



**PRE-DOCTORAL INTERNSHIP TRAINING PROGRAM IN
CLINICAL PSYCHOLOGY
CHILDREN'S NATIONAL MEDICAL CENTER
WASHINGTON, DC 20010-2970**

2012-2013

Children's National Medical Center (Children's National) offers a comprehensive internship program in child clinical and pediatric psychology to pre-doctoral students in psychology. The internship is fully accredited by the American Psychological Association, initially earning accreditation in 1970.

THE INSTITUTION

Children's National is a non-profit institution incorporated in 1870. The mission of Children's National is to be preeminent in providing pediatric healthcare services that enhance the health and well-being of children regionally, nationally, and internationally. Through leadership and innovation, Children's National strives to create solutions to pediatric healthcare problems.

The hospital on the Sheikh Zayed Campus for Advanced Children's Medicine is located in Washington DC, adjacent to the Washington Hospital Center, National Rehabilitation Hospital, the Washington V.A. Hospital, Catholic University and Howard University. It is easily accessible from suburban areas. In addition, Children's National has seven satellite outpatient clinics in Washington D.C., Maryland and Virginia, and is part of a complex of healthcare facilities for the entire Washington metropolitan area. Further information about the hospital and its programs is available at our website (www.childrensnational.org).

Psychology and Neuropsychology are both Divisions within the Center for Neurosciences and Behavioral Medicine, which is directed by Dr. Roger Packer, a neurologist. Other divisions in this center include Psychiatry, Neurology, Neurosurgery, Developmental Pediatrics, Genetics and Metabolism, Hearing and Speech, and Physical Medicine and Rehabilitation. This Center for Excellence structure was designed to stimulate multidisciplinary collaboration, in terms of both patient care and research, among disciplines and specialties with common interests. Psychology and Neuropsychology have particularly strong working relationships with Psychiatry, Developmental Pediatrics, and Neurology.

There are presently twenty-four staff psychologists at Children's National who engage in training, clinical service, and research in a variety specialty areas, including Adolescent

Medicine, Child Protection Services, Neonatology, Endocrinology, Hematology/Oncology, Pulmonary Medicine, Nephrology, Neurology, Neurosurgery, Psychiatry, and Developmental Pediatrics. Psychology and Neuropsychology faculty are involved in virtually all of the other Centers of Excellence. Full time and adjunct faculty for the training program are listed later in this brochure. Facilities at the Hospital include outpatient clinics, Child and Adolescent inpatient units, library, auditorium, laboratories and research space. In addition, Psychology occupies outpatient offices in four suburban satellite clinics (Laurel, Maryland; Rockville, Maryland; Fairfax, Virginia; Spring Valley, D.C.).

Children's National is the pediatric teaching hospital for the George Washington University School of Medicine and Health Sciences. Psychologists at Children's National hold academic appointments in the Department of Psychiatry and Behavioral Sciences and the Department of Pediatrics at the medical school. Children's National offers a variety of training programs in various medical specialties, all of which are overseen by the Department of Medical Education and the Graduate Medical Education Committee of the medical staff. The Division of Psychology and the Division of Neuropsychology conduct post-doctoral, internship and practicum-level training for psychology students. Psychology interns are highly regarded within the hospital, participating in a wide range of clinical and academic activities with other specialties.

THE PRE-DOCTORAL INTERNSHIP TRAINING PROGRAM

Philosophy and Goals of the Program:

The goal of the internship program at Children's National is to train professional psychologists who have a particular interest in child clinical and/or pediatric psychology. The program is designed to encourage the development of clinical competence with children and families, with sensitivity to, and facility with, cultural differences, ethical issues, interdisciplinary relationships, and the changing environment of health care, including funding issues.

Goals of training include:

- I. To provide experiential training in child clinical and pediatric psychology with a variety of populations in a variety of settings.
- II. To promote professional development of psychologists in the present era of health care, including the interface of psychology with managed care, in terms of consultation, program development and service delivery.

Science and practice are integrated within the internship program in a number of ways, including: didactic seminars on theories and techniques of assessment, theories and

techniques of intervention, empirically-supported treatments, theories and techniques of consultation, and current scientific knowledge regarding diagnostic classifications and special populations; discussions during supervision of clinical material in light of scientific literature; encouragement of critical thinking (and empirical hypothesis-testing) in treatment and systemic consultation; encouragement of interns' use of the hospital library and periodical collections; and a required presentation for each intern at Psychiatry and Behavioral Medicine Grand Rounds.

Objectives of training include:

(I-1) Interns will develop facility with a range of diagnostic skills, including: interviews, history-taking, risk assessment, child protective issues, diagnostic formulation, triage, disposition, and referral.

(I-2) Interns will develop further skills in psychological intervention, including: environmental interventions, crisis intervention, short-term, goal-oriented individual, group and family psychotherapy, exposure to long-term individual psychotherapy, behavioral medicine techniques, exposure to psychopharmacology, case management, and advocacy.

(I-3) Interns will develop facility with a range of assessment techniques, including: developmental testing (elective), cognitive testing, achievement testing, assessment of behavior/emotional functioning, assessment of parent-child relationships and family systems, and neuropsychological evaluation (elective). Assessment training across domains will include both current functioning and changes in functioning.

(I-4) Interns will develop facility with psychological consultation, through individual cases and participation in multidisciplinary teams, including consultation to: parents, mental health staff (e.g., psychiatrists, social workers) medical staff (e.g., physicians, nurses, PT, OT, etc.), school systems, and the legal system. Consultation training occurs in both the inpatient and outpatient setting, both downtown and in the suburbs, and ranges from primary to tertiary care.

(I-5) Interns will learn the clinical, legal, and ethical issues involved in documentation of mental health services within a medical setting.

(I-6) Interns will learn to promote the integration of science and practice, related to the theories and practice of assessment, intervention, and consultation. Interns are trained in empirically-supported treatments (e.g., parent training groups, inpatient treatment protocols for school avoidance, eating disorders), behavioral medicine protocols (e.g., medical noncompliance, pain management, headache treatment, toilet training), and empirically-supported assessment techniques. Interns are exposed to research in some of these areas by Children's National faculty.

(II-1) Interns will be able to develop assessment batteries, treatment goals, and consultative relationships based on the clinical issues at hand, while also considering potential limitations imposed by managed care and other issues of third party or family payment for mental health services. Interns will appreciate the range of vehicles for service delivery (e.g., primary care versus specialty clinics), which allow access to a variety of populations with social, financial and other obstacles to mental health.

In summary, the program provides extensive training in the many roles and functions psychologists play in health care today. The intended result of this training is a broadly experienced child clinical/pediatric psychologist who can succeed in a variety of settings, including hospitals, clinics, universities or the broader community.

Former Interns:

Initial positions of the fifty-six interns who have completed the program since 1997:

Post-Doctoral Fellowships	36
Return to University to Complete Dissertation	10
Research Position	6
Clinical Position	2
Teaching Position	2

Training Experience:

This internship provides the trainee with the opportunity to take substantial responsibility for carrying out his or her major professional functions in the context of appropriate supervisory support. The program is arranged on both a longitudinal and rotational basis. It is designed around a core experience, which focuses on intern competencies in assessment, diagnostic interviewing, intervention, case management and triage, consultation, and critical thinking about clinical case material. Interns are exposed to training in empirically supported treatments for a range of pediatric conditions. Intern participation in multidisciplinary teams and specialty clinics affords them the opportunity for limited supervision of, and role-modeling for, psychology externs and medical students. Each intern's schedule is *individualized* according to his/her special interests and training needs.

Outpatient Therapy

Throughout the entire year, interns devote 20% of their time to providing outpatient therapy in a clinic located at the main hospital. This clinic provides training for psychology interns

and externs, child psychiatry fellows, and general psychiatry residents. The patient population in the outpatient clinic at the hospital is economically diverse and often includes families with multiple psychological, social and medical problems. Referrals to the outpatient clinics come from community physicians, public and private schools, and other departments within the hospital.

Interns obtain closely supervised practice in therapeutic intervention, including individual child therapy, group therapy with parents and children and family therapy. A varied caseload is assigned to each intern. Interns are encouraged to individualize their caseloads according to their special interests. They typically carry 10 outpatient cases throughout the year, which may include family and group therapy.

It should be noted that training in issues of child abuse and neglect is provided throughout the outpatient and inpatient programs. Interns who have a special interest in this area may be assigned to psychology supervisors in the Freddie Mac Child and Adolescent Protection Center.

Emergency Room Coverage

Throughout the entire year interns spend one Saturday per month (8:00 am - 4:00 pm) providing emergency room consultation and triage (ER Call). This experience provides training in the management of psychiatric emergencies, including diagnostic interviewing, formulation, triage, and the hospital admission process. Supervision is provided by a psychiatry attending on a rotational basis.

Inpatient Experience

All interns spend 70% of their time for three months on the Child Psychiatry Inpatient Unit. This is a short stay facility for seriously disturbed younger children (ages 5-13). The Unit has an eclectic orientation including psychodynamic, behavioral, and family components. Interns rotating on this service become case managers and therapists, and participate in the diagnostic assessment of children who are strikingly uncommunicative, withdrawn, depressed or hyperactive. As a member of the multidisciplinary treatment team, interns are also expected to consult with the psychiatry staff, child life specialists, nursing staff, and the education staff in the design and implementation of the milieu treatment programs on this unit, and participate in therapy groups. Interns carry a caseload of two patients. Case supervision is provided by the Psychiatry Attending Physician. This responsibility rotates monthly among the following psychiatrists: Dr. Bhavin Dave, Dr. Paramjit Joshi, Dr. Angelica Kloos, Dr. Miguel Macaoay, Dr. Nasima Nusrat, Dr. Adair Parr, Dr. Sandra Rackley, Dr. Haniya Raza, Dr. Adelaide Robb, Dr. Jay Salpekar and Dr. Wendell Wu.

Interns also spend 70% of their time for three months on the Adolescent Psychiatry Inpatient Unit. This program is designed to meet the medical and psychological needs of adolescents. These are primarily patients with psychosomatic disorders, depression, anxiety disorders, oppositional disorders, and school refusal. Interns become part of the multidisciplinary team that includes adolescent medicine, psychiatry, psychology, social work, education, nursing, nutrition and physical therapy. Interns are typically involved with two adolescents at a time, providing case management and intensive individual and family therapy, as well as participating in weekly psychotherapy groups. Case supervision is provided by the Psychiatry Attending Physician. This responsibility rotates monthly among the following psychiatrists: Dr. Bhavin Dave, Dr. Paramjit Joshi, Dr. Angelica Kloos, Dr. Miguel Macaoay, Dr. Nasima Nusrat, Dr. Adair Parr, Dr. Sandra Rackley, Dr. Haniya Raza, Dr. Adelaide Robb, Dr. Jay Salperkar, and Dr. Wendell Wu. Psychotherapy supervision for both inpatient rotations is provided by Dr. Michele Dadson.

Outpatient Evaluation Experience

During the six months that interns are not rotating through the Inpatient Psychiatric Units, they spend two days per week (40% of their time) on testing rotations. Typically interns select two different settings, however, in some cases it is possible for interns to spend two days per week on the same service. It should be noted that several evaluation rotations occur at satellite clinics, which are not readily accessible by public transportation.

Interns are responsible for writing four full outpatient assessment reports per month for half the year (two reports per month on each assessment rotation). Assessment rotations are described below:

- The Hyperactivity, Attention and Learning Problems (HALP) Clinic is an evaluation and treatment program for children and adolescents with a variety of school problems, including ADHD, learning disorders, and disruptive behavior disorders. The intern's role includes administration and interpretation of a variety of psychological tests, presentation of results at team meetings, and report writing. The HALP Clinic is located at the Regional Outpatient Center in Fairfax, Virginia. Clinical supervision at this satellite clinic is provided by Dr. Lisa Efron.
- The Center for Autism Spectrum Disorders, located at the Shady Grove Regional Outpatient Center, within the Division of Pediatric Neuropsychology, provides multidisciplinary evaluation and treatment services for children with autism spectrum disorders and their families. The Center specializes in serving children with High-Functioning Autism and Asperger's Syndrome. Interns completing this rotation will be involved in assessing young children having or suspected of having

autism spectrum disorders, and may also have the opportunity to participate in providing treatment. Interns will administer and interpret developmental tests, write assessment reports, conduct school consultation, and present results at both multidisciplinary meetings and in feedback sessions with families. In addition, the program offers intervention services for families, including behavior management, social skills groups for children, parent education groups and school planning assistance. Interns may choose to spend part of their afternoons involved in these focused treatment programs within the Center. Clinical supervision is provided by Dr. Laura Anthony or Dr. Kathleen Atmore.

- The Division of Pediatric Neuropsychology, located at the Shady Grove Regional Outpatient Center, provides outpatient evaluations to children of all ages, infancy through young adult. Children commonly seen for neuropsychological services include those with known neurological disorders (e.g., epilepsy, traumatic brain injury, hydrocephalus, brain infections), as well as those with neurodevelopmental disorders, including learning disabilities, ADHD, and autism-spectrum disorders. The Pediatric Neuropsychology rotation involves training in a process-oriented, hypothesis-testing model of assessment including supervised experience in the administration, scoring, interpretation, and report-writing of a comprehensive battery of neuropsychological tests. Interns will also participate in feedback sessions with parents, as well as consultation with schools and physicians. Supervision is provided by one of twelve faculty members (Drs. Madison Berl, Angela Bollich, Gerard Gioia, Kristi Hardy, Laura Kenealy, Lauren Kenworthy, Lauren Krivitzky, Julie Newman, Jacqueline Sanz, John Strang, Chris Vaughan and Karin Walsh). Interns are invited to participate in the weekly Pediatric Neuropsychology seminar and clinical case conference, including directed readings. Interns may be exposed to one or more of the following specific clinical populations:
 - General medical/developmental disorders
 - High Functioning Autism/Asperger's Disorder
 - Attention and Executive Function Disorders
 - Mild Traumatic Brain Injury/ Sports Concussions
- The Child Development Clinic, located at the main hospital, provides assessment of the behavior and development of infants and toddlers, birth through age three. The intern is supervised by Dr. Penny Glass in administration, scoring, interpretation and feedback with instruments that are specialized for this young population (e.g., Bayley Scales). Children referred for evaluation may have a wide range of conditions affecting development, including genetic conditions, birth complications, neurologic injury, and chronic illness. They also reflect a broad cross-section of

sociocultural circumstances. Parent education/training is emphasized as part of the assessment process. The intern may choose to participate in consultation to the Neonatal Intensive Care Unit, which includes a support group for parents while their newborns are hospitalized.

Pediatric Consultation Service

During the six months that interns are not rotating through the Inpatient Psychiatric Units, they spend one day per week (20% of their time) for three months on the Pediatric Consultation Service. This is a busy clinical service that provides mental health consultation and liaison to medical teams. Referrals include a vast array of mental health concerns for children with acute and chronic illnesses, such as gastrointestinal illness, asthma, cystic fibrosis, renal disorders, toxic ingestion, burns, and trauma. Psychology interns and psychiatry residents participate together in clinical rounds and didactic education, and are supervised in their clinical experience by Dr. Sandra Rackley, a psychiatrist.

Medical Specialty Rotation

All interns complete a three month medical specialty rotation. This rotation occurs during the six months that interns are not placed on the Inpatient Psychiatric Units and when they are not on the Pediatric Consultation Service. Interns devote one day per week (20% of their time) to this rotation. It should be noted that consultation and treatment skills are similar with the different medical populations, though the clinical issues may vary. Interns choose from the following:

- The Sleep Disorders clinic is a multidisciplinary clinic, housed in the Pulmonary department, run by Dr. Judy Owens, a pediatrician. Sleep disorders affect children and their families at all stages of development and are increasingly recognized as important causes of affective, behavioral, and attentional regulation. Interns participating in this clinic will receive didactic training in the normal development of sleep, and experiential training in the diagnosis and treatment of sleep disorders. Clinical supervision is provided by Dr. Daniel Lewin.
- The Endocrinology (diabetes) rotation involves working as part of a multidisciplinary team that provides services to young children through young adults with type 1 and type 2 diabetes. The disciplines involved in children's care include medicine, nutrition, nursing, social work, and psychology. Interns on this rotation have the opportunity to participate in consultation and treatment for children primarily diagnosed with type 1 diabetes. Consultations include meeting with children/families: around the time of diagnosis, at medical outpatient clinic visits, as

medical inpatients following periods of management difficulties, and when transitioning to more intense medical regimens. Outpatient treatment cases present with a variety of problems including adjustment to illness, poor adherence to the regimen, and family conflict. Interns may also choose to participate in co-leading teen and/or parenting groups. Clinical supervision is provided by Dr. Randi Streisand.

- In the Obesity rotation, interns will have the opportunity to be part of the team evaluating and treating adolescents who are in the process of receiving weight loss surgery. Specifically, interns will conduct pre-surgical evaluations, provide recommendations to families and the medical team, and provide some follow-up services to youth following surgery. Interns will also carry a caseload of 2-3 outpatients who are receiving weight management services. Presenting concerns range from anxiety, mood, and behavioral problems, assistance with following medical regimens, family relationships, and binge eating or other maladaptive eating or weight control behaviors. Interns will be supervised by Dr. Eleanor Mackey during this three month rotation.

Sample Rotational Schedule

Outpatient Psychotherapy ----->12 months

ER Call (1 Saturday per month, 8:00am – 4:00pm)----->12 months

<u>Inpatient</u> <i>Child</i> 3 months	<u>Inpatient</u> <i>Adolescent</i> 3 months	<u>Outpatient Assessment</u> 6 months
		<u>Consultation/ Med. Specialty</u> 3 months 3 months

Didactics:

The program is rounded out with a variety of didactic seminars and conferences dealing with development, psychopathology, clinical techniques, medical conditions, health care delivery systems, and research. Didactics include the Psychology Seminar, Psychiatry and Behavioral Sciences Grand Rounds and Pediatric Grand Rounds. Interns spend approximately 10% of their time in didactic seminars.

Research:

Interns who have completed their dissertation research are able to become involved in research programs if they desire. Research opportunities are available with most faculty, depending on an intern's special interests. Involvement in research is particularly appropriate for those interns who expect to stay in the D.C. area for post-doctoral training.

Supervision & Mentor Program:

Interns receive four to five hours of supervision per week, with one supervisor assigned for each rotation and/or location. The program strives to provide interns with a variety of supervisors in order to take advantage of the many roles, talents and theoretical viewpoints of the staff. Supervision is interdisciplinary, with psychology interns being supervised by psychiatrists and social workers, as well as psychologists, on the Inpatient units and the Pediatric Consultation service. Supervision is primarily case discussion. However, some clinics offer live supervision and role-modeling by supervisors within multidisciplinary or vertical teams. Facilities include one-way mirrors and videotaping capability, depending on the location.

At the start of the training year, each intern is assigned a faculty *mentor*, who does not serve as a supervisor, who is able to focus on the intern's professional development (e.g., assist with time management issues, the development of self-confidence, etc.). Along with the training director, mentors play a special role in helping interns with future career plans.

Training Staff:

Psychology Faculty Supervisors

Laura Anthony, Ph.D., 1997, University of Illinois at Chicago, Assistant Professor, Staff Psychologist, Center for Autism Spectrum Disorders.

Darlene M. Atkins, Ph.D., 1983, University of Maryland, Associate Professor, Director, Eating Disorders Program, Staff Psychologist, Department of Adolescent Medicine.

Kathleen Atmore, Psy.D., 1992, Minnesota School of Professional Psychology, Assistant Professor, Staff Developmental Neuropsychologist, Center for Autism Spectrum Disorders.

Madison Berl, Ph.D., 2002, George Mason University, Assistant Professor, Staff Neuropsychologist.

Angela Bollich, Ph.D., 2001, University of Florida, Assistant Professor, Staff Neuropsychologist, Center of Autism Spectrum Disorders.

Michele Dadson, Ph.D., 2000, University of Miami, Assistant Professor, Associate Director of Training in Professional Psychology, Staff Psychologist, Psychiatric Clinical Trials Program.

Lisa Efron, Ph.D., 1995, Duke University, Associate Professor, Director of Training in Professional Psychology, Director, Hyperactivity and Learning Problems (HALP) Clinic.

Angela Fletcher, Psy.D., 2007, Argosy University, Assistant Professor, Staff Psychologist, Pain Management Program.

Gerard Gioia, Ph.D., 1984, University of North Carolina at Chapel Hill, Associate Professor, Chief, Division of Pediatric Neuropsychology, Director, Neurobehavioral & Psychosocial Evaluation Core Lab of General Clinical Research Center, Director, Neurobehavioral Evaluation Core of Mental Retardation and Intellectual and Developmental Disabilities Research Center.

Penny Glass, Ph.D., 1985, George Washington University; Associate Professor, Director, Child Development Clinic.

Khristina Hardy, Ph.D., 2000, Duke University, Assistant Professor, Staff Neuropsychologist.

Laura Kenealy, Ph.D., 2001, Loyola University Chicago, Assistant Professor, Staff Neuropsychologist, Associate Training Director in Neuropsychology.

Lauren Kenworthy, Ph.D., 1993, University of Maryland, Assistant Professor, Co-Director, Center for Autism Spectrum Disorders.

Emily Kushner, Ph.D., 2009, University of Rochester, Assistant Professor, Center for Autism Spectrum Disorders.

Lauren Krivitzky, Ph.D., ABPP, 2002, PMC-Hahnemann University, Assistant Professor, Staff Neuropsychologist.

Eleanor Race Mackey, Ph.D., 2007, University of Miami, Assistant Professor, Staff Psychologist, IDEAL Clinic, Family TeamWork Project.

Donna Marschall, Ph.D., 2002, George Mason University, Assistant Professor, Staff Psychologist, Mental Health Program for Special Immunology Service.

Maureen Monaghan, Ph.D., 2006, University of Virginia, Assistant Professor, Staff Staff Psychologist, Child and Adolescent Diabetes Program.

Jacqueline Sanz, Ph.D., 2008, UCLA, Assistant Professor, Staff Neuropsychologist.

Randi Streisand, Ph.D., 1998, University of Florida, Associate Professor, Diabetes Team Director of Psychology Research and Service.

Amanda Thompson, Ph.D. 2007, University of Pittsburgh, Assistant Professor, Staff Psychologist, Health Psychology.

Herman Tolbert, Ph.D., 1979, The American University, Assistant Professor, Assistant Director, Clinical and Administrative Services, Freddie Mac Child and Adolescent Protection Center.

Christopher Vaughan, Psy.D., 2007, Loyola University in Maryland, Assistant Professor, Staff Neuropsychologist, SCORE Clinic.

Karin Walsh, Psy.D., 2004, Loyola University, Assistant Professor, Staff Neuropsychologist.

Multidisciplinary Faculty

Bhavin Dave, M.D., Assistant Professor, Staff Psychiatrist, Inpatient Child and Adolescent Psychiatry Units.

Paramjit Joshi, M.D., Full Professor and Chief, Department of Psychiatry and Behavioral Sciences.

Angelica Kloos, M.D., Assistant Professor, Staff Psychiatrist, Inpatient Child and Adolescent Psychiatry Units.

Miguel Macaoay, M.D., Assistant Professor, Staff Psychiatrist, Inpatient Child and Adolescent Psychiatry Units.

Nasima Nusrat, M.D., Assistant Professor, Staff Psychiatrist, Inpatient Child and Adolescent Psychiatry Units.

Adair Parr, M.D., Assistant Professor, Associate Director, Psychiatry Residency Training Program, Staff Psychiatrist, Inpatient Child and Adolescent Psychiatry Units.

Susan Pratt, M.D., Assistant Professor, Developmental Pediatrician, Attending Physician, HALP Clinic.

Sandra Rackley, M.D., Assistant Professor, Pediatric Consultation Service.

Haniya Raza, M.D., Assistant Professor, Staff Psychiatrist, Inpatient Child and Adolescent Psychiatry Units.

Adelaide Robb, M.D., Associate Professor, Medical Director, Inpatient Child and Adolescent Psychiatry Units.

Jay Salpakar, M.D., Associate Professor, Director, Neurobehavior Program & ADHD Program.

Wendell Wu M.D., Assistant Professor, Staff Psychiatrist, Inpatient Child and Adolescent Psychiatry Units.

Adjunct Psychology Faculty

Taruna Ahluvalia, Ph.D., 1998, Fairleigh Dickinson University.

Bruce Copeland, Ph.D., 1972, University of Vermont.

Edward Farber, Ph.D., 1979, Ohio State University.

Marilyn Fuchs, Ph.D., 1982, The American University.

Daniel Lewin, Ph.D. 1998, Rutgers University

Mary Ann McCabe, Ph.D., 1988, Catholic University of America.

Michelle New, Ph.D., 1995, University of London.

Brian Razzino, Ph.D., 1999, DePaul University.

Milton F. Shore, Ph.D., 1955, Boston University.

William Stixrud, Ph.D., 1984, University of Minnesota.

Wanda Thompson, Ph.D., 1984 Temple University

Lise Becker Vezina, Ph.D., 1997, University of Alabama at Birmingham.

Evaluation:

Interns are evaluated formally by their supervisors at the end of each rotation or semi-annually on year long rotations. Supervisors rate interns on a set of scales designed to evaluate their performance in treatment, consultation, case management, assessment, and professional development, and discuss feedback with the interns. These evaluations are primarily designed to ensure that the interns are making optimal use of their training year. Letters are sent to the director of each intern's doctoral training program at the completion of the internship.

The internship is conceptualized as an evolving training program, with continuous self-review and quality enhancement. Interns and staff engage in periodic evaluation of the program's goals and its method of implementing these goals. Interns complete annual

evaluations on seminars, supervisors and rotations. The training director has regular meetings with both the training staff and the interns to discuss and evaluate the program.

ACCREDITATION

As mentioned previously, the Children's National Internship program is fully accredited by the American Psychological Association. Applicants may contact the American Psychological Association's Office of Program Consultation and Accreditation for additional information pertaining to our accreditation.

Phone: 202 336-5979
Address: 750 First Street, N.E.
Washington, DC 20002-4242

STIPEND AND BENEFITS

Interns receive a yearly stipend of \$21,000.00 plus the fringe benefit package for all trainees at the Medical Center. Interns have four weeks of paid vacation, eight national holidays and twelve days of sick leave. Subsidized health insurance and parking are available.

DATES

The pre-doctoral internship is a full-time experience for the calendar year, beginning July 1, 2012 and ending June 30, 2013.

REQUIREMENTS FOR ADMISSION

This program is designed specifically for students matriculated in a doctoral training program who have completed at least three years of full-time graduate study in clinical psychology, including practicum level experience in diagnostic assessment and various intervention modes, including specific experience with children and families. Preference is given to students in APA-approved doctoral programs in clinical psychology. In order to be considered for internship, dissertation proposals must be defended by the application deadline.

The Division of Psychology represents multiple theoretical approaches, and thus preference is given to applicants who are broadly prepared in child psychotherapy as well as in cognitive, behavioral and educational evaluations.

APPLICATION PROCEDURE AND DEADLINES

Applications must be received on or before November 1, 2011. **We now require the AAPI Online form.** In addition, please include the following materials, which can be uploaded to your AAPI online application:

1. A CV which includes a description of the applicant's clinical and research experience.
2. A table of supervised therapy experience [see format below].
3. A cover letter reflecting the applicants professional goals, expectations for your internship year and the reasons why the applicant is specifically interested in pre-doctoral internship training at Children's National.
4. **Three** letters of recommendation from psychologists who are familiar with the applicant's work.
5. Official transcripts of all graduate work.

INTERVIEWS

Interviews are by invitation only. In order to be considered for an interview, your **completed application must be received by November 1, 2011.** Interviews and tours will be conducted on *only* two dates: **January 4th and 11th, 2012**, with the full faculty and a group of applicants. We will *not* be able to conduct individual interviews on additional dates. Invitations for interviews will be sent after December 15. If you are traveling during semester break, please call between December 15th and 23rd to check on your status. (202) 476-5995. **Please do not call before December 15th.**

OFFERS AND ACCEPTANCES

The Internship Program at Children's Hospital is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). This site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept or use any ranking information from any intern applicant. Children's National will be participating in the APPIC Internship Matching Program; applicants should register for the match.

SUMMARY OF SUPERVISED THERAPY EXPERIENCE

Please complete the chart below, including only clinical work conducted while enrolled in a doctoral program. Please feel free to adjust the number of rows in each category as needed.

A. Individual Therapy with Children and Adolescents

<u>Age</u>	<u>Presenting Problem</u>	<u>Treatment Approach</u>	<u># Sessions</u>

B. Individual Therapy with Adults

<u>Age</u>	<u>Presenting Problem</u>	<u>Treatment Approach</u>	<u># Sessions</u>

C. Family Therapy

<u>Presenting Problem</u>	<u>Treatment Approach</u>	<u># Sessions</u>

D. Marital Therapy

<u>Presenting Problem</u>	<u>Treatment Approach</u>	<u># Sessions</u>

E. Group Therapy

<u>Nature of Group</u>	<u>Treatment Approach</u>	<u># Sessions</u>

D. Other (e.g., consultation)

<u>Presenting Problem</u>	<u>Treatment Approach</u>	<u># Sessions</u>