Nemours/Alfred I. duPont Hospital for Children
Wilmington, DE

Division of Behavioral Health
Department of Pediatrics

Psychology Internship Training in Health Service Psychology
2018 – 2019

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Overview

The Psychology Internship Program in Health Service Psychology within the Division of Behavioral Health at Nemours/Alfred I. duPont Hospital for Children 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 a scientist-practitioner approach to clinical practice.

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. We serve a diverse population of children, adolescents, and families and offer 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. Although 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 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 research and practice. Critical thinking and hypothesis formulation and testing are essential ingredients of the supervision experience. In supervision, trainees 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, trainees 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/Alfred I. duPont Hospital for Children and the Division of Behavioral Health**

The Nemours/A.I. duPont Hospital for Children was founded in 1940 through a bequest in the will of Alfred I. duPont, upon whose estate, Nemours, the hospital now stands. Mr. duPont stated in his will that he wanted part of his wealth to be used to "alleviate human suffering," especially that of children and the elderly. Soon after his death, the Nemours Foundation was established to carry out his wishes. Today, A.I. duPont Hospital for Children is part of the broader, nonprofit Nemours pediatric health system, which provides primary care, urgent care, specialty care, and hospital and ER care in the state of Delaware, the Delaware Valley region, and the state of Florida and surrounding areas. A.I. duPont Hospital 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/duPont Hospital for Children offers a wide array of services for infants, children and adolescents including:

- Adolescent Medicine
- Allergy
- Audiology
- Cardiology
- Communicative Disorders
- Critical Care Medicine
- Diagnostic Referral Service
- Dentistry
- Dermatology
- Developmental Pediatrics
- Emergency Medicine
- Endocrinology
- Gastroenterology
- General Pediatric Surgery
- Genetics
- Hematology/Oncology
- Infectious Disease
- Medical Imaging
- Neurosurgery
- Neonatology
- Neurology
- Occupational Therapy
- Ophthalmology
- Orthopedics
- Otolaryngology (ENT)
- Physical Medicine & Rehabilitation
- Physical Therapy
- Plastic Surgery
- Psychiatry
- Psychology
- Pulmonary Medicine
- Rheumatology
- Sports Medicine
- Thoracic Surgery
- Transplant Services
- Urology
Nephrology
The Division of Behavioral Health 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. For the 2017-18 training year, we have 41 doctoral-level licensed psychologists on staff (21 of whom comprise our internship training team); five neuropsychologists; three clinical social workers; and nine postdoctoral psychology fellows; as well as practicum students. Eleven interns comprise our 2017-18 class. Psychology interns are not only valued within the Division of Behavioral Health, but by all medical disciplines within the hospital.

Training Goals and Objectives

The Psychology Internship in Health Service Psychology provides training to prepare students for professional practice as psychologists in health service settings. 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 aims to develop competencies 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

Training faculty meet on a monthly basis to review each intern's performance and progress, identify goals for ongoing development, and, if necessary, create an individualized modified training plan to address areas of training need. Interns are provided with ongoing formative feedback via monthly written feedback, which is discussed with a primary supervisor, as well as summative feedback three times a year with the Training Director. In addition, interns receive feedback informally throughout the year. Mid-year and end-of-year reports are forwarded to interns’ graduate school Directors of Clinical Training.

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 gradually taking on more responsibility.
Training Components and Tracks

For the 2018-19 training year, 10 internship positions are available across two tracks to meet the training goals of interns interested in clinical child and pediatric psychology.

The Integrated Behavioral Health Track provides interns with intervention, assessment and consultation training in both community-based, integrated pediatric primary care settings and hospital-based settings. Interns gain experience in the integration of evidence-based, clinical child psychology services within primary care and other clinics that comprise the medical home.
Number of Intern Positions: 4

The Pediatric Psychology Track provides interns with intervention, assessment, and consultation training in hospital-based, medical inpatient and outpatient settings, with a focus on children/adolescents and families experiencing medical illness and associated psychosocial challenges.
Number of Intern Positions: 6

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

Experiences common to both 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 five) development.

- Intervention experiences, which include rotations in behavioral therapy and consultation (early childhood or autism-focused behavior therapy/consultation), general outpatient child/pediatric psychotherapy, and group therapy for disruptive behaviors and ADHD and/or internalizing disorders. There are also opportunities to observe/participate in groups for children diagnosed with autism spectrum disorders, pain conditions, and constipation/encopresis.

- Specialty Clinic rotation (outlined in detail at a later point)

- Opportunities to provide psychological services in Spanish (outlined in detail at a later point)

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 outpatient consultation 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 satellite clinic (1/2 day for 6 months).

Experiences specific to the Integrated Behavioral Health Track include:
- Major rotation in pediatric primary care psychology across at least two primary care satellite clinics (2 days per week for 12 months).
- Minor rotation in telehealth (1/2 day per week for 12 months).

Testing Experiences

Psychology interns on both the Pediatric Psychology and Integrated Behavioral health tracks rotate through two testing experiences with different faculty supervisors for three months each. 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 disability, and language disorders. Emphasis is placed on providing multidisciplinary 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.

Note: This experience typically does not provide sufficient neuropsychological assessment experience for interns who wish to apply to postdoctoral fellowships in clinical neuropsychology.

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.

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 (Both tracks):** Interns participate in the outpatient therapy program for the entire training year and are each assigned either one or two primary supervisors, dependent on 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. 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), adjustment to chronic illness, encopresis, and enuresis. 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 (Both tracks):** All Interns will complete a 6-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 a one-way mirror or video feed. 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 Behavioral Health 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. Early on in the training year, interns 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 (Both tracks):** Interns gain experience in group therapy at several points throughout the year. Opportunities include co-leading hospital-based or primary care-based parent groups to address common disruptive behaviors associated with ADHD, such as noncompliance and aggression. Other group opportunities may include group treatment for internalizing conditions.

**Telehealth (Integrated Behavioral Health Track):** In an effort to improve access to quality psychological services for patients, IBH interns will provide evidence-based intervention services via video communication technology to primary care patients and families in southern (Sussex County) who would otherwise be unable to receive services at the hospital. Telehealth represents a rapidly expanding mode of service delivery with the potential to help address shortages in mental health services in many communities. Interns will receive supervision focused on issues and special considerations in implementing telehealth interventions safely and effectively. Although a specific focus of the IBH track, telehealth opportunities are also available for interns on the pediatric psychology track.

**Consultation Experiences**

**Integrated Pediatric Primary Care (Both tracks—Major: IBH, Minor: Pediatric Psychology) 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) or a 6-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, Foulk Road, or Becks Woods) for the full training year. St. Francis serves primarily a Hispanic population in an urban setting; most physicians at this office are Spanish-speaking and provide consultation and diversity training. 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 sensitive treatment. In order to provide a rich training experience, IBH interns are also placed in either the Newark, Foulk Road, or Becks Woods sites, which are all located in suburban locations. Interns on the pediatric psychology track are all 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 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, Rehabilitation Medicine, 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 (Family-Centered Consultation Clinic, Pediatric Psychology Track)**
This clinic provides brief consultative services to families with concerns about their child’s developmental, behavioral, emotional and/or social functioning. At the end of an initial visit, clinical impressions, psychoeducation, and recommendations are shared with the family. Brief follow-up services are provided for some concerns (e.g., ADHD, specific behavioral issues). 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. This is a six-month experience.

**Specialty Clinic Consultation Experiences**
Each intern participates in a year-long specialty clinic rotation, designed to build skills in interdisciplinary team functioning and communication, as well as depth in a particular specialty care area. Available specialty clinics include:
Adolescent Medicine (Integrated Behavioral Health Track only): 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: One intern will work as part of a multidisciplinary team to support children and adolescents with ear anomalies, other hearing-related conditions, 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: 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/confusional arousals. The intern will gain experience with consultation, intervention, and collaboration with the Pulmonology team.

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

Chronic Pain: 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.

Diabetes: 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.

Feeding: 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.
Gastroenterology: The GI specialty rotation focuses on providing services to youngsters with functional abdominal pain, inflammatory bowel disease (i.e., Crohn’s Disease, Ulcerative Colitis), encopresis, and other functional GI disorders. The intern is involved in conducting consultation and ongoing therapy, as well as collaborating with a multidisciplinary team. In addition, the intern participates in GI-Psychology Rounds.

Sickle Cell Disease: This is an interdisciplinary clinic serving children, adolescents, and their families coping with various types of sickle cell disease. The team is comprised of a hematologist, hematology nurse practitioner, psychology intern and attending psychologist, social worker, and nutritionist. The psychology intern is involved in conducting consultation and ongoing therapy (often focused on pain management, medical adherence, psychosocial adjustment), as well as participating in interdisciplinary rounds.

Transition to Adult Care (Integrated Behavioral Health Track only): The Transition of Care Program provides transition planning for adolescents with complex health needs who are transitioning out of the pediatric health care system. The intern will cross-train with the social work students and med-peds students who rotate through the clinic and provided consultative liaison services to the transition team. They will also be able to translate the clinical process into the primary care settings.

Weight Management: 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
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 (e.g., genetic disorders, ambiguous genitalia). Other professionals within the hospital also present on their work and role on the interdisciplinary team.

Ethics Seminar
One hour per month. 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.
Diversity Seminar
One hour per month. This seminar focuses on issues and topics related to working with children and families representing diverse cultural backgrounds and other diversity categories.

Assessment Seminar
Two hours per month. Interns meet with faculty members to discuss current assessments and/or review/discuss tests. Interns gain the opportunity to hear the wide range of assessments being conducted, benefit from group input and supervision, learn about new measures and relevant topics including sensitivity and exposure to issues related to children representing diverse cultural and/or disability backgrounds.

Intervention Seminar
Two to four hours per month. Intervention Seminar is centered around 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 our interns with 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.

Research Seminar
One hour per month. This seminar addresses topics related to the conduct and dissemination of research in a health care setting.

Interprofessional/Interdisciplinary Skill Seminar
One hour six times per year. This seminar focuses on skills to promote psychologists’ effective functioning in interdisciplinary settings. Topics include documenting for medical providers and multidisciplinary clinic collaboration.

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. Three times per year, interns also discuss primary care cases in a group supervision format.

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.
Intern-Led Topical Seminar
Over the course of the internship year, each intern presents on a “hot topic” in pediatric or clinical child psychology during a one-hour seminar. Interns select relevant scholarly readings that are disseminated in advance of the seminar and also lead a discussion with seminar attendees, including psychology faculty, postdoctoral fellows, and other interns.

Continuous Improvement Seminar
Two hours per year. Interns learn Continuous Improvement/LEAN principles and complete a CI project as a group that is aimed at improving division-wide processes to decrease waste and ultimately improve patient care delivery.

Hospital Sponsored Programs
Interns are encouraged to attend weekly Pediatric Grand Rounds and other training experiences that are sponsored by Nemours/A. I. duPont Hospital for Children. Interns also are encouraged to attend monthly ethics rounds sponsored by the hospital. In addition, interns are encouraged to attend rounds or journal clubs offered by medical subspecialties (e.g., neurology, endocrinology, or gastroenterology).

A Year at a Glance and Sample Schedules

Pediatric Psychology Track
- 12-month Inpatient Consultation-Liaison Experience
- 12-month Inpatient BMT/Oncology and General Inpatient Intervention Experience
- 12-month Pediatric Psychology Outpatient Therapy Experience
- Psychological Testing Rotations (Two 3-month rotations)
- 6-month ½ day Behavior Consultation Clinic Experience
- 6-month ½ day Primary Care Experience
- 6-month ½ day Family Centered Consultation Clinic Experience
- 12-month ½ day Specialty Experience
- Group Therapy Experience

Integrated Behavioral Health Track
- 12-month, 2 day/week Primary Care Experience
- 12-month Telehealth Intervention Experience
- 12-month Clinical Child Psychology Outpatient Therapy Experience
- Psychological Testing Rotations (Two 3-month rotations)
- 6-month ½ day Behavioral Consultation/Intervention Clinic Experience
- 12-month ½ day Specialty Experience
- Group Therapy Experience

Sample Schedule – Integrated Behavioral Health Track

First Six Months
Monday: Primary care (Newark): intake/follow-up appointments; admin time; lunch; supervision; follow-up appointments.
Tuesday: PCIT clinic and live supervision; lunch; admin time
Wednesday: Didactics; lunch; therapy supervision, specialty clinic supervision, therapy appointments (telehealth or in-person).
Thursday: Primary care (St. Francis): intake/follow-up appointments; admin time; lunch; supervision; follow-up appointments.
Friday: Late morning (11am arrival); 11am patient; lunch; admin time; specialty clinic (Behavioral Sleep Clinic).

Second Six Months
Monday: Primary care (Newark): intake/follow-up appointments; admin time; lunch; supervision; follow-up appointments.
Tuesday: Psychological testing case; lunch; scoring; testing supervision; parent feedback conference; report writing.
Wednesday: Didactics; lunch; therapy supervision, specialty clinic supervision, therapy appointments (telehealth or in-person).
Thursday: Primary care (St. Francis): intake/follow-up appointments; admin time; lunch; supervision; follow-up appointments.
Friday: Late morning (11am arrival); 11am patient; lunch; admin time; specialty clinic (Behavioral Sleep Clinic).

Sample Schedule – Pediatric Psychology Track

First Six Months
Monday: Psychological testing case; lunch; testing supervision; scoring; parent feedback conference; report writing.
Tuesday: Specialty clinic and supervision; lunch; inpatient intervention case; therapy appointments.
Wednesday: Didactics; lunch; admin; therapy appointments.
Thursday: Late morning (11am arrival); 11am patient; lunch; primary care (Rockland Road).
Friday: Admin time; therapy supervision; oncology psychosocial rounds & lunch; therapy supervision; inpatient intervention case; therapy appointments.

Second Six Months
Monday: Outpatient consultation clinic and live supervision; lunch; admin time.
Tuesday: Specialty clinic and supervision; lunch; inpatient intervention case; therapy appointments.
Wednesday: Didactics; lunch; therapy supervision; therapy appointments.
Thursday: Late morning (11am arrival); 11am patient; lunch; admin; parent disruptive behavior disorder group.
Friday: Early childhood behavior clinic and live supervision; oncology psychosocial rounds & lunch; inpatient intervention case; therapy appointments.

Opportunities for Spanish-Speaking Interns

Opportunities to provide consultation and intervention services are available for Spanish-speaking interns on both tracks. Interns on the IBH track 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. On the Pediatric Psychology track, there is the opportunity to see therapy patients at St. Francis and to see Spanish-speaking patients and family members through other outpatient clinics and on the inpatient medical units, particularly the BMT/Oncology unit. In addition to the receiving supervision in English about these cases, interns participate in group bilingual supervision with other Spanish-speaking clinicians.

**Supervision**

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

Training rotations and supervision are designed to permit exposure to the entire range of clinical, 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 the individual intern. As the year progresses and interns’ clinical skills develop, they assume greater responsibility. A minimum of four hours of supervision is regularly scheduled each week. However, interns typically receive far more individual supervision because of our "open door" policy, which means that 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 frequently in the room for at least 50% of the time during testing procedures. Interns receive four hours/week of “behind the mirror” live supervision for the early childhood behavioral clinics and autism behavioral clinic. Interns involved in our Family Centered Consultation Clinic also receive live supervision. In primary care settings, supervisors are always on site and available at any time for on-the-spot supervision, in addition to scheduled supervision. In addition, iPad technology is used to permit live supervision and/or videotaping of primary care sessions. Finally, group supervision is integrated into various didactic seminars. Thus, supervision is intense and comprehensive, far surpassing the requirement of four hours per week.

Also of note, because we are a Division of Behavioral Health, we also have three psychiatrists and three clinical social workers who are based at the hospital and who give generously of their time to share perspectives on case management.

**Professional Development & Research Opportunities**

Intern professional development is supported in a number of ways. We provide a
Professional Development Series for both our interns and fellows, which meets monthly on Monday evenings throughout the year. Interns also participate in abundant cross-discipline in-house continuing education workshops at no charge. Release time is sometimes possible for Nemours research-related professional presentations at regional or national conferences, such as the annual meetings of APA, the Society of Pediatric Psychology (SPPAC), the Society for Developmental and Behavioral Pediatrics (SDBP), the Collaborative Family Healthcare Association (CFHA), the Association for Behavioral and Cognitive Therapies (ABCT), etc.

Faculty members are involved in numerous research projects. Psychology interns are welcome to contribute to ongoing clinical research and participate in research education in the Division of Behavioral Health. Although research experiences are encouraged, we view the internship year as a clinical training experience and, thus, clinical experience activities are primary. Current areas of faculty research include:

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

**Postdoctoral Fellowship Opportunities**

Postdoctoral fellowship opportunities are available and are described on our training website at Nemours.org. Next year, we will have ten postdoctoral fellowship positions. For more information regarding our fellowship training, please contact Dr. Colleen Sherman, Fellowship Training Director: csherman@nemours.org.

**Life in 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 in Pennsylvania (“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, Tyler Arboretum, and numerous scenic state parks. For more information, you may visit the Greater Wilmington Convention and Visitors Bureau website.
Internship Admissions, Support, and Initial Placement Data

Date Program Tables were updated: 8/17/17

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. Successful applicants usually have had significant experience with children in the domains of intervention and/or assessment and have worked in settings that include hospitals, integrated primary care clinics, and/or other multidisciplinary settings.

Nemours has eligibility requirements that include background screening/checks for all hires. Applicants who successfully match with the internship program at Nemours must meet all hiring standards to be extended an offer of employment. Offers of employment are contingent upon satisfactory background screening(s)/checks(s), drug testing, demonstrating required vaccinations and/or immunizations, and proof of employment eligibility in the United States in accordance with the 1986 Immigration Act. Failure to meet these requirements as determined by the Internship Program, in consultation with Human Resources, will result in postponement of employment until resolution or may result in total withdrawal of the employment offer. Background screenings/checks may include but are not limited to the following (depending on applicable federal law and state law): Criminal background check, adult and child abuse registry, drug screening, qualifying health status/immunization, personal background checks, OUG and SGA sanction screening, sex offender registry checks, FBI criminal history summary, and Education. An offer letter will be mailed to all matched interns, and an acceptance letter from each intern is required under separate cover. Acceptance for internship does not guarantee subsequent employment as a Nemours Associate.

<table>
<thead>
<tr>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Contact Intervention Hours</td>
</tr>
<tr>
<td>Total Direct Contact Assessment Hours</td>
</tr>
</tbody>
</table>

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*

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Amount/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Stipend/Salary for Full-time Interns</strong></td>
<td>$33,871</td>
</tr>
<tr>
<td><strong>Annual Stipend/Salary for Half-time Interns</strong></td>
<td>N/A</td>
</tr>
<tr>
<td>Program provides access to medical insurance for intern?</td>
<td>Yes</td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</strong></td>
<td>160</td>
</tr>
<tr>
<td><strong>Hours of Annual Paid Sick Leave</strong></td>
<td>72</td>
</tr>
</tbody>
</table>

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): Please see below for an overview of many additional benefits.

*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 $33,871 for the 2018-19 training year. Interns are also provided a generous benefits package, including 20 Basic Leave days (can be used for vacation, interviews, graduation, conference travel); nine Extended Leave days (i.e., sick leave); one Educational Leave day for those interns who defend their dissertation while on internship; subsidized health insurance; six paid holidays; two personal holidays; and free on-site parking. Other benefits include options for prescription medication coverage; options for dental and vision insurance; retirement annuity programs; basic life insurance and A&D; voluntary additional life insurance and/or AD&D; voluntary short- and 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 and prekindergarten, as well as summer camp options. Interns are welcome to use the hospital’s medical library and can join the hospital’s Fitness Center. Interns have access to support personnel, including ten full-time psychology/psychiatry administrative staff, one check-in/check-out billing liaison, two medical assistants, three 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 2018-19 internship class will be based in a beautiful, brand-new, state-of-the-art clinic and office space located in an outpatient clinic building next to the main hospital building on Rockland Road. Interns will share a large, sunny office that is located one floor up from the clinic space. Each intern has his/her own personal workspace, individual network computer with high-speed Internet access, 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, “Starbucks-style” 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

<table>
<thead>
<tr>
<th>Position</th>
<th>2013-2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of interns who were in the 3 cohorts</td>
<td>23</td>
</tr>
<tr>
<td>Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree</td>
<td>0</td>
</tr>
<tr>
<td>Community mental health center</td>
<td></td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td></td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td></td>
</tr>
<tr>
<td>University counseling center</td>
<td></td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td></td>
</tr>
<tr>
<td>Military health center</td>
<td></td>
</tr>
<tr>
<td>Academic health center</td>
<td></td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>21</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td></td>
</tr>
<tr>
<td>Academic university/department</td>
<td>1</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td></td>
</tr>
<tr>
<td>Independent research institution</td>
<td></td>
</tr>
<tr>
<td>Correctional facility</td>
<td></td>
</tr>
<tr>
<td>School district/system</td>
<td></td>
</tr>
<tr>
<td>Setting</td>
<td>Count</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>1</td>
</tr>
<tr>
<td>Not currently employed</td>
<td></td>
</tr>
<tr>
<td>Changed to another field</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

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

**Internship Training Team**

Anthony Alioto, PhD (Director of Specialty Care Psychology; Kent State University, 1998). Rumination syndrome of adolescence, functional GI disorders, pediatric psychology, gender identity.

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

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

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

Johanna Carpenter, PhD (Director of Internship Training; Temple University, 2011). Early childhood behavioral difficulties, conversion disorder and functional neurological symptoms, adjustment to chronic illness, adherence, behavioral sleep problems.

Stephanie Chopko, PhD (University of Alabama at Birmingham, 2011). Cerebral palsy, developmental disorders/delays, intellectual disabilities, early intervention, sibling/family issues, behavior problems, anxiety.


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

Rochelle Glidden, PsyD (Rutgers University, 1999). Learning and neurodevelopmental disabilities, school consultation, oncology, and craniofacial/cleft palate.

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

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

Cheyenne Hughes-Reid, PhD (Associate Director of Primary Care Training; Lehigh University, 2011). Primary care, GI, and school consultation.

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

Maia Noeder, PhD (Case Western University, 2014). Early childhood behavioral/developmental issues, end stage renal disease.

Jennifer Shroff Pendley, PhD (Chief Psychologist and Co-Director of the Division of Behavioral Health; Indiana University, 1993). Diabetes, medical adherence, behavior management, training.

Julia Price, PhD (Temple University, 2012). Diabetes, medical trauma.

Katherine Salamon, PhD (University of Wisconsin - Milwaukee, 2012). Chronic pain.

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

Erica Sood, PhD (Temple University, 2009). Cardiology, medical adherence.

Cami Winkelspecht, PhD (Director of Clinical Child Psychology; Auburn University, 2007). Parent behavioral management training, ADHD, anxiety, depression, OCD.

Karen Wohlheiter, PhD (University of Maryland-Baltimore County, 2011). Hematology-oncology, transition to adult care, adjustment to chronic illness.

Application Procedure

Materials Required
Our training program requires the AAPI Online, which is available through www.appic.org or at https://www.appic.org/AAPI-APPA. 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 both tracks or one track in particular. (See below for a discussion of tracks).
2. Curriculum Vitae
3. APPI 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 both of our tracks at the time of
initial application, but doing so does not commit an applicant at all. Our tracks overlap quite a bit, and all training faculty are involved in both tracks. Many applicants are interested in both tracks, 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, whether they wish to be considered for only one or both tracks when our rankings are submitted.

**Application Deadline**
Applications are due by 11:59 PM Eastern Standard Time on Wednesday, November 1, 2017. Interview offers will be extended by email on or before November 30, 2017, and all applicants will be notified of their status by December 15, 2017 at the very latest.

**Interviews**
An on-site interview is required (rather than via phone or Skype), as we feel this is the best way for us to get to know applicants and for applicants to assess their fit with our program. Interview dates for the upcoming year are:

- Friday, December 15, 2017
- Friday, January 5, 2018
- Friday, January 19, 2018

The interview day begins at 9:30am with a presentation of our program and also includes a tour, lunch with faculty, meetings with current interns and fellows, three faculty interviews of 30 minutes each, and a reception that ends at 4:30pm. We do take a quick photo of applicants during the interview day, which serves as a memory aid for the interviewers.

**Contact Information**

Questions regarding our internship program or the application process should be addressed to Dr. Johanna Carpenter, Training Director, at johanna.carpenter@nemours.org (email is the preferred method of contact) or:

Nemours/A.I. duPont Hospital for Children  
Division of Behavioral Health  
1600 Rockland Road  
Wilmington, DE 19803  
302-651-4529

Our internship in health service psychology is APA Accredited. Questions related to our program’s accreditation status should be directed to the Committee 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