diagnostic evaluations include assessment of intellectual and academic functioning, attentional abilities and personality and behavior issues that contribute to school, family, social, and developmental difficulties. Neuropsychological, personality and early childhood (birth to age five) development have their own specialty evaluation services. Interns work closely with parents and schools to ensure that children receive a comprehensive evaluation that not only focuses on accurate diagnosis, but that also provides relevant, timely recommendations on an individual basis.

Consultation and treatment opportunities include experiences with inpatient and outpatient consultation; individual, family, and group therapies; behavioral medicine (including medical adherence, pain management, adjustment to chronic illness or acquired injury, and transplant pre-evaluations and treatment); school consultation and daycare consultation. Faculty is primarily oriented to
cognitive-behavioral and family-systems approaches but other theoretical approaches are also well represented. Keeping in step with the times, we strive to offer evidenced-based, empirically supported interventions. Again, the wide range of clinical experiences offered to the intern is a recognized strength of the program.

**Evaluation Experiences**

Psychology interns rotate through three evaluation experiences with different faculty supervisors for four months each. Evaluation experiences emphasize the need to go beyond accurate diagnosis and provide recommendations tailored to each unique patient to enhance their quality of life. Examples of evaluations include the following:

- **Clinical Child Evaluations:** Includes outpatient diagnostic assessment: comprehensive cognitive, educational, and emotional evaluations of children and adolescents presenting with a broad range of developmental, medical-behavioral, and emotional concerns. Emphasis is placed on providing multidisciplinary recommendations to address individual patient needs in the home and school settings.

- **Neurodevelopmental Evaluations:** Includes neuropsychologically-based assessment and consultation 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 so that recommendations can be feasible to implement for each particular patient.

- **Attention-Deficit Hyperactivity Disorder Evaluations:** To address the most common referrals, an integrated diagnostic assessment, treatment, and consultation service was developed for children presenting with attentional and behavioral concerns. Diagnostic assessment involves combining input from teachers and parents with a neuropsychological screening for common co-morbidities. Differential diagnoses include learning disorders, mental retardation, conduct disorders, adjustment disorders, anxiety disorders and mood disorders. Emphasis is placed on providing treatments that are indicated by evaluation.

- **Early Childhood Evaluations:** Includes evaluations focusing on children, ages one to five years. Families present with a variety of concerns that may focus on development (Pervasive Developmental Disorders, Developmental Disabilities, Language Disorders, behavioral issues (feeding disorders, disruptive behavior, anxiety) and/or family
issues. Evaluations may include formal testing, but also emphasize behavioral observations, developmental play and consultation with daycare/preschool caregivers. Frequently, evaluations involve coordinating care with other disciplines (e.g., physical therapy, occupational therapy, speech and language, developmental medicine) to ensure a comprehensive evaluation including an individualized treatment plan, ready to implement across settings.

- **Adolescent Personality Evaluations:** Adolescents can present to an evaluation experience with a unique set of questions. Sometimes clinical presentations are wrapped in personality dynamics that result in individual and family stress but may not fit neatly into a DSM-based diagnosis. Adolescents with complex issues are referred to this service so that they can receive a comprehensive look at their development, cognition, information processing abilities and their personality structure.

### Intervention Experiences

- **Outpatient Pediatric/Child Clinical Psychology:** Interns will participate in the outpatient therapy program for the entire training year. All faculty members supervise this experience. 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. Many of the pediatric psychology cases are follow-up appointments resulting from consultation/liaison activities. Examples include medical adherence difficulties (e.g., diabetes), pain management (e.g., headache, recurrent abdominal pain), cardiology, asthma and encopresis. Interns also gain exposure to ADHD, anxiety, obsessive-compulsive disorder and mood disorders including unipolar and bipolar disorder. Family adjustment issues include divorce and sibling issues, as well as early childhood issues pertaining to child behavior management, parent-child interaction problems, pediatric feeding disorders, and child maltreatment. 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, family and group-based treatment modalities.

- **Behavior Consultation Clinic:** Interns will participate in the Behavior Consultation Clinic for six months. This clinic is designed to provide short-term services for parents and children from birth to six years for a wide range of behavioral and developmental concerns such as parent-child conflict, sleep problems, toileting concerns, daycare difficulties, noncompliance and sibling rivalry. This unique clinic was developed to meet the needs of pediatricians in the area. A preventative,
developmentally-based treatment model is applied. The clinic runs on Friday mornings with live supervision provided during the entire clinic via a one-way mirror. Appointments are 45 minutes and therapy focuses on short-term, goal-oriented techniques. Interns frequently interact with child care providers in order to implement recommendations for that setting. Interns also have teaching opportunities as medical residents frequently observe behind the mirror.

- **Parent/Child ADHD Group:** Ongoing groups are provided to help parents learn about ADHD and address common behavioral concerns associated with ADHD, such as noncompliance and aggression. Along with the Parent Group, a Child Social Skills group is also provided to facilitate better peer relationships and learn self-control skills. Interns gain experience coordinating and leading each of these groups. Individualized follow-up treatment for children and family is thereafter available on an as needed basis. Interns have the opportunities to follow-up with physicians and school to help ensure implementation of skills learned and recommendations made during the groups.

**Consultation Experiences**

Consultation/Liaison Activities are both universal and individual. All interns will participate in the Inpatient Consultation Program, the Behavior Consultation Program and the Primary Care Consultation Program. We have also developed several specific consultation programs as a result of the increased demand for psychological services to specific medical services. Not all Interns participate in all of these consultation programs but all Interns will have a specialized consultation focus for the year.

- **Inpatient Consultation Program:** All Psychology Interns will participate in the inpatient consultation/liaison service throughout the training year. Presenting issues vary considerably from anxiety and depression affecting the physical presentation to conversion disorder to parenting issues affecting the child’s inpatient stay. All faculty supervise this experience. Interns provide consultation services to general pediatricians and pediatric subspecialists, in particular, Endocrinology, Gastroenterology, Asthma, General Pediatrics and Neurology around health related behavioral concerns, such as poor medical adherence, pain, psychogenic symptom presentation, behavioral feeding disorders, and general coping issues. Consults often involve a combination of psychological evaluation, diagnostic formulation and treatment (individual and family) planning. Since children often have short stays in hospitals, interns learn to quickly perform bedside evaluations of children and families and communicate results to the consulting medical staff. Outpatient follow-up post-discharge is appreciated when patients live within commuting distance to the hospital.
• **Primary Consultation Care:** All interns have the opportunity to consult in our satellite primary care offices during a six-month rotation. Primary Care Consultation is a rapidly growing area for psychologists and offers an opportunity for close contact with pediatricians and nurses working in underserved areas. Interns conduct intakes and learn skills in consulting with primary care staff regarding office-based behavioral treatment strategies. The hospital’s satellite offices are in underserved, poverty areas of the city. One site serves primarily a Hispanic population and physicians at this office are Spanish speaking and provide consultation and diversity training. Opportunities are available for providing therapy and consultation in Spanish. Another primary care site serves a primarily urban, African American population and again, physicians represent diverse ethnic backgrounds and are community role models for providing culturally sensitive treatment.

• **Community Consultation:** For this experience, we partner with Social Venture Partners of Delaware, a charitable organization that provides both funding and direct assistance to underserved programs. Some interns will have the opportunity to provide on-site behavioral consultation and in-service training programs to teachers and staff at several early development centers and charter schools (see website svpde.org) comprised of over 95% minority students. Two of these centers serve primarily African American populations and one center serves primarily a Hispanic population. Opportunities for providing consultation in Spanish exist.

• **Impaired Glucose Tolerance Consultation Program:** The IGT Program a relatively new, multidisciplinary program that was developed to improve the health of youngsters who are at risk for developing Type 2 diabetes. One intern will participate in a half-day clinic with the IGT team. The intern will provide consultation and ongoing therapy within the context of a multidisciplinary team approach.

• **Diabetes Clinic:** One intern will participate in a multidisciplinary diabetes clinic for children and adolescents struggling with adherence to their diabetes management regimens. Children and adolescents in this clinic see the diabetes educator, nutritionist and the psychology intern all of whom consult to provide comprehensive treatment recommendations to improve diabetes management. Treatment is short-term and consultative in nature. While one intern will participate in this particular clinic, psychology is well-integrated into the diabetes team and there are numerous opportunities for interns to be able to work with this team.

• **Cardiology:** The Cardiology Consultation Program is a new program this year developed to extend our liaison connection to the Cardiology Program. This is primarily an inpatient consultation program
that serves infants, young children and their families who are awaiting and who have had cardio-surgery interventions.

- Gastrointestinal Consultation Program: This program focuses on providing services to youngsters with recurrent abdominal pain of unknown origin, common GI diseases (like Crohn’s) and encopresis. While one intern will be primarily associated with this program, psychological involvement for GI disorders is a common part of our referral base.

- Other Consultations: Other areas for consultation are also available as we try to fill the hospital’s need for behavioral health services. The Sickle Cell, Craniofacial, Bone Marrow Transplant, Oncology and Children’s Advocacy Center (statewide program for child abuse housed in the hospital) are examples of other common consultation partners.

Sample Year at a Glance

- Year-long Pediatric Child Psychology Outpatient Therapy Program
- Year-long Inpatient Consultation-liaison experience
- Three, four-month Evaluation Service rotations
- Six month rotation in the Behavior Consultation Clinic
- Six month rotation in Primary Care
- Specific Consultation Experience: Social Venture Partners, Cardiology, GI, IGT, IDEAL

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 Pediatric/ Child Clinical Psychologists. Didactics include the following:

Seminar in Pediatric and Child Clinical Psychology: This seminar is held for two hours weekly and typically involves key clinical issues to enhance to practice of psychology within a hospital. Sessions address the following:
Basic issues in general and subspecialty pediatric medical care. Topics presented reflect the broad range of medical specialties ranging from psychosocial aspects of diabetes management to child abuse, to genetics, to somatoform disorders. The willingness of pediatric specialists, many of who are nationally and internationally recognized for their work, to present to psychology interns speaks highly of the collegial relationship between pediatrics and psychology in the hospital.

Child clinical issues, e.g., treatment of OCD, psychoactive medication, mood disorders in children.

Psychosocial ramifications of a variety of medical presentations, including acute and chronic illnesses. The overlap between medical and psychological illnesses in children and families.

Ethical issues, including the APA Code of Ethics, with particular application to the practice of psychology within a child/medical setting.

Sensitivity and exposure to issues related to working with children and families representing diverse cultural backgrounds.

Development of skills related to professional practice (e.g., interviewing, writing research grants, preparing vitae, post-doctoral opportunities).

Assessment Seminar: Interns meet with faculty members weekly for one hour to discuss current evaluation procedures, testing administration, formulate diagnostic formulation and case presentations. Interns have the opportunity to review the wide range of assessments being conducted, benefit from group input and supervision, and learn about neuropsychological and traditional testing procedures.

Family Therapy Seminar: Meeting three times a month for one hour, this seminar includes review of ongoing family therapy cases. Both didactic and clinical aspects of this seminar make it particularly valued. Interns benefit from group input and are provided the opportunity to process themes across various family therapy cases. Supervision is provided via videotapes of family therapy sessions.

Hospital Sponsored Programs: Interns are encouraged to attend weekly Pediatric Grand Rounds, monthly Ethics Rounds and other training experiences that are sponsored by the duPont Hospital for Children. In addition, Interns are encouraged to attend rounds or journal clubs offered by medical subspecialties (e.g., Neurology, Endocrinology, or Gastroenterology).

**Supervision**
The varied supervision experiences within Behavioral Health are among the strongest aspects of the program. Past interns and the recent APA site visitors comment 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 also sometimes accompany staff members during assessment, intervention, and consultation cases, thus having the opportunity for direct observation/modeling. While much supervision is provided informally during the week by “dropping by” to discuss cases, weekly formal one-to-one supervision is provided for both therapy and evaluation experiences. In addition to "in-room supervision," training also is augmented through behind the mirror observation of colleagues, group supervision via videotapes, didactic exposure via seminars, continuous mentoring, and consultative guidance.

Training rotations and supervision are designed in order to permit exposure to the entire range of clinical, consultation, and research activities represented by the clinical staff. Supervision is developmentally based in that it is geared to the clinical and personal developmental levels of each individual intern. As the year progresses and the intern becomes more independent, interns and supervisors discuss fading in-room supervision to a more consultative relationship. A minimum of four hours, including two hours of one-on-one supervision, is regularly scheduled each week. However, interns typically receive far more individual supervision in that faculty have an "open door" policy, meaning that they are available on an as-needed basis. Additional one-on-one supervision is provided to prepare for inpatient consultations, when additional review of complicated assessment cases is needed, and for crisis intervention. Specifically, supervisors are frequently in the room for at least 50% of the time during evaluation procedures. Interns receive four hours/week of behind the mirror supervision for the Behavioral Consultation Clinic. In addition, interns participate in weekly assessment (one-hour) and therapy (one-hour) group supervision seminars. Videotaped supervision is provided both individually and in the Family Therapy Seminar. Thus, supervision is intense and comprehensive, far surpassing the requirement of four hours per week.

One last note, because we are in a Division of Behavioral Health, we also have three psychiatrists who also give generously of their time to share perspectives on case management. It has been our experience that our Interns learn a considerable amount about psycho-pharmacology during their training year.

Medical Residency Training

Several faculty members are actively engaged in residency training for pediatric and family practice residents. Medical residents observe and participate in
psychological evaluations and parent feedback conferences in order to gain familiarity with standard and appropriate psychological services as well as the varied roles of psychologists in medical settings. Medical Residents also observe and participate in the Behavior Consultation Clinic, a short-term goal-oriented treatment service. The role of Psychology in these activities highlights the degree to which we are integrated within the hospital as well as our commitment to training. Interns are routinely included in these activities and encouraged to participate fully.

**Research**

Interns are welcome and encouraged to participate in ongoing research. In the past post-doctoral funding has been obtained via hospital-funded projects.

Faculty members are involved in numerous research projects. Some current active research studies include:

- Self-Management of Type 1 Diabetes During Adolescence
- Continuous Glucose Monitoring in Type 1 Diabetes
- Psychological Screening for Bariatric Surgery
- Neurodevelopmental Outcomes in Cardiac Patients
- Motivational Interviewing in Parent-Based Behavioral Consultation

Interns are welcomed and encouraged to participate in ongoing research. Interns who have completed their dissertations and have an individual research interest will likely find support among the faculty. In the past post-doctoral funding has been obtained via Nemours Foundation-funded projects.

**Post-Doctoral Opportunities**

Several post-doctoral opportunities are available, allowing the opportunity for most interns to stay on an extra year if desired. The nature of these positions vary year to year. Next year, we have six post-doctoral fellows, including both clinical and research focused positions. For more information regarding our fellowship training, please contact Dr. Rochelle Glidden, Fellowship Training Director: rglidden@nemours.org.

**Stipends, Benefits and Support**

- **Annual Stipend:** $27,000
- **Benefits:** As hospital employees, interns are provided with the same benefits as are full-time, non-doctoral staff members, including 18 Basic
Leave days (i.e., vacation), 7 paid extended leave days (i.e., sick leave), subsidized health insurance, 7 paid holidays, and free on-site parking. Interns are also eligible to participate in tax-deferred child-care, medical care, disability, and retirement annuity programs and are welcome to use hospital sports medicine, library, and computer facilities. There is a child-care facility on-site. Health insurance for children of hospital employees is provided at a relatively small cost.

- **Professional Development**: Intern professional development is supported in a number of ways. Work time is released for educational experiences for interns and there is an annual stipend to support continuing education. Interns participate in abundant cross-discipline in-house continuing education workshops at no charge. Release time is provided for professional presentations at regional or national conferences, such as APA or the Conference of Child Health Psychology. In addition, we provide days off for dissertation defense and/or for the EPPP.

- **Support personnel**: Interns have access to support personnel, including five full-time psychology/psychiatry support staff, one check-in/check-out billing liaison, and insurance verifying personnel. Support staff aid in scheduling patients, obtaining authorizations, patient check-in/check-out and other clerical work. Also serving the Division are volunteers who are available for routine clerical assigned work, such as filing and compiling patient information packets. There are also personnel to assist with staff and intern research project protocols. For example, the Medical Education Office assists with poster preparations, editing and review tasks, in addition to slide preparation (Photography). There is also statistical consultation available for hospital based research studies. Finally, there is computer/technological support available on a daily basis.

- **Office space and equipment**: Interns share a large office located in the Division of Behavioral Health next to training rooms. Each intern has his/her own individual network computer, e-mail account, and voice mail. Computer support training, electronic medical record use, and internet access are also provided.

- **Clinical space and equipment**: Space for seeing patients includes nine therapy rooms, four of which are equipped for live supervision via one-way mirrors or video capabilities. Sports medicine facilities (e.g., bowling and basketball court) are also used therapeutically. There is also an extensive playground at the entrance to the outpatient lobby.

- **Research Support**: There is availability of statistical consultation for Institution Research Board approved research projects at no charge, as well as availability of small grant research awards (Nemours Research
Programs), awarded on the basis on scientific merit. Frequently, interns finish their dissertations while on internship.

**Training Team**


**Roger Harrison, Ph.D.** (Brigham Young University, 2006). Primary care; Co-Director, ADHD Program; neurology; adolescents; family systems therapy. Research: Psychology and primary care; psychotherapy outcomes.

**Meghan McAuliffe Lines, PhD** (University of Delaware, 2008). Primary Care; Nemours Health and Prevention. Research: Interface of psychology and primary care.

**Jennifer Shroff Pendley, Ph.D.** (Indiana University, 1993). Primary Care: Diabetes; medical adherence; behavior management training. Research: diabetes; obesity; adherence.

**Steven Reader, Ph.D.** (University of Florida, 2007). Primary care; Co-Director ADHD Program; Disruptive Behavior Disorders; Sickle Cell; GI. Research: ADHD

**Colleen Sherman, Ph.D.** (Temple University, 1995). Early childhood pediatric psychology; developmental delays; behavioral difficulties; feeding assessments and treatment.

**David V. Sheslow, Ph.D.** (University of North Carolina at Greensboro, 1978). Chief Psychologist. Nephrology; asthma; adolescents; assessment Research: Learning and memory processes; Cardiology

**Erica Sood, Ph.D.** (Temple University, 2009), cardiology, medical adherence. Research: Cardiology, diabetes, anxiety, obesity

**Vanessa Ann Vigilante, Ph.D.** (The University of Tennessee, Knoxville 2005). Primary care; Adolescent Medicine, Adolescent Personality Assessment; Asthma; Eating Disorders Research: Cystic Fibrosis.

**Life Wilmington**
Wilmington is located halfway between New York City and Washington, DC (100 miles each direction). We are also only 25 minutes to the Philadelphia airport, 35 minutes to center city Philadelphia, 90 minutes to downtown Baltimore, 60 minutes to Lancaster County, PA (“Amish Country”), 90 minutes to Atlantic City, and 90 minutes to Delaware’s Atlantic Ocean Beaches. Wilmington also has rail access to Amtrak and Septa commuter trains.

Wilmington is 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, and numerous scenic state parks. For more information, you may access the website www.wilmcvb.org.

Application Process

Internship candidates must be enrolled in an APA accredited doctoral program in clinical psychology or a closely related area of professional psychology. All of the formal course work (including supervised practicum) and comprehensive examinations for the doctorate must be completed prior to the beginning of the internship. People from underrepresented ethnic, racial, and cultural groups are encouraged to apply. Applications must be received by November 5, 2010.

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

Please note that no additional materials are available from the internship director – all information is contained on this website.

Application materials and inquiries should be directed to:

David V. Sheslow, Ph.D.
Associate Clinical Professor
Thomas Jefferson Medical College
Director of Resident Training
Division of Behavioral Health
Alfred I. duPont Hospital for Children
P. O. Box 269 1600 Rockland Road
Wilmington, DE 19899
E-mail is the preferred mode of communication.

Candidates should compile the following and include all of the following in one complete packet:

- completed APPIC application
- current vita
- transcript of graduate level academic training
- letters of recommendation from three professionals

Candidates who are invited for an interview will be notified by December 15. Interviews will be scheduled on January 7, 10, and 14, 2011. Information obtained from the completed application as well as the interview will be used in determining final selections. Telephone and interviews on other dates cannot be granted due to the large number of applications received each year. Candidates who are most successful in our program come with a background in child clinical and/or pediatric psychology with hospital-based experience. Candidates should have broad therapy and assessment experience with children and families. Pediatric-focused research experience including peer-reviewed presentations and publications as well as involvement in APA Division 54. A commitment to training in pediatric psychology is preferred.

Learn more about the Nemours/Alfred I. duPont Hospital for Children

http://www.nemours.org/healthpro/gme/internship/psychology/trainingteam.html