

### **Psychology Internship in Integrated Behavioral Health and Pediatric Psychology**

The goal of the University of Michigan Health System (UMHS) psychology internship program offered through our Division of Child Behavioral Health is to train interns to provide behavior health services for pediatric populations in medical settings. The majority of training will occur within our Integrated Behavioral Health Program where interns will learn to function as behavioral health specialists in primary care pediatric settings. Other rotations available will provide the opportunity to receive training in the areas of inpatient consultation/liaison and multidisciplinary specialty clinics to provide the breadth of training necessary for professional practice professionally within medical settings. The UMHS and the Division of Child Behavioral Health recognize that there is a shortage of well-trained behavioral health experts that have the necessary training to provide evidence-based treatment in primary care pediatric and hospital settings. The focus of this program is to train interns to become licensed psychologists to function at the doctoral level as behavioral health specialists in primary care and hospital settings. Our faculty is dedicated to developing an American Psychology Association Accredited Internship Program to train future behavioral health specialists.

### **University of Michigan Health System**

The University of Michigan Health System and C.S. Mott Children's Hospital are among the top rated medical systems in the world. As a teaching facility, the health system is closely affiliated with the University of Michigan Medical School where faculty hold appointments. In addition to psychology interns, medical students, residents and fellows specializing in various fields of pediatrics — as well as nursing and allied health students — receive training at the University of Michigan.

### **Internship Overview**

Two interns comprise our 2014-2015 class. There are postdoctoral fellows and practicum students training with us as well. We pride ourselves on providing a unique training opportunity for interns to learn the most current empirically-based treatments from faculty who take an active interest in promoting the long-term career goals of trainees. Our goal is train interns in best practice while simultaneously developing lifelong collegial relationships for future clinical and research collaboration. Formal supervision is continuous throughout the internship year and faculty have an open door policy for consultation.

The Division of Child Behavioral Health reports administratively to the Chair of the Department of Pediatrics and Communicable Diseases. All psychology faculty in the division have appointments in the University of Michigan Medical School and are involved in supervising interns. There are currently 9 full-time doctoral-level licensed psychologists and 3 postdoctoral fellows on staff.

The internship began in 2013, however, faculty have provided training for practicum students and postdocs for many years and training is central to their professional identities. Training also represents an integral facet of the Department of Pediatrics and the mission of the University of Michigan. Psychology intern graduates are currently working as postdocs in children's hospitals, medical schools and outpatient clinics within the region.

Past interns currently have postdocs at the following locations:

- Geisinger Health System
- University of Michigan Health System

## **Supervision**

We pride ourselves on providing quality supervision, and it is considered a strength of this internship training program. Past interns have commented on the high quality of supervision, and the interest that our faculty takes in promoting the career goals of our interns. These comments stem from the ease of access to faculty, with an open door policy, and supervision that is ongoing inside and out of the clinical environment. Interns are guaranteed the minimum four hours of one-on-one supervision, two of which is scheduled each week. However, interns typically receive far more individual supervision because they are working side by side with faculty during all clinical activities, which means that faculty are available almost continually. Supervisors are frequently in the therapy session for at least 50 percent of the time during most therapy sessions. Thus, supervision is frequent and comprehensive, going well beyond the required four hours per week.

## **Training Model**

Interns are provided the opportunity to receive training that is primarily behavioral in orientation that focuses on evidence-based practice, including data-driven decision making and the implementation of empirically derived behavioral treatment technology. Training and supervision is commensurate as interns progress through each of the following sequential phases of training:

- *Observation* – Interns are provided the opportunity to be physically present in the therapy room with the supervisor strictly as an observer for a period of weeks or months before moving to the next stage of training. This unique opportunity allows interns, many for the first time, to sit and observe a faculty member with expertise in the field “work a case.” Interns are actively engaged in preparation and case conceptualization outside of the therapy room during this phase of training, but are allowed the opportunity to watch a fully trained licensed psychologist interact with patients, conduct assessments and deliver treatment protocols.
- *Participant Observer* – After interns demonstrate understating of the theoretical framework though case conceptualization outside of session, they are provided the opportunity to begin engaging with patients in session. This initial engagement usually consists of asking follow-up questions during an intake session, or providing a small piece of therapeutic recommendation that the intern has observed their faculty supervisor deliver on several occasions.
- *Co-Therapist* – At this level of training interns are able to conduct an independent intake interview and identify the main therapeutic goals. Interns at this level are also able to deliver complete therapeutic protocols to patients. They can identify the intensity and topography of the presenting problems, as well as the antecedents and consequences that may be serving to maintain the therapeutic problem (functional assessment). Often at this stage the faculty member will provide the rational and case conceptualization piece for patients and the intern will deliver the specific protocol and recommendations.
- *Primary Therapist* – Interns achieve this level of training when they demonstrate the skills to conduct an independent intake, identify target goals, develop a case conceptualization and select an empirically derived treatment approach for each patient. Interns at this level are able to develop their own case conceptualization and are familiar with the essential components of each treatment approach they are using. Interns are expected to be able to conduct a component analysis of the treatment and make analytical adjustments based on their original case conceptualization when progress is not being made towards therapeutic goals. Interns will never see patients completely independently as faculty will always be physically present for portions of the session even at this level of training.

The training program is designed to move the intern toward independence, faculty work to move the interns into primary clinical positions at a rate that is personalized to each intern's development. Assessment of competencies, completion of learning objectives, and progression toward independence are reviewed continually during formal and informal supervision at regular intervals.

### **Internship Structure**

Depending on the rotation and faculty supervisor, an intern's time is allocated as follows:

- *Clinical Activities (60-70%)* – Activities include time spent in clinic, documenting, conducting observations, and completing necessary clinical phone calls.
- *Professional Development (10-15%)* – This includes formal supervision, didactic training and attending rounds.
- *Research Related Activities (10-15%)* – Interns are required to complete at least one research product during the internship year. This research product can take on many forms, and can range from completing a component of a larger ongoing research project to presenting a poster at a university, regional, or national conference. Opportunities for publication are also available to interns who engage in research tasks that meet criteria for authorship. All interns are required to have completed their dissertation proposals. If not completed prior to internship, trainees are supported to actively complete their dissertations during their internship.

### **Training Tracks**

The Department of Pediatrics, the Division of Child Behavioral Health serves infants, children and adolescents in need of psychological evaluation and treatment. Our psychologists, fellows, interns and practicum students provide care primarily in conjunction with the Division of General Pediatrics in primary care satellite clinics in the surrounding area. Interns also serve hospital inpatients and outpatients referred from other ambulatory services of the hospital and outpatient specialty clinics. For the upcoming 2014-15 training year, we will offer two training tracks to meet the goals of interns interested in pediatric integrated behavioral health and pediatric psychology.

#### **Integrated Behavioral Health Track**

The major rotations in the internship program currently involve training in pediatric primary care settings. These rotations focus on teaching interns outpatient behavioral assessment and treatment techniques for common developmental and behavioral problems encountered by children, adolescents, and their families. These problems include, but are not limited to, noncompliance, tantrums, ADHD, disruptive school behavior, adjustment disorders, anxiety, depression, habit disorders, enuresis, encopresis, academic problems, pain and stress related disorders as well as sleep issues. Interns will learn to assess and treat these issues working alongside physicians and staff in the primary care pediatric setting. Through these experiences, interns can expect to learn how best to integrate into the culture of primary care while providing evidence-based treatment. Interns in these rotations also have monthly integrated behavioral health research lab meetings providing the opportunity to participate in research on behavioral health delivery in the primary care setting.

#### **Pediatric Psychology Track**

Currently, minor rotations are available offering training in inpatient and outpatient hospital-based psychological intervention, assessment and consultation for children and adolescents, and their families. Current minor rotations are available in outpatient specialty clinics including pediatric weight loss / management (MPOWER), diabetes, sleep, cystic fibrosis (CF), congenital

heart disease (CHD), disorders of sex development (DSD), liver transplant, feeding and inpatient consultation / liaison.

### **Additional Information / Resources**

Each intern is provided office space, an individual computer, access to the internet and online statistical packages as well as online library search engines, unlimited copying and phone services, and media services. Interns receive a 12-month stipend of \$20,000. Employment will be contingent on satisfactory completion of a background check.

Please contact Blake Lancaster, Ph.D. with additional questions and information regarding the application process at: [blancast@med.umich.edu](mailto:blancast@med.umich.edu)

### **Life in Ann Arbor**

The city of Ann Arbor, home to the University of Michigan, provides diverse cultural, educational and recreational opportunities to its 110,000 residents. More than a college town, Ann Arbor blends a bustling young professional scene with the perks of a major university nearby. With something for everyone, Ann Arbor is consistently voted one of the best places to live in the United States.

Ann Arbor is an affordable city with a variety of houses, apartments, lofts, and condos for rent and purchase. You can enjoy the more active downtown scene in a trendy loft, settle down in a cozy northern or western neighborhood, or optimize your game-day commute and live on the south side of town, within walking distance of the Michigan Football Stadium. While the majority of interns live within the city of Ann Arbor, some interns choose to live in the surrounding cities of Ypsilanti, Dexter, Plymouth, Northville, and Saline.

### **Faculty**

#### **Blake M. Lancaster, Ph.D.**

##### **Training Director**

Dr. Lancaster's research focuses on developing methods to best address commonly presenting behavioral health concerns in children. Currently, he is in the process of developing multi-site cost offset and return on investment studies to support the dissemination of the integrated behavioral health model he practices in his clinical work. He is also interested in developing a group of studies designed to assess methods to screen behavioral health concerns in children who come to their physician for a wellness visit (i.e., they are not sick). Dr. Lancaster is interested in the frequency with which behavioral health concerns are identified in wellness visits, and how they are addressed by physicians, and is looking to explore how to best train physicians to manage some of the top behavioral health concerns that present during wellness visits. Lastly, Dr. Lancaster is interested in conducting applied research projects that utilize state-of-the-art technologies (internet, texting, webcasts, podcasts and/or email) to enhance the quality and efficacy of behavioral health techniques. His interest in this area centers on improving parent consultation techniques, improving adherence and eliminating maximizing communication between providers and patients.

#### **Jennifer L. Butcher, PhD**

Dr. Butcher's research interests are related to the impact of the parent-child relationship on children's medical regimen adherence and developmental functioning. She is participating in research with children diagnosed with cystic fibrosis (CF) and congenital heart disease (CHD). Dr. Butcher has current

research funding from the UM Cardiovascular Center McKay Grant to examine the relationship between early parenting factors and developmental/psychosocial outcomes for young children with CHD. She is also participating in multi-site studies examining developmental outcomes for children diagnosed with CHD and congenital diaphragmatic hernia. Finally, Dr. Butcher is involved in research with children with CF focused on parenting factors that positively influence children's medical regimen adherence and a clinic-based quality improvement initiative designed to improve children's nutritional adherence.

#### **Dawn Dore-Stites, PhD**

Dr. Dore-Stites' research interests span several areas including pediatric sleep disorders, transition to adult care and factors related to adherence including health literacy. Her research focuses upon pediatric/adolescent sleep disorders in chronic illness. She has collaborated with the UMHS Sleep Disorders Center on projects exploring sleep in developmentally delayed populations and excessive daytime fatigue in children with brain tumors. Additional research projects include retrospective analysis of data collected over several years in the sleep clinic. This analysis will direct further research in health care utilization rates in sleep patients, factors related to adherence to behavioral recommendations and prevalence of adolescent sleep problems.

#### **Amy Drayton, PhD**

Dr. Drayton's interests focus on projects with results that can be rapidly applied to improve clinical care. Primary areas of interest include the comparative effectiveness of feeding interventions and cost effectiveness of behavioral interventions. Dr. Drayton also conducts research on the treatment of disruptive behavior in children, specifically parent management training and parents' and pediatricians' use of time out.

#### **Emily M. Fredericks, PhD**

Dr. Fredericks' research is focused on medication adherence, health related quality of life, and the transition from pediatric to adult centered health care among solid organ transplant recipients. Dr. Fredericks is currently funded through the NIH/NIDDK to develop and test a tailored intervention delivered using web-based and cellphone technology to promote medication adherence in adolescent and young adult liver transplant recipients. Dr. Fredericks is also involved in research and quality improvement projects to investigate HRQOL, adherence and transition readiness among pediatric transplant recipients in order to develop a comprehensive assessment and intervention strategy to improve long-term health outcomes. Dr. Fredericks has additional research interests in the area of pediatric sleep disorders, particularly the impact of chronic illness on sleep and daytime behavior. Dr. Fredericks is the consulting psychologist for the Childhood Liver Disease Education and Research Network (ChILDREN) and the Studies for Pediatric Liver Transplant (SPLIT) consortium. She is also an active member of committees within the Society for Pediatric Psychology and the American Society of Transplantation, which are dedicated to adherence and the transition from pediatric to adult centered care.

#### **Bethany J. Gaffka, Ph.D.**

Dr. Gaffka's research activities are tied to her clinical involvement with the Pediatric Comprehensive Weight Management Center. Her research activities include designing, implementing, and evaluating evidence based pediatric weight management treatment programs, studying psychosocial correlates of obesity (e.g., self-esteem, peer victimization, quality of life), and adherence to weight management recommendations. Dr. Gaffka's research interests include understanding the role of parents in weight management treatment and identifying parent characteristics (e.g., time management/organizational skills, psychopathology, parenting style, parenting stress) that are associated with greater adherence to

treatment recommendations. Dr. Gaffka has current research funding from the American Heart Association, Midwest Affiliate for a research study examining a parent-targeted intervention for obese preschoolers attending Head Start. Her future research plans include developing tailored treatment protocols based on specific parent and child characteristics that are likely to increase adherence to physical activity and dietary recommendations.

**Rachel M. Knight, Ph.D.**

Dr. Knight's research activities have been linked to clinical work with pediatric sleep disorders, feeding disorders, and management of disruptive behaviors. Her research activities have included evaluating behavioral interventions for sleep disorders in typically developing children and children with autism spectrum disorders. Additional sleep research projects have included collaboration with the UMHS sleep clinic in addressing adherence to CPAP in children with obstructive sleep apnea. Dr. Knight's interests for future areas of research will also be tied to clinical work within the integrated behavioral health program, including strategies to address behavioral health concerns in children and involvement in a multi-site study regarding cost-offset and patient outcomes within the integrated behavioral health model.

**Kris Kullgren, Ph.D.**

Dr. Kullgren's research activities are linked to her involvement as the director of the Pediatric Psychology C/L Service. Her research focus is related to the C/L program development and C/L service delivery. She is actively involved in the Div 54 C/L SIG and is collaborating on a survey of pediatric psychologists on C/L practice. Dr. Kullgren is working on a QI project with the UMHS/Mott Pediatric Emergency Services to evaluate an intervention for youth presenting to the ED with headache. It is anticipated that this intervention may be broadened for use for youth presenting to the ED with other pain conditions. Dr. Kullgren recently received a UMHS Funding Innovations Grant (FIG) to develop a program called Mott Kids4Kids. Mott Kids4Kids will utilize the Mott internal GetWellNetwork in-room entertainment system to have youth as experts talking to other kids about strategies to cope with illness, hospitalization, or disability; this project is in the implementation and data collection phase.

**David E. Sandberg, PhD**  
**Division Director**

Dr. Sandberg's research activities are closely linked to his clinical service to children with a variety of endocrine-based disorders, and their families. Research activities include the study of psychosocial aspects of short stature and benefits of growth hormone therapy; and the psychosocial management of individuals born with disorders of sex development (DSD) and their families. He is developing a psychoeducational treatment manual for clinicians caring for newborns with congenital adrenal hyperplasia identified by newborn screen; designing health-related quality of life measures for individuals with DSD and their families; and developing a genital surgery decision aid for families of newborns with a DSD.