Internship Program in Clinical Child and Pediatric Psychology

MAILMAN CENTER FOR CHILD DEVELOPMENT
The Mailman Center for Child Development (MCCD), Department of Pediatrics at the University of Miami Miller School of Medicine offers a pre-doctoral clinical psychology internship program with a focus in the areas of pediatric psychology and clinical child psychology.
Interns develop an individual training plan with the Director of Training, built around core competencies in areas of special interest. There are numerous opportunities for training in the psychological aspects of traditional developmental disabilities (e.g., genetic disorders, autism, and learning disabilities), pediatric psychology, child clinical psychology, neurodevelopment, and assessment and prevention in at risk populations. In addition, the internship program is part of an interdisciplinary training program, and interns will work alongside professionals and trainees from pediatrics, neurology, audiology, social work, nutrition, nursing, genetics, physical therapy, speech and language therapy, and education. The following sections provide detailed information about the Mailman Center and Department of Pediatrics, the Division of Clinical Psychology, and the Internship Training Program.
Mission Statement:

Within the context of interdisciplinary collaboration, cultural competence and family centered perspectives, and using the integrated mechanisms of research, training, service, and advocacy, the mission of the Mailman Center for Child Development is to:

• Address the current diverse needs of individuals with neurodevelopmental disabilities and children with special health care needs.

• Develop new models of care that improve support, independence, security, and long-term functioning for individuals with neurodevelopmental disabilities and children with special health care needs.

• Identify genetic, biologic, environmental, and interpersonal risks that contribute to neurodevelopmental disabilities and investigate ways to minimize or prevent disabilities associated with these factors.

• Integrate emerging knowledge and technology to prevent or provide primary intervention to lessen the impact of conditions or illnesses that lead to neurodevelopmental disabilities.

• Educate professionals, families, and the community about neurodevelopmental disabilities, mechanisms for prevention, and supports and services available.

The Mailman Center serves as an equal partner with academic programs, community agencies, and individuals with disabilities and their families. The mission is accomplished through training, service, technical assistance, dissemination, research, and evaluation. An emphasis is placed on interdisciplinary and interagency collaboration, systems change, and leadership.

MCCD Innovation Statement:

Improving lives through INNOVATION, IMPACT, and CONNECTION.
The University of Miami Mailman Center for Child Development was founded in 1971 as one of 20 University Affiliated Programs (UAPs) through federal legislation enacted in the mid-1960's. This entailed a federal construction grant, against which matching funds were provided by the Mailman Foundation and by the Joseph P. Kennedy, Jr. Foundation, and an interdisciplinary training grant administered through the federal Department of Health, Education and Welfare (now called the Department of Health and Human Services, HHS). Over the past decade, the MCCD's activities have been sustained by support from over 30 different federal, state and private sources. The programs of the Mailman Center now join with those of the clinical divisions of the Department of Pediatrics to form one of the largest and most diverse pediatrics programs in the United States.
The overall training mission of the Mailman Center is to prepare professionals for leadership roles in the prevention and/or management of developmental handicapping conditions. Toward this goal, the MCCD has developed and maintains graduate training programs of the highest academic quality, and participates in the training of residents from the Department of Pediatrics as well as other departments within the School of Medicine.

Training is provided by academic professionals whose accomplishments attract superior graduate students and trainees in the health and health-related professions. Programs of the MCCD in which these faculty participate are characterized by a balance of training, service and research.

The MCCD's service programs function as primary, secondary, and tertiary prevention facilities. Primary prevention efforts serve to prevent the occurrence of abnormalities through genetic services and family planning. Secondary prevention efforts are designed to minimize effects of existing conditions through clinical programs of early detection, diagnosis, early intervention and special education. When problems occur despite these prevention efforts, a range of assessment and intervention services are also available. These activities constitute interdisciplinary services for over 5000 children and their families through some 14,000 clinic visits in the Mailman Center programs annually. This service load is considerably larger when the involvement of MCCD staff and trainees in the clinical pediatrics programs at the Jackson Holtz Children's Hospital is considered.
The Mailman Center has a total of 120,000 square feet of functional space. It consists of an eight-story tower and an attached two-story intervention facility, the Debbie School. The administrative offices of the Department of Pediatrics, including the Chairman’s office and many faculty offices, are located in the MCCD. In addition, a number of MCCD programs function outside the actual Center building in the pediatric outpatient clinics of the Ambulatory Care Center at Jackson Memorial Hospital (JMH), in the Jackson Holtz Children’s Hospital, the Batchelor Children’s Research Institute, the Professional Arts Building, and the Clinical Research Building. Interns are provided office space in the Clinical Psychology suite at the Mailman Center and/or at their primary rotation site, and
they have access to computer and audiovisual facilities within the Center, as well as to online resources and library facilities within the Center and on the Medical and Coral Gables campuses of the University of Miami. A number of areas are devoted to special functions that serve the training and service programs. There are three large reception areas and two large clinic waiting areas for parents and children. Sixteen medical examining rooms are designed for pediatric evaluations. Therapy rooms are designed for patient evaluations, treatment, parent interviewing and counseling. They contain one-way vision mirrors and video monitoring systems. Live observation, video review, and video feed of clinical activities are often part of the training program. Dedicated video conferencing conference rooms and telehealth suites are available for intern use.

Research suites to accommodate active research projects are available according to program needs and are used for training purposes when indicated.
The Mailman Center for Child Development is a unit of the Department of Pediatrics and the University of Miami Miller School of Medicine. The MCCD is headed by a Director who reports to the Chairman of Pediatrics and the Vice-President for Medical Affairs who, in turn, reports to the President of the University.

1. Director, Mailman Center for Child Development

The Director of the MCCD is responsible for all training, research and service programs of the Center, in conjunction with the Chairman of Pediatrics. The Director is advised by a Coordinating Committee and by a Council of Advisors. The Associate Director, Administrative Director, Program Directors, Coordinators, and Discipline Directors report to the Director of the MCCD.

2. Interprofessional Steering Committee

The committee is composed of the Leaders of five Interprofessional Collaboratives (i.e., Neurodevelopment Discovery, Neurodevelopment Intervention, Health & Wellness, Lifespan & Chronic Health Conditions, and Promoting Behavioral Health) and Directors of Research, Clinical Services, Training, and Community Engagement. The committee is chaired by the Director of the Mailman Center. The Committee is responsible for planning, development, approval, evaluation and monitoring of all interprofessional activities of the Mailman Center.

3. Disciplines

Twelve disciplines are represented within the MCCD:

- Clinical Psychology
- Nursing
- Developmental Pediatrics
- Nutrition
The Director of Clinical Psychology serves as Chief Psychologist for Pediatrics. The Training Director of the Internship Program reports to the Director of the Division of Clinical Psychology. A number of the programs in the MCCD are closely tied to the clinical pediatric divisions of the Department of Pediatrics, including the Divisions of Pediatric Hematology/Oncology, Adolescent Medicine, Pediatric Endocrinology, Pediatric Pulmonary Medicine, Neonatology, and the Pediatric Special Immunology program.
The discipline of Clinical Psychology provides a comprehensive training program which is designed to make a significant contribution to the understanding, diagnosis, and treatment of developmental disabilities and behavioral problems associated with genetic, environmental, and/or medical conditions of children and their families. Clinical training is provided to doctoral level clinical psychology graduate students from the University of Miami, Florida International University, and Nova Southeastern University and to interns and post-doctoral fellows from programs across the United States. The program is currently accredited through 2028 by the Committee on Accreditation of the American Psychological Association (750 First Street, NE, Washington, DC, 20002-4242; 202-336-5979, 202-336-6123 TDD) as of August 2018.

To implement the Clinical Psychology program objectives, a comprehensive program offers training experiences in psychological assessment, evidence-based treatment techniques, pediatric consultation and liaison, child protection, assessment and secondary prevention in at-risk populations, parent counseling, in-service training, seminars, clinical and developmental research, program evaluation, community intervention, and numerous interdisciplinary and intradisciplinary activities. With this training background, the student is prepared to advance to further post-doctoral training, or in some cases, professional careers in
pediatric psychology or child and adolescent clinical psychology.

All trainees participate in supervised experiences in diagnostic, therapeutic and applied clinical research settings. The size and location of the Center enables interns to gain experience with a broad spectrum of problems in a diverse cultural, ethnic, and socioeconomic population. While the faculty represent a number of theoretical positions, the program leans toward a cognitive-behavioral/systems perspective. However, many different diagnostic and therapeutic techniques, including cognitive-behavioral, family systems, and interpersonal techniques, are taught within the program.
The interdisciplinary objective of the Discipline of Clinical Psychology is to provide trainees from other disciplines with an awareness of the various roles and functions of the psychologist as an interdisciplinary team member. This interdisciplinary focus is maintained in all clinical training rotations of the internship program.

One aspect of interdisciplinary training is the Leadership Development in Neurodevelopmental Disabilities (LEND) Program.

**Purpose of Mailman LEND program**

The goal of Mailman LEND program is to provide intradisciplinary and interprofessional leadership training to improve systems of care that work toward the prevention of developmental disabilities, including autism spectrum disorders (DD/ASD), and ensure access to family-centered, community-based services for children with neurodevelopmental disabilities and their families.

Graduate and post-graduate students (i.e., trainees) from many disciplines will be provided with experiences in interprofessional approaches to service delivery, family-centered practices, and culturally competent care, through clinical and community-based rotations embedded in the LEND Program.

Trainees in the following disciplines have participated in the LEND program: audiology, medicine (pediatrics), nutrition, occupational therapy, public health, psychology, social work, speech pathology, special education, and music therapy.

**Educational Goals**

In addition to discipline-specific training, trainees will demonstrate knowledge and skill in the following:

1. (a) Interprofessional approaches to assessment, treatment, and prevention; (b) family-centered and culturally competent care; and (c) the social determinants of health from a life course perspective;
2. (a) Systems of care that affect service delivery to children with developmental disabilities and/or special health care needs, (b) strategies used to evaluate, modify, and create systems of care delivery; and (c) leadership skills needed to develop new and/or improved models of care delivery;

3. (a) The role of research in interprofessional care, (b) skills to access research findings using current tools, (c) methodological approaches to research in the field of neurodevelopmental disabilities, and for advanced trainees, (d) skills in planning and conducting research and in disseminating research findings.

At all levels of this program, trainees are expected to acquire knowledge and skills related to working with individuals of diverse ethnicity, language, culture, socioeconomic status, and to become aware of the variety of care delivery systems and health care financing systems that affect children with NDD and SHCNs and their families. Training in these skills is integrated into all parts of the curriculum.
# Program Faculty And Staff

The following faculty and staff are the primary contributors to the program:

<table>
<thead>
<tr>
<th>Clinical Supervisor</th>
<th>Associated Rotations</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jason Jent, Ph.D., Psychology Training Director</td>
<td>Parent Child Interaction Therapy</td>
<td><a href="mailto:jjent@med.miami.edu">jjent@med.miami.edu</a></td>
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<tr>
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</table>

Administrative Program Coordinator:
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Division Phone: (305) 243-6857
Division FAX: (305) 243-4512
Eligibility

A candidate must be enrolled as an advanced graduate student in a clinical, school, or counseling psychology program approved by the American Psychological Association. By the beginning of the internship, candidates should have their coursework completed. It is preferable that candidates have completed all major requirements and qualifying examinations for their degree and have only the dissertation requirement to meet when beginning the internship. If required by the intern’s graduate program, his or her dissertation should be completed prior to internship or be in progress with reasonable certainty of its completion prior to the end of the internship year. The intern should have a reasonable certainty of being granted the Doctorate.
within one year of starting the internship. Exceptions may be made for those universities who send students on their internship at an earlier level. All candidates should have a substantial amount of prior practicum supervision and other clinical experience (with a specific emphasis on practicums focused on children and families). Specifically, intern applicants must have completed a minimum of 250 intervention and 150 assessment hours (a minimum of 10 integrated reports). Applicants should have completed graduate coursework in child development, psychopathology, and assessment and treatment approaches. Applicant should have training/experience in delivery of evidence-based treatments. Previous pediatric/health psychology coursework/practicum experience and strong child assessment experience (at least 10 integrated reports with exposure to a variety of tests) is preferred. The internship program abides by the University of Miami's policy as an Equal Opportunity/Affirmative Action Employer. Females/Minorities/Protected Veterans/Individuals with Disabilities are encouraged to apply.

Funding

Six internship positions will be available for 2018-2019, with current salary support set at $23,795 for 12 months. Full health and dental benefits are offered. Contingent upon availability, funds for travel and/or professional development are also provided. Each position is affiliated with a specific training rotation [i.e., Clinical Psychology, Autism Spectrum Disorder and Neurodevelopmental Disabilities, Pediatric Psychology, Parent-Child Interaction Therapy, and Preschool Intervention]. Acceptance of a position involves a 20-hour commitment to one of these funding rotations across the 12-month internship year. An additional 3-4 hours weekly will be dedicated to formal didactic seminars, director’s meetings, professional development, and interprofessional collaborative training. The remaining time will be spent on secondary rotations individually tailored to meet the training needs of the intern, selected by the intern in consultation with his/her primary supervisor. Included in the remaining hours/week will be one half-day a week dedicated to clinical research activities. The source of funding and 12-month rotation
commitment is determined at the time offers are extended to interns, and every effort is made to match applicant interests to funding rotation. Supervision of activities in the funding position will be provided by the faculty member(s) working in the area. Work in these areas is incorporated into the training program and represents opportunity for the development of expertise in a specific area, as well as the development of long-term assessment and treatment cases.

Internship Requirements

Completion of the internship requires a minimum of 2000 hours of supervised clinical experience and participation in our program on a full-time basis for one full calendar year beginning September 1st. While most interns reach the maximum hour requirement prior to the official ending date (August 25th), they will be expected to continue with their clinical responsibilities until that date. If illness or some other interference makes
it impossible to meet the 2000 hour minimum definition of the internship by the official ending date, special arrangements will be made.

Interns will receive one hour of supervision for each rotation for a minimum of 4 hours (minimum of 2 individual hours) of supervision per week. Interns must meet minimal level of achievement on competencies in addition to the 2,000 hour requirement for successful completion of internship.

Vacation time consists of all University holidays (e.g., Thanksgiving, Christmas, New Year's), six floating holiday paid days, and two weeks of paid vacation leave.

Interns are not allowed to participate in any other outside professional activities without first being granted permission. Clinical service of a psychological nature (e.g., private practice) to the public for a fee will not be allowed, even under the supervision of psychologists not affiliated with the training program. This stance is taken to reduce the potential liability to the Center and University under these circumstances. Non-funded supervised clinical service of a training nature will be considered, as well as funded teaching or research positions on non-duty time. All other activities will be considered on an individual basis. In general, direct clinical service to the public, in other than a training relationship, will not be allowed.

As a University of Miami Employee, interns are required to meet the eligibility requirements to be hired on as full-time staff.

Specifically, beyond the APPIC Match process, employment is contingent upon successful completion of a personal background check, which, depending on your role at the University, will include a criminal background check, drug screening, verification of previous employment and education, a department of motor vehicles check, and a consumer credit check.

In compliance with the Immigration Reform and Control Act and the E-verify program, interns must also provide proof of eligibility to work in the United States by completing an I-9 form within three business days of their official start date.
At the University Of Miami Miller School Of Medicine, patient safety is a top priority. The Miller School requires that all faculty and staff who provide ongoing services to patients, or work in a location where patient care is provided, receive a flu vaccination during each flu season.

Program Training Year

The internship year begins **August 26, 2019 and ends August 25, 2020.** The year begins with an orientation week, during which time faculty members present a description of the activities and requirements of each training setting. Each intern, in consultation with the training faculty, then selects a rotation schedule tailored to his/her interests and objectives. This schedule includes a 20-hour commitment to the site providing funding across the 12 months. Interns then individually tailor a training plan to meet specific needs beyond those addressed in the funding site rotation. Generally speaking, minor rotations last for six months and involve either half a day or a full day a week. Efforts will be made to accommodate variations in the length and time of a minor rotation experience, as long as the training plan permits the intern to acquire all the core competencies of the internship program. The Training Director will be responsible for making the necessary logistical arrangements in order to accommodate each intern's individual training needs. Intern training plans may be modified when necessary, as training needs of the intern and/or the program may change.

The intern will also be expected to attend a weekly assessment and treatment seminar and a weekly professional development/Director's Meeting. A special series on ethics and another on multi-cultural issues are also required and are often folded into the weekly assessment and treatment seminar. Didactic sessions will focus on assessment, treatment, and professional development issues. Other seminars affiliated with the interdisciplinary training program (e.g., Interdisciplinary Web Course and Mailman Grand Rounds) are also required. Many other rotational (e.g., neuropsychology seminar, hem/onc neuropsychology rounds), departmental (Dept. of Pediatrics Teaching Conference, Grand Rounds) and inter-departmental (e.g.,
Psychiatry Grand Rounds, Clinical & Translational Science Institute Seminars) educational experiences are also available.

At the beginning of the internship year, each intern will select one faculty member to serve as his/her primary training supervisor. Usually, the primary supervisor is the supervisor of the intern's funding rotation, but may be any one of the full-time clinical psychology faculty in the Department of Pediatrics. The training director and/or the primary supervisor will be responsible for monitoring the intern's program and ensuring that the intern's educational needs are being met. Supervision will be provided by the intern's primary supervisor as well as rotation supervisors. Intern supervisors will also meet on a regular basis to assess the interns' progress and to facilitate the training experience. Along with the ongoing feedback from supervisors, formal written evaluation of the interns is completed at the end of each rotation experience, or at 6-month intervals for on-going rotations. A composite written evaluation is prepared and forwarded to the intern’s University Director of Training at mid-year (February) and at the conclusion of the internship (August). Each intern is also expected to provide periodic feedback regarding training experiences as well as a formal written evaluation at the conclusion of the internship year.

Application Procedure

Our application deadline is NOVEMBER 1st. The APPIC Application for Psychology Internship (AAPI), available at the APPIC Web site, will be what we are using, similar to all other APPIC internships, and can be accessed at: http://www.appic.org.
Interviews are not a requirement for selection but are encouraged. The primary reason for an interview is to allow both the internship faculty and you to evaluate the degree to which the Mailman Center internship is a good fit for you. We are committed to "happy interns," and believe that a personal interview will help to maximize the fit between the intern and our program. We hold three Open House interview days (by invitation) in early January for this purpose. During these Open Houses potential interns have the opportunity for a general orientation to the program, as well as personal interviews with internship faculty and current interns.

The tentative dates for this year's open houses are:

**Tuesday, January 8, 2019**

**Friday, January 11, 2019**

**Tuesday, January 15, 2019**

Applications will be reviewed by members of the Internship Selection Committee and invitations to attend one of three Open House Interviews will be extended no later than December 15th. In an effort to maximize the Open House

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<th>TIMELINE</th>
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<tr>
<td>November 1, 2019</td>
<td>All Application Materials Due</td>
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<tr>
<td>December 15, 2019</td>
<td>Invitations to Attend Open House Issued</td>
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<tr>
<td>January 8, 11, 15 2019</td>
<td>Open Houses – Tentative Dates</td>
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<tr>
<td>February 6, 2019</td>
<td>Ranking Lists Submitted (Phase I)</td>
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<tr>
<td>February 22, 2019</td>
<td>Match Results Released (Phase I)</td>
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experience for all involved, and to limit unnecessary travel costs for applicants, only those applicants for whom this program appears a good fit will be invited to attend the Open House.

Because our faculty are all actively involved in clinical service, teaching, and/or research commitments, we are forced to limit visits to MCCD to these Open House dates. Therefore, except in the most extreme circumstances, we are unable to schedule individual interviews. However, the faculty makes a commitment to the Open House process, and will be available to meet with interns on these dates.
Intern Selection

All applications are reviewed and discussed by the Clinical Psychology Intern Selection Committee. Telephone/Skype interviews may be conducted in lieu of Open House interviews when necessary for those applicants invited to attend an Open House. By the end of January applicants will be ranked and preliminary decisions made concerning selection. Interns are selected according to the procedures set forth by APPIC. Written confirmation of all acceptances is required.

THIS INTERNSHIP SITE AGREES TO ABIDE BY THE APPIC POLICY THAT NO PERSON AT THIS TRAINING FACILITY WILL SOLICIT, ACCEPT, OR USE ANY RANKING-RELATED INFORMATION FROM ANY INTERN APPLICANT.
GOALS AND OBJECTIVES OF THE INTERNSHIP EXPERIENCE

The Internship Program at the Mailman Center for Child Development offers a variety of training opportunities in child clinical psychology and pediatric psychology. While our program is structured to permit the development of an individual educational plan (IEP) to meet the interests and goals of each intern, we also expect that all interns will develop profession-wide competencies as well as program-specific competencies consistent with the philosophy of the program. There are three aspects of this philosophy. The first is an interdisciplinary developmental focus, consistent with that of the Mailman Center. The second is an intradisciplinary clinical child/pediatric focus, based on the Hilton Head Conference for the Training of Clinical Child Psychologists (1985). Within this framework, we expect each intern to gain experience in clinical/developmental assessment, intervention, prevention, and consultation while working alongside professionals from other disciplines. The third is a multi-cultural diversity focus, acquiring skills to work with individuals from a variety of cultural and economic backgrounds. Within each of these areas, we further expect that each intern will acquire basic knowledge and skills that reflect this training emphasis. The domains of basic competencies and examples of each are outlined in Table 1.
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<tr>
<th>DOMAINS</th>
<th>EXAMPLES OF COMPETENCIES</th>
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<tr>
<td>Research</td>
<td>Shows commitment to applying evidence-based assessment and intervention approaches; Demonstrates the ability to critically evaluate and incorporate research into practice.</td>
</tr>
<tr>
<td>Ethical &amp; Legal Standards</td>
<td>Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas. Conduct self in an ethical manner in all professional activities.</td>
</tr>
<tr>
<td>Individual and Cultural Diversity</td>
<td>Assesses social, educational, or cultural issues affecting the family and applies to interactions appropriately. Recognizes and addresses the impact of service delivery system on families from diverse backgrounds.</td>
</tr>
<tr>
<td>Professional Values and Attitudes</td>
<td>Demonstrates professional work habits, completing all paperwork within expected time frame, making phone calls, returning phone calls and responding to emails and text in an appropriate time frame and in a professional manner. Consistently attends and arrives on time to supervision and other meetings.</td>
</tr>
<tr>
<td>Communication and Interpersonal Skills</td>
<td>Demonstrate effective interpersonal skills and the ability to manage difficult communication well.</td>
</tr>
<tr>
<td>Assessment</td>
<td>Demonstrates knowledge of theories of intelligence, learning disabilities, neuropsychological models and other relevant theories. Demonstrates basic understanding of Autism Spectrum Disorders and other major neurodevelopmental disorders, including evidence-based assessment and treatment approaches.</td>
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Beyond the specific minimum competencies listed above, there are several other expectations for interns.

1. At least 75% of the intern's experience will be in child-related activities.

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<thead>
<tr>
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<tr>
<td>Intervention</td>
<td>Demonstrates knowledge of psychological theories and utilizes them in case conceptualization and treatment plan formulation. Demonstrates knowledge of developmental psychopathology and appropriately applies it in the case conceptualization and treatment plan formulation with children and families.</td>
</tr>
<tr>
<td>Consultation and Interprofessional Skills</td>
<td>Demonstrates competence in working and developing good relationships with staff across relevant disciplines (physicians, nurses, allied health professionals). Demonstrates competence assessing major and significant issues that need to be addressed with patients in consultation and liaison intervention.</td>
</tr>
<tr>
<td>Supervision</td>
<td>Shows awareness and application of APA Guidelines for Clinical Supervision in Health Service Psychology. Builds collaborative relationship with supervisee. Provides useful feedback and guidance that is appropriate for supervisee’s developmental level.</td>
</tr>
<tr>
<td>Prevention</td>
<td>Demonstrates knowledge and skills in anticipatory guidance, health promotion, prevention and early intervention approaches with children and families.</td>
</tr>
<tr>
<td>Pediatric Psychology</td>
<td>Demonstrates basic understanding of disease process and medical management (including treatments, terminology) of common pediatric illness, including their effect on children’s development. Demonstrates knowledge of the role and effect of families on children’s health, and of health, illness and medical management on family functioning.</td>
</tr>
<tr>
<td>Family-Centered Care</td>
<td>Explores individual/family perspective; involves individual/family in plan. Addresses family priorities, provides accessible plan and checks with family for understanding. Assists family in accessing services; provides specific information. Recognizes and addresses the specific impact of a child with special needs on a family.</td>
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2. The internship will be structured so that each intern gains experience with a population diverse in terms of age, gender, socioeconomic background, ethnic origin, and presenting problems.

3. An individual education plan (IEP) will be developed for interns and reviewed periodically throughout the year.

4. All interns will be required to participate in rotations related to: Psychological Assessment Services, outpatient therapy, primary care/prevention, and child health.

5. In accordance with the assessment competencies, each intern will be expected to conduct a minimum of 12 comprehensive assessments during the training year through one of the assessment rotations.

6. It is strongly encouraged that research be incorporated into the intern's training program. In this regard, up to 4 – 6 hours per week (1/2 day) will be set aside for an intern's research and professional activities.

7. Given the interdisciplinary nature of the Mailman Center, each intern will be required to participate in at least one major interdisciplinary training rotation during the internship year. Experience in interacting with professionals from other disciplines is viewed as a critical aspect of professional training.
DESCRIPTION OF TRAINING ROTATIONS

An overview of the major training rotations available at the Mailman Center:

Currently, our major funding rotations are: 1) Clinical Psychology; 2) Autism Spectrum Disorder and Neurodevelopmental Disabilities; 3) Parent-Child Interaction Therapy; 4) Preschool Interventions, and 5) Pediatric Psychology.
In the following sections, descriptions of the rotations currently associated with intern funding are provided. Rotations associated with internship funding require a full year commitment. That is, if an intern is selected for the Pediatric Psychology funded position, then the intern will be required to complete the Pediatric Psychology rotation for one year for approximately 20 hours a week. **Please note that even if you are selected for one primary funded rotation, it will not prevent you from selecting one of the other funded rotations as an elective rotation.** For example, the Pediatric Psychology intern could also select Preschool Intervention as an elective rotation as a part of the internship year training plan. Feel free to test out a sample schedule [here](#).
Clinical Psychology

The Clinical Psychology rotation offers a traditional blend of training experiences in provision of evidence-based outpatient therapy services within our Behavioral Pediatrics Clinic and our Parent-Child Interaction Therapy Clinic. These rotations comprise two half days total. The Clinical Psychology Rotation also included the delivery of psychoeducational evaluations through our Psychological Assessment Services program. The types of therapy and assessment experiences will vary based on the intern’s experience and interests. The following provides additional details about PAS and BPC. Additional details related to PCIT can be found under that rotation. Learn about the Clinical Psychology rotation here.

Behavioral Pediatrics Clinic (BPC)

**Description:** BPC is an interdisciplinary outpatient therapy clinic where psychologists and physicians work together to diagnose and treat a variety of common childhood behavioral and emotional problems including ADHD, disruptive behavior, enuresis, depression, anxiety and a variety of other disorders. Trainee responsibilities include performing intake evaluations/clinical interviews of children and their families and carrying therapy cases. Interventions typically include individual therapy, family therapy, and/or parent training. BPC offers opportunities for consultation with
physicians and schools. Individual, group and live supervision are provided.

Site Where Services Are Provided: Mailman Center

Rotation Day/Times: Tuesdays from 1pm to 6pm

Training Objectives:

1. Provide effective psychological intervention to children, adolescents, and families from diverse backgrounds with a wide variety of presenting problems.

2. Demonstrate interview and assessment skills appropriate for the evaluation of diverse children and adolescents to facilitate differential diagnosis and treatment planning.

3. Collaborate effectively with other professionals to provide optimal service to children, adolescents, and families.

4. Provide psychological consultation to other professionals in response to the needs of children, adolescents, and families.

5. Function in an ethical, professional, and legal manner.


Specific Site Requirements: BPC trainees are advanced graduate students with a minimum of one year of previous training experience in the delivery of psychological assessments and interventions.

Research Opportunities: N/A

Cultural Diversity of Population Served: BPC is a community-based clinic serving the culturally diverse population of South Florida children and families.

Inter-professional Experience: BPC typically offers opportunities for consultation with physicians, psychologists, social workers, and schools. These opportunities may include joint pediatric intakes with medical residents and/or social work trainees.

Clinical Experience:

1) Assessments: Students will expected to complete 3-5 psychological assessments during this rotation.

2) Treatment: Interventions include individual therapy, behavioral and cognitive-behavioral therapies, trauma-focused cognitive behavioral therapy, family therapy, and/or parent training.

3) Consultations: Trainees may occasionally need to provide
consultations to physicians, other psychologists, teachers, social workers, and other professionals in the course of treatment of individual children and adolescents. These consultations occur on an as-needed basis.

4) Prevention: N/A

Supervisor: Allison Weinstein, Ph.D.
aweinstein2@med.miami.edu

For more information about BPC, please click on this [video link].

Psychological Assessment Services (PAS)

Description: Psychology Assessment Service (PAS) is the umbrella under which Mailman faculty provide comprehensive psychological/neuropsychological evaluations of children and adolescents ranging in age from 12 months to 18+ years, presenting with complex neurodevelopmental disorders including social-communication disorders/ASD, executive dysfunction, brain injury, genetic disorders or disease-related processes (Fragile-X, cancer, sickle cell disease), as well as treatment-resistant ADHD and specific learning disorders. The intern tests under direct supervision, often working side by side with their supervisor, and write comprehensive reports focused on evidence-based treatments. Many patients are seen by multi-disciplinary teams involving a variety of pediatric specialties including a developmental pediatrician, geneticist, speech and language pathologist, audiologist, occupational therapist, physical therapist, genetic counselor and educational/assistive technology specialist, depending upon nature of the concerns and prior diagnoses. Many families travel significant distances for the evaluations.

Site Where Services Are Provided:
Mailman Center and occasionally at Batchelor

Rotation Day/Times: 1 full day a week (2 assessments per month); schedule varies depending upon supervisor. IDES cases are Mondays only with the additional requirement of team meetings Wednesday from 1-2 pm and feedback sessions are typically scheduled at 2 or 3
pm following the team meeting.
evaluations.

Training Objectives:

• Develop hypotheses based on referral concerns and plan appropriate assessments.
• Administer, score and interpret a variety of psychological measures.
• Produce coherent written reports with accurate results and appropriate recommendations, incorporating findings from other specialties as needed.
• Explain results to parents in an accurate and supportive manner.
• Gain understanding of the role and contribution of other disciplines (pediatricians, speech/language pathologists, occupational therapists, physical therapists, audiologists) in evaluating complex neurodevelopmental disorders. (IDES)

Specific Site Requirements: IDES requires some experience with cognitive, behavioral, academic, and social emotional processes as cases are complex. PAS can accommodate students with less experience.

1) Research Opportunities: N/A

Cultural Diversity of Population Served: children and families often come long distances and many reside out of the US, typically in Caribbean islands. Cultural factors are often a consideration.

Inter-professional Experience: IDES is a multidisciplinary setting so students interact with a variety of professionals and have the opportunity to observe developmental physicians, SLPs, OTs, PTs and audiologists interact/assess children. PAS cases are often referred by other professionals or schools and may involve contacts outside of the university.

Clinical Experience:

1) Assessments: 2 comprehensive evaluations per month using a variety of cognitive measures including Wechsler scales as well as Differential Abilities Scales-2nd Edition and other cognitive measures (Merrill Palmer 2), neuropsych tests (California, Bender Gestalt, NEPSY2, Rey Osterrieth, RIT, WRAML2, CTOPP2), academic tests (KTEA3, WIAT, Nelson Denny, TOWRE2, GORT5), and social emotional including both checklists and ADOS2
2) Treatment: N/A

3) Consultations: Possible

4) Prevention: N/A

**Supervisors:** PAS is coordinated by Monica Dowling, Ph.D. mdowling@med.miami.edu

Supervisors (specializations) include Drs. Dowling (neurodevelopmental, ASD, ID), Kerdyk (learning disabilities), and Cuadra (neuropsych, bilingual assessments). Students are assigned to supervisors based on interests and faculty availability.

For additional information about PAS, please click on the [video link](#).
Preschool Interventions

**Description:** The Preschool Interventions rotation offers specialized training in the area of therapy with a birth-5 population. The intern selected for this rotation will conduct on-site behavior management/play therapy/dyadic therapy in an individual format with children ages 0-5. They will work within a relationship-based and coaching model to enhance the skills of the primary caregiver or the teachers. They will also work to identify children with mild developmental delays and will make appropriate referrals to Part B or Part C for more severe cases.

**Site Where Services Are Provided:** Home or childcare centers

**Rotation Day/Times:** Morning is preferable for childcare center based intervention and some evenings for home-based services.

**Training Objectives:**

1) Gain experience in conducting child-directed interactions with young children.

2) Become adept in working with a multicultural at-risk population.

3) Increase exposure to community-based interventions.

4) Develop skills to work independently.

5) Learn how to facilitate interactions with parents and/or teachers to support the social and emotional development of their children.

6) Gain knowledge in various therapeutic approaches with young children.

7) Gain experience in working with children with mild developmental delays.

**Specific Site Requirements:** Minimum of 10 hours per week for elective rotation and 2 1/2 full days for a funded rotation. Intern must be willing to provide services off-campus and have reliable transportation. He/she must be comfortable providing services in homes and/or childcare centers and must be adept at working independently in the field. Working early evenings may be required for Early Discovery.
Research Opportunities:

1) Title of Research Project: Healthy Caregivers-Healthy Children

Brief Summary: obesity prevention program in preschool children.

Role of Students: data analyses and publication.

2) Title of Research Project: Early Discovery

Brief Summary: early intervention program with children 0-5.

Role of Students: data analyses and publication.

Cultural Diversity of Population Served: Ethnic minorities (60% Hispanic, 30% African American) and those of varying income levels.

Inter-professional Experience: Early Discovery allows for multidisciplinary teams of speech therapists, occupational therapists, developmental therapists and teachers.

Clinical Experience:

1) Assessments: Pre-post developmental assessments conducted before and after treatment including the DECA and Brigance.

2) Treatment: Short-term Intensive Intervention-10-12 sessions provided weekly over 3-4 months. Individual and group therapy with young children. Dyadic sessions with parents. Manualized and non-manualized treatment options including Floortime, I Can Problem Solve, Responsive Teaching, Play Therapy, Behavior Therapy, etc.

3) Consultations: Early Discovery allows for consultations with multidisciplinary teams of speech therapists, occupational therapists and developmental therapists as needed during treatment. In addition, interns will participate in consultations with teachers and parents on a weekly basis.

4) Prevention: The goal of Early discovery is a prevention of developmental delays progressing to the point that the child needs special education services.

Supervisor: Ruby Natale, Ph.D., Psy.D.
rnatale@med.miami.edu

For additional information about preschool intervention, please click the video link below.

https://youtu.be/8-MWKExmbNk
Autism Spectrum Disorder And Neurodevelopmental Disabilities

**Description:** The Autism Spectrum Assessment Clinic (ASAC), provides comprehensive diagnostic and psycho-educational evaluations to individuals of all ages (typically 6 months – 80+ years) who are seeking clarification about an autism spectrum diagnosis and/or additional diagnoses. ASAC also offers therapy, social skills groups, and PCIT to individuals with ASD. ASAC is closely tied with UM-CARD, so students have the opportunity to learn more about community outreach, training programs, ASD programs, etc.

**Site Where Services Are Provided:** The University of Miami’s Coral Gables campus, Ponce de Leon Blvd, Flipse Building, 2nd Floor, Coral Gables, FL 33146

**Rotation Day/Times:** Tuesdays, Wednesdays, or Thursdays between 9:00 AM and 1:00 PM for testing. Feedbacks, school observations, consultations with other professionals, additional supervision may be scheduled outside morning testing hours. Individual therapy typically takes place weekday afternoons and is based on intern’s availability. PCIT typically takes place Monday or Wednesday afternoons. KIT Club is typically scheduled Thursday evenings (5:30-7:00PM).

**Training Objectives:**

1. Trainees will learn to conduct comprehensive psychological, psycho-educational, and neurodevelopmental evaluations for children and adults who have or are suspected of having ASD.

   a) Trainees will learn to administer, interpret, and communicate results of the ADOS-2 (all modules), as well as other ASD measures (e.g., ADI-R, autism questionnaires, etc.).

   b) Trainees will learn how to choose appropriate tests for the referral question (and given the client’s level of functioning), interpret and integrate test data, and write comprehensive well-written reports.
c) Trainees will learn how to assess behaviorally challenging, sometimes non-verbal children, and provide difficult diagnoses to families.

2. Trainees will learn how to develop and implement appropriate evidence-based interventions to individuals with ASD or similar/related symptom presentations.
   
a) Trainees will refine case conceptualization with an emphasis on the unique characteristics and needs of individuals with ASD, as well as current scientific literature, diversity characteristics, and contextual variables.

  b) Trainees will learn to modify and adapt evidence-based strategies to improve accessibility to individual clients.

Specific Site Requirements: Experience with psychological testing of individuals with ASD and other neurodevelopmental disorders and integrated report writing. Experience in providing evidence-based therapeutic interventions to individuals with ASD, anxiety disorders, OCD, ODD, and ADHD. Experience in administration, scoring, interpretation of ADOS-2 is preferred. Training on ASD assessments and interventions will be provided.

Research Opportunities:

Title of Research Project:
A Matched Case-control Comparison of Parent-Child Interaction Therapy for Children with and without Autism Spectrum Disorder: Treatment Processes and Behavioral Outcomes

Brief Summary:
Parent-Child Interaction Therapy (PCIT) is an empirically-based, behavioral parent training program for young children exhibiting disruptive behaviors. PCIT shows promise for treating externalizing behaviors commonly displayed in children with autism spectrum disorder (ASD). PCIT treatment processes and outcomes were compared in a group of children with ASD and group of children without ASD in a matched case-controlled comparison. Specific research questions include: 1) Do families of children with ASD and disruptive behaviors demonstrate similar treatment lengths, attendance, homework compliance, and time-out frequencies and durations as families of children without ASD?, 3) After receiving PCIT, will children with and without ASD show similar parent-
reported decreases in child problem behaviors such as disruptive behavior, externalizing problems, and executive dysfunction, and 2) is standard PCIT also effective in addressing core autism symptomatology, related social and behavioral functioning, language, and adaptive behavior in children with ASD?

Role of Students:
Interns will have the opportunity to participate in many aspects of the research process, including intake diagnostic assessments, data collection, scoring psychological measures, behavioral coding, entering data, helping with data analysis, preparing posters for presentation at international conferences, and writing manuscripts for publication.

Cultural Diversity of Population Served:
Clients come from the South Florida community, as well as other states and countries. ASAC has two bilingual (Spanish) psychologists and one bilingual speech-language pathologist. Most of ASAC’s services are offered for a reasonable/competitive fee. Sliding scale fees and scholarships are available. ASAC receives grant funding for PCIT and multi-disciplinary evaluations, such that these services are free to eligible clients. Thus, trainees gain experience in working with clients from many different countries, ethnicities, socio-economic groups, and cultural backgrounds.

Inter-professional Experience: Trainees work directly with licensed psychologists, certified speech-language pathologists, and board certified behavior analysts within the context of assessment and/or therapy.

Clinical Experience:
Assessments: Assessments incorporate a variety of cognitive measures, autism measures, including the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2) and the Autism Diagnostic Interview, Revised (ADI-R), academic achievement, adaptive behavior scales, parent/teacher rating scales, language assessments, and systematic reviews of previous evaluations. Additional emotional, behavioral, and personality measures are administered as needed. Training on the ADOS-2 (all 5 modules) and ADI-R will be provided. Trainees will learn how to choose appropriate tests for the referral question (and given the client’s level of functioning), interpret test data, provide appropriate treatment recommendations based on best practices strategies, work
with behaviorally challenging children, & provide difficult diagnoses to families. Trainees also have the opportunity to participate in school observations and consultations with school staff and other professionals (ages 6 mo through adult; mostly school age).

ASAC also provides multi-disciplinary evaluations for children entering the public school system through a grant funded by the Children’s Trust (ages 2-5 years). These evaluations include specific measures required by MDCPS.

Treatment: Individual and family therapy for children and adults who have ASD and co-morbid anxiety, depression, executive functioning problems, and other difficulties is offered through ASAC (mostly school age through young adult). Evidence-based treatments are utilized, including CBT (with emphasis on behavioral), behavior therapy, and social skills training are primary modes of treatment. Clients are verbal and have the cognitive and language skills needed for CBT. Interns will learn to use visuals and creative techniques to engage and motivate clients. Interns will have opportunity to collaborate with other professionals involved in client’s care.

Social skills groups are held Thursday evenings (5:30-7:00pm), lasting 9 weeks, run 3 times/year (fall, spring, summer). The social skills groups are based on empirically-supported manualized protocols, and are targeted for school aged-children with ASD (9-12 year olds). There is a child group and parent group, run simultaneously. Interns may choose to facilitate either.

PCIT with children diagnosed with ASD is currently being offered at ASAC on Tuesday and Thursday afternoons (2:00-5:00pm) as part of a Children’s Trust grant. Participation in the 40-hour training and/or PCIT rotation at the Mailman Center is a prerequisite for participating in PCIT at ASAC. 3-7 year-olds with ASD and comorbid disruptive behavior problems (+ other criteria)

Consultations: Consultation with other professionals (e.g., medical doctors, mental health professionals, ABA therapists, speech-language pathologists, occupational therapists, teachers, etc.) who have worked with or currently work with clients is often a necessity within the context of psychological assessment and treatment.
Prevention: N/A

**Supervisor:** Amy L. Beaumont, Psy.D., BCaBA

[a.beaumont@med.miami.edu](mailto:a.beaumont@med.miami.edu)

For more information about ASAC, please click on the video link below.

[https://youtu.be/DsuT8ycjWco](https://youtu.be/DsuT8ycjWco)

The Autism and Neurodevelopmental Disability Intern is also responsible for conducting psychoeducational evaluations through the Interdisciplinary Evaluation Service which is housed under Psychological Assessment Services. Please refer back to this section in the brochure to better understand this rotation. The intern spends one day a week at ASAC and one day a week at PAS.
Pediatric Psychology

The Pediatric Psychology intern will work on multiple outpatient interdisciplinary medical teams (Pediatric Medical Coping Clinic, Cystic Fibrosis, and Diabetes) that provide cohesive care to children and adolescents with chronic illnesses. This intern will provide consultation and liaison services as an integral member of the team to promote the health and wellness of the families served. The Pediatric Psychology intern will also focus on providing assessment, intervention, and consultation and liaison services to children with chronic illnesses on site at the Mailman Center. These rotations include Pediatric Medical Coping Clinic, Cystic Fibrosis, and Diabetes Clinic.

For additional information about Pediatric Psychology, please click the video link below.

https://youtu.be/dXcgQ5RVZeg

Pediatric Medical Coping Clinic (PMCope)

Description: The Pediatric Medical Coping Clinic (PMCope) provides individual and family outpatient therapy services for children and adolescents...
who present with a primary medical condition. Referral concerns may include coping and adjustment, adherence, transfer of care/independence issues, pill swallowing, needle phobias, healthy lifestyle changes, and general psychosocial and mental health problems. Referrals often come from the pediatric endocrinology team, including patients with Type 1 and Type 2 diabetes as well as patients presenting with obesity and/or metabolic syndrome who require assistance in making and maintaining lifestyle changes.

The trainee will conduct intake interviews, including selecting and administering relevant assessment instruments (e.g., self, parent, teacher reports), formulate and refine hypotheses and case conceptualizations, and provide empirically-supported intervention to the patient and family. School consultations may be necessary.

**Site Where Services Are Provided:** Mailman Center for Child Development

**Rotation Day/Times:** Monday afternoons from 1-6 pm.

**Training Objectives:** To learn how psychological and behavioral factors affect management of various health conditions in children and adolescents who may range in age from young children up to 20-years. To learn how to
manage these conditions using evidence-based behavioral and psychological assessment and interventions, in the context of developmental and family functioning.

**Specific Site Requirements:** Basic experience in child clinical assessment and intervention is required, including experience with internalizing and externalizing disorders, and behavioral parent training. Experience with various pediatric populations is helpful but not required.

**Research Opportunities:** No projects currently underway but may be considered in future and trainees would be encouraged to participate.

**Cultural Diversity of Population Served:** Full range of ethnicity and mid-upper SES seen; for patients to be in this clinic, commercial health insurance is needed (i.e., no Medicaid patients).

**Inter-professional Experience:** The only part of this rotation that could be considered inter-professional would be in communication with referring physicians. This is an intra-disciplinary pediatric psychology outpatient clinic.

**Clinical Experience:** Assessments: The trainee is expected to conduct clinical interviews and utilize evidence-based assessment measures (self- and parent-report measures) to inform conceptualization and measure effects of treatment over time.

**Treatment:** Evidence-based behavioral and cognitive-behavioral treatments are utilized in consideration of developmental and family functioning.

**Consultations:** Consultations occur through communication with referring physicians regarding the initial evaluation and subsequent treatment.

**Prevention:** Since patients are referred, they generally already have some diagnosis, and in this sense the rotation is not prevention oriented (at least in terms of primary prevention). However, the rotation could be considered as secondary prevention in terms of preventing recurrence or exacerbation of the health conditions (e.g., preventing recurrent DKA in patients with type 1 diabetes).

**Supervisor:** Alan Delamater, Ph.D., ABPP

adelamater@med.miami.edu
For more information about PMCope, please click on the video link below.

https://www.youtube.com/watch?v=ez8uq5KefwA&index=46&list=UUpEyRx_FH-ojcL-Eyq4-Y6g

Diabetes Clinic

Description: This rotation is a consultation-based, pediatric psychology experience in an outpatient pediatric diabetes clinic setting. Trainees will have the opportunity to provide consultation services to children and adolescents and their families who present for routine outpatient diabetes care. Common referrals include coping and adjustment to a new diagnosis, adherence issues, healthy lifestyle adjustments, transition of diabetes-related care from parent to child, as well as other psychosocial, academic, and behavioral concerns that may or may not relate to a diabetes diagnosis. Patients include children and adolescents with Type 1 and Type 2 diabetes, as well as the occasional patient with metabolic syndrome ("pre-diabetic") who needs to focus on healthy lifestyle changes. Opportunities may arise for inpatient consultation in conjunction with the faculty or postdoctoral supervisor, but these are not predictable and therefore not guaranteed.

Site Where Services Are Provided: Mailman Center for Child Development

Rotation Day/Times: Tuesdays and Thursdays (Interns: 8:30am-12:30pm; Practicum Students: 10:00am-2:00pm OR 8:30am-2:00pm)

Training Objectives: The trainee will learn to conduct a focused assessment, provide brief intervention if warranted, and make appropriate recommendations and referrals for follow up care if needed. Trainees will also gain experience in working with a multidisciplinary team of professionals including pediatric endocrinologists, nurses, nutritionists, and diabetes educators. Trainees will be expected to acquire basic knowledge of diabetes management through attendance at diabetes education class(es) provided at the University of Miami, shadowing diabetes educators in clinic, and through relevant readings.

Specific Site Requirements: N/A

Research Opportunities: We currently do not have an active research project as part of this rotation. However, a new mental health screening protocol was
recently implemented, and interested students may discuss research ideas with Dr. Delamater or Dr. Davis to explore feasibility.

**Cultural Diversity of Population Served:**
Patient population is widely diverse in terms of race, ethnicity, and nationality. This includes international patients who come to South Florida and the Mailman Center for their diabetes care.

**Inter-professional Experience:** Trainees on this rotation work closely with physicians and diabetes educators. When a physician has a concern about one of the patients, he/she requests a consult directly from the psychology team. Following the consultation, the psychology team provides the physician written and verbal feedback regarding case conceptualization, progress made, and next steps. Additionally, concerns that arise from the mental health screener are communicated to the physician by the psychology team.

**Clinical Experience:**
Assessments: Trainees on this rotation provide brief, focused assessment of the referral problem. Additionally, trainees administer and review results of the mental health screener completed by all patients ages 12 and older.

Treatment: Brief, solution focused treatment is provided during the consultation, including the use of motivational interviewing techniques to increase motivation for adherence to the diabetes regimen.

Consultations: The trainee will consult with treating physicians as well as their residents and fellows in the clinic. The trainee’s primary role is to meet with patients to address adherence concerns and other concerns that emerge from the clinic visit. Trainees communicate their findings, interventions, and recommendations to the treatment team.

Prevention: The mental health screener is designed to identify mental health concerns that could negatively impact diabetes adherence and is in this way a tool to inform both prevention and treatment.

**Supervisor:** Eileen Davis, Ph.D.
exm305@miami.edu

For more information about the Diabetes Outpatient Clinic, please click on the link below.

https://youtu.be/5Bi8_9idhJA
Cystic Fibrosis

Description: This rotation focuses on mental health concerns in the cystic fibrosis pulmonary clinic. A study published by Quittner et al., 2014 in Thorax, indicated that adolescents and adults with CF are at higher risk for depression and anxiety. An international, multidisciplinary group of experts published guidelines for mental health screening beginning at age 12 for all individuals with CF and screening of all parent caregivers of children with CF from birth to age 17 (Quittner et al., in press Thorax). These guidelines recommend annual screening using the PHQ-9 and GAD-7 with an algorithm for repeated screenings of those who are elevated. The guidelines have been incorporated into standard of care in the clinic and families are currently screened annually or at each visit if elevated previously using an iPad application. Patients with elevated scores are interviewed to assess for any suicidal thinking if indicated. Evidence-based treatments (CBT, IPT) for those who score in the moderate or severe range are typically recommended. Parents who are elevated are given referrals to providers in the community or referred to appropriate Mailman programs (PM COPE, Behav Peds, PCIT) depending on nature of the concerns/presenting problems. Many individuals/families present with issues other than compliance or depression/anxiety that can impact adjustment. In addition to screening the patients, psychology conducts consultations with every patient during their regularly scheduled medical appointments. These consultations assess for adherence, depression, anxiety, sleep hygiene, appetite, and school problems among other relevant issues. There are opportunities within this rotation for conducting consultations with patients while they are inpatient at Holtz Children’s Hospital. Another main focus of this rotation is interdisciplinary collaboration. Psychology is a valued part of the CF team and physicians seek psychology’s feedback regularly.

Site Where Services Are Provided:

- Pediatric clinic: first floor Batchelor
- Adult clinic: first floor Diabetes Research Institute (DRI)

Rotation Day/Times:

- Pediatric clinic: Tuesday 1-5 pm; interdisciplinary pediatric team meeting
Thursday 1-2 pm (mandatory for Pediatric Psychology Intern)

• Adult clinic: Monday 8:30 am-6 pm (can do half day); adult team meeting Wednesday 2:30 pm (optional)

Training Objectives:
• Understand common CF stressors
• Work collaboratively with interdisciplinary healthcare team
• Understand basic CF care and complicating conditions
• Provide support for implementing medical recommendations
• Develop plans to improve self-care and/or address stressors, including relaxation, mindfulness, etc., as well as creating reminders or visual supports
• Utilize principles of brief therapy to support patients/families in their use of coping strategies
• Provide brief summaries of psychological presenting concerns and how these impact CF care for healthcare team members

Specific Site Requirements:
• Experience interviewing adults, adolescents and children
• Knowledge of chronic medical conditions and brief interventions preferred
• Knowledge of CF is beneficial but not required

Research Opportunities: Research is possible using existing structure and clinical data, however, there is no new data collection in progress. Additional measures could be added to screener to answer research questions. The clinical database is available for analysis.

Cultural Diversity of Population Served: The population served is very diverse in terms of socioeconomic status, race, ethnicity, religious background, and language. Several families are bilingual with some family members monolingual Spanish, Creole or other languages. There is video translation available and is used regularly during clinic. You have the opportunity to see how a family’s ability to access healthcare can be influenced by these factors.

Inter-professional Experience: Trainees will work with physicians, medical fellows, social workers, nurses, and nutritionists. Psychology is an integral part of this clinic and trainees must be able to communicate effectively and
work collaboratively with other specialties.

**Clinical Experience:**

Assessments: Trainees will conduct mental health screenings and link individuals to evidence-based treatments.

Treatment: There are opportunities to conduct brief evidence-based treatments with adults, children and parents within the clinic. Short-Term Solution Focused primarily such as teaching relaxation and other coping skills with opportunities for longer term cases as referrals to Mailman (PM Cope, Behav Peds, PCIT) or using telehealth.

Consultations: Typical consultation includes adherence and/or adjustment issues, typically involving both patients and parents. Additionally, psychology assesses for mood issues, sleep hygiene, appetite/feeding, and school problems.

Prevention: Trainee will learn about approaches to transition pediatric patients to adults care using CF RISE.

**Supervisor:** Monica Dowling, Ph.D.

mdowling@med.miami.edu

To learn more about the CF rotation, click on the following video link.
Parent-Child Interaction Therapy (PCIT)

**Description:** The University of Miami Parent-Child Interaction Therapy (UM PCIT) program provides FREE evidence-based parent training to families with children ages 2 to 7. The program primarily serves children referred for disruptive behavior problems or parents who have physically abused their children. PCIT services are provided Monday through Thursday and make-up appointments are scheduled for Friday afternoons.

Trainees who elect this rotation, can choose a morning (8/9am-12pm) or afternoon rotation (1-6pm). Morning clinics will include 2-3 cases and afternoon clinics will include 3-4 cases. Each trainee will receive training in accordance with the PCIT International Training guidelines and will be paired with a postdoctoral fellow/Associate Director as a co-therapist on all cases. Beyond serving as a co-therapist, trainees (unless serving in a supervisor role) will be responsible for all clinical documentation (e.g., progress notes, intake reports). The trainee will receive live supervision from the postdoctoral fellow/Associate Director before, during, and after each session. Further, the Clinical Director will provide group supervision/training the first Friday of every month from 1-3pm, which will include case discussion, practicing of coaching skills, and video review of sessions. It is expected that individuals who join this rotation commit to completing the full course of PCIT training to ensure that they will be able to meet qualifications for PCIT certification by the end of the year.

**Training Objectives:**

Objective 1: The trainee will demonstrate competency in conducting CDI Teach Sessions, CDI Coaching, PDI Teach Sessions, and PDI Coach Sessions, as observed by a certified PCIT Trainer.

Objective 2: The trainee will administer, score, and interpret the required standardized measures for use in assessment and treatment planning.

Objective 3: The trainee will achieve a minimum of 80% agreement with a PCIT Trainer using the DPICS-IV either during 5-minutes of live coding, or in
continuous coding with a criterion video recording.

Objective 4: The trainee will meet the parent criteria for CDI skills (10 labeled praises, 10 behavioral descriptions, 10 reflections; 3 or fewer negative talks, questions, plus commands) in a 5-minute interaction with a child or a 5-minute role-play with an adult portraying a child.

Objective 5: The trainee will accurately explain the House Rules procedure as described in the 2011 PCIT Protocol. Accuracy can be assessed through role-play, and does not require observation of an actual session.

Objective 6: The trainee will accurately explain the Public Behaviors procedure as described in the 2011 PCIT Protocol.

Objective 7: The trainee will serve as a therapist for a minimum of two PCIT cases to graduation criteria as defined by the 2011 PCIT Protocol. At least one of the cases must be conducted with the applicant as the primary therapist (e.g., lead therapist or equal co-therapist).

Objective 8: If already PCIT Therapist certified or certification eligible, meet the training and competency requirements for becoming a Level I Trainer.

Objective 9: If already a Level I Trainer, demonstrate training, coaching, and supervision skills in advanced PCIT topics related to providing services to children with neurodevelopmental disabilities and/or concerns.

Specific Site Requirements: N/A

Research Opportunities: PCIT has an existing database with over 400 participants. We are open to discussions about how to proceed with studies related to existing data sets.

Study 1:

a) Title of Research Project: Delivery of PCIT utilizing a time-limited approach

b) Brief Summary: We will be delivering PCIT to families utilizing a time-limited (18 weeks total duration) approach to PCIT, although precise treatment length is will depend on the quickness with which a family reaches “mastery” criteria. We will be examining treatment response by measuring improvements of caregiver-report of child disruptive behaviors and observations of parenting skills and child compliance. In addition, we will be examining potential moderators/mediators of treatment outcome including: child sleep, child eating behaviors, child toileting behaviors,
family of origin conflict, current family conflict, parenting stress, cumulative risk, and acquisition of parenting skills (e.g., meeting “mastery criteria”).

c) Role of Students: Data collection has commenced. First wave of data will likely be available in January 2019. Opportunities for data analysis and manuscript preparation.

Study 2:

a) Title of Research Project: Pocket PCIT: a public health approach to delivery of self-directed PCIT services.

b) Brief Summary: We are creating an online version of PCIT (pocketpcit.com) to increase the reach of PCIT and will be testing this curriculum out through an open trial to approximately 100 families this year as an initial pilot. We are also considering conducting this as a wait-list control intervention for individuals seeks services between March and August 2019.

c) Role of Students: Help with content development and research design. Manuscript prep and data analysis opportunities developed.

Study 3:

a) Title of Research Project: An RCT of PCIT plus Natural Helpers

b) Brief Summary: The current study extends an academic-community partnership established in 2013 that examined the development of a natural helpers' training program to increase engagement of high-risk Latina/o families in PCIT. Initial findings revealed Natural Helpers increased their knowledge of PCIT and their ability to use and model parenting skills following the training program. These initial findings, together with a growing body of research suggesting that Natural helpers can promote engagement for high-risk Latino/a families, who are at increased risk for behavior problems, are less likely to enroll in, complete, and benefit from parent-training interventions, led to the examination of PCIT plus Natural Helpers in a randomized controlled trial (RCT). The current RCT will examine the initial evidence, feasibility, and satisfaction of PCIT plus Natural Helpers among three high-risk predominately-ethnic minority communities in Miami-Dade County using a time-limited approach to PCIT (18 weeks total duration). Additionally, potential moderators/mediators of treatment outcome including: child sleep, child eating behaviors, child toileting behaviors, family of origin conflict, current family conflict, parenting stress,
parenting skills, and cumulative risk will be examined.

c) Role of Students: Help with content development and research design. Manuscript prep and data analysis opportunities developed.

Study 4:

a) Title of Research Project: Language Production following PCIT

b) Brief Summary: The current study will examine the association between early behavior problems and child language skills by examining the effect PCIT on child language production. Child total and different words used during a child-led play observation will be coded using the Child Language Data Exchange System (CHILDES). Child total and different words will be examined at baseline, post-intervention, and at 1-month follow-up. Additionally, potential moderators/mediators will be examined (e.g., parenting skills, parenting stress, child disruptive behaviors, SES, and language spoken in the home).

c) Role of Students: Help with content development and research design. Manuscript prep and data analysis opportunities.

Cultural Diversity of Population Served:
Families of various socioeconomic status levels. Demographics served typically match the cultural and ethnic make-up of Miami-Dade County. Families with child welfare involvement.

Inter-professional Experience:
The PCIT team is primarily comprised of psychologists and mental health counseling professionals. Pediatric medical residents periodically attend sessions to learn through observation and discussion. Further, the team typically interacts with the child’s other service/learning systems to provide coordination of care and/or consultation (e.g., teachers, speech and language pathologists, audiologists).

Clinical Experience:
Assessments: Clinical Interviews, broad-band and narrow-band behavioral screening, expressive and receptive language screening, family risk factor screening, observation of parent-child Interactions, weekly progress monitoring, for children with ASD or suspected, additional ASD-specific testing is completed.
Treatment: Conducting time-limited Parent-Child Interaction Therapy services.

Consultations: Parent consultations after CDI Teach and PDI homework assignments to promote treatment engagement and quality practice; consultations with other professionals working with the child as indicated by family need; if the family is currently involved with child welfare, the therapist may participate in multidisciplinary staffings.

Prevention: Promotion of positive parent-child interactions and consistent responding to reduce the risk of future child maltreatment.

Supervisors:

Jason Jent, Ph.D., Clinical Director
jjent@med.miami.edu

Allison Weinstein, Ph.D., Associate Director
Aweinstein2@miami.edu

Eileen Davis, Ph.D., Bilingual Director
Exm305@miami.edu

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Meaghan Parlade, Ph.D., ASD Director
mparlade@miami.edu

For more information about the PCIT rotation, please click on the video link below:

https://www.youtube.com/watch?v=DAC1XBzdyp0
An overview of elective clinical training rotations is provided by area of specialty, clinical child psychology and pediatric psychology. Most elective clinical training rotations require a six month training commitment, unless otherwise specified in the rotation description. The provision of training activities on an elective rotation for a period of six months has resulted in many past interns being highly competitive for postdoctoral fellowships with similar clinical and/or research emphases.
Additional Clinical Child Psychology Rotations

Child Protection Team (CPT)

Description: CPT is a multidisciplinary child abuse assessment team consisting of physicians, nurses, social workers, and psychologists (and trainees). Children and families are referred to CPT for evaluation of child abuse allegations, including physical, sexual, and emotional abuse or neglect. Psychology trainees will participate in the evaluation of either a child victim or an alleged perpetrator or non-offending parent each week. Evaluations include a clinical interview and a battery of psychological tests, usually to include an objective personality measure (MCMI-III or MAPI), self-report or parent-report measures (BASC-2, TSCC, CDI-2, MASC-2, BDI-2), and sentence completion tasks. While trainees typically administer the psychological testing, the clinical interview is conducted by the clinical supervisor and observed and documented by the trainee. Reports follow a standard written format with many examples available as models, depending on the referral question.

Evaluations are conducted in the mornings and are almost always completed by noon. Once the evaluation is completed, the trainee is not required to remain on-site to complete the report. Completion of a draft of the written report is the responsibility of the trainee and is due the following week, on whatever day is the trainee's scheduled assessment day at CPT. The supervisor will review and edit the draft and return to the trainee for completion of second draft.

Typical referral questions for CPT evaluations include an assessment of the abuse allegations (i.e., what actually happened), the child's psychological functioning and treatment needs, recommendations regarding the child victim's best interests related to visitation, reunification, and court
testimony, and psychological functioning and treatment needs for alleged perpetrators or non-offending parent.

Other valuable experiences that trainees may have at CPT include observing expert witness testimony conducted either in person or via telephone and participation in the medical evaluation of child victims.

**Site Where Services Are Provided:**
Professional Arts Center (PAC) #212

**Rotation Day/Times:** Mornings

**Training Objectives:** To become competent in forensic assessment of allegations of various forms of abuse and neglect in order to assist in the investigative process and make recommendations for treatment and to assist the court.

**Specific Site Requirements:** N/A

**Research Opportunities:** N/A

**Cultural Diversity of Population Served:**
Exposure to families from a wide range of cultural backgrounds and development of an appreciation of culture during the assessment process.

**Inter-professional Experience:** Trainees will conduct multidisciplinary assessments with physicians, nurses, and/or social workers.

**Clinical Experience:**
Assessments: Trainees will complete specialized interviews with the child victim and/or caregivers regarding allegations of abuse or neglect. Occasionally, trainees will administer psychological measures such as BASC-3, TSCC, CDI-2, and MASC-2. Trainees will also complete forensic assessments regarding the child victim's best interests related to visitation, reunification, and court testimony. Trainees are expected to complete one assessment weekly or bi-weekly.

**Treatment:** N/A

**Consultations:** Trainees will have regular contact with medical students and residents who rotate through CPT with opportunity to educate on psychological aspects of child abuse and neglect.

**Prevention:** N/A

**Supervisors:** Susan Dandes, Ph.D.

sdandes@med.miami.edu

For more information about CPT, please click on the video link.
Early Steps (ES)

**Description:** The Early Steps Program offers early intervention services for families with infants and toddlers (birth to thirty-six months) who have developmental delays or an established condition likely to result in a developmental delay. It is a statewide, family-focused, multidisciplinary system of early intervention services for eligible children and their families. The Early Steps program also includes a NICU follow-up clinic for infants born prematurely or with other high-risk conditions. A rotation with Early Steps allows opportunities for multidisciplinary developmental assessment of infants and toddlers exposed to multiple medical and socio-economic risk factors. The focus of the assessments is on determining eligibility for early intervention services and developing an Individualized Family Support Plan (IFSP) to link families with community-based services. Previous assessment experience is required.

**Site Where Services Are Provided:**
Mailman Center For Child Development, 2nd Floor
Rotation Day/Times:

- Monday & Tuesday mornings (8:45 AM – 1 PM) or afternoon (1:15 PM – 5 PM): community referrals, initial eligibility evaluations with the Battelle Developmental Inventory – 2nd Edition
- Friday morning (8:45 AM – 1 PM): NICU follow-up clinic, NICU referrals, follow-up evaluations with the Bayley Scales of Infant and Toddler Development – 3rd Edition for children with birth weights up to 1000 grams
- Friday afternoon (1:15 PM – 5 PM): Infant clinic, NICU referrals, initial eligibility evaluations with the Battelle Developmental Inventory – 2nd Edition for infants under 1 year old born prematurely or with complex medical conditions

Training Objectives:

- Establish proficiency in conducting and interpreting multidisciplinary developmental evaluations to examine the cognitive, gross/fine motor development, language, social-emotional, and self-help skills of infants and toddlers at risk for or presenting with developmental delays.
- Demonstrate mastery in writing a family-focused individualized plan of care as part of a multidisciplinary team. These Individualized Family Support Plans (IFSPs) focus on a primary service provider model of interventions within the natural environments based on child and family assessments.

Specific Site Requirements: Previous psychoeducational or developmental assessment experience is required.

Research Opportunities: N/A

Cultural Diversity of Population Served:

Early Steps serves families from a variety of racial, ethnic, and socio-economic backgrounds, as the program is open to any family of a child with a developmental concern who is 0-3 years old and living in the north half of Miami-Dade County. For trainees who are bilingual in Spanish or Creole, there is opportunity to conduct developmental assessments in those languages.

Inter-professional Experience: Trainees participate as members of a multidisciplinary team that may include any of the following professionals: pediatrician, speech pathologist, occupational therapist, audiologist, service coordinator, Infant Toddler Developmental Specialist, and parent
educator. Trainees also have the opportunity to work with pediatric residents and neonatology fellows.

**Clinical Experience:**

**Assessments:** Developmental assessments – once trainees have completed training on the developmental assessment measure(s), they are expected to complete one assessment per week (for a half day rotation).

**Treatment:** N/A

**Consultations:** Consulting with other members of the multidisciplinary assessment team for treatment planning

**Prevention:** During feedback sessions, trainees will provide families with developmental guidance, including for those children whose development is found to be within normal limits.

**Supervisor:** Michelle Berkovits, Ph.D.

mberkovits@med.miami.edu

For more information about Early Steps, please click on the video link below.

https://www.youtube.com/watch?v=ROROyM-EYVI&list=UUpEyRx_FH-ojcL-Eyq4-Y6g

Supervisor: Michelle Berkovits, Ph.D.
Description: The Debbie Institute is a division within the Department of Pediatrics at the University of Miami’s Miller School of Medicine. The mission of the University of Miami Debbie Institute is to nurture and enrich the lives of children during the critical years of early learning in a child centered inclusive educational environment that embraces cultural diversity and strives to create the foundation for students to flourish throughout their lives. The Debbie School’s educational services are delivered to children and families through three programs: 1) Early Education Program; 2) the Auditory/Oral Education Program; and 3) Infant-Toddler-Preschool Education Program. The Early Education Program serves 80 children with developmental disabilities from birth through three years in a setting with their typically developing peers. The Auditory/Oral Education Program serves 35 children who are deaf and hard of hearing from 18 months to 8 years of age and includes three inclusion classrooms and two self-contained classrooms. The Infant-Toddler-Preschool Education Program serves approximately 45 typically developing children between the ages of birth through five.

This rotation includes psychology trainees working as part of a multidisciplinary team, including teachers, physical therapists, occupational therapists, speech and language pathologists, and case managers.

Site Where Services Are Provided:
The Debbie School, a division within the Department of Pediatrics at the University of Miami’s Miller School of Medicine.

Rotation Day/Times: This rotation is available every day from 8:30am to 12:00pm.

Training Objectives: Trainees will have the opportunity to plan and conduct brief interventions in the classroom for children with social, behavioral, or developmental disorders. Trainees will also be able to identify children with hearing loss who need to be further evaluated for behavioral or learning disorders.

Specific Site Requirements: Prior to beginning the rotation, all trainees must
provide documentation of their Level II Background Check (with fingerprints).

Research Opportunities: N/A

Cultural Diversity of Population Served: Debbie School includes a diverse sample of children from various ethnic and economic backgrounds. The Early Education Program serves 80 children with developmental disabilities from birth through three years in a setting with their typically developing peers. The Auditory/Oral Education Program serves 35 children who are deaf and hard of hearing from 18 months to 8 years of age and includes three inclusion classrooms and two self-contained classrooms. The Infant-Toddler-Preschool Education Program serves approximately 45 typically developing children between the ages of birth through five.

Inter-professional Experience: This rotation includes psychology trainees working as part of a multidisciplinary team, including teachers, physical therapists, occupational therapists, speech and language pathologists, and case managers.

Clinical Experience:

Assessments: Opportunities for assessment are available, but are not mandatory for this rotation.

Treatment: Trainees will have the opportunity to conduct outpatient therapy with children and families, conduct direct interventions in the classroom, and consult with a multidisciplinary team. Presenting problems include adjustment issues, externalizing and internalizing behavior problems, and school problems. Trainees will learn about infant toddler development, as well as behavior management techniques for children with hearing aids or cochlear implants.

Consultations: Trainees may also have the opportunity to participate in Individual Education Plan (IEP) meetings and to consult with the audiology and medical team at the UM Ear Institute.

Prevention: N/A

Supervisor: Ivette Cejas, Ph.D.

icejas@med.miami.edu
Families First

**Description:** Families First, funded by The Children’s Trust, delivers relationship-focused parenting groups for families of young children throughout Miami-Dade County. Goals include improving the system of care and building resources for parents, strengthening families and promoting optimal child health and development. Groups are based on best-practice concepts from child development theory and research that support the importance of promoting positive parent-child relationships to facilitate optimal child development.

Families First currently offers 2 evidence-based/best practice, relationship-focused parenting groups, one focused on parents with infants (Baby and Me) and one focused on parents with children ages 1-3 (Incredible Years Toddler Curriculum).

**Site Where Services Are Provided:**
Families First partners with a variety of community organizations, childcare facilities, and healthcare sites throughout Miami-Dade County.

**Rotation Day/Times:** Services are offered in English and Spanish and are provided during the day and in the evening to accommodate family interests, schedules, and needs.

**Training Objectives:**
- Gain an understanding of child development and behavioral principles as applied in a parent-child context.
- Learn to guide discussions so participants can explore issues and gain an understanding of the positive parenting practices being promoted.
- Gain an understanding of the multiple steps involved in implementing community-based parenting groups.

**Specific Site Requirements:**
- Groups are scheduled at various locations and times throughout the community, including evening hours. Will work with trainee schedules to identify the best fit.
- Trainee needs access to reliable transportation.
- As an elective rotation, requires a minimum of a 1-day commitment for 6 months; 1 hour of supervision per week.

**Research Opportunities:** N/A
Cultural Diversity of Population Served: Groups serve our diverse Miami-Dade County population inclusive of high need at risk families, teen parents, children with disabilities, etc.

Inter-professional Experience: All groups are co-facilitated and there are opportunities to learn from multiple experienced facilitators. Families are also connected with multiple resources throughout the county, which requires interaction with other specialties in the community.

Clinical Experience: Trainees will be trained to co-facilitate evidence-based parenting groups. They will be responsible for group preparation, implementation and documentation.

Assessments: Trainees have the opportunity to administer pre and post group assessments of child development and behavior, parental stress and depression, and parenting knowledge, attitudes and skills. Measures include: Ages and Stages, Eyberg Child Behavior Inventory, Parental Stress Scale, The Edinburgh Postnatal Depression Scale etc.

Treatment: BABY & ME Parenting Curriculum. Caregiver/Infant Dyads attend groups for 10 weekly meetings (infants 0-6 months). Goals: to promote an optimal attachment relationship between infant and caregiver; increase caregiver knowledge of normative infant development and behavior; and improve caregiver insight regarding the impact of the caregiving relationship and environment on child development.

Incredible Years: 12-week curriculum for parents of children ages 1-3; two-hour group sessions. Goals: to teach parents how to help their toddlers feel loved and secure; encourage development; establish clear and predictable routines; handle separations and reunions; and use positive discipline.

Consultations: There are limited opportunities for consultations with other professionals. Trainees may work collaboratively with other specialist to link families with needed resources such as Early Steps, mental health assessment/treatment, basic needs etc.

Prevention: Families First parenting groups focus on birth to three in an effort to prevent maltreatment, identify and address developmental delays and promote optimal growth and development.

Supervisor: Elana Mansoor, Psy.D. emansoor@med.miami.edu
Teacher-Child Interaction Training – Universal (TCIT-U)

Site Where Services Are Provided:

Schools and classrooms may change each academic year, but our partner schools include:

• Debbie School
• Easterseals of South Florida
• Arc Project Thrive – Kendall (interns not expected to travel to this location)
• Ac Project Thrive – Florida City (interns not expected to travel to this location)
• Linda Ray Intervention Center

Rotation Day/Times:

Trainees who elect this rotation would have more opportunities for coaching if they schedule TCIT for a weekday morning, since preschool programs primarily run in the morning. Live coaching in the classrooms typically occurs Monday through Friday 8:30-12, although there may be some afternoon coaching opportunities (depending on teacher and student availability). Didactic workshops are scheduled based on teacher availability, M-F morning or afternoon. Interns are not expected to attend coaching or workshop sessions outside of their scheduled rotation day and time.

Description:

The University of Miami Teacher-Child Interaction Training Program (UMTCIT) provides free training, coaching, and consultation to special education teachers, teaching assistants, paraprofessionals, and school staff working with young students (1-5 years old) with and without developmental disabilities in early special education programs. Training and coaching is delivered in English and/or Spanish, according to the preference of the school staff.

Each trainee will receive training according to TCIT-U training and certification competency criteria. Each trainee will be paired with a certified TCIT Lead Teacher Trainer as a co-therapist on all cases. Minimal documentation occurs during sessions,
and there are no expectations for additional documentation or report writing for this rotation. The trainee will receive live supervision from the TCIT Lead Teacher Trainer before, during, and after each session. The trainee will receive additional training via didactic coach training workshops. Although this rotation is offered as either a 6-month or 12-month rotation, those who commit to the full course of TCIT training for the entire year have the opportunity to become certified in TCIT after completing training and coaching with 2 cohorts (fall/spring) of 2 teachers (4 total teachers) and meeting the competency requirements for TCIT-U outlined below.

**Training Objectives:**

**Objective 1:** Trainee will complete training and reach reliability criteria (80% agreement or higher) for coding teacher-child interactions using the Teacher-Child Interaction Coding System (TCICS)

**Objective 2:** Trainee will participate in 32 hours of TCIT Advanced Training workshops

**Objective 3:** Trainee will demonstrate proficiency of Child-Directed Interaction (CDI) skills during a live and/or video recorded 5-minute interaction with students

**Objective 4:** Trainee will demonstrate proficiency of Teacher-Directed Interaction (TDI) skills during a live and/or video recorded 5-minute interaction with students

**Objective 5:** Trainee will demonstrate adequate and sensitive coaching in CDI

**Objective 6:** Trainee will demonstrate adequate and sensitive coaching in TDI

**Objective 7:** Trainee will demonstrate effective Sit & Watch explanation during role play

**Objective 8:** Trainee will demonstrate effective implementation of Sit & Watch procedure during role play

**Objective 9:** Trainees will demonstrate delivery of TCIT didactic workshop material (as a co-trainer or lead trainer) with a high level of fidelity (90% minimum) to the manual and session outlines

**Objective 10**: Trainee will serve as lead coach for a minimum of 2 teachers in each of 2 cohorts (4 minimum) and meet training and competency requirements for becoming a certified TCIT Lead Teacher Trainer.
This objective applies only to interns who elect to complete the 12-month rotation.

Specific Site Requirements:
N/A

Research Opportunities:

Title of Research Project:
Teacher-Child Interaction Training in Miami-Dade County Early Education Programs: A Randomized Control Trial

a) Brief Summary:
Teacher-Child Interaction Training (TCIT) is an evidence-based live coaching teacher intervention where teachers practice learned skills with students in the classroom. Through partnerships between UMTCIT and Miami-Dade County B-2 Early Education Programs (Debbie School, Easterseals South Florida, Arc of South Florida, Linda Ray Intervention Center), UMTCIT will be implemented with teachers and classroom assistants for children ages 12 months through 5 years. B-2 Education Programs provide education services to children with disabilities (e.g., autism, prenatal substance exposure, hearing impairments, developmental delays, and/or language impairments) and their typically developing peers. UMTCIT will provide training and coaching at each site using a randomized controlled trial to determine the relative effectiveness of TCIT at post-treatment and one-month follow-up. Classrooms will be randomly assigned to either receive TCIT immediately or to the waitlist control group. All measures will be administered to both groups prior to the start of the intervention (pre-assessment), immediately following completion of the intervention (post assessment), and one month following completion of the intervention (follow-up assessment). The waitlist control classrooms will then receive TCIT after the one-month follow-up assessments are complete. Post assessment and follow-up assessment data will be collected for the waitlist control group once again after they receive the intervention (WL post assessment) and one month following delivery of the intervention (WL follow-up assessment). UMTCIT will then implement a train-the-trainer model to promote self-sustainability of TCIT and its positive outcomes. Specifically, a subset of teachers from each school will be trained as TCIT trainers. They will then deliver TCIT training to other teachers within their schools.
and child data will be collected at pre-intervention, post-intervention, and one month follow-up. An external program evaluator at University of California Santa Barbara (Dr. Miya Barnett) will provide independent evaluation of TCIT outcomes. The objective of this project is to demonstrate feasibility and effectiveness of TCIT as a prevention strategy to address behavioral concerns and improve social/emotional and communication functioning in students with and without disabilities. Based on existing evidence, we expect (1) improved school readiness for children through reduced disruptive behavior and improved social/emotional and communication functioning, (2) increased effective discipline and enhanced teacher-student relationships, and (3) reduced burnout for teachers.

b) Role of Students:

Data collection has commenced. There are plenty of opportunities for different levels of trainee involvement in the research project, including contributing toward the preparation of manuscripts.

Cultural Diversity of Population Served:

- Families of various socioeconomic status levels
- Demographics served typically match the cultural and ethnic make-up of Miami-Dade County
- Children with developmental delays and developmental disabilities
- Children with language impairments
- Children with Autism Spectrum Disorder
- Children with hearing loss (most of whom have cochlear implants)
- Children with genetic and medical disorders
- Children with physical impairments
- Children without identified delays or disabilities (peers in inclusion classrooms)
- Children with varying cultural backgrounds, English and/or Spanish speakers
- Teachers with varying education levels and cultural backgrounds, English and/or Spanish speakers

Inter-professional Experience:

Trainees will be working in a special education setting, with opportunities for interdisciplinary training and
collaboration with professionals. All trainees will be involved in didactic training and live coaching of teachers and assistant teachers. The extent of interaction with therapists varies by academic year and school site, ranging from conducting TCIT coaching in classrooms in which other therapists are conducting sessions in the classroom simultaneously to directly coaching other therapists.

- Special education lead teachers
- Special education assistant teachers
- Speech and language pathologists
- Physical therapists
- Occupational therapists
- Special education service/program coordinators
- School administrators & other school staff

Clinical Experience:

a) Assessments:
The following assessment measures are administered during TCIT. Interns are not required to administer or score assessments, nor are there any written assessment reports. However, interns may receive training in administration of these assessments to increase familiarity with each measure and use assessment results to guide coaching goals.

- Administration of behavioral assessment questionnaires to teachers (SESBI)
- Administration of language assessment questionnaires to teachers (McArthur CDI)
- Administration of developmental assessment questionnaires to teachers (DECA)
- Behavioral observation coding of teachers (TCICS)
- Behavioral observation coding of students (BASC-SOS, REDSOCS)
- Review of school records (IFSP, IEP)

b) Treatment:
The focus of TCIT is training and consultation with teachers and school staff, who directly deliver the intervention to the students. Thus, the focus of TCIT is not on direct treatment/intervention between the intern and the students.

c) Consultations:
We provide Session-limited Teacher-Child Interaction Training (TCIT; see www.tcit.org for more information), which consists of teacher training and consultation.

- Four 3-hour didactic training workshops to teach and practice skills with groups of teachers outside of the classroom
- Twelve 30-minute live coaching sessions in the classroom with each teacher

**d) Prevention:**

TCIT-Universal is a universal prevention program that includes primary, secondary, and tertiary prevention. Many of the students served have identified behavior problems and/or developmental disabilities. Others may be at known risk for behavior problems. A smaller percentage of the students do not have any identified behavioral or developmental concerns.

**10) Supervisors:**

- Jason Jent, Ph.D. – Director
- Eileen Davis, Ph.D. – Associate Director, TCIT Advanced Trainer
- Bridget Davidson, Ph.D. – Assistant Director, TCIT Advanced Trainer
- Dainelys Garcia, Ph.D. – TCIT Lead Teacher Trainer
- Natalie Espinosa, Psy.D. – TCIT Lead Teacher Trainer

For more information about TCIT, please watch the following video.
Additional Pediatric Psychology Rotations

Hematology/Oncology

**Description:** Interns have the opportunity to participate on a multidisciplinary team of physicians, nurses, social workers, child life specialists, laboratory technicians, and psychologists caring for children with cancer, sickle cell disease, hemophilia, and related blood disorders. Clinical activities occur both in outpatient and inpatient settings. Cases range from pain management to complex family dysfunction, and provide experiences in behavioral intervention and primary prevention of long-term psychological adjustment problems.

**Site Where Services Are Provided:** Holtz inpatient units (including Intensive Care unit); Sylvester Comprehensive Cancer Center outpatient pediatric clinic Alex’s Place; Mailman Center.

**Rotation Day/Times:** 8:30 a.m. – 5 p.m., Monday to Friday

**Training Objectives:**

- Become comfortable consulting with medical team on a wide variety of behavioral and emotional problems (and most often coping with a life threatening diagnosis and its treatment).
- Helping child, families (and sometimes staff) with child’s coping, non-compliance with treatment, pain, feeding and sleeping problems,
depression and anxiety, marital stress, etc.

• Managing time and responsibilities to be able to complete EMR documentation quickly. Documentation is required of inpatients sessions by next day; Testing Reports drafts required three weeks after testing.

Specific Site Requirements:

• Ability to work well with teams, including being appropriately assertive when needing information from other team members.

• Prior experience with medically ill populations in outpatients or inpatient settings preferred. Personal experience with someone who has had a serious illness and how debilitating that can be may also count as relevant experience.

• Comfort administering the WISC-5 and an achievement measure (preferably the WIAT-II). Comfort doing testing in general. Ability/motivation to learn new assessments quickly and accurately.

Research Opportunities: N/A

Clinical Experience:

Assessments: comprehensive evaluations including measures of IQ, achievement, memory, and executive functioning.

Treatment: CBT, behavioral parenting training; MI if trainee already has that competence, supportive, and pain management interventions.

Consultations: Trainees typically give feedback to physicians or ARNPs after they finish the consultation. They also often need to ask detailed questions prior to inform how they conduct the consult with the patient/parents.

Prevention: N/A

Supervisor: Winsome Thompson, Ph.D.

wthompson1@med.miami.edu

For additional details about Hem/Onc, click on the video link.
Pediatric GI

Description: This is an outpatient GI clinic where psychology provides consultations to selected cases, usually involving irritable bowel, generalized recurrent abdominal pain, constipation, encopresis, and other GI disorders including Crohn’s and ulcerative colitis. Once patients are identified as needing and agreeing to psychological services, patients may be scheduled for ongoing outpatient therapy to be conducted at follow-up GI appointments. Alternatively, patients may be referred to PMCope for therapy.

Site Where Services Are Provided: MCCD and Weston Clinic (1855 N Corporate Lakes Blvd. Weston, FL 33326)

Rotation Day/Times: 1st and 3rd Tuesdays in Weston; 2nd and 4th Tuesdays at Mailman

Training Objectives: To become familiar with the medical presentation and treatment of various GI disorders, understand how psychological factors contribute to ongoing GI problems, and to intervene effectively with these disorders, including management of pain, adherence to treatment, and anxiety related to GI problems.

Specific Site Requirements: Trainees should have adequate experience with psychological/behavioral treatment for child clinical problems including evidence-based interventions for internalizing and externalizing disorders and behavioral parent training. Some experience with pediatric disorders is helpful but not required. Reliable transportation is required to commute to Weston Clinic.
Research Opportunities: At present there are no ongoing research projects with psychology and GI but some are planned for the near future, and the psychology trainee will have the opportunity to collaborate in any such projects.

Cultural Diversity of Population Served: Patients are from the full range of SES and include various ethnicities, including Hispanic, African American, and Haitian.

Inter-professional Experience: Excellent opportunities for inter-professional collaborative clinical experience, working directly with referring physicians, nurse practitioners, and dietician. Often the psychologist and psychology trainees see the patient after referral in-clinic by the physician, discuss the case with the physicians, and then together talk with the patients to arrive at a conceptualization and treatment plan.

Clinical Experience:

Assessments: Includes assessment of psychological factors that affect GI disorders, including clinical interviews and use of validated self-report instruments (depression, anxiety, etc.).

Treatment: Includes behavioral and cognitive-behavioral treatments for pain, anxiety, and other factors that may affect adjustment to and management of GI conditions.

Consultations: Direct consultations by psychologists to physicians during outpatient clinics.

Prevention: This is not a primary prevention-oriented rotation, as patients already have a diagnosed GI disorder. However, treatments could be considered as secondary preventive in the sense that exacerbations of the GI problem could be prevented.

Supervisor: Alan Delamater, Ph.D., ABPP
adelamater@med.miami.edu

For more information about GI, click on the video link.
Continuity Clinic/Primary Care

Description: This rotation is a consultation and liaison rotation where the trainee staffs a primary pediatric care clinic and consults with attending and resident pediatricians. Consultations may include working with families and children on a brief basis and/or pediatricians regarding child development and behavior. Trainees will also serve the role of educating pediatric residents regarding child development and child psychopathology, including risk, resilience, and prevention issues. Common problems include post-partum depression and parenting challenges, difficult behaviors in young children (tantrums, oppositional behavior, sleep problems), developmental disabilities, ADHD, and depression. Trainees will also be able to coordinate and make recommendations about referrals for longer term care.

Site Where Services Are Provided:
Jackson Memorial Hospital Pediatric Clinic/ACC

Rotation Day/Times: This rotation occurs on one half-day per week, either morning or afternoon.

Training Objectives:

- To learn about the types of developmental and behavioral problems that typically present in primary care settings.
- To work together and be integrated with a team of physicians as their psychological consultant, and help train pediatric residents regarding developmental and behavioral issues.
- To effectively screen and assess developmental/behavioral concerns of children in primary care.
- To conduct brief interventions addressing behavioral concerns, and/or to make referrals as indicated.

Specific Site Requirements:
Early childhood training and/or experience preferred but not required.

Research Opportunities: N/A
Cultural Diversity of Population Served: ACC serves primarily high risk, low income families from a variety of racial and ethnic backgrounds.

Inter-professional Experience: There are opportunities to work within a multidisciplinary team to identify health and psychosocial factors that impact children and families. The team is composed of pediatricians, nurse practitioners, Healthy Steps Specialist (Master’s Degree in a Mental Health field) and medical residents.

Clinical Experience:

Assessments: N/A

Treatment: N/A

Consultations: Interns completing this elective rotation will be primarily working as a consultant within a pediatric clinic.

Prevention: Interns in this rotation will have the opportunity to work closely with a Healthy Steps Specialist. HS is an evidence based pediatric primary care prevention program for children ages 0-3. The HS specialist connects with families during pediatric well child visits and home visits as part of the primary care team. They work with families to help them understand and promote healthy development; support parents when facing challenges such as feeding, behavior, and sleep difficulties; help promote a healthy relationship between parent and child; screen for developmental delays, maternal depression, and parenting stress; among other prevention activities.

Supervisor: Maite Schenker, Ph.D.

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For more information about the Continuity Clinic, please click on the video link.
Pediatric Mobile Clinic

Description: The University of Miami Pediatric Mobile Clinic (UMPMC) provides medical, social, and mental health services to uninsured children in Miami-Dade County. Services are provided at no charge and at community sites. The UMPMC is funded by the Children’s Health Fund (CHF), local grants, and private donors. It is also a training site for medical students and residents as well as psychology interns and practicum students.

The UMPMC visits 12 different locations throughout the county at least once a month. The team also works closely with several community partners and resources, including: Dade County Health Department, Legal Services of Greater Miami, Bruce Heiken Vision Van, and the Human Services Coalition.

Site Where Services Are Provided: Community sites

Rotation Day/Times: Mondays and Thursdays, 9:00 am to 1:00 pm

Training Objectives:

- Provide consultation to medical team about a variety of behavioral and emotional problems including ADHD, learning and academic difficulties, developmental delays, autism, elimination disorders, anxiety and mood disorders, sleeping/eating difficulties, trauma exposure and related symptoms, and adjustment to living in the US

- Provide brief behavioral interventions, abbreviated parent training, and health education with motivational interviewing techniques to prevent and/or manage health conditions, such as pediatric obesity.

- Conduct ADHD medication management and follow up with a pediatrician

- Refer children and families to outpatient mental health services that
are low-cost or free of charge in Miami-Dade and Broward counties.

**Specific Site Requirements:** Spanish or Creole language abilities are helpful but not required.

**Research Opportunities:**

**Title of Research Project:**
Hurricane Stress and Health in Latino Youth (follow up stage)

**Brief Summary:** Based on a cumulative risk model, foreign-born Latino youth in the US are at high risk for experiencing potentially traumatic events (PTEs) and related health problems. Although much is known about mental health outcomes of trauma for Latino youth in the US, little is known about specific trauma-related health outcomes, such as somatic symptoms and sleep difficulties. This is the first study to examine the relationship between trauma exposure and physical health in a recently emigrated sample of Latino youth from diverse areas. The study aims to assess the following: (1) rates of pre-, during, and post-migration PTEs and stressors (acculturative stress, economic distress) in low-income, foreign-born Latino youth, (2) whether number and severity of stressors are associated with PTSD and physical health problems (somatic complaints, sleep difficulties), and (3) examine factors, such as family functioning, that might explain the stressor—health relationship for Latino immigrants. Data for the proposed study will be collected on a Pediatric Mobile Clinic. Children and parents who agree to participate will complete a series of questionnaires. The proposed study will fill a significant gap in the literature on trauma and physical health outcomes for high-risk Latino immigrant youth. Gathering data on PTEs, PTSD, and physical health outcomes is critical to inform healthcare providers in the medical setting. Moreover, understanding the stress that high-risk Latino immigrant youth and families experience in response to a potential natural disaster (Hurricane Irma) will be an important feature of our follow up assessment.

**Role of Students:** Data collection at community sites; collaborate in poster/paper presentation

**Cultural Diversity of Population Served:**
Population served is primarily composed of minority and immigrant background. Ethnicity: 57% of Hispanic/Latino. Race: 61% White, 26% Black or African

Inter-professional Experience: There are opportunities to work within a multidisciplinary team to identify health and psychosocial factors that impact children and families. The team is composed of pediatricians, nurse practitioners, social worker/licensed mental health counselor, and trainees, including medical students, residents, and Mailman psychology and social work trainees.

Clinical Experience:

Assessments: conduct mental health, behavioral, and developmental screeners

Treatment: Brief behavioral interventions focused on common pediatric concerns, problem-focused Interventions, motivational interviewing, brief parent training, Trauma Focused CBT

Consultations: consult with medical team and social worker on a weekly basis on site based on a referral system through electronic medical record. Patients are scheduled ahead of time as well as seen on the spot (walk-in).

Prevention: health prevention programs conducted at clinic for obese and overweight children

Supervisor: Anai Cuadra, Ph.D.
a.cuadra@med.miami.edu

For more information about UMPMC, please click on the video link below.
https://www.youtube.com/watch?v=Yw6IeF9KYeU&index=4&list=UUpEyRx_FH-ojcL-Eyq4-Y6g
School Health

Description: The School Health Initiative (SHI) is a project designed to provide comprehensive healthcare services to children in some of Miami’s severely under-resourced communities. SHI now operates in nine schools, providing care to over 12,000 children per year, regardless of their ability to pay. At our clinics, housed inside schools in at-risk Miami communities, we offer free primary health care to students on site and facilitate access to specialists at the University of Miami, including psychological interventions.

During this rotation interns will see a combination of consultation-liaison cases and outpatient therapy cases. Opportunities for group work may be available. Trainees will work closely with the clinic social workers and medical team. Common presenting problems include anxiety, ADHD, depression, and lack of adherence to medical regimen. This rotation may transportation to and from schools in North Miami. There may be opportunities for telehealth experience.

Site Where Services Are Provided:
North Miami High School
North Miami Beach/John F. Kennedy Middle School
Booker T High School (must speak Spanish)
At Mailman Center via telehealth

Rotation Day/Times:
Monday (at school in North Miami, 8 – 12pm; 1-2 trainees)
Tuesday (at school in North Miami, 8 – 12pm or 8-4pm; 1-2 trainees)
Thursday (at school in Overtown, 8 – 12pm, must speak Spanish, 1 trainee)
Wednesdays (via telehealth at Mailman) 8-12pm, 1 trainee

Training Objectives:

• To learn about the types of developmental and behavioral problems that typically present in primary care and school settings.

• To work together and be integrated with a team of physicians as their psychological consultant.

• To effectively screen and assess developmental/behavioral concerns of children and adolescents in primary care.
• To conduct brief interventions addressing behavioral concerns, and/or to make referrals as indicated.
• To use evidence based interventions to treat outpatient cases.
• To conduct group therapy to help promote children’s mental and physical wellbeing.

Research Opportunities:
Title of Research Project: School Health Screenings
Brief Summary: There is a large database available of students’ physical and mental health outcomes that can be used for analyses.
Role of Students: Analyze data, write results, potentially collect data if a new project arises.

Cultural Diversity of Population Served:
Program serves a very diverse population, many of Haitian or Hispanic descent. Most patients are of low SES backgrounds, and a large number are recent immigrants.

Inter-professional Experience: Students will work closely with social workers and nurses. At some locations, they will also work with medical residents and physicians.

Clinical Experience:
Assessments: N/A
Treatment: Initial psychological intakes, consultations, and outpatient weekly therapy mostly using MI, CBT, ACT, and Trauma Focused CBT.
Consultations: There will be opportunity for consultation with medical providers/social workers. However, the frequency of the consultations depends largely on the site and providers. Most of the time will be spent in outpatient therapy.
Prevention: There are opportunities for groups focused on health/mental promotion at the school sites.

Supervisor: Elizabeth Pulgaron, Ph.D.
epulgaron@med.miami.edu
For more information about School Health, please click on the following video link.
Pediatric Hearing Loss

Description: The Children’s Hearing Program is housed at the University of Miami Ear Institute and was established to create a seamless process that takes into account the social and emotional aspects of children who are deaf or hard of hearing and their families while providing the most current medical technology available. The goal of the program is to have a direct impact on transitioning children from a silent world into a hearing world of sound and life, through the use of amplification and aural rehabilitation.

Site Where Services Are Provided:

Clinical Research Building,

1120 NW 14 ST, 5th floor

Rotation Day/Times: Tuesday, Wednesday, or Thursday from 8:30am to 5:00pm. Trainees may choose one or two half days or a full day on the rotation.

Training Objectives:

• Trainees will conduct brief behavioral interventions for children with hearing loss and their families.

• Trainees will utilize behavior modification techniques to manage children’s behavior during medical and audiological appointments.

• Trainees will conduct psychoeducational evaluations for children with hearing loss.

Specific Site Requirements: Experience working with children with developmental disorders. Some experience with consultation is preferred, but not required.
Research Opportunities: Some research opportunities are available.

Study 1

a) Title of Research Project: Pilot Intervention to Improve Language in Deaf Children with Cochlear Implants

b) Brief Summary: The purpose of this study is to develop and evaluate a pilot intervention teaching facilitative language techniques (FLTs) and parent sensitivity training (Parent-Child Early Approaches to Raising Language Skills; PEARLS), to improve language development in deaf children with cochlear implants.

c. Role of Students: Code parent-child interactions and administer developmental assessments as part of the baseline visit.

Study 2


b. Brief Summary: The purpose of this study is to develop health-related quality of life (HRQoL) instruments for children with cochlear implants (CIs), ages birth to 22, and their parents.

The proposed instruments will use the FDA measurement process, which includes crucial qualitative phases in which the effects of childhood deafness on daily functioning are elicited from children and parents.

c. Role of Students: Conduct open-ended and cognitive interviews with children with CIs and their parents.

Cultural Diversity of Population Served:

This clinic serves a diverse sample of children and families from various ethnic and economic backgrounds. We also serve a large bilingual and international population (Latin America & Caribbean). Some patients also communicate via sign language and, therefore, training on how to provide care via interpreters will be conducted.

Inter-professional Experience: Psychology trainees will work as part of a multidisciplinary team, which includes CI surgeons, audiologists, social worker, educators, and auditory verbal therapists/speech therapists.

Clinical Experience:

Assessments: Trainees will have the opportunity to get trained on how to conduct psychoeducational evaluations with children with hearing loss, including the
use of non-verbal assessments. A minimum of two cases will be conducted during the rotation. Psychological assessments to screen for mood disorders will be conducted on a referral basis.

Treatment: Both individual and family therapy can be expected. The majority of referrals are for parent training to assist with behavior management. Referrals are also received for depression and anxiety.

Consultations: Trainees will assist audiologists with play audiometry, CI programming and pre and post-surgical counseling. Trainees may also have the opportunity to do initial consultations with families just receiving a hearing loss diagnosis and psychological consults ensuring that families have realistic expectations about the benefits of CI surgery.

Prevention: N/A

Supervisor: Ivette Cejas, Ph.D.

icejas@med.miami.edu

For more information about the Pediatric Hearing Loss rotation, click on the following video link.
Weekly Assessment and Treatment Seminar

Each week an hour-long assessment and treatment seminar is held, which all interns are required to attend. This seminar focuses on didactic material related to child and family assessment, psychopathology, intervention, and ethical and professional issues. The seminar provides an informal forum for interchange between students and faculty. During this time, interns have the opportunity to interact with graduate students from the University of Miami, FIU, and Nova Southeastern University.
as well as with other doctoral trainees at the MCCD.

**Director's Meeting/Professional Development**

Interns meet as a group two times monthly with the Director of Internship Training to discuss progress and issues related to the internship experience. During these meetings, plans for future training/jobs are discussed and common experiences shared with the group. This meeting also functions as an informal time for the interns to meet with one another with no set didactic agenda.

Interns meet every one time monthly with members of the training faculty to discuss issues related to professional development. This includes preparing a curriculum vita, applying and interviewing for jobs, preparing a research presentation, writing a grant proposal, and issues related to a variety of career choices. Professionals outside the training program are sometimes
invited to attend these meetings. Some sessions also function as a journal club to review current published studies relevant to professional development in the field of clinical child and pediatric psychology.

**Interdisciplinary Web Course**

As a part of LEND, interns will complete modules from a web based interdisciplinary seminar which addresses the core knowledge competencies expected of Mailman Center multidisciplinary trainees. This seminar covers topics such as family centered care, cultural competency, self-determination, and interdisciplinary treatment.

**Interprofessional Collaborative Meetings**

LEND Interprofessional Collaborative meetings are held on Fridays. The collaboratives include the following foci: Neurodevelopment, Health & Wellness, Lifespan & Chronic Health Conditions, and Promoting Positive Behaviors. Each collaborative is designed to develop goals and strategies related to improving children’s lives through impact, innovation, and connection. Interns select the collaborative that matches their interests and attended once a month collaborative meetings. The collaboratives enable trainees to become acquainted with research, clinical, training, and community engagement ideas from interprofessional faculty.
members within the Mailman Center and affiliated partners.

Mailman Center Grand Rounds

Monthly lectures are held for faculty, interns and other trainees in the areas of clinical-child psychology, pediatric health, and neurodevelopmental disabilities. These lectures are jointly attended by faculty and students from both the Mailman Center and the Department of Pediatrics.

Understanding the Family Perspective

Understanding the Family Perspective (UFP) is a critical component of our LEND training program. “Leadership Education in Neurodevelopmental Disabilities” (or LEND) focuses on providing family-centered care through interprofessional teams, and includes a recognition that some issues are best addressed by advocacy for systems change at a population level. The 4-week UFP course provides trainees with an opportunity to learn core LEND principles in a small-group, interprofessional setting. During UFP, you will also review the core on-line LEND modules in advocacy, family-centered care, interprofessional teams, transition, and cultural competence.

Other Seminars:

Several training rotations offer specialty seminars that are open to all interns. Weekly seminars are also offered through the Department of Pediatrics and the Division of Child and Adolescent Psychiatry that may be of interest to interns. These meetings are often held at the Mailman Center. The Clinical and Translational Science Institute offers free research seminars for all faculty, staff, and trainees.
Participation in research projects is required and interns are provided with a half day of protected research time weekly. Research is available with a variety of child populations, ranging from infancy through adolescence. All faculty are involved in ongoing research projects, and research activities are available in most clinical settings. Many interns use time set aside for research to complete dissertations; however, others choose to become involved in ongoing projects or, in some cases, self-initiated projects. Intern involvement at any level is supported, based on intern needs and interests. Interns are required to submit: 1.) a presentation to the annual Pediatric Research Symposium and 2.) one manuscript submission (e.g., published abstract, peer-reviewed manuscript, book chapter)
The Division of Clinical Psychology typically has faculty with grants that include clinical and research postdoctoral opportunities. Our postdoctoral training program is APPIC certified. The fellowship provides a strong didactic component and opportunity for clinical work as well. The APPIC website has a site for our postdoctoral brochure.
Faculty of the Mailman Center hold primary academic appointments within the University of Miami. Most hold their primary appointments in the Department of Pediatrics, and many hold secondary appointments in departments representing their disciplinary identity. Others hold primary appointments in other departments of the University with secondary appointments in Pediatrics. All faculty members must meet the academic qualifications established by the University for similar positions in other departments of the University. Thus the commitment of the MCCD to the academic standards and goals of the University is assured.

Administrative Faculty - Mailman Center and Department of Pediatrics

Judith Schaechter, M.D.
Chair, Department of Pediatrics

Daniel Armstrong, Ph.D., ABPP
Director, Mailman Center for Child Development
Professor, Pediatrics and Psychology
Executive Vice Chair, Department of Pediatrics
Psychology Faculty at the Mailman Center

Clinical Psychology

Alan Delamater, Ph.D., ABPP  Division Director, Professor, Pediatrics and Psychology
Jason Jent, Ph.D.  Psychology Training Director, Associate Professor, Pediatrics
Maite Schenker, Ph.D.  Psychology Associate Training Director, Assistant Professor, Pediatrics
Anai Cuadra, Ph.D.  Assistant Professor, Pediatrics
Susan Dandes, Ph.D.  Associate Professor, Pediatrics
Bridget Davidson, Ph.D.  Assistant Professor, Pediatrics
Eileen Davis, Ph.D.  Assistant Professor, Pediatrics
Monica Dowling, Ph.D.  Assistant Professor, Pediatrics
Michelle Berkovits, Ph.D.  Assistant Professor, Pediatrics
Dainelys Garcia, Ph.D.  Assistant Professor, Pediatrics
Lynn Kerdyk, Ph.D.  Assistant Professor, Pediatrics
Connie Morrow, Ph.D.  Research Associate Professor, Pediatrics
Elana Mansoor, Psy.D.  Assistant Professor, Pediatrics
Ruby Natale, Ph.D., Psy.D.  Associate Professor, Pediatrics
Elizabeth Pulgaron, Ph.D.  Assistant Professor, Pediatrics
Winsome Thompson, Ph.D.  Assistant Professor, Pediatrics
Allison Weinstein, Ph.D.  Assistant Professor, Pediatrics
Associated Clinical Faculty/Staff

Ivette Cejas, Ph.D.  Assistant Professor, Otolaryngology
Veronica Accornero, Ph.D.  Voluntary Associate Professor, Pediatrics

Associated Faculty in the Department of Psychology

Michael Alessandri, Ph.D.  Clinical Professor, Psychology, and Director, CARD Program
Jennifer Durocher, Ph.D.  Clinical Assistant Professor, Psychology
Melissa Hale, Ph.D.  Clinical Assistant Professor, Psychology
Amy Beaumont, Psy.D.  ASAC/CARD Programs, Psychology
Annette LaGreca, Ph.D.  Professor, Psychology and Pediatrics
Kristin Lindahl, Ph.D.  Associate Professor, Psychology
Meaghan Parlade, Ph.D.  ASAC/CARD Programs, Psychology
Pat Saab, Ph.D.  Associate Professor, Psychology (Health)