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.
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 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
Developmental Psychology
Physical Therapy
Education
Occupational Therapy
Genetics/Endocrinology
Social Work
Health Administration
Speech & Hearing

The Director of Clinical Psychology serves as Chief Psychologist for Pediatrics. The 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 October 2004. Reaccreditation length to be announced in October 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, child and adolescent clinical psychology, or clinical neuropsychology.

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.
SECTION 1

Interprofessional Function

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 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, Teacher-Child Interaction Training</td>
<td><a href="mailto:jjent@med.miami.edu">jjent@med.miami.edu</a></td>
</tr>
<tr>
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</tr>
</tbody>
</table>

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Division Phone: (305) 243-6857
Division FAX: (305) 243-4512
<table>
<thead>
<tr>
<th>Clinical Supervisor</th>
<th>Associated Rotations</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monica Dowling, Ph.D.</td>
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</tr>
<tr>
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<td><a href="mailto:ngarcia09@med.miami.edu">ngarcia09@med.miami.edu</a></td>
</tr>
</tbody>
</table>
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). All hiring decisions are contingent upon successful completion and passing of criminal background and drug screening. 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

Eight internship positions will be available for 2020-2021, 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, Preschool Intervention, Pediatric Hearing Loss, and School Health (two positions)]. 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 30), 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.

Program Training Year

The internship year begins August 31st and ends August 30. 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:

**2020**

**Thursday, January 9**

**Monday, January 13**

**Friday, January 17**

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 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.

<table>
<thead>
<tr>
<th>TIMELINE</th>
<th>DELIVERABLE</th>
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<tbody>
<tr>
<td>November 1, 2019</td>
<td>All Application Materials Due</td>
</tr>
<tr>
<td>December 15, 2019</td>
<td>Invitations to Attend Open House Issued</td>
</tr>
<tr>
<td>January 9, 13, 17 2020</td>
<td>Open Houses – Tentative Dates</td>
</tr>
<tr>
<td>February 7, 2020</td>
<td>Ranking Lists Submitted (Phase I)</td>
</tr>
<tr>
<td>February 21, 2020</td>
<td>Match Results Released (Phase I)</td>
</tr>
</tbody>
</table>
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, pediatric psychology, and neurodevelopmental 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.
<table>
<thead>
<tr>
<th>DOMAINS</th>
<th>EXAMPLES OF COMPETENCIES</th>
</tr>
</thead>
<tbody>
<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>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>DOMAINS</th>
<th>EXAMPLES OF COMPETENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intervention</strong></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><strong>Consultation and Interprofessional Skills</strong></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><strong>Supervision</strong></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><strong>Prevention</strong></td>
<td>Demonstrates knowledge and skills in anticipatory guidance, health promotion, prevention and early intervention approaches with children and families.</td>
</tr>
<tr>
<td><strong>Pediatric Psychology</strong></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><strong>Family-Centered Care</strong></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>
</tr>
</tbody>
</table>
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:

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.
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 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.

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 the video link below:

https://www.youtube.com/watch?v=gIg9UDklqB4&list=UUpEyRx_FH-ojcL-Eyq4-Y6g

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**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 treatment-resistant ADHD and specific learning disorders, as well as 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. Students test 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.
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.

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 the video link below.

https://www.youtube.com/watch?v=pZjvzP-g50g&list=UUUpEyRx_FH-0jcL-Eyq4-Y6g
Preschool Interventions

Description: Intern/practicum students will conduct in-home/ in-center behavior management and developmental interventions in an individual format with children ages 0-5. This will entail driving to various homes or childcare centers in Miami-Dade. They will also use a relationship-based coaching model to enhance the skills of the primary caregiver or the teachers of their clients. Intern/practicum students will make appropriate referrals to Part B or Part C, or other clinical services for more severe cases.

Site Where Services Are Provided: Home, childcare centers, and/or telehealth. Cases will be clustered near to each other to limit drive time.

Rotation Day/Times: Morning (8 am - 11 am) is preferable for childcare center based intervention and some evenings may be preferable for home-based services. Intern/practicum students can select a half or full day rotation.

Training Objectives:

1) Gain experience in conducting a variety of evidence informed treatments for young children, ages 0-5.
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 4 hours per week for elective rotation and 2 1/2 full days for a funded rotation (Early Discovery Intern).

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 work-
ing independently in the field. Working early evenings may be required for Early Discovery intern. Those interested in half-day rotations will not need to work evenings, unless interested in doing so. Students in this rotation must attend weekly individual supervision with Dr. Natale (generally 30 minutes) and weekly group supervision with the other UM Early Discovery therapists and postdoctoral fellow/s.

**Research Opportunities:**

1) Title: Early Discovery

**Brief Summary:** Early Discovery is conducting a randomized control trial to obtain pilot data on the effectiveness of a hybrid in-home/telehealth intervention to address behavior concerns. All cases referred for behavior interventions will be screened for and enrolled in the study.

**Role of Students:** Students will have the opportunity to provide clinical services for study participants and may assist in data analyses and publication once data is collected.

**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, occupational and developmental therapists to collaborate on intervention goals. In addition, consultation with teachers are often required.

**Clinical Experience:**

1) Assessments: Pre-post developmental assessments conducted before and after treatment including the DECA, ECBI and Brigance. Students will receive training from the postdoctoral fellow in administration of these measures prior to being expected to administer them.

2) Treatment: Short-term Intensive Intervention of 8-20 sessions provided weekly over 3-4 months. Majority of the work consists of individual therapy with young children. Additional dyadic parent coaching sessions conducted with parents. Behavioral interventions are based on an evidence informed set of principles collated in a session-by-session toolkit. Developmental interventions are based on the principles of the Early Start Denver Model and Pivotal Response Therapy. There is room for inclusion of intern/practicum student expertise.

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

4) Prevention: Early discovery is a tertiary prevention program designed to prevent mild developmental delays and behavior concerns from progressing to the point that the child needs special education services upon enrollment in school.

**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-MWKEmxbNk
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 individual therapy, autism caregiver training, 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, 5665 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:**
Change trajectories of parent-child interactive play during Parent-Child Interaction Therapy for children with Autism Spectrum Disorder

**Brief Summary:**
Parent-Child Interaction Therapy (PCIT) is an evidence-based, behavioral parent training intervention with demonstrated effectiveness in reducing disruptive behaviors as well as core features of ASD in a subset of children (Parlade et al., 2019). Given the broad presentation of ASD symptomatology, treatment response for children with ASD varies greatly, and a better understanding of differential treatment response is needed to tailor PCIT and optimize treatment outcomes. The aim of this research is to examine baseline assessment of children’s core ASD features and how they are related to children’s treatment response and parent skill acquisition. It is expected that higher baseline levels of parent-reported ASD symptomatology will be correlated with slower growth in parent positive statements and less
change in parent reported disruptive behavior.

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, one bilingual speech-language pathologist, and one bilingual board certified behavior analyst (BCBA). 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. Mostly school age through young adult; usually afternoons.

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 Monday and Wednesday 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. 2-7 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
a.beaumont@med.miami.edu

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

https://youtu.be/DsuT8yejWco
Pediatric Psychology

The Pediatric Psychology intern will work on multiple outpatient interdisciplinary medical teams that provides 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:

Patients with various health conditions are referred to this outpatient clinic for
treatment. Conditions include toilet difficulties (enuresis, encopresis), pain (recurrent abdominal pain, migraine or tension headache), chronic health conditions such as diabetes, obesity, GI disorders (Crohn’s disease, ulcerative colitis), spina bifida, dermatological issues, as well as specific issues related to medical treatment such as pill swallowing difficulties. Psychological factors affecting physical conditions including adjustment and adherence are addressed.

**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.

**Specific Site Requirements:** N/A

**Research Opportunities:**

**Title:** Diabetes Mental Health Screening

**Brief Summary:** Ongoing data collection of mental health screening results. Data collected includes PHQ-9 (depression), GAD-7 (anxiety), and questions to screen for suicide risk, eating disorders, family conflict, diabetes stress, self-management of illness, blood glucose monitoring, etc.

**Role of Students:** Monitor mental health screening implementation and results. Enter results into Excel database. Contribute to data analyses and preparation for posters and manuscripts (if interested).

**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://www.youtube.com/watch?v=BymZE1EUQ-M&list=UUUpEyRx_FH-ojcL-Eyq4-Y6g&index=44
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
• Desire to work within an interdisciplinary team
• 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
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
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.

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:


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.


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:

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

https://www.youtube.com/watch?v=DAC1XBzdypo
**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 (PEARLS)

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.

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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 requires at least a half day a week commitment and may require transportation to and from schools in North Miami and/or Overtown. There may be opportunities for telehealth experience.

**Site Where Services Are Provided:**
- North Miami High School / North Miami Middle 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)
- Monday (at school in Overtown, 8-12 pm; 1 trainee preferably speaks Spanish)
- Tuesdays (at school in North Miami, 8-4pm; 1-2 trainees)
- Wednesdays (via telehealth at Mailman; 8-12 pm; 1 trainee)
- Wednesdays (at school in North Miami; 8-12 pm; 1-2 trainees)
- Thursday (at school in North Miami, 8 – 12pm, 1-2 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: We screen certain grades each year for physical and mental health outcomes. There is a large database available 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
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.
SECTION 1

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 and regular 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.

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

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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.
Teacher-Child Interaction Training -Universal (TCIT-U)

Description: The University of Miami Teacher-Child Interaction Training Program (UMICIT) 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.

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)
- Linda Ray Intervention Center
- United Community Options

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 classroom typically occurs Monday through Friday 8:30 am - 12:00 p.m., 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.

**Training Objectives:**

- 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).
- Trainee will participate in 32 hours of TCIT Advanced Training Workshops
- Trainee will demonstrate proficiency of Child-Directed Interaction (CDI) skills during a live and/or video recorded 5-minute interaction with students.
- Trainee will demonstrate proficiency of Teacher-Directed Interaction (TDI) skills during a live and/or video recorded 5-minute interaction with students.
- Trainee will demonstrate adequate and sensitive coaching in CDI.
- Trainee will demonstrate adequate and sensitive coaching in TDI
- Trainee will demonstrate effective Sit & Watch explanation during role play.
- Trainee 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.
- 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.

**Specific Site Requirements:** N/A

**Research Opportunities:**
Title: Teacher-Child Interaction Training in Miami-Dade County Early Education Program: A Randomized Control Trial

Brief Summary: 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, UMTCIT is 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 and their typically developing peers. UMTCIT 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 are randomly assigned to either receive TCIT immediately or to the waitlist control group. All measures are administered to both groups to the start of the intervention, immediately following completion, and one month following completion. The waitlist control classrooms receive TCIT after the one-month follow-up assessments are completed.

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 Autism Spectrum Disorder
- Children with hearing loss (most 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:** This rotation includes psychology trainees working as part of a multidisciplinary team, including special education lead teachers, special education assistant teachers, physical therapists, occupational therapists, speech and language pathologists, special education service/program coordinators, and school administrators/other school staff.

**Clinical Experience:**

Assessments: The following assessments 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.

• Behavioral assessment questionnaires to teachers (SESBI)

• Language assessment questionnaires to teachers (McArthur CDI)

• 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)

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.

Consultations: We provide session-limited Teacher-Child Interaction Training (TCIT; see [www.tcit.org](http://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.

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.

Supervisor:
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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, 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.

Group interventions includes caring and sharing; didactic topics (e.g., soothing crying infant; understanding baby’s cues; infant development; positive parenting); caregiver-infant interaction activity, and baby book activity. Therapists provide in-vivo guidance as opportunities arise to help parents translate knowledge into behavior (encourage parent to demonstrate,
reflect and discuss); caregiver-infant interaction activity, and baby book activity.

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. Trained facilitators use video clips of real-life situational vignettes to support the training and stimulate parenting group discussions and problem solving practices.

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.

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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.

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**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. Trainee works as part of the GI team and communicates with attending physicians, residents, and other members of the team. 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) and Mailman Center

**Rotation Day/Times:** Either Tuesday or Wednesday afternoon, 1-5 pm, at Mailman. It is also possible to go to clinic the 1st and 3rd Tuesdays at the Weston location.

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

**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

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**Pediatric Consultation/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 delays and/or disabilities, ADHD, anxiety and depression. There will be ample opportunities to work with adolescents at this site. Trainees will also be able to coordinate and make recommendations about referrals for longer term care.
Site Where Services Are Provided: UHealth Pediatric Professional Arts Center (PAC)

Rotation Day/Times: This rotation occurs on one half-day per week, Tuesday or Wednesday afternoons 1-5 pm.

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: N/A

Research Opportunities: N/A

Cultural Diversity of Population Served: PAC serves families from a variety of racial, ethnic, and social-economical 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 and medical residents.

Clinical Experience:

Assessments: N/A

Treatment: There are some opportunities for short-term interventions.

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.

mxs2515@med.miami.edu

For more information about the Pediatric Consultation at PAC please click on the video link below.

https://www.youtube.com/watch?v=BMzGwZ4g9Eo&index=47&list=UUpEyRx_FH-ojcL-Eyq4-Y6g
Parent Club - Universal PCIT

Description: The University of Miami Parent Club is a live workshop model of universal parenting education. It provides parenting information that is useful to all caregivers. Workshops target caregivers of children ages 2-12. Workshops are based on a Parent Child Interaction (PCIT) primary care model and were created to stand-alone. There are three workshops: 1) Building blocks of child development, 2) Building blocks of positive parenting, and 3) Building blocks good behavior. Workshops are delivered in Creole, Spanish, and English. Program is funded by The Children’s Trust under a common program umbrella with other two organizations (Florida International University and BeStrong).

Trainees will have the opportunity to collaborate with workshop facilitators in the schools as well as participate in workshop delivery, fidelity checking of workshop content, ongoing program development, and coordination of referral linkages for workshop attendees. Additionally, trainee may have the opportunity to participate in the creative development and production of online parenting resources including videos, podcasts, and webinars.

Site Where Services Are Provided: On Campus, schools, and community sites in Miami-Dade County

Rotation Day/Times: Interns and practicum trainees are welcomed.
Expectations: 4 hours/week for practicum students; 8 hours/week for interns

**Training Objectives:**

- Learn how to deliver evidence-based parenting workshops to caregivers in the community
- Learn about community resources and how to link caregivers to high quality care based on their needs.
- Learn to modify parent training curriculum to be culturally appropriate and responsive to minority caregivers.

**Specific Site Requirements:**

- No specific training required, but it would be helpful if trainee has experience working with caregivers in group settings (therapy or clinical research).
- Some travel and own transportation may be required to deliver workshops in the community.
- Fluency in other languages is not required, but it will be an additional bonus to have Spanish and/or Creole language proficiency.

**Research Opportunities:**

Taking advantage of the number of parents from diverse backgrounds expected to participate in this program (400 workshops per year for 4 years), we are particularly interested on how program outcomes are influenced by child rearing practices and cultural beliefs/values. We are open to collaborate with trainees on original research ideas. Specific research projects are to be determined (TBD).

**Title of Research Project:** TBD

**Brief Summary:** TBD

**Role of Students:** TBD

**Cultural Diversity of Population Served:**

Caregivers from minority groups in the community.

**Inter-professional Experience:**

Workshops will be facilitated by family community specialists in the school system. Weekly supervision groups will take place with all facilitators where students can learn from these amazing individuals who are caregivers themselves and have immense experience working with other caregivers in their communities.

**Clinical Experience:**

Assessments: N/A
Treatment: Parent training workshops with caregivers.

Consultations: N/A

Prevention: Assessing caregivers’ needs and linking them with quality community resources.

Supervisors:

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

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

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

https://youtu.be/kC7E_6rOooQ
Every 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: one manuscript (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 until 2022. The fellowship provides a strong didactic component and opportunity for clinical work as well. Please download the postdoctoral fellowship program brochure on our website.
DUE PROCESS: GENERAL GUIDELINES

Due process ensures that decisions made by the Mailman Center faculty about trainees are not arbitrary or personally based. Trainees will be notified of all specific evaluative procedures which are applied to all trainees, and have appropriate appeal procedures available to the employee so he/she may challenge the program's action.

General due process guidelines include:

1) providing in writing the program's expectations related to professional functioning,
2) stipulating the procedures for evaluation, including when and how evaluations will be conducted,
3) providing in writing the various procedures and actions involved in making decisions regarding problem,
4) communication, early and often, with the trainee about any suspected difficulties,
5) instituting a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies,
6) providing a written procedure to the trainee which describes how the employee may appeal the program's action,
7) ensuring that trainees have sufficient time to respond to any action taken by the program,
8) using input from multiple professional sources when making decisions or recommendations regarding the trainee's performance, and
9) documenting, in writing and to all relevant parties, the action taken by the program and its rationale.

MISCONDUCT POLICY:

It is the policy of the University of Miami (“University”) to address employee misconduct and/or behavioral issues by administering the appropriate type of discipline sufficient to prevent a recurrence of such inappropriate behavior or misconduct. Furthermore, it is the University’s policy to issue any discipline deemed warranted in a fair and equitable manner. This policy shall not be considered or interpreted to create a progressive discipline process. The University reserves the right to determine the appropriate disciplinary action to be issued based upon the nature of the offense. This policy shall apply to all University trainees.

PROCEDURE:

I. IDENTIFYING MISCONDUCT AND/OR BEHAVIORAL ISSUES

A. ROLE OF SUPERVISOR

It is the faculty supervisor’s responsibility to promote a values and performance-based culture. To achieve this, faculty supervisors must communicate expectations to trainees, set goals and objectives that are well defined and measurable, plan and assign work, and establish standards and deadlines for accomplishing said work. Supervisors should regularly meet with trainees to provide constructive feedback on performance and to avoid or lessen the occurrence of misconduct and/or performance issues.

B. INVESTIGATIONS

Generally, employee misconduct and behavioral issues are most commonly observed by a supervisor. However, there are instances where such behavior is observed or discovered as a result of a third party (i.e., trainees in another department; as a result of an
investigation, etc.). In such cases, the employee’s supervisor must be advised of the behavior in question so that the matter can be reviewed and a determination made as to the appropriate disciplinary action to be administered. Such a determination may require an investigation to be performed by the employee’s supervisor or Human Resources.

In cases where the employee’s presence at work may interfere with the investigation or pose a threat to others, the employee in question may be placed on administrative leave with pay pending the outcome of the investigation, in accordance with Section III.A. below.

C. EXAMPLES OF MISCONDUCT OR DEVIATIONS FROM STANDARD PRACTICES

The following consists of examples of misconduct/deviations from standard practices which could result in disciplinary action, up to and including termination of employment. These examples are not meant to be an exhaustive list of all infractions. Other actions not specifically listed may also result in discipline, up to and including termination of employment.

- Behaviors that violate the APA’s code of ethics for professional practice standards
- Behaviors that violate the laws and regulations governing the practice of psychology by the Florida Board of Psychology
- Excessive absenteeism, tardiness and/or unexcused absences.
- Failure to comply with the University’s policies, procedures, regulations and work rules or directives.
- Insubordination or refusal to follow instructions of supervisor or department head.
- Offensive or disruptive behavior, including threatening trainees, students, patients, or visitors, using abusive or vulgar language, interfering with others in the performance of their duties, or acting in an immoral or indecent manner on the University’s premises, or while off the University’s premises in performance of job-related duties.
• Disorderly conduct on the University’s premises, including but not limited to violence, fighting, horseplay or other action that endangers others or University property. Unauthorized use or negligence resulting in destruction, defacement, or misuse of University vehicles or property, or property of another person on University premises.

• Destruction, falsification, or omission of information on employment records, University records, or in connection with the employee’s duties. This includes falsification of payroll and/or time records.

• Loitering, loafing or sleeping during work hours, or while on University premises during a meal break, rest period, and before/after work shift.

• Illegal or immoral conduct on or off University premises or action which would bring unfavorable attention to the University and is inconsistent with the University’s common purpose and/or values and behaviors.

• Failure to disclose an arrest or conviction occurring after the date of hire.

• Unauthorized possession, use, copying, removal, access and/or disclosure of confidential information, trade secrets or other proprietary information (including information contained in personnel records).

• Unauthorized access or use of University computing, telephone/voice mail systems, hardware or software.

• Obtaining a leave of absence or other University benefit under false pretenses.

• Failure to report to work upon the expiration of an approved leave of absence.

• Concealing or having possession of any weapons, firearms, or explosives while on University premises.

• Use, consumption, possession, distribution, and/or sale of controlled substances and/or alcohol on the University’s premises or while operating the University’s equipment; reporting for duty under the influence of alcohol and/or controlled substances, or otherwise violating the Drug Free Workplace Policy.

• Unauthorized removal of University property or theft of University property; or that of other trainees, patients, visitors or students.

• Any willful act, careless act, or conduct detrimental to University operations or
the safety and rights of other persons on University premises.

- Failing to pay personal traffic and parking citations obtained while operating a University vehicle.

- Failure to work assigned schedule.

- Failure to cooperate in an investigation conducted by or on behalf of the University or providing false statements in the course of an investigation.

- Unauthorized use, disclosure, viewing, or accessing of patient information and/or protected health information as defined in applicable state and federal laws, including the Health Insurance Portability and Accountability Act (“HIPAA”). Such violations of HIPAA include, but are not limited to the following:
  - Accessing and disclosing patient information to an unauthorized third party;
  - Viewing of patient information without business necessity;
  - Misappropriation of patient’s identity in connection to fraudulent activities;
  - Discussion of patient information in a public area;
  - Disclosure or sharing of passwords for employee profiles with access to protected health information, or the use of someone else’s password for a profile with access to protected health information;
  - Storing patient information on a personal electronic device not managed or approved by the University for such use;
  - Leaving computers or other portable devices with patient information unlocked or unattended;
  - Transporting patient information in an unsecured manner;
  - Failing to report a potential or known breach of HIPAA security and privacy;
  - Negligence in mailing, faxing, or emailing patient information, resulting in the release of patient information to the wrong recipient;
  - Negligence in accessing patient information.

- Improper application for, misuse of, or converting a University benefit or privilege for personal gain of employee, or for the benefit of others ineligible to receive such a benefit or privilege.
• Failure to disclose a consensual relationship as required by University policy.
• Any action adversely affecting a license or other credentials necessary to perform the responsibilities of one’s position.
• Failure to comply with established safety and health rules and safe work procedures or engaging in any conduct that creates a safety hazard.
• Falsely stating claims of injury.
• Dishonesty, including but not limited to intentionally not providing full and truthful information when requested by management.
• Bringing, discharging, and/or possessing unauthorized firearms or other weapons while on the University’s premises, or on your person in the performance of job-related duties.
• Misappropriation of funds handled or received on behalf of the University.
• Failure to attend training, as directed

II. DUE PROCESS NOTICE

All trainees are expected to demonstrate behaviors consistent with the American Psychological Association’s Code of Ethics and University’s values and service standards. Where an employee does not exhibit these values and/or standards, the University may take appropriate action in the form of disciplinary action based upon the facts and circumstances in question.

In the event that a problem develops for an employee, the following procedures shall be used to resolve this conflict before the involvement of Human Resources. However, some types of misconduct or deviations from standard practice may require the immediate involvement of Human Resources in order to be compliant with University policy. Training issues related to competence and professionalism are typically managed within the training program between faculty supervisors and trainees before there is any need of Human Resources Involvement.

Notice of Informal Performance Enhancement Plan: Faculty Supervisor perceptions of the trainees’ possible misconduct/deviations from standard practice may take several forms. The first step is for the faculty supervisor to meet
with the trainee to discuss the perceived concern. It is expected that the supervisor and faculty supervisor will collaboratively develop an informal performance enhancement plan that is inclusive of the trainee’s feedback regarding how supervisors can support improvement in performance. The faculty supervisor and trainee will document this plan in writing and the plan will be shared with one another via email. The plan will include time-based benchmarks to monitor trainee progress and support from the supervising faculty member. All trainees’ progress is regularly reviewed at monthly faculty meetings, where other faculty supervisors and the training director can provide additional feedback that may improve trainee performance.

Notice of Formal Training Program Performance Enhancement Plan: In the event that the performance enhancement plan does not result in trainee’s improved performance within a previously agreed upon time frame, the second step in due process involves the training director meeting with the trainee and the faculty supervisor. This may involve meeting with the trainee and the supervisor to (a) objectively identify the problem, (b) determine steps to resolve the problem, and (c) evaluate the effectiveness of the performance enhancement plan. Trainees will be notified of this meeting via email and a meeting time will be established that works for all parties. A written summary with proposed steps for resolution will be drafted by the primary supervisor and forwarded to the Director of Training. If the problem involves the trainee’s primary supervisor, the Director of Training or the Division Chief will serve the role as primary supervisor. In cases of serious (e.g., ethical or legal violations, professional incompetence, psychological factors seriously impacting professional functioning), the Director of Training will be involved immediately. The Training Program Performance Enhancement Plan is a written summary of training goals/objectives with specific steps that the trainee needs to take with specific timeframes outlined for specific goals. Once the plan is agreed upon, the trainee, the faculty supervisor, and the training director each sign off on the plan. The signed plan is shared via email to the trainee, the faculty supervisor, and the training director and a copy of the plan is saved in the trainee’s training file. The Training Program Performance Enhancement Plan is reviewed at a
minimum on a monthly basis. However, the specified aspects of the plan may require benchmarks that need to be met on a weekly basis (e.g., submission of timely documentation) that require weekly review by the faculty supervisor. If the trainee meets the goals/objectives within the performance enhancement plan, the trainee will be informed in writing that he/she has successfully completed the plan and record of this will be kept in the trainee’s file.

III. DUE PROCESS HEARING

Procedure if the person of concern is the Training Director: In the event that the person of concern is the training director, the trainee may select another faculty member of his/her choice within the Division of Clinical Psychology to serve the roles of the Training Director listed in the subsequent sections.

Trainee Hearing and Establishment of a Remediation Plan: If this step is not successful in resolving the perceived misconduct/deviation from standard practice, then a committee consisting of the trainee’s primary supervisor, the Director of Training, and a third faculty member selected by the trainee will convene (at a time that works for all parties) to re-evaluate the problem and develop an additional plan for problem resolution. If the problem is an interpersonal conflict between the trainee and a supervisor, an alternative supervisor or clinical rotation can be arranged. If the problem relates to an trainee’s clinical or ethical competence, then the committee will establish concrete criteria for remediation. This may involve: increasing the amount of supervision or modifying supervision structure; recommending personal therapy if the problem is psychological in nature; reducing the trainee’s workload; and/or assigning additional readings/trainings/co-therapy. A written summary of this remediation plan will be placed in the trainee’s file and will be shared with all parties via email. The Training Director will establish weekly meetings with the trainee to promote and problem-solve adherence to the established remediation plan. If the trainee meets the goals/objectives within the remediation plan, the trainee will be informed in writing that he/she has successfully completed the plan and record of this will be kept in the trainee’s file.
Clinical Faculty Hearing related to Trainee Performance: If the committee convened in #3 above determines that remediation has not occurred within a previously agreed upon time period, then the problem will be brought before the entire Clinical Faculty for review. This may be initiated by the trainee, the supervisor, or the Resolution Committee. This will take place during a regularly established monthly faculty meeting and the trainee will be released from other obligations so that he/she can attend the meeting. The Clinical Faculty will then review previous actions and ask follow-up questions to the trainee, and will make a determination of one of the following:

a. No action is taken against the employee.

b. With the involvement of Human Resources, the trainee is placed on an additional 30, 60, or 90-day HR performance enhancement plan, with specific written goals and deadlines. Written criteria for clinical, ethical, or personal conduct provided to the trainee will be placed in the trainees’ file. The performance enhancement plan will clearly state that if the trainee fails to meet the goals/objectives of the plan, it may result in termination of employment. If the trainee meets the goals/objectives within the performance enhancement plan, the trainee will be informed in writing that he/she has successfully completed the plan and record of this will be kept in the trainee’s file.

c. With the involvement of HR, it is recommended that the employee is terminated from his/her position, and the trainee will be notified that he/she has failed the internship.

Throughout the performance enhancement/remediation process, documentation of the problem, plan, and evaluation of the plan will be kept in the trainee’s permanent file. Documentation of all plans and outcomes will also be kept as part of program documentation. The trainee has the right to review all documentation related to any action taken by the Clinical Faculty regarding his/her traineeship status.
IV. TYPES OF DISCIPLINARY ACTION

Disciplinary actions beyond a written warning must be reviewed and approved by Human Resources before being issued to the employee. The following constitute formalized disciplinary actions that may be taken to address misconduct and behavioral issues. The order in which the following actions are presented does not create, nor is it intended to create, a progressive discipline policy. The University explicitly reserves the right to determine the appropriate disciplinary action to be used based upon the nature of the offense.

A. WRITTEN WARNING

When the nature of the misconduct or behavior warrants the issuance of a written warning, the supervisor should discuss the conduct in question and present the written warning to the employee. The written warning must identify the problem and outline a course of corrective action within a specific time frame (e.g., performance enhancement plan). The employee should clearly understand both the corrective action and the consequence(s) if the problem continues to occur. The supervisor is required to meet with the employee when presenting the written warning in order to ensure that an explanation of the disciplinary action is provided.

B. SUSPENSION

A suspension is a form of disciplinary action that operates to remove an employee from duty for a defined period of time without pay. The period of suspension may generally range from one (1) to thirty (30) days, based upon the factual circumstances surrounding the conduct in question. Suspensions shall be confirmed in writing to the employee, and include the reason for the suspension, the date and time the suspension begins, and the date and time the employee is expected to return to work at the conclusion of the suspension. Additionally, the suspension should also set forth corrective action to be taken by the employee upon his/her return, and the consequence of continuing to engage in the misconduct.
If a suspension is for more than one (1) day, it shall occur on consecutive working days. A suspended employee is prohibited from making up time and/or wages which were lost as a result of the suspension. Failure to return to work upon the expiration of the suspension period shall constitute abandonment of the employee’s position with the University and will be processed as a voluntary resignation of employment with ineligibility for rehire.

C. TERMINATION

Any employee whose conduct violates the University’s policies, procedures, or work directives may be terminated immediately and without warning based upon the factual circumstances surrounding the conduct. It should also be noted that terminations based upon misconduct may serve as a bar to reemployment with the University in the future. Consult the University’s Eligibility for Rehire policy for more information on whether certain actions prohibit consideration of an employee for reemployment.

V. OTHER RELEVANT PROVISIONS

A. ADMINISTRATIVE LEAVE PENDING INVESTIGATION

In cases where the employee’s presence at work may interfere with the performance of an investigation or pose a threat to others, the employee in question may be placed on administrative leave with pay pending the outcome of the investigation. Human Resources’ Office of Workplace Equity and Performance shall be responsible for approving the placement of trainees on administrative leave with pay when warranted.

B. ACKNOWLEDGMENT OF CERTAIN DISCIPLINE

The employee should acknowledge receipt of the written warnings and suspensions. In the event that an employee refuses to acknowledge receipt of a written warning or suspension, a
witness is required to attest to the employee’s receipt of the discipline and refusal to acknowledge same. An employee may choose to submit a written rebuttal to the written warning or suspension to the supervisor and/or Human Resources within three (3) business days of receiving such discipline. Rebuttals shall be evaluated by the supervisor, in conjunction with Human Resources. The employee shall be notified in writing regarding the supervisor/Human Resources’ consideration of the rebuttal.

C. MAINTENANCE OF RECORD; EMPLOYEE’S DISCIPLINARY HISTORY

A copy of any discipline issued and the employee's written rebuttal (if any) shall be placed in the employee's personnel file by the supervisor or applicable HR representative or partner, and uploaded into the University’s Workday system. Disciplinary actions issued to an employee shall remain in the employee’s personnel file permanently as required by the APA.

D. PRIOR REVIEW OF CERTAIN DISCIPLINE

Supervisors are required to present all proposed final warnings, suspensions, and terminations of an employee to their applicable HR representative or partner who in turn presents the recommendation to Human Resources’ Office of Workplace Equity and Performance for review and approval.

VI. APPEAL PROCESS

Appeal Process: The trainee has the right to appeal any decision made by the training program at any step of due process, the hearing stage, and/or any decisions made by HR. Appeals must be submitted in writing to the appropriate parties listed below. All records of appeals will be maintained in the trainee’s file.

- When there is a difference in opinion between the faculty supervisor and the trainee, the trainee may appeal the decision to the training director for
review. The training director will make final decisions related to next steps.

• If the trainee does not agree with the Formal Training Program Performance Enhancement Plan established by the faculty supervisor and training director, the associate may appeal the decision to the Chief Psychologist of Psychology. The Chief Psychologist will make final decisions related to next steps.

• If the trainee does not agree with the decisions made during the Hearing or the Remediation Plan, the associate may appeal the decision to the Director or Associate Director of the Mailman Center for Child Development. The Associate Director or Director of the Mailman Center will make final decisions related to next steps.

• In the case that the Clinical Faculty determines that the trainee has failed the internship, the employee may then appeal this decision to the Human Resources’ Office of Workplace Equity and Performance (305-284-3064), at which time the grievance procedures spelled out in the Staff Handbook of the University of Miami will apply. At any time if the employee perceives that he or she has been discriminated against or experienced sexual harassment, the employee may file a formal complaint through the UM Human Resources online portal under the heading “How to file a complaint.” In the event that an appeal of termination for misconduct raises issues of employment discrimination and/or alleged violations of federal, state and/or local labor and employment laws, the appeal shall be investigated by the Office of Workplace Equity and Performance in accordance with the University’s policy governing the treatment of such allegations, and shall not proceed as an appeal as provided for above. Human Resources will make final decisions related to next steps.

Appeal Timeline: Appeals managed by the training director will be reviewed and discussed with the trainee within two weeks. Appeals managed by the Chief Psychologist or the Director/Associate Director of the Mailman Center will be reviewed and discussed with the trainee within one month, unless advised otherwise by the University’s General Counsel.
Communication of Appeal Decisions:
Trainees will be informed in writing of all Appeals decisions and a copy of these communications will be maintained in the file of the trainee.
Grievance Procedures

I. POLICY AND GENERAL STATEMENT

The Mailman Center for Child Development at the Miller School of Medicine University of Miami (“the university”) encourages fair, efficient and equitable solutions for problems arising at the university. The university strongly recommends that individuals experiencing problems attempt to resolve them informally before exercising the grievance process. Trainees should discuss the concerns openly with the individual with whom the problem exists.

If the Trainee separates from the university, the grievance process ends.

SCOPE

This policy applies to grievances by Trainees concerning academic issues including, but not limited to, the actions of supervisors or others that address training conditions.

This policy does not apply to:

• Complaints regarding discrimination and harassment. These types of complaints should be addressed under the procedures outlined in the Due Process Procedures. Specifically, At any time if the employee perceives that he or she has been discriminated against or experienced sexual harassment, the employee may file a formal complaint through the UM Human Resources online portal under the heading “How to file a complaint.” In the event that an appeal of termination for misconduct raises issues of employment discrimination and/or alleged violations of federal, state and/or local labor and employment laws, the appeal shall be investigated by the Office of Workplace Equity and Performance (305-284-3064), in accordance with the University’s policy governing the treatment of such allegations.

RETRACTION AND CONFIDENTIALITY

No TRAINEE will be penalized or disciplined for filing a grievance or for
aiding another TRAINEE in the presentation of a grievance. Trainees who believe that they have been penalized or disciplined for doing so should contact the University Hotline. Acts or threats of retaliation in response to grievances may subject the person retaliating to disciplinary action, up to and including termination of employment or training. Persons filing grievances with reckless disregard for the truth or in willful ignorance of the facts are excluded from protection and may be subject to disciplinary action, up to and including termination of employment or training.

II. PROCEDURE

Pursuant to this policy, grievances may be brought against immediate supervisors or others.

Prior to filing a written grievance, a TRAINEE may informally present his or her grievance to the person who is its subject, and the parties should make a good faith effort to resolve the issue or issues that are the subject matter of the grievance. The Training Director is available to assist in an informal resolution. This step may be skipped if the TRAINEE is not comfortable handling the issue informally.

A. Grievance Procedures

1. Formal Grievance

If informal efforts to resolve the grievance are not successful, the TRAINEE must present the grievance in writing to his or her supervisor within 30 days from the date of the action that is the subject of the grievance. The TRAINEE’s statement of complaint must include the TRAINEE’s recommendation(s) for resolution of the grievance. Relevant documents or any other information pertinent to the matter should also be provided.

Grievances should be directed to the appropriate administrator as follows: grievances against immediate supervisors should be directed to the Training Director; grievances against the Training Director should be directed to the Chief Psychologist; and those against the Chief Psychologist should be directed to the Associate Director or the Director of the Mailman Center for Child Development.

The party against whom the grievance is brought will be provided a copy of the written grievance and will have the opportunity to respond to it in writing and to submit documents or materials in support of his or her position. The party
against whom the grievance is brought will respond to the grievance within 14 calendar days of receipt of the copy of the grievance from the administrator in receipt of the grievance.

The administrator will respond to the grievance within 30 calendar days of receipt of the grievance.

Failure to respond to a grievance within the time limits allows the TRAINEE to automatically submit the grievance to the next administrative level. Calculation of calendar days does not include holidays or “skeleton crew” days as indicated on the published university calendar.

2. Review of Grievance

If the grievance is not resolved to the satisfaction of the TRAINEE by the administrator with whom it was filed or was not responded to in accordance with the timelines outlined in this policy, the TRAINEE may appeal the grievance in the following order:

- Training Director
- Chief Psychologist
- Associate Director or Director of Mailman Center

The decision of the Associate Director or Director of the Mailman Center is final.

Appeals must be filed with the appropriate administrator within seven calendar days of receipt by the TRAINEE of a response of the lower level decision. Appeals must be responded to in accordance with the following time limits:

- The Chief Psychologist shall respond within 14 calendar days following receipt of the appeal.
- The Associate Director or Director of Mailman Center shall respond within 14 calendar days of receipt of the appeal.

B. Records

Upon completion of the grievance process, all recordings, documents and materials related to the formal grievance will be kept in the Trainee’s file for protected storage.