



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

**Division of Psychology
Department of Pediatrics**

**Psychology Internship Training in Health Service Psychology
2022 - 2023**



Accredited by the:

Commission on Accreditation of the American Psychological Association

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A Note about Our Internship Program during COVID-19

Like many psychology internship programs around the country during the COVID-19 pandemic, our program at Nemours Children's Hospital, Delaware temporarily switched to a remote training model in March of 2020. We were able to build on our well-established foundation in telehealth training, which has been part of our program for years, and pivot quickly to telehealth work. Our interns were fully remote until late June of 2020, at which point our program transitioned slowly and carefully to a hybrid model of internship training.

From June 2020 through the summer of 2021, our internship program was hybrid, with a blend of telehealth and in-person work. Our interns used their Nemours-issued iPhones and laptops to work from home and to serve their patients remotely. Supervision meetings were conducted remotely, via FaceTime, Vidyo, Google Duo, or another video-based technology. Live supervision/real-time direct observation continued, uninterrupted, through a feature of our telehealth platform. All didactic seminars were held via distance technology. We are proud of the way that our program was able to maintain high-quality training during this challenging time.

As rates of COVID-19 in the community continue to fall, we anticipate returning completely back to in-person clinical work and on-site telehealth service delivery. In-person work is guided by numerous precautions according to the CDC: rigorous sanitization protocols; strict social distancing and indoor masking at all times; strict adherence to hand hygiene (facilitated by ample hand sanitizer stations); and strict screening protocols. Interns are fully supplied with Personal Protective Equipment, including medical-grade surgical masks and optional face shields. All interns are offered the opportunity to be vaccinated against COVID-19.

Overview

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

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

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

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

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

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

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

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

Nemours Children's Hospital, Delaware was formerly known as the Alfred I. duPont Hospital for Children, which 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 is part of the broader, nonprofit Nemours Children's 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. Nemours Children's Hospital, Delaware is the only children's hospital in Delaware and draws patients from three additional states (Maryland, Pennsylvania, and New Jersey). As a teaching facility, the hospital is affiliated with Thomas Jefferson University, where all psychology faculty hold academic appointments. Medical students, residents, and fellows specializing in various fields of pediatrics, as well as nursing and allied health students, also receive training at the hospital.

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

Adolescent Medicine	Neurosurgery
Allergy	Neonatology
Audiology	Neurology
Cardiology	Occupational Therapy
Communicative Disorders	Ophthalmology
Critical Care Medicine	Orthopedics
Diagnostic Referral Service	Otolaryngology (ENT)
Dentistry	Physical Medicine & Rehabilitation
Dermatology	Physical Therapy
Developmental Pediatrics	Plastic Surgery

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

Psychiatry
Psychology
Pulmonary Medicine
Rheumatology
Sports Medicine
Thoracic Surgery
Transplant Services
Urology

The Division of Psychology reports administratively to the Chair of the Department of Pediatrics. We share a close and mutually supportive relationship with Psychiatry, Developmental Medicine, and Pediatrics. All psychology faculty are employees of the hospital. Psychology interns are greatly valued by all medical disciplines within the hospital and primary care sites.

Aims and Competencies

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

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

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

Our program is designed develop competency across the following areas:

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

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

Training Components and Tracks

For the 2022-2023 training year, 11 internship positions are available across three tracks to meet the training goals of interns interested in clinical child and pediatric psychology. Although each track has a particular focus, there are many training experiences in common. All tracks provide interns with high-quality training in assessment, intervention, consultation, and interprofessional collaboration, with a diverse caseload and an emphasis on evidence-based service delivery.

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

Number of Intern Positions: 5

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

Number of Intern Positions: 5

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

Number of Intern Positions: 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	Child Community Track	Integrated Behavioral Health Track	Pediatric Psychology Track
Outpatient Psychotherapy	<ul style="list-style-type: none"> • 12-month experience • 2-3 cases per week with one year-long supervisor 	<ul style="list-style-type: none"> • 12-month experience • 2-3 cases per week with one year-long supervisor 	<ul style="list-style-type: none"> • 12-month experience • 4-6 cases per week with two year-long supervisors
Integrated Pediatric Primary Care	<ul style="list-style-type: none"> • 12-month experience • 1 full day per week at 1 primary care clinic 	<ul style="list-style-type: none"> • 12-month experience • 2 full days per week at 2 different primary care clinics 	<ul style="list-style-type: none"> • 6-month experience • ½ day per week in 1 primary care clinic
Inpatient Consultation- Liaison Psychology	<i>Not part of track</i>	<i>Not part of track</i>	<ul style="list-style-type: none"> • 12-month experience, rotating schedule every 6 weeks
Inpatient Oncology Intervention	<i>Not part of track</i>	<i>Not part of track</i>	<ul style="list-style-type: none"> • Option of following oncology patients over multiple hospitalizations
Specialty Care	<ul style="list-style-type: none"> • 12-month experience for ½ day • Placed in one of 2 outpatient specialties: <ul style="list-style-type: none"> ▪ Adolescent Medicine <u>OR</u> ▪ Trauma 	<ul style="list-style-type: none"> • 12-month experience for ½ day • Placed in one of 9 outpatient specialties: <ul style="list-style-type: none"> ▪ Adolescent Medicine, ▪ Trauma, ▪ Audiology, ▪ Behavioral Sleep, ▪ Chronic Pain, ▪ Diabetes, ▪ Down Syndrome, ▪ Feeding, <u>OR</u> ▪ Weight Management 	<ul style="list-style-type: none"> • 12-month experience for ½ day • Placed in one of 12 inpatient or outpatient specialties: <ul style="list-style-type: none"> ▪ Any of the 9 outpatient specialties listed to the left, ▪ Cardiology, ▪ Oncology, <u>OR</u> ▪ Solid Organ Transplant
Short-Term Anxiety and Mood Program and Community Referral Clinic	<ul style="list-style-type: none"> • 6-month experience • 1 day per week 	<i>Not part of track</i>	<ul style="list-style-type: none"> • 6-month experience • ½ day per week
Behavioral and Developmental Access Clinic	<ul style="list-style-type: none"> • 6-month experience • 1 day per week 	<i>Not part of track</i>	<i>Not part of track</i>
Early Childhood or Autism Intervention	All tracks complete a 6-month rotation in one of three clinics for ½ day		
Psychological Testing	All tracks complete a 6-month testing rotation consisting of 10 cases		

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

Experiences common to all three tracks:

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

Experiences specific to the Pediatric Psychology track:

- Major rotation in inpatient consultation/liaison psychology (12 months).
- Major rotation in inpatient BMT/Oncology and general inpatient intervention (12 months).
- Minor rotation in community referral and short-term treatment through the Family-Centered Consultation Clinic program (1/2 day for 6 months).
- Minor rotation in integrated pediatric primary care psychology in one primary care clinic (1/2 day for 6 months).

Experiences specific to the Integrated Behavioral Health Track include:

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

Experiences specific to the Child Clinical & Community Track include:

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

Testing Experiences

Psychology interns on all tracks participate in a six-month psychological testing rotation

with one faculty supervisor Testing experiences emphasize the need to go beyond accurate diagnosis and provide recommendations tailored to each unique patient. Examples of types of testing include the following:

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

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

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

Early Childhood Testing: Includes testing focusing on children aged 0 to 7 years. Families present with a variety of concerns that related to development (social, language, cognitive, self-help), emotional-behavioral issues, trauma-related sequelae, and/or concerns in the context of adoption. In addition to administration of assessment instruments, the testing process also emphasizes behavioral observations, play observations, and consultation with daycare/preschool teachers. 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.

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

Intervention Experiences

Outpatient Pediatric/Child Therapy Clinic (All tracks): Interns participate in the outpatient therapy program for the entire training year and are each assigned either one therapy supervisor (IBH and CC track) or two primary supervisors (Pediatric Psychology

track). 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. Our pediatric psychology cases are referred internally from pediatric specialty programs or following an initial consultation on the inpatient consultation/liaison service. Examples of presenting pediatric concerns include medical adherence difficulties (e.g., diabetes), pain management (e.g., headache, recurrent abdominal pain), somatic symptoms/functional neurological symptoms, adjustment to chronic illness, encopresis, and tics. Interns also gain exposure to ADHD, anxiety, and mood disorders, family adjustment issues including divorce and sibling issues, as well as early childhood issues such as child behavior management, parent-child interaction challenges, and pediatric feeding disorders. If an intern has a special area of interest, cases may be selected to help foster further growth in that area. Interns participate in individual and family based treatment modalities.

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

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

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

Inpatient BMT/Oncology and General Pediatric Inpatient Intervention (Pediatric Psychology Track): Pediatric Psychology interns provide intervention services to hospitalized children/adolescents, often following patients over multiple hospitalizations. Work with Bone Marrow Transplant (BMT)/Oncology patients comprises a major focus of this experience, although patients with other medical conditions are also followed. Interns typically carry 1-3 inpatient intervention cases on their caseloads. As part of their inpatient work, interns collaborate and consult with nurses, child life specialists, creative arts therapists, physicians, and other medical team members. During the training year, interns may have the opportunity to receive training in the Surviving Cancer Competently

Intervention Program –New Diagnosis (SCCIP-ND), a manualized intervention for caregivers of children with a cancer diagnosis. SCCIP-ND was developed by Anne Kazak, PhD and her colleagues and is designed to promote healthy family adjustment to pediatric cancer and treatment and to prevent cancer-related posttraumatic stress symptoms in family members.

Group Psychotherapy (All tracks): Interns gain experience in group therapy with groups for both parents and children/adolescents. The Parent-Child Conduct Clinic group series offers concurrent parent and child groups to address common disruptive behaviors associated with ADHD, such as noncompliance and aggression. Other group experiences that may be available include social skills group for children with autism spectrum disorder and a group adaptation of the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders for adolescents. Both the Parent-Child Conduct Clinic parent group and the Unified Protocol group have been successfully offered via telehealth during COVID-19.

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. 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 and Assessment Experiences

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

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

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

IBH interns are placed in one urban site (St. Francis or Jessup Street) and one suburban site (Newark, Middletown, Pike Creek, Foulk Road, or Becks Woods) for the full training year. St. Francis serves primarily a Latinx/Hispanic population in an urban setting; all physicians at this office are Spanish-speaking and provide consultation and team-based care. Thus, training opportunities to develop skills in providing services in Spanish are available. Another primary care site (Jessup Street) serves a primarily African American population in an urban setting; again, physicians represent diverse ethnic backgrounds and are community

role models for providing culturally responsive treatment. In order to provide a rich training experience, IBH interns are also placed in either the Newark, Middletown, Pike Creek, Foulk Road, or Becks Woods sites, which are all located in suburban locations. Opportunities to train in rural primary care sites are also available.

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

Inpatient Consultation/Liaison Service (Pediatric Psychology Track)

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

Interns provide C/L services to multiple pediatric services and pediatric subspecialties, including General Pediatrics, Hematology-Oncology, Neurology, Endocrinology, Rheumatology, and Gastroenterology. Interns are exposed to a variety of ages and referral questions, including those regarding medical adherence, pain management, psychogenic symptom presentation, adjustment to diagnosis and/or hospitalization, procedural anxiety, general medical coping, behavioral problems interfering with treatment, and post-discharge treatment planning. Consults often involve a combination of diagnostic assessment and formulation, psychoeducation, intervention (individual and family), and identification of goals and needs for outpatient follow-up after discharge.

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

Interns on these two tracks complete a six-month rotation in a community referral clinic (Family-Centered Consultation Clinic), which provides diagnostic evaluation services to families with concerns about their child's emotional, behavioral, attentional, and/or social functioning. At the end of an initial visit, clinical impressions, psychoeducation, and recommendations are shared with the family. If appropriate, patients with concerns for depression and/or anxiety may be seen for a five-session cognitive-behavioral intervention in the Short-Term Anxiety and Mood Program (STAMP). When additional clinical follow-up is needed, referrals and detailed recommendations are provided to the family. Live supervision is provided along with group supervision for case conferencing.

Behavioral and Developmental Access Clinic (Child Clinical & Community Track)

The intern on the Child Clinical and Community track completes a six-month rotation in the Behavioral and Developmental Access Clinic, which serves young children presenting with a broad range of complex early childhood concerns including medical, behavioral, social, emotional, attentional, and/or developmental challenges. The intern will be able to

participate in diagnostic evaluations, follow-up/short term therapy, feedback and brief assessment screening visits while learning how to conceptualize complex diagnostic presentations and identify appropriate interventions.

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: Child Clinical & Community (CC), Integrated Behavioral Health (IBH), or Pediatric Psychology (PP). Available specialty care experiences include:

Adolescent Medicine (CC/IBH/PP): The Adolescent Medicine clinic focuses on providing specialized health care for adolescents in a multidisciplinary setting in the hospital, as well as an adolescent medicine clinic within the primary care setting. The intern will provide consultative services and help develop screening initiatives in collaboration with the adolescent health team.

Audiology (IBH/PP): One intern will work as part of a multidisciplinary team to support children and adolescents with ear anomaly, hearing loss, and cochlear implants. Team members represent audiology, otolaryngology, speech-language pathology, and social work, as well as psychology. The intern is involved in conducting consultations and providing ongoing support (often focused on psychosocial adjustment and adherence), as well as participating in interdisciplinary team meetings.

Behavioral Sleep (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.

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

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

Diabetes (IBH/PP): The Diabetes Collaborative Clinic 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.

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

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

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

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

Trauma (CC/IBH/PP): Through this clinic experience, the intern will provide outpatient trauma-informed evaluative and therapeutic services for children and adolescents who have experienced abuse or neglect. The intern will work collaboratively with the interdisciplinary team at the New Castle County Children's Advocacy Center (CAC) of Delaware, which is located in the same building as our outpatient clinic and office space.

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

Didactics

In addition to direct patient care training opportunities, interns participate in a series of

seminars and other didactic training events. The overall goal of the various didactic conferences and seminars is to provide interns with formal instruction on topics important to their practice as health service psychologists. Didactics include:

Pediatric Psychology Seminar

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

Integrated Primary Care Seminar

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

Ethics Seminar

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

Cultural Humility Seminar

One to two hours per month. The American Psychological Association released updated multicultural guidelines in 2017 calling for professionals in psychology to engage in self-reflection around aspects of cultural identity, intersectionality, and social context. Further, the APA emphasizes that practicing psychologists should acknowledge themselves as cultural beings with attitudes, beliefs, and personal histories that may influence clinical care. This seminar uses experiential activities and discussions around issues including cultural identity, intersectionality, bias, privilege, and power discrepancies, in order to ensure comprehensive training in cultural competence.

Assessment Seminar

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

Intervention Seminar

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

Therapy, mindfulness-based interventions for stress management, suicide assessment and intervention, feeding therapy, and treatment of elimination disorders.

Supervision Seminar

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

Research Seminar

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

Inpatient Consultation and Intervention Seminar

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

Quality Improvement Seminar

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

Wellness Seminar

Four seminars per year. This seminar series focuses on promoting self-care and self-compassion to help manage stressors and balance professional and personal life.

Professional Development Seminar

Four seminars per year. Various speakers present on professional development topics, such as licensure, strategies for studying for the EPPP, career paths, interviewing for fellowships and jobs, negotiating job offers, and advocacy.

Division- and Hospital-Sponsored Programs

Interns attend monthly rounds sponsored by the Division of Psychology that alternate between diversity- and ethics-focused special topics. Interns are also encouraged to attend relevant Pediatric Grand Rounds and other training experiences that are sponsored by Nemours Children's Hospital, Delaware. 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 Inpatient BMT/Oncology and General Inpatient Intervention Experience
- 12-month Pediatric Psychology Outpatient Therapy Experience

- Six-month Psychological Testing Rotation
- Six-month ½ day Behavior Clinic Experience (early childhood or autism focus)
- Six-month ½ day Primary Care Experience
- Six-month ½ day Short-Term Anxiety and Mood Program and Community Referral Clinic Experience
- 12-month ½ day Specialty Experience
- Group Therapy Experience (one evening per week when group is meeting)
- One evening outpatient therapy clinic day per week (5pm and 6pm patient slots)
- Flex time: late morning (arrive by 11am) or early departure (3pm) one day per week, as assigned.

Integrated Behavioral Health Track

- 12-month, 2 day/week Primary Care Experience
- 12-month Clinical Child Psychology Outpatient Therapy Experience
- Six-month Psychological Testing Rotation
- Six-month ½ day Behavior Clinic Experience (early childhood or autism focus)
- 12-month ½ day Specialty Experience
- Group Therapy Experience (one evening per week when group is meeting)
- One evening outpatient therapy clinic day per week (5pm and 6pm patient slots)
- Flex time: late morning (arrive by 11am) or early departure (3pm) one day per week, as assigned.

Child Clinical and Community Track

- 12-month, 1 day/week Primary Care Experience
- 12-month Clinical Child Psychology Outpatient Therapy Experience
- Six-month full-day Behavioral and Developmental Access Clinic
- Six-month full-day Short-Term Anxiety and Mood Program and Community Referral Clinic Experience
- Six-month Psychological Testing Rotation
- Six-month ½ day Behavior Clinic Experience (early childhood or autism focus)
- 12-month ½ day Specialty Experience
- Group Therapy Experience (one evening per week when group is meeting)
- One evening outpatient therapy clinic day per week (5pm and 6pm patient slots)
- Flex time: late morning (arrive by 11am) or early departure (3pm) one day per week, as assigned.

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

Sample Pediatric Psychology Track Schedule

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

*4-6 therapy cases are seen each week (not all slots will be filled)
 **10 testing cases seen over 6-month rotation

Sample Integrated Behavioral Health Schedule

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

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

Sample Child Clinical and Community Schedule

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

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

Opportunities for Spanish-Speaking Interns

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

Interns have access to an extensive collection of treatment materials and other clinical resources in Spanish, as well.

Clinical / Workload Expectations

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

As can be seen on pages 20-22, a typical work day goes from 8am to 5pm, with one evening clinic per week (5-7pm), one evening group per week during the group rotation, and one assigned flex day with either a late arrival (by 11am) or an early departure (by 3pm). Depending on a particular day's schedule, interns have varying amounts of unscheduled time during the workday to make phone calls, complete documentation, and complete other administrative tasks. (Interns are provided extensive support in learning to use the electronic medical record to streamline documentation, as well as other time management and efficiency tips and tricks.) Interns are also provided with a block of protected writing time while they are on the psychological testing rotation in order to work on reports during the workday. Other clinics, such as integrated primary care, also have time dedicated for documentation and consultation with medical team members and other collaterals. For maximal flexibility, interns have remote access to the electronic medical record and the Nemours network, in order to permit off-site completion of work after hours, if desired.

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

Supervision

Supervision is one of our program's most significant strengths. Past interns and APA site visitors have commented on the high quality of supervision provided as well as the "open door policy" (or, in the time of COVID-19, our "open text/call policy"), leading to easy access of supervisors. Interns receive supervised experience through exposure to a variety of clinical activities. The primary training model is experiential as interns are expected to provide direct service to children and families. Interns have an independent caseload, but they also directly observe psychology faculty conducting assessment, intervention, and consultation cases, particularly at the beginning of new rotations, but also as needed throughout the training year. In addition to observational/ vicarious learning, training also is augmented through "behind the mirror" observation of colleagues, group supervision via

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

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

Evaluation and Feedback

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

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

Diversity and Anti-Racism Efforts

Our program and the Division of Psychology stand in solidarity with BIPOC communities and the Black Lives Matter movement. 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].”

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

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

Some of our intentional efforts to increase BIPOC representation in our field can be illustrated in our record of ranking and matching with interns from diverse backgrounds:

Year	# positions	% BIPOC applicants ranked in top tier (unique applicants)	% BIPOC interns in class
2012-13	7	0%	0%
2013-14	7	0%	0%
2014-15	8	13%	0%
2015-16	8	13%	13%
2016-17	8	25%	13%
2017-18	11	36%	36%
2018-19	12	33%	25%
2019-20	12	33%	25%
2020-21	12	67%	42%
2021-22	10	90%	70%

Diversity-Focused Training

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

included in our general seminars. The intern's progress toward cultural humility is summatively evaluated on an ongoing basis.

Division-Level Diversity and Inclusion Work

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

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

Faculty involved in the Diversity Committee have been honored or recognized at the national level for their work on diversity issues. The Diversity Committee also works closely with the hospital's Office of Health Equity and Inclusion (OHEI) and has created opportunities for interns to be involved in larger initiatives (e.g., Associate Resource groups, training and mentoring opportunities).

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

Enterprise-Level Diversity and Inclusion Work

Nemours created the **Diversity, Anti-Racism, Inclusion, Value, and Health Equity (D.R.I.V.E.)** Task Force, and has made the following declaration:

Nemours is an Anti-Racism Organization.

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

With the DRIVE Task Force, Nemours commits to driving change and continuing the momentum forward in building a healthy future for all with the following workstreams:

- Education, Development and Programming

- Associate Engagement and Retention
- Pipeline, Recruitment and Onboarding
- Policies, Processes and Culture
- Community Engagement and Health
- Child and Family Impact
- Research and National Prominence
- Marketing and Communications

Professional Development & Research Opportunities

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

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

Postdoctoral Fellowship Opportunities

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

Life in the Greater Wilmington/Philadelphia Area

Our intern tend to live primarily in Wilmington or Philadelphia, which each has its advantages. Wilmington offers a convenient commute to the hospital (about 10 minutes from Trolley Square and the Riverfront—two of the neighborhoods that are most popular with our interns), as well as a wealth of green spaces, recreation opportunities, and special events. Life in Delaware is family-friendly and dog-friendly, with many beautiful parks, botanical

gardens, trails, and beaches. There is no sales tax in Delaware. Parking is fairly easy, and the pace of life is a bit more relaxed than many other East Coast cities.

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

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: 4/1/2021

Internship Program Admissions

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

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

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

Nemours has eligibility requirements that include background screening/checks for all hires. Matching with the internship program does not guarantee subsequent employment as a

Nemours Associate. Applicants who successfully match with the internship program at Nemours must meet all hiring standards to be extended an offer of employment. Offers of employment are contingent upon satisfactory background screening(s)/checks(s), drug testing, demonstrating required vaccinations and/or immunizations, and proof of employment eligibility in the United States in accordance with the 1986 Immigration Act. Please note that **vaccination against COVID-19 is mandated unless Nemours approves an exemption**. 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. Carpenter at johanna.carpenter@nemours.org.

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	No
Total Direct Contact Assessment Hours	No

Describe any other required minimum criteria used to screen applicants:
N/A

Stipend, Benefits, and Resources

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	\$38,121
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Intern contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	216

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?	Yes
Other Benefits (please describe): See below	

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

The expected stipend for all interns is \$38,121 for the 2022-23 training year. Interns are also provided a generous benefits package, including 27 days of Paid Time Off (PTO), which can be used flexibly for vacation, sick leave, fellowship/job interviews, graduation, and conference travel; one Educational Leave day for those interns who defend their dissertation while on internship; 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 child care facility (NAEYC-accredited) and provides high-quality child care, 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 for \$5 per biweekly pay period.

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. Interns share a large, sunny office that is located one floor up from the clinic space. Each intern has his/her 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 Behavioral Health 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

	2017-2020	
Total # of interns who were in the 3 cohorts	34	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	0
Military health center	0	0
Academic health center	29	0
Other medical center or hospital	0	0
Psychiatric hospital	1	0
Academic university/department	3	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	0
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

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

Internship Training Team

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

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

Kira Branch, PsyD (La Salle University, 2015). Gastrointestinal disorders (organic and functional), adjustment to chronic illness, anti-racism

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

Colleen Butcher, PhD (University of Florida, 2016). Neurodevelopmental disorders, genetic disorders, disruptive behavior, social communication problems.

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

Johanna Carpenter, PhD (Director of Internship Training; Temple University, 2011). Early childhood behavioral difficulties, behavioral sleep problems, somatic symptoms, adjustment to chronic illness, inpatient consultation-liaison psychology.

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

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

Colleen Cullinan, PhD (Western Michigan University, 2015). Integrated primary care, ADHD, child/adolescent therapy.

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

Laura Dewey, PhD (UT Southwestern Medical Center, 2011). Assessment of autism spectrum disorder, social skills group treatment.

Allison Dovi, PhD (University of Houston, 2017). Trauma-informed consultation and therapy services, TF-CBT, PCIT, body safety.

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

Roger Harrison, PhD (Brigham Young University, 2006). Integrated primary care, ADHD, adolescent therapy, family systems therapy.

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

Michael Hoffman, PhD (University of Miami, 2018). Children who are deaf/hard of hearing; Cleft palate and craniofacial differences; inpatient C/L.

Cheyenne Hughes-Reid, PhD (Associate Director of Primary Care Training; Lehigh University, 2011). Integrated primary care, health disparities.

Hannah Jones, PhD (University of Texas at Austin, 2017). Trauma, ADHD, internalizing symptoms, psychological testing, bilingual services.

Joslyn Kenowitz, PhD (Yeshiva University, 2018). Cardiology, diabetes, adjustment to illness, adherence, developmental assessment, inpatient C/L.

Meena Khowaja, PhD (Georgia State University, 2017). Autism spectrum disorder assessment and intervention, bilingual services.

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

Meghan McAuliffe Lines, PhD (Clinical Director of Integrated Primary Care Psychology; University of Delaware, 2009). Integrated primary care, early childhood behavioral and emotional difficulties, health promotion and prevention.

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

Roger Mercado, PhD (Temple University, 2018). Anxiety; Autism Spectrum Disorder Assessment; CBT for children/adolescents with ASD and co-occurring internalizing concerns; Group treatment.

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

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

Danika Perry, PsyD (Philadelphia College of Osteopathic Medicine, 2013). Integrated primary care, health promotion, diversity issues.

Zach Radcliff, PhD (Virginia Commonwealth University, 2017). Integrated primary care, rural mental health, chronic illness, parent mental health.

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

Kate Vertucci, PhD (Northeastern University, 2017). Autism Spectrum Disorder, psychological assessment, and parent training for social communication and play skills.

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

Application Procedure

Materials Required

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

1. Cover letter that discusses your interest in our program and the fit between our program and your experiences and training goals. Please also indicate if you are interested in more than one of our tracks or one track in particular. (See below for A Note About 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, 2021. Interview offers will be extended by email on or before November 26, 2021, and all applicants will be notified of their status by December 15, 2021 at the very latest.

Interviews

Interview dates for the upcoming year are:

Friday, December 10, 2021

Monday, January 3, 2022

Friday, January 14, 2022

We request a photo as part of our interview process, which serves as a memory aid for faculty. 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. Hanna Carpenter, Training Director, at johanna.carpenter@nemours.org or Dr. Cheyenne Hughes-Reid, Associate Training Director, at cheyenne.hughes@nemours.org (email is the preferred method of contact) or:

Nemours Children's Hospital, Delaware
Division of Psychology
1801 Rockland Road, Suite 300
Wilmington, DE 19803
302-651-4529 (Dr. Carpenter)
302-651-4523 (Dr. Hughes-Reid)

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

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