

Miami Children's Hospital
Internship in Pediatric Health Psychology, Child and Adolescent Clinical Psychology and
Clinical Neuropsychology

Program Description

I Introduction

The Miami Children's Hospital offers a pre-doctoral clinical psychology internship program with a focus in the areas of pediatric health psychology, child and adolescent clinical psychology, and clinical neuropsychology.

The Psychology Internship Program provides a comprehensive training program which is designed to make a significant contribution to the understanding, diagnosis, and treatment of developmental disabilities, emotional disturbances, and behavioral problems associated with genetic, environmental, and medical conditions of children and their families. Training experiences are offered in psychological assessment, individual and group treatment techniques, family therapy, consultation-liaison services with medically involved patients, assessment and secondary prevention in at-risk populations, and parent counseling. Training is also provided through specialty training seminars, participation in a variety of multidisciplinary teams and clinics, attendance at multidisciplinary teaching rounds, and applied clinical research.

Trainees participate in supervised experiences in diagnostic, therapeutic, and clinical research settings. Interns gain experience with a broad range of problems. Patients present with moderate to severe developmental, emotional and behavioral problems. They range in age from infancy to early adulthood (i.e., 21 years of age) and come from diverse cultural backgrounds and socioeconomic levels. Due to the hospital's unique geographic location, patients from Central and South America and the Caribbean Islands are routinely served, in addition to the large Hispanic and Afro-American population geographically located in Miami.

Many patients present with problems related to difficulties in adjustment to a chronic/acute medical condition (e.g., Cystic Fibrosis, Diabetes, Epilepsy, Functional abdominal pain/GI, chronic pain), neurodevelopmental disorders, and disabilities, multigenerational psychiatric family disturbance, co-morbid substance abuse, physical and sexual trauma, and trauma induced by medical or surgical procedures. Presenting problems for which a psychological evaluation is indicated include neurodevelopmental concerns, academic/learning difficulties, emotional adjustment problems as well as developmental delays and regression. Evaluations are also conducted to monitor overall development and specific intellectual functioning in children with chronic/acute medical conditions. Patients in this group include developmentally delayed children, oncology and cardiovascular surgery patients, and epilepsy surgery candidates. Presenting problems for which psychotherapy is indicated include mood and anxiety disorders, behavioral and adjustment disorders, psychosis, developmental and trauma related conditions, eating disorders, conversion disorders, and substance abuse (we are not a substance abuse program...we may provide treatment of children with comorbid substance abuse problems). A number of theoretical orientations are represented. Cognitive-behavioral, psychodynamic, object relations, attachment, developmental, and family systems are prominent theoretical orientations.

The Psychology Internship Program provides training experiences in the various roles of the psychologist as a member of an interdisciplinary team. Interdisciplinary assessment and intervention is emphasized in all training experiences. Psychological assessment of and intervention with developmentally and medically complex children is coordinated with professionals from other disciplines resulting in comprehensive service delivery.

The Psychology Internship Program provides a unique opportunity for interns to be trained to work with ethnic minority populations in general, and to specialize in working with Hispanics from different socioeconomic levels in particular. Sensitivity to cultural diversity is an essential

component of training. In addition to didactic seminars, clinical experiences with the Hispanic population are supervised by trained, bicultural/bilingual psychologists.

The Psychology Internship Program's philosophy and mission are grounded in the belief that the psychologist's role is paramount to meeting the psychological, behavioral, and developmental needs of children who are seen through pediatric tertiary care facilities. The development of our training components has paralleled the increasing demands of clinical service delivery, with an ever-expanding appreciation for children's unique needs as well as the manner in which behavioral and psychological factors interface with medical conditions to determine health outcomes. The mission of our training program is to contribute to and formalize our commitment to the fields of Child and Adolescent Clinical Psychology, Pediatric Health Psychology and Clinical Neuropsychology.

II Training Philosophy

The following goals have been established to guide our training program and to facilitate ongoing assessment of how our training curriculum is fulfilling our mission.

1. To prepare doctoral level students, who are enrolled in an accredited graduate program of psychology, for the independent practice of professional psychology;
2. To provide a graduated program of training spanning the full range of psychological assessments (developmental, psycho-educational, neuropsychological, personality) necessary to evaluate children's developmental, intellectual, academic, emotional, and behavioral needs;
3. To provide a graduated program of training in the application of psychotherapeutic techniques (e.g., individual therapy, family therapy and group psychotherapy);
4. To provide training in developing respect for and sensitivity to cultural and individual diversity in carrying out the roles of the professional psychologist;
5. To provide training in the ethics of clinical service delivery in the field of professional psychology;
6. To provide a training experience that encourages trainees to contribute to the field of professional psychology.

III Overview of Training

The focus of our program is to train psychology interns in the areas of pediatric health psychology, child and adolescent clinical psychology and clinical neuropsychology. A graduated program of training experiences is provided for predoctoral level psychology trainees. The program includes exposure to knowledge and skills necessary for the completion of doctoral level training in professional psychology. From didactic seminars to shadowing experiences, interns are trained in a manner that is sequential, cumulative and graded in complexity. Following a Practitioner Scholar model, interns learn to apply the science of psychology to clinical practice. The intern's progression toward independent practice is closely monitored through supervision provided across all aspects of training.

The internship year begins with an orientation week in which training supervisors present a description of the activities and requirements of each training setting. All interns are required to participate in training experiences involving psychological assessment, treatment and consultation-liaison service. In addition to these core-training requirements, interns are selected to participate in one of the three following yearlong specialized multidisciplinary training tracks:

the Pediatric Health Track, the Child Adolescent and Family Clinical Psychology Track or the Neuropsychology Track. Efforts are made to accommodate interns' individual training interests and needs as long as the core and specialized training requirements are met.

Throughout the year, patients are assigned based on the presenting problem in order to expose interns to a full range of assessment (developmental, intellectual, processing, achievement, emotional, behavioral) and treatment (individual therapy, family therapy, group therapy) modalities, taking into consideration the intern's prior training and experience.

IV Goals and Objectives

All interns are expected to acquire knowledge and develop skills consistent with the training philosophy of the program. Each intern gains experience in psychological assessment, intervention and consultation liaison service. Each intern will also participate in a specialized interdisciplinary training track and provide services consistent with that track during the internship year. Experience in working with professionals from other disciplines is a critical aspect of training. Sensitivity to cultural and individual diversity is also emphasized. Interns are provided the opportunity to work with individuals from a variety of cultural and socio-economic backgrounds. The internship is also structured so that each intern gains experience with a population diverse in terms of age, gender, and presenting problems.

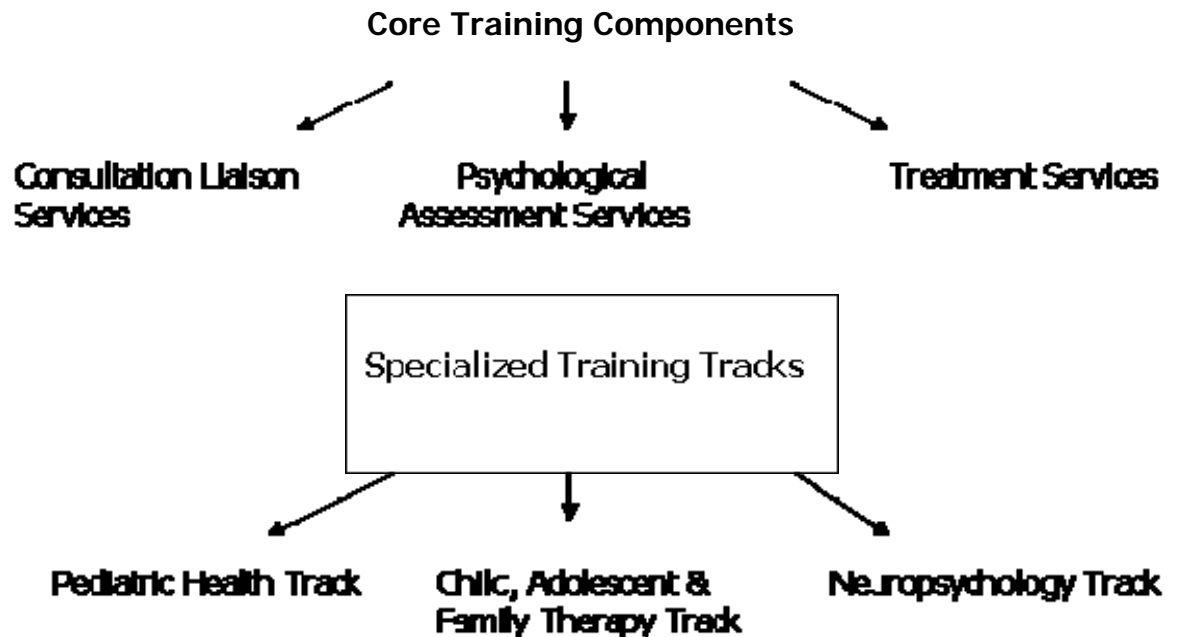
The following competencies reflect the program's training emphasis. These training requirements are not specific to any specialized training track, but rather constitute the internship program's core training components.

Assessment. Interns will acquire the full range of skills necessary to evaluate children's developmental, intellectual, academic, as well as emotional and behavioral needs. Interns will conduct clinical interviews, administer and interpret test batteries consisting of intellectual, processing, academic, and emotional/behavioral components and produce integrated written reports.

Treatment. Interns will receive training in individual, family and group modalities and be able to apply psychotherapeutic techniques. They will acquire experience with children, adolescents and family members utilizing both long term and short-term modalities. They will be able to develop and implement therapeutic interventions for children experiencing psychiatric issues, behavioral disruption and family systems dysfunction. They will also develop and implement interventions for behavioral/emotional problems associated with chronic and acute medical conditions.

Consultation-Liaison. Interns will serve as consultants to physicians, medical residents and nursing personnel involving patients experiencing behavioral and emotional problems associated with a medical condition. They will learn rapid assessment and differential diagnosis of psychological factors affecting a wide variety of medical conditions.

V. Training Components



A. Core Training Components

Interns apply for and are selected to participate on one of the following yearlong tracks. Selection is based on the intern's prior training and experience as well as on the intern's individual training interests and needs.

1. Pediatric Health Track

The goal of this track is to provide interns with knowledge in evaluation and intervention with medically involved infants, children and adolescents. The intern will participate in a variety of multidisciplinary clinics and teams addressing medical conditions, such as diabetes, migraines, neurodevelopmental disorders, craniofacial anomalies, and juvenile rheumatoid arthritis. Children with major behavioral/developmental disorders (e.g., autism, mental retardation, failure to thrive, insomnia, attention deficit/hyperactivity, learning disorder, chronic pain) as well as children medically compromised (chronic and acute medical conditions and pain) are assessed and treated. The format for this track is a developmental process that involves observation of evaluations/interventions, followed by conducting the evaluations/interventions under direct supervision and subsequently completing the evaluations/interventions without direct supervision. Training in psychoeducational and developmental assessment is provided in the areas of clinical interview, assessment, and direct observation of the supervisor working with patients and their families. Beyond the core training experiences and specialized training tracks, interns gain additional experience through participation in several multidisciplinary clinics and training teams including Craniofacial Clinic, Neurodevelopmental Clinic, Diabetes

Clinic, Headache Clinic, Juvenile Arthritis Program, and Neuro-oncology clinic. Other subspecialty clinics are held and may be pursued given the interns individual interest and attendance at several hospital multidisciplinary teaching rounds across services (e.g., Pulmonology, Oncology, Gastroenterology, etc.) are also available and encouraged for interns to attend.

a) Assessment

Assessment training includes the developmental (i.e. Battelle, ADOS) and psycho-educational assessment of toddlers and children exposed to multiple medical and socioeconomic risk factors. Children diagnosed with or at risk for mental retardation, developmental delay, and emotional problems are assessed. Children are referred from other departments in the hospital as well as from schools, community agencies, and private referral sources. Children with neurological and neurodevelopmental concerns are routinely seen through the Department of Psychology's affiliation with the Department of Neurology. Evaluations are also conducted to address learning/academic difficulties and emotional adjustment problems and to monitor overall development and specific intellectual functioning due to chronic and acute medical conditions. Cases are varied in terms of ethnic background, socioeconomic status and age (i.e., infancy through adolescence). Evaluations include a clinical interview, administration and interpretation of test batteries, behavioral observations, and consultation with other professionals. Findings are communicated verbally and in writing to parents, the referring physician or allied professional as well as to other professionals involved in the care of the patient. Follow-up on treatment recommendations is also provided. Interns are required to complete a minimum of 12 comprehensive evaluations a year.

b) Treatment

This service focuses on children and adolescents who are presenting with or are at risk for emotional and behavioral problems. Children from preschool age through adolescence and their families are seen in consultation. Families vary in terms of ethnic background and socioeconomic status. Emphasis is on the assessment and treatment of common behavior problems including attention deficit hyperactivity disorders, mood and anxiety disorders, oppositional defiant and conduct disorders, feeding and elimination disorders, and developmental spectrum disorders. Children and adolescents with difficulties and disorders related to acute and chronic surgical and/or medical conditions are also seen. Collaboration with other disciplines (e.g., medicine, social work, physical therapy, nutrition) and the referral source is a key component of the treatment process. Cognitive-behavioral, developmental and family systems perspectives are emphasized in understanding patients' needs and developing intervention strategies.

- a. Individual Therapy– Interns will have a minimum of 5 outpatient therapy cases per week. Presenting problems includes anxiety, depression, aggressive behavior, autism, ADHD, and psychosocial factors related to medical conditions.
- b. Groups– Interns participate as leaders for a variety of clinical groups, such as groups for Social Skills, Headache, Diabetes, and Oncology.

c) Consultation Liaison

The Consultation-Liaison Service focuses on children and adolescents who have acute or chronic medical problems and prevention of medical conditions in children and adolescents. Services are provided to patients on the following inpatient/outpatient units: Neurology, Hematology/Oncology, Bone Marrow Transplant, Diabetes/Endocrinology,

Gastroenterology, among others. This training experience focuses on the behavioral aspects of chronic illness (e.g., diabetes, sickle cell disease, asthma, Crohn's disease, etc.), adherence with treatment regimes and problems with disease management (e.g., diabetes), behavioral and emotional difficulties associated with recurrent somatic problems, the promotion of child and family coping with pediatric conditions (e.g., stress management during medical procedures), and supportive interventions for children and adolescents with chronic diseases. Cases range from pain management to complex family dysfunction and provide training experiences in behavioral intervention and prevention of psychological adjustment problems. Training opportunities include individual and family based intervention. Training is provided in consultation, assessment, and treatment before, during and after medical interventions. Interns participate as members of multi-disciplinary teams providing comprehensive health care. Multidisciplinary teams consist of physicians, nurses, social workers, child life specialists, speech/language pathologists, occupational and physical therapists, and patient advocates. Team meetings and case conferences provide a forum for clinical discussions and training across services.

d) Multidisciplinary Clinics

Interns participate in a variety of multidisciplinary clinics as consultants, such as Juvenile Rheumatoid Arthritis (JRA), Headache, Diabetes, Neuro-Oncology, NeuroDevelopmental Disorders, and Craniofacial clinic

e) Teaching

Interns regularly participate in the training of medical students as well as pediatric residents in the area of early development, assessment and intervention (the third Monday of each month in our Pediatric Care Clinic). In addition, they are an integral part of the overall educational/professional program hospital wide, presenting in a variety of forums (nursing, medical students, community outreach) and covering a diversity of topics relevant to our pediatric/adolescent population. There are also opportunities for supervision of practicum students

2. Child, Adolescent and Family Clinical Psychology Track

The Child, Adolescent and Family Clinical Psychology Track, in association with the Department of Psychiatry, provide clinical services for inpatients and outpatients. This track accommodates psychology interns, second year doctoral level practicum students, post-doctoral psychology fellows and masters level clinicians completing internship requirements in the areas of marriage and family therapy, mental health counseling and social work.

Over the course of the internship, interns are provided the opportunity to enhance their skills in general clinical practice with a child and adolescent population. At the end of the internship year the interns will have acquired the basic abilities to provide competent care in a private practice setting under supervision, or function in a more specialized treatment setting such as a hospital, community mental health center or residential treatment facility specializing in child and adolescent psychiatric care.

Interns will have the opportunity to refine their clinical skills at conducting an initial assessment that history and mental status, psychodiagnostics and case conceptualization in addition to providing individual psychotherapy, group therapy, family therapy and discharge planning. They are also provided training opportunities in crisis stabilization and management of the suicidal patient, and will work with patients who have experienced physical, sexual and emotional trauma and or neglect.

The intern accepts assignment of cases by the inpatient supervisory staff on the Inpatient Service in the Department of Psychiatry. The Department of Psychiatry consists of a 20 bed acute acute stabilization unit with day treatment capabilities. Patients range in age from 4 years, up to their 18th birthday. The program is divided into a children's and an adolescent's program which are housed on the same unit but are independent in structure, treatment and staff to accommodate the developmental and cognitive level of the child. Patients present with a variety of single entity or comorbid disorders which include mood and anxiety disorders, behavioral disruptive and adjustment disorders, psychotic disorders, developmental and trauma disorders, eating disorders, conversion disorders and substance abuse.

The intern will provide services on both the child and adolescent programs. Upon assignment of a case the intern is responsible for establishing the treatment framework for that patient which must include daily individual psychotherapy rotating between individual and family therapy family as clinically indicated with an initial appointment in 24 hours from the time of admission. Interns also conduct full battery psychological and psycho-educational assessments when necessary. Assessments are usually ordered by the attending psychiatrist.

Interns collaborate with other treatment team members including the attending psychiatrist, nurses, the clinical coordinator, and behavioral technicians who supervise the daily flow of patient care activities. Interns have the responsibility to identify the need for a consultation from other hospital specialists including, neurology, occupational and physical therapy, speech and language pathology, dietary, etc., as the patient's needs dictate. Inpatient caseloads vary depending on hospital census. Interns are also involved in developing and making recommendations for post hospitalization care which may or may not include follow-up aftercare with the treating intern. When the discharged patient has no referring clinician to return to or when a change in treating clinician is appropriate and planned, continued care by the interns on an outpatient basis is desirable to provide continuity of care to the patient. . This model allows for the maintenance of the therapeutic relationship established with the patient and family during the inpatient stay and provides interns with the ability to gain skills with midrange treatment issues after acute stabilization has been achieved. This model also allows frequent and accessible collaboration with the attending psychiatrist when medication management is also provided in-house.

Training venues are designed to give interns experience with various aspects of psychopathology commonly encountered in children and adolescents hospitalized for psychiatric illness. Interns learn to apply their clinical knowledge using treatment protocols with hospitalized patients and their families.

Interns also attend inpatient psychiatry rounds, which are held three times a week. The purpose of this meeting is for treatment and discharge planning, psychopharmacological management, teaching by the attending psychiatrists regarding patient psychopathology and coordination of care by all treatment team members. At this meeting, interns are expected to present and discuss patient and family dynamics and psychopathology as well as progress towards treatment goals.

Interns are required to be on call one week-end per month. The purpose of the week-end call is to insure that patients admitted to the In-Patient Service in the Department of Psychiatry Friday evening or Saturday receive a family therapy session within the 24-hour time requirement.

Additional aspects of this track also involve participation in the Consult Liaison service as well as completion of at least 6 comprehensive psychological assessment batteries. Psychological Assessments will include the use of cognitive, objective and projective measures.

Interns will have the opportunity to supervise practicum students as well as provide educational/professional presentations within the hospital and the community at large.

3. Neuropsychology Track

The Psychology Internship Program in association with the MCH Brain Institute provides neuropsychological services for inpatient and outpatient consults. The service offers state-of-the-art neuropsychological evaluations focused on children with neurological conditions and/or other medical disorders that affect brain functioning, resulting in behavioral and cognitive alterations. Neuropsychological evaluations provide detailed information regarding cognitive skills including attention, language and communication skills, memory and learning, motor and sensory functions, academic achievement, and “executive” processes. The information obtained from these evaluations provides baseline levels to monitor change over time, serves to determine the presence or absence of brain dysfunction, assists in differential diagnosis and in developing remedial intervention and treatment strategies.

The neuropsychology service has an active role in the epilepsy program at Miami Children’s Hospital. This program is considered among the best in pediatric epilepsy in the nation, specializes in the treatment of complex epileptic disorders and has a world-renowned epilepsy surgery program. Neuropsychological assessments are an integral part of the work-up of surgery candidates and test results are discussed weekly in the multi-disciplinary surgical conferences in conjunction with neurology, neurosurgery, radiology, and neuropathology. As part of this program, the neuropsychology service is also involved in clinical research with this patient population and recently began clinical and research activities with functional magnetic resonance imaging in order to “map” the location of cognitive skills pre- and post-surgically.

The neuropsychology service also collaborates with a wide range of other medical specialties. Services are provided to children with acquired brain disorders including traumatic brain injuries, hypoxic episodes, brain tumors, metabolic encephalopathies, cerebrovascular disease, CNS infections, and other medical conditions that affect the brain. Additionally, the neuropsychology service is part of the hematology-oncology team.

Interns are involved in all aspects of this service, and clinical training is also provided to post-doctoral fellows and practicum students. Intensive supervision, geared to the individual intern’s level of experience, emphasizes both normative and qualitative interpretation of standard neuropsychological tests, with particular focus on integrating results of the neuropsychological examination with pertinent psychodiagnostic findings. The practicum involves primarily cognitive and psychosocial evaluations that will require clinical interviews, medical chart review, scoring and interpretation of test data. Participation in neuroscience meetings, including a weekly inter-disciplinary epilepsy surgery conference is required.

B. Training Seminars

Two categories of assessment/intervention training seminars are provided. The first group consists of yearlong seminars that provide training in areas consistent with the program’s training emphasis or with knowledge and skills central to participation in a particular specialized training track. The second group focuses on didactic information related to specific presenting conditions, and professional and ethical issues.

1. Yearlong Assessment/Intervention Seminars (All tracks)

Two yearlong assessment/intervention seminars are offered to interns; Faculty members and outside who specialize in the specific area present these seminars on weekly basis. All interns participate in the Consultation Liaison Seminar and only interns selected for the Child Adolescent

and Family Therapy Track participate in the Family Therapy Seminar. Seminars begin with didactic information, followed by clinical application to specific cases. Subsequently, interns are provided supervision in the specific areas. Assessment and treatment cases are discussed in individual and group supervision. These training seminars begin the first month of the internship year and run concurrently through the end of the year.

a. Consultation Liaison Seminar (All tracks)

This seminar focuses on the psychological aspects of different medical conditions, behavioral aspects of chronic illnesses, problems with disease management and psychiatric profiles that may result from or be exacerbated by medical conditions. The etiology, prognosis and course of treatment for different medical conditions are reviewed. The intern receives training in the evaluation, case management, and short-term treatment of the patient and the family. Interns are trained to address the psychological aspects of different medical conditions, to identify various coping styles and psychiatric profiles that may result from medical problems and to recognize how different comorbid conditions may affect treatment. The didactic component of this seminar is provided on a weekly basis the first three months of the internship year and includes clinical application to specific cases. The intern then shadows the supervising psychologist on consults for different medical conditions and is subsequently shadowed by the supervisor. Supervision is provided on all consults through the end of the internship year.

b. Family Therapy Seminar (Child, Adolescent and Family Clinical Psychology Track)

The didactic portion of this seminar includes a review of the major theoretic orientations in family therapy with an emphasis in object relations, attachment and system's theory. Interventions and techniques utilized are derived from these theories. Transference and countertransference issues are discussed. Emphasis is placed on the role of projective identification in understanding clinical phenomena and in forming intervention strategies. Interns are expected to submit cases via live observation, videotaped sessions or case presentation. Live observation cases are viewed by the group via a one-way mirror. A faculty member specializing in this area of treatment then leads a discussion of the family dynamics observed. Interns are also encouraged to participate as co-therapists to enhance treatment outcomes and enrich the training experience. The seminar is presented on a weekly basis for two hours.

2. Topic Specific Assessment/Intervention Seminars (All tracks)

This group of assessment/intervention seminars focuses on didactic material related to specific presenting problems, professional and ethical issues. Topics covered include attention deficit hyperactivity disorders and pervasive developmental disorders, among others. Presentations on professional issues include the preparation of a curriculum vita and practice strategies in the managed care environment. In addition, interns attend an extensive ethics seminar. This group of seminars is presented on a weekly basis beginning the second quarter of the internship year and runs through the end of the year.

C. Supervision

Interns receive a minimum of two hours of individual primary supervision each week. They are also provided one hour of individual specialty training track/rotational supervision per week. Interns also receive individual and group supervision on a weekly basis as part of the yearlong assessment/intervention seminars they attend. Supervision is provided in accordance with APPIC and APA standards.

The intern's primary supervisor is responsible for monitoring progress and insuring that the intern's training needs are being met. Supervisors meet on a regular basis to discuss the intern's progress and facilitate the training experience. In addition to the weekly individual supervision

provided by primary and track/rotational supervisors, a formal written evaluation of the intern is completed midyear and at the end of the training year to determine if internship requirements and individual objectives have been met. A composite written evaluation is prepared and forwarded to the intern's University Director of Training mid-year and at the conclusion of the internship. To determine if the program has met its objectives, each intern is also expected to complete a formal written evaluation of each supervisor and the training program mid-year and at the conclusion of the internship year.