

## **Alfred I duPont Hospital for Children**

Predoctoral Internship Training in Pediatric Psychology  
2008-2009

Accredited by the American Psychological Association Committee on Accreditation  
(202)336-5979

### **TRAINING MISSION:**

The professional practice of Psychology as a health care profession in a children's hospital setting is the primary focus of our internship. The internship's educational philosophy and training model is broadly based on the Scientist-Practitioner Model for the Professional Practice of Psychology as described by Belar and Perry (1992). The program also ascribes to the recommendations for training of pediatric psychologists proposed by Spirito and colleagues (2003). The initial focus is on the development of working relationships with families and other professional staff and the development of communication and interviewing skills and consultation. The goal is for interns to formulate case conceptualizations and to link these formulations to empirically supported intervention strategies within a pediatric psychology setting. Ethical, legal professional, cultural and ethnic issues are addressed as they apply to assessment and intervention.

As a Behavioral Health Division in a children's hospital, we strive to provide broad-based training in clinical child and pediatric psychology. Interns are referred to as "psychology residents" by the medical staff and are well-respected for their expertise. Interns are exposed to a diversity of patient populations, and gain extensive experience in case/problem formulation, intervention, evaluation and consultation. Patients served range from those experiencing common behavioral difficulties (e.g. oppositional disorders) to more rare medical conditions that may have significant behavioral or emotional components. Given that duPont Hospital for Children is the only children's hospital in Delaware and draws from three other states (i.e., Maryland, Pennsylvania, New Jersey), interns are exposed to a wide range of presenting problems. Opportunities exist for gaining experiences with children and adolescents presenting with diabetes, asthma, cancer, transplant difficulties, recurrent abdominal pain, encopresis, enuresis, headaches, seizure disorders, obsessive-compulsive disorder, bipolar disorder, ADHD, disruptive behaviors, anxiety, depression, family problems, eating difficulties, and many other adjustment difficulties. With our extensive patient population and our being the "last stop" for many families in terms of evaluation, consultation, and treatment, we are able to expose interns to a highly diverse patient population, including many rare disorders. More specialized training is expected to be obtained in postdoctoral years.

Supervision is a definite strength of our program. We strive to make supervision interactive and dynamic in that interns and faculty actively exchange ideas as they integrate research and practice. Critical thinking and hypothesis formulation and testing are essential ingredients of the supervision experience. We take a developmental approach in that we work closely with the intern in the first month, assessing their knowledge regarding evaluation, including specific tests and measurements, and intervention. We are

particularly interested in the intern's ability to apply theory to practice. If an area appears to be less developed, it will be an area of focus over the course of the year. Initially, interns may "shadow" a faculty member, observing both evaluation and therapy, and then gain independence as they demonstrate competence in areas.

While the internship is designed to be a clinical year, to encourage scientific development, we encourage students to discuss their dissertations and to complete them during their internship year. Frequently, students successfully defend their dissertation while on internship. In addition, faculty members are involved in research and encourage interns to actively participate in these projects. Faculty members strive to set an example of integrating research and practice. The ongoing research has direct clinical relevance. The opportunity of internal research funds enables faculty to maintain a balance between research and clinical work.

### **Alfred I. duPont Hospital for Children**

The duPont Hospital for Children was founded in 1940 through a bequest in the will of Alfred I. duPont, upon whose estate, Nemours, the hospital now stands. Mr. duPont stated in his will that he wanted part of his wealth to be used to "alleviate human suffering" especially that of children and the elderly. Soon after his death, the Nemours Foundation was established to carry out his wishes.

The duPont Hospital for Children offers a wide array of services for infants, children and adolescents including:

Allergy/Asthma	Neurosurgery
Cardiology	Occupational Therapy
Communicative Disorders	Ophthalmology
Critical Care Medicine	Orthopedics
Dentistry	Otolaryngology (ENT)
Dermatology	Physical Medicine
Developmental Pediatrics	Physical Therapy
Emergency Medicine	Plastic Surgery
Endocrinology	Psychiatry
General Pediatric Surgery	Psychology
Genetics	Pulmonary Medicine
Hematology/Oncology	Rehabilitation
Infectious Disease	Rheumatology
Medical Imaging	Sports Medicine
Neonatology	Thoracic Surgery
Neurology	Transplant Services
	Urology

As a teaching facility, the hospital is affiliated with Thomas Jefferson University and several other academic institutions. 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 hospital.

For addition information regarding the hospital, please visit our web site: [www.nemours.org](http://www.nemours.org).

### ***Division of Behavioral Health, Department of Pediatrics***

The Division of Behavioral Health (DBH) reports administratively to the Chair of the Department of Pediatrics. All psychology faculty in the Division are employees of the hospital and are involved in supervising interns. There are currently ten full and part-time doctoral-level licensed psychologists and four post-doctoral fellows on staff.

The Division's psychologists have provided training for many years and believe that training is central to their professional identities. Training represents an integral facet of the Department of Pediatrics and the mission of the hospital. Academic affiliation with Thomas Jefferson University fosters training activities hospital-wide through a well-established residency program. Training faculty hold academic appointments through Jefferson Medical College. Psychology intern graduates are currently working in children's hospitals, medical schools and outpatient clinics nationwide.

Within the Department of Pediatrics, the Division of Behavioral Health serves infants, children and adolescents in need of psychological evaluation and treatment. Services are provided to hospital inpatients and outpatients referred from other ambulatory services of the hospital and the community. As previously stated, interns are exposed to a wide range of patients, encompassing both child clinical and pediatric experiences. In general, diagnostic evaluations include assessment of intellectual functioning and current academic levels; attentional functioning; personality and behavior that contribute to school, family, social, and developmental difficulties; neuropsychological functioning to assist in understanding the relationship between brain physiology and behavior; and early childhood (birth to age five) development. Interns work closely with parents and schools to ensure that children receive a comprehensive evaluation that not only focuses on accurate diagnosis, but that also provides relevant, timely recommendations on an individual basis.

Consultation and treatment opportunities include experiences such as inpatient and outpatient consultation; individual, family, and group therapies; behavioral medicine, including medical adherence, pain management, adjustment to chronic illness or acquired injury and transplant pre-evaluations and treatment; school consultation; and daycare consultation. Faculty are primarily behavioral, cognitive-behavioral, and family-systems oriented but appreciate different theoretical approaches with empirical bases. Again, the wide range of experiences offered to the intern is a strength of the program.

## ***Training Components***

Psychology interns participate in evaluation, treatment, and consultation simultaneously throughout the year.

### ***Evaluation Experiences***

Psychology interns rotate through three evaluation experiences with different faculty supervisors for 4 months each. Evaluation experiences emphasize the need to go beyond accurate diagnosis and provide recommendations tailored to each unique patient to enhance their quality of life. Examples of evaluations include the following:

- **Clinical Child Evaluations**

Includes outpatient diagnostic assessment: comprehensive cognitive, educational, and emotional evaluations of children and adolescents presenting with a broad range of developmental, medical behavioral, and emotional concerns. Emphasis is placed on providing multidisciplinary recommendations to address individual patient needs in the home and school settings.

- **Neurodevelopmental Evaluations**

Includes neuropsychological assessment and consultation of children/adolescents with known or suspected CNS compromise such as cancer, sickle cell disease, genetic syndromes, seizures, head injury, CP, cerebral vascular malformations, and infectious processes. Interns work with school systems so that recommendations can be feasible to implement for each particular patient.

- **Attention-Deficit Hyperactivity Disorder Evaluations**

To address the most common referrals, an integrated diagnostic assessment, treatment, and consultation service for children presenting with attentional and behavioral concerns. Diagnostic assessment involves combining input from teachers and parents with neuropsychological screening for common comorbidities. Differential diagnoses include learning disorders, mental retardation, conduct disorders, adjustment disorders, anxiety disorders and mood disorders. Emphasis is placed on providing treatments that are indicated by evaluation.

- **Early Childhood Evaluations**

Includes evaluations focusing on children, ages infant to five years. Families present with a variety of concerns that may focus on development (social, cognitive, self-help) and/or behavioral issues (feeding disorders, disruptive behavior, anxiety). Evaluations may include formal testing, but also emphasize behavioral observations, developmental play and consultation with daycare/preschool caregivers. Frequently, evaluations involve coordinating care with other disciplines (e.g., physical therapy, occupational therapy, speech and language, developmental medicine) to ensure a comprehensive evaluation including an individualized treatment plan, ready to implement across settings

### ***Intervention Rotation Experiences***

**1. Pediatric Psychology Outpatient Program** - Interns participate in the outpatient therapy program for the entire training year. All faculty members supervise this experience.

Individual, family, and group therapies are provided for a broad range of psychological problems. Intervention opportunities are balanced between pediatric psychology and traditional child clinical experiences. Many of the pediatric psychology cases are follow-up appointments resulting from consultation/liaison activities. Examples include medical adherence difficulties (e.g., diabetes), pain management (e.g., headache, recurrent abdominal pain), weight management, adjustment to transplant, encopresis, and enuresis. Interns also gain exposure to ADHD, anxiety and mood disorders including obsessive-compulsive disorder and bipolar disorder, family adjustment issues include divorce and sibling issues, as well as early childhood issues such as child behavior management, parent-child interaction and pediatric feeding disorders and growth deficiency. If an intern has a special area of interest, cases may be selected to help foster further growth in that area. Interns participate in individual, family and group based treatment modalities.

**2. Behavior Consultation Clinic** - Interns participate in the Behavior Consultation Clinic for six months.

This clinic is designed to provide short-term services for parents and children ages birth to eight years for a wide range of behavioral and developmental concerns such as parent-child conflict, sleep problems, toileting concerns, daycare difficulties, noncompliance and sibling rivalry. This unique clinic was developed to meet the needs of pediatricians in the area. A preventative, developmentally-based treatment model is applied. The clinic is on Friday mornings with live supervision provided during the entire clinic via a one-way mirror. Appointments are 30 minutes and therapy focuses on short-term, goal-oriented techniques. Interns frequently interact with child care providers in order to implement recommendations for that setting. Interns also have teaching opportunities as medical residents frequently observe behind the mirror.

**3. Psychoeducational parent training groups** are provided to help address common disruptive behaviors associated with ADHD, such as noncompliance and aggression. Child social skills groups provide help with poor peer relationships. Interns gain experience coordinating and leading each of these groups. Individualized follow-up treatment for child and family is thereafter available on an as needed basis. Ongoing consultation and inservice training are also provided. Interns have the opportunities to follow-up with physicians and school to help ensure implementation of recommendations.

## ***Consultation Experiences***

### **1. Consultation/Liaison Activities**

Psychology interns participate in inpatient consultation/liaison throughout the training year. All faculty supervise this experience.

Interns participate in consultation to pediatricians and pediatric subspecialists, in particular, Endocrinology, Gastroenterology, Transplant Services and Neurology around health related behavioral concerns, such as poor medical adherence, pain, psychogenic symptom presentation, behavioral feeding disorders, and general coping issues. Consults often involve a combination of psychological assessment, diagnostic formulation, treatment (individual and family), and outpatient follow-up post-discharge.

By the end of this rotation, interns are expected to independently...

- Comprehensively interview the child and parent
- Coordinate with necessary services in the hospital, i.e., be an effective part of a multidisciplinary team
- Conceptualize the case
- Provide a written and verbal summary outlining recommendation for the hospital stay and post discharge.

### **2. Community and Primary Care Consultation – Training experiences in diverse, underserved populations**

Interns have two opportunities for consultation and training in diverse populations. As part of consultation through a Social Venture program, interns have a unique opportunity to provide on-site consultation to nearby child-care centers and charter schools (see website [svpde.org](http://svpde.org)). These centers and schools are comprised of over 95% minority populations, providing excellent diversity training experiences. Two of these centers serve primarily African American populations and one center serves primarily a Hispanic population. Opportunities for providing consultation in Spanish exist.

Interns also have the opportunity to consult in our satellite primary care offices during a six-month rotation. Primary Care Consultation is a rapidly growing area for psychologists and offers an opportunity for community outreach in underserved areas. Interns conduct intakes and learn skills in consulting with primary care staff regarding in office-based behavioral treatment strategies. The hospital's satellite offices are in underserved, poverty areas of the city. One site serves primarily a Hispanic population and physicians at this office are Spanish speaking and provide consultation and diversity training. Opportunities for providing therapy and consultation in Spanish are available. Another primary care site serves a primarily urban, African American population and again, physicians represent diverse ethnic backgrounds and are community role models for providing culturally sensitive treatment.

### ***Sample rotation schedule:***

- Three four-month evaluation rotations
- Year-long outpatient therapy experience
- Six month rotation in the BCC followed by six month rotation in primary care
- Twelve month experience of consultation-liaison

## *Didactics*

In addition to direct patient care training opportunities, interns participate in a series of seminar and other didactic training events. The overall goal of the various didactic conferences and seminars is to provide interns with formal instruction on topics important to their practice as pediatric psychologists. Didactics include the following:

1. **Seminar in Pediatric and Child Clinical Psychology** This seminar is held for two hours weekly and is geared to the needs of psychology interns. Sessions address the following:
  - a. Basic issues in general and subspecialty pediatric medical care. Topics presented reflect the broad range of medical specialties within the hospital, ranging from psychosocial aspects of diabetes management to child abuse, genetics, headaches, and somatoform illnesses. The willingness of pediatric specialists, many of who are nationally and internationally recognized for their work, to present to psychology interns speaks highly of the regard for training in the hospital.
  - b. Child clinical training issues, e.g., individual and family therapy techniques, various assessment measures.
  - c. Psychosocial ramifications of a variety of medical presentations, including acute and chronic illnesses. The overlap between medical and psychological illnesses in children and families.
  - d. Ethical issues, including the APA Code of Ethics, with particular application to the practice of psychology within a child/medical setting.
  - e. Sensitivity and exposure to issues related to working with children and families representing diverse cultural backgrounds.
  - f. Development of skills related to professional practice (e.g., interviewing, writing research grants, preparing vitae, post-doctoral opportunities)
2. **Assessment Seminar.** One hour biweekly. Interns meet with faculty members to discuss current assessments and/or review/discuss tests. Interns gain the opportunity to hear the wide range of assessments being conducted, benefit from group input and supervision, and learn about new tests.
3. **Family Therapy Seminar.** One hour biweekly. Interns meet with faculty member to discuss ongoing family therapy cases. Supervision is provided via videotapes of sessions. Interns benefit from group input and are provided the opportunity to process themes across various family therapy cases.

4. **Hospital Sponsored Programs.** Interns are encouraged to attend weekly Pediatric Grand Rounds and other training experiences that are sponsored by the duPont Hospital for Children. Interns also are encouraged to attend monthly ethics rounds sponsored by the hospital. In addition, interns are encouraged to attend rounds or journal clubs offered by medical subspecialties (e.g., Neurology, Endocrinology, or Gastroenterology).

## ***Supervision***

Supervision is one of the biggest strengths of this program. Past interns and the recent APA site visitors comment on the high quality of supervision provided as well as the "open door policy" leading to easy access of supervisors. Interns receive supervised experience through exposure to a variety of clinical activities. The primary training model is experiential as interns are expected to provide direct service to children and families. Interns have an independent caseload, but often also accompany staff members during assessment, intervention, and consultation cases, thus having the opportunity for direct observation/modeling. In addition to observational/vicarious learning, training also is augmented through behind the mirror observation of colleagues, group supervision via videotapes, didactic exposure via seminars, continuous mentoring, and supervisory and consultative guidance.

Training rotations and supervision are designed in order to permit exposure to the entire range of clinical, consultation, and research activities represented by the clinical staff. Supervision is developmentally based in that it is geared to the clinical and personal developmental levels of the individual intern. As the year progresses and the intern becomes more independent, interns and supervisors discuss fading in-room supervision to a more consultative relationship. A minimum of four hours, including two hours of one-on-one supervision, is regularly scheduled each week. However, interns typically receive far more individual supervision in that faculty have an "open door" policy, meaning that they are available on an as-needed basis. Additional one-on-one supervision is provided when inpatient consultations are received, when additional review of assessment cases is needed, and for crisis intervention. Supervisors are frequently in the room for at least 50% of the time during evaluation procedures. Interns receive four hours/week of behind the mirror supervision for the Behavioral Consultation Clinic. In addition, interns participate in biweekly assessment (one-hour) and therapy (one-hour) group supervision seminars. Thus, supervision is intense and comprehensive, far surpassing the requirement of four hours per week.

## ***Residency Training***

Several faculty members are actively engaged in residency training for pediatric and family practice residents. Medical residents observe and participate in psychological evaluations and parent feedback conferences in order to gain familiarity with standard and appropriate psychological services as well as the varied roles of psychologists in medical settings. Residents also observe and participate in the Behavior Consultation Clinic, a short-term goal-oriented treatment service. The role of Psychology in these activities highlights the degree to which we are integrated within the hospital as well as our commitment to training. Interns are routinely included in these activities and encouraged to participate fully.

## *Research*

Faculty members are involved in numerous research projects. Current active research studies include:

- The Pediatric Inflammatory Bowel Disease (IBD) Collaborative and Enhancement”: Focus on Implementation of Brief Intervention model for adherence
- The Outcome of Psychosocial, Behavioral, and Cognitive Functioning in Secondary Encopresis
- Self-Management of Type 1 Diabetes During Adolescence
- The Relationship between Executive Functioning, Estimation Abilities and Metabolic Control Among Adolescents with Type I Diabetes
- Psychological Screening for Bariatric Surgery
- Neurodevelopmental Outcomes in Cardiac Patients

Interns are welcome and encouraged to participate in ongoing research. In the past post-doctoral funding has been obtained via hospital-funded projects.

## *Post-doctoral opportunities*

Numerous post-doctoral opportunities are available, allowing the opportunity for most interns to stay on an extra year if desired. The nature of these positions vary year to year. Next year, we have four post-doctoral fellows, including both clinical and research focused positions.

## *Stipends, benefits, and support*

- Stipend.

\$26,179

- Benefits.

As employees, interns are provided with the same benefits as are full-time, non-doctoral staff members, including 18 Basic Leave days (i.e., vacation), 7 paid extended leave days (i.e., sick leave), subsidized health insurance, 7 paid holidays, and free on-site parking. Interns are also eligible to participate in tax-deferred child-care, medical care, disability, and retirement annuity programs and are welcome to use hospital sports medicine, library, and computer facilities. There is a child-care facility on-site. Health insurance for children of hospital employees is provided free of charge (i.e., no premium or co-pays).

- Professional Development.

Intern professional development is supported in a number of ways. Work time is released for educational experiences for interns (e.g., travel to conferences with continuing education workshops). Interns participate in abundant cross-discipline in-house continuing education workshops at no charge. Release time is provided for professional presentations at regional or national conferences, such as APA or the Conference of Child Health Psychology. In addition, we provide two days off for dissertation defense and one day for the EPPP.

- Support personnel.

Interns have access to support personnel, including five full-time psychology/psychiatry support staff, one check-in/check-out billing liaison, and medical transcriptionists. Support staff aid in scheduling patients, obtaining authorizations, patient check-in/check-out and other clerical work. Also serving the Division are volunteers who are available for routine clerical assigned work, such as filing and compiling patient information packets. There are also personnel to assist with staff and intern research project protocols. For example, the Medical Education Office assists with poster preparations, editing and review tasks, in addition to slide preparation (Photography). There is also statistical consultation available for hospital based research studies. Finally, there is computer/technological support available on a daily basis.

- Office space and equipment.

Interns share a large office located in the Division of Behavioral Health next to training rooms. Each intern has his/her own individual network computer, e-mail account, and voice mail. Computer support training, electronic medical record use, and internet access are also provided.

- Clinical space and equipment.

Space for seeing patients includes nine therapy rooms, four of which are equipped for live supervision via one-way mirrors or video capabilities. Sports medicine facilities (e.g., bowling and basketball court) are also used therapeutically. There is also an extensive playground at the entrance to the outpatient lobby.

- Research support.

There is availability of statistical consultation for Institution Research Board approved research projects at no charge, as well as availability of small grant research awards (Nemours Research Programs), awarded on the basis on scientific merit. Frequently, interns finish their dissertations while on internship.

### **Training team staff:**

**Rochelle Glidden, Psy.D.** (Rutgers University, 1999).

Learning and developmental disabilities; school consultation; oncology; pediatric neuropsychology; genetic syndromes; autism spectrum disorders.  
Research: learning disabilities.

**Roger Harrison, Ph.D.** (Brigham Young University, 2006).

Primary care; ADHD; neurology; adolescents; family systems therapy.  
Research: Psychology and primary care; psychotherapy outcomes.

**Susan Jackson-Walker, Ph.D.** (Michigan State University).

Family therapy; GI; Eating Disorders; Training issues.  
Research: Encopresis, eating disorders.

**Meredith Lutz Stehl, Ph.D.** (Drexel University, 2005).

Adjustment to chronic illness; weight management.  
Research: family adaptation to chronic illness, weight management.

**Deborah Miller, Ph.D.** (LSU, 1992).

Primary care; medical residency training.  
Research: Primary care interventions.

**Colleen Sherman, Ph.D.** (Temple University, 1995).

Early childhood pediatric psychology; developmental delays; behavioral difficulties; feeding assessments and treatment.

**David V. Sheslow, Ph.D.** (University of North Carolina at Greensboro, 1978). Chief Psychologist.

Nephrology; asthma; adolescents; weight management.  
Research: Learning and memory processes; asthma.

**Jennifer Shroff Pendley, Ph.D.** (Indiana University, 1993).

Diabetes; weight management; urology; medical adherence; behavior management.  
Research: diabetes; obesity; adherence.

**Julie Simons, Ph.D.** (University of Miami, 2006).

Adjustment to chronic illness; internalizing disorders.  
Research: Psychosocial and cognitive outcomes in young cardiac patients.

**W. Douglas Tynan, Ph.D.** (Binghamton University, 1984).

Assessment and treatment of disruptive behavior disorders; empirically supported treatments; primary care; health and prevention.  
Research: Mental health services for children.

**Vanessa Ann Vigalante, Ph.D.** (The University of Tennessee, 2005).

Primary care; Adolescent Medicine; Eating Disorders  
Research: Primary care interventions.

## *Life in Wilmington*

Wilmington is located halfway between New York City and Washington DC (100 miles each direction). We are also only 25 minutes to the Philadelphia airport, 35 minutes to center city Philadelphia, 90 minutes to downtown Baltimore, 60 minutes to Lancaster County, PA (“Amish Country”), 90 minutes to Atlantic City, and 2 hours to Delaware’s Atlantic Ocean Beaches. Wilmington also has rail access to Amtrak and Septa commuter trains.

Wilmington is close to many beautiful tourist destinations including Winterthur Museum Garden and Library, Longwood Gardens, Valley Forge, Brandywine Battlefield, Brandywine River Museum, Historical New Castle, Hagley Museum and Garden, and numerous scenic state parks. For more information, you may access the website [www.wilmcvb.org](http://www.wilmcvb.org).

# Directions to the hospital

## FROM SOUTHERN DELAWARE:

Take US 13 North to Route 1 North to I-95. North on I-95 to US 202 (Concord Pike) North exit. Left at third traffic light on to Route 141. From Route 141, left at second traffic light on to Children's Drive. The hospital is straight ahead through the gates.

## FROM THE SOUTH:

(MD, VA, Washington, D.C.) Take I-95 North into Delaware to US 202 (Concord Pike) North exit. Left at third traffic light on to Route 141. From Route 141, left at second traffic light on to Children's Drive. The hospital is straight ahead through the gates.

## FROM SOUTHERN NEW JERSEY:

Take Delaware Memorial Bridge to I-95 North to US 202 (Concord Pike) North exit. Left at third traffic light on to Route 141. From Route 141, left at second traffic light on to Children's Drive. The hospital is straight ahead through the gates.

## FROM NORTHERN NEW JERSEY:

Follow I-295 or the New Jersey Turnpike to US 322 West to Commodore Barry Bridge. After the bridge, take I-95 South to US 202 (Concord Pike) North exit. From Route 202, left at third traffic light on to Route 141. Left at second traffic light on to Children's Drive. The hospital is straight ahead through the gates.

## PLEASE NOTE

## TRAVELING TO THE HOSPITAL:

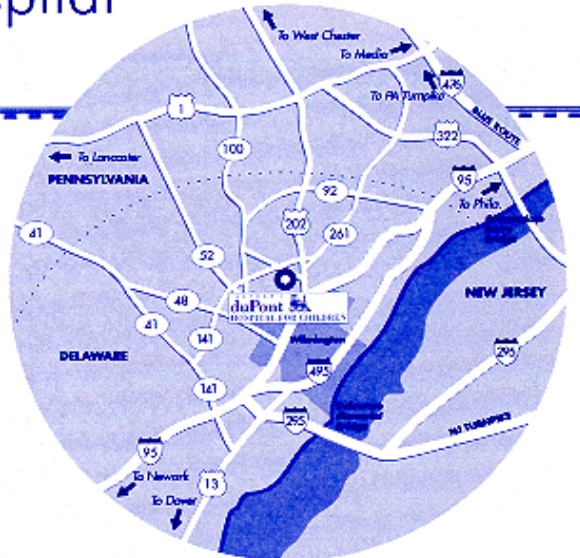
### VIA US 202 NORTH

There is no left turn at the intersection of Rockland Road and US 202 North.

## LEAVING THE HOSPITAL:

### VIA ROCKLAND ROAD TO US 202

Only right turns (south) are allowed at the intersection of US 202 and Rockland Road.



[Click For Larger Map](#)

## FROM SOUTHEASTERN PENNSYLVANIA:

### VIA I-95

Take I-95 South to US 202 (Concord Pike) North exit. Left at third traffic light on to Route 141. From Route 141, left at second traffic light on to Children's Drive. The hospital is straight ahead through the gates.

### VIA I-476 (THE BLUE ROUTE)

Take the Blue Route Southbound to I-95. Follow the directions above via I-95 to the hospital.

### VIA US 1

From the north or south on US 1, take US 202 (Concord Pike) South. Turn right on to Route 141. From Route 141, left at second traffic light on to Children's Drive. The hospital is straight ahead through the gates.

### VIA ROUTE 52

Follow Route 52 (Kennett Pike) South to Route 141; left on to 141; right on to Children's Drive to the hospital.

### VIA ROUTE 41

Follow Route 41 South to Route 48 (Lancaster Pike). Follow Route 48 to Route 141; left on to Route 141; right on to Children's Drive to the hospital.

**Application process:**

Internship candidates must be enrolled in an APA accredited doctoral program in clinical psychology or a closely related area of professional psychology. All of the formal course work (including supervised practicum) and comprehensive examinations for the doctorate must be completed prior to the beginning of the internship. People from underrepresented ethnic, racial, and cultural groups are encouraged to apply. Applications must be received by **November 10, 2007**.

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. We will participate in the internship-matching program. All matches will be honored subject to a background check and drug screen.

**Please note that no additional materials are available from the internship director – all information is contained on this website.**

Application materials and inquiries should be directed to:

Jennifer Shroff Pendley, Ph.D.  
Director of Psychology Training  
Division of Behavioral Health  
Alfred I. duPont Hospital for Children  
P. O. Box 269  
1600 Rockland Road  
Wilmington, DE 19899  
(302) 651-4560  
E-mail: [JPENDLEY@NEMOURS.ORG](mailto:JPENDLEY@NEMOURS.ORG)

**\*\*E-mail is the preferred mode of communication.**

Candidates should compile the following and include all of the following in **one complete packet**:

- (a) completed APPIC application\*\*\*
- (b) current vita
- (c) transcript of graduate level academic training
- (c) letters of recommendation from three professionals

\*\*\* The APPIC application can be obtained from the APPIC Web site:  
<http://www.appic.org/>

Candidates who are invited for an interview will be notified by December 15. Interviews will be scheduled on January 11, 14, and 18, 2008. Information obtained from the completed application as well as the interview will be used in determining final selections. Telephone and interviews on other dates cannot be granted due to the large number of applications received each year. Candidates who are most successful in our program come with a background in child clinical and/or pediatric psychology with hospital-based experience. Candidates should have broad therapy and assessment experience with children

and families. Pediatric-focused research experience including peer-reviewed presentations and publications as well as involvement in APA Division 54 also help show a commitment to training in pediatric psychology.

APA  
750 First Street , N.E.  
Washington, D.C. 20002-4242

Selected presentations and publications on which  
an intern or other trainee was a co-author

Peer-Reviewed Publications:

Axelrad, M.E., Glidden, R., Nicholson, L., & Gripp, K.W. (2004). Adaptive skills, cognitive and behavioral characteristics of Costello syndrome. American Journal of Medical Genetics, 128A, 396-400.

Listug-Lunde, L, Bredemeier, K & Tynan, W.D. (2005) Concurrent parent and child group outcomes for child externalizing disorders: Generalizability to typical clinical Settings. International Journal of Behavioral Consultation and Therapy.

Pendley, J.S., Kasmien, L., Miller, D., Donze, J., Swenson, C., & Reeves, G.(2002). Peer and family support in children and adolescents with type 1 diabetes. Journal of Pediatric Psychology 27(5), 429-438.

Sharp, W.G., Sherman, C., & Gross, A. (2006). Selective mutism and anxiety: A review of the current conceptualization of the disorder. Journal of Anxiety Disorders. doi:10.1016.

Tynan, W.D., Algermissen, M. & Chew, C. (2001) Concurrent parent and child therapy groups for conduct problems: The rural replication. Cognitive and Behavioral Practice.

Tynan, W.D. & Wornian, K. (2002) Parent management training: Efficacy, effectiveness, and barriers to implementation. Emotional and Behavioral Disorders in Youth, 2, 57-59.

Published Abstracts:

Kasmien, L.J., Pendley, J.S., Donze, J., Swenson, C., Miller, D.L., & Reeves, G.D. (2001). Peer support and adolescent diabetes management and control. Diabetes, 50(Supplement 2), A392.

Peer Reviewed Presentations:

Axelrad, M.E., Pendley, J.S., Miller, D., Tynan, W., & Witkin, A. (April 2004). Behavioral Consultation Clinic in a Medical Setting: Qualitative Study. Poster presented at the Society of Pediatric Psychology National Conference on Child Health Psychology, Charleston, SC.

Axelrad, M.E., Glidden, R.G., Nicholson, L., Gripp, K. (April, 2004). Cognitive,

Adaptive Skills, and Behavioral Functioning in Patients with Costello Syndrome. Poster presented at the Society of Pediatric Psychology National Conference on Child Health Psychology, Charleston, SC.

Bryant EN, Miller DL, Pendley JS (2002, November). Sleep disturbance, behavior and mood in preschoolers and their parents. Poster presented at the Association for Advancement of Behavior Therapy, Reno, NV.

Dreyer, M.D., Eakin, M.N., Pendley, J.S., Datto, G., & Hassink, S. (2007). Child eating and activity behaviors as predictors of Body Mass Index in children referred to a pediatric weight management program. Poster presented at the Regional Conference of Child Health Psychology, Cincinnati, Ohio.

Glidden, R. & Sheslow, D. (2001, April). Are all measures of cognition created equal for children with attention deficit disorders? A comparison of the Wechsler Intelligence Scale for Children -III and the Wide Range Intelligence Test. Poster presented at the 8<sup>th</sup> Florida Conference on Child Health Psychology, Gainesville, FL.

Hitelman, J. S., Barakat, L.P., Sheslow, D., & Boyer, B.B. Psychological and Functional Outcomes of Treatment for Adolescents with Limb Deficiency Disorders: A Focus on the Family (2004, April). Poster presented at the National Conference on Child Health Psychology, Charleston, S.C.

Kaplan, M., Pendley, J.S., Cradock, M.M., Swenson, C., & Reeves, G. (2000, August). Parental health and adjustment of children with Type 1 Diabetes. Poster presented at the annual convention of the American Psychological Association.

Kasmen, L.J., Pendley, J.S., Donze, J., Swenson, C., Miller, D., & Reeves, G. (2001, April). Peer support and adolescent diabetes management and control. Poster presented at the Eighth Florida Conference on Child Health Psychology, Gainesville, Florida.

Miller D.L., Bryant E.N., Pendley J.S. (2002, November). Don't touch that dial: TV viewing and sleep in preschool children. Poster presented at the Association for Advancement of Behavior Therapy, Reno, NV.

Sharp, W., Dunning, C., Glidden, R., & Sheslow, D. (2006, April). The utility of the Behavior Rating Inventory of Executive Functioning (BRIEF) in differentiating attention from learning problems. Presented as a poster at the National Conference on Child Health Psychology.

Sheslow, D., Nesin, A., & Axelrad, M. (2004, September). Asthma adherence; behavioral strategies to improve care. Presented at Symposium, Improving the Quality and Efficiency of Asthma Care in Delaware, Delaware Medical Society, Wilmington DE.

Tynan, WD, Hahn, T., Myers, S., Maynard, C. (2000, November). Designing primary care mental health systems for pediatrics. Poster presented at 34<sup>th</sup> annual

Convention, Association for the Advancement of Behavior Therapy.

**Past Psychology Interns:**

**2007-2008**

**Polly Gibson  
DePaul University**

**Michelle Herzer  
Rosalind Franklin University**

**Carrah James  
University of Georgia**

**Meghan McAuliffe  
University of Delaware**

**Natalie Rosenthal  
University of Delaware**

**Jennie Wall  
Loyola College, MD**

**2006-2007**

**Monica Bocanegra  
University of Miami**

**Melissa Manni  
University of Delaware**

**Tracy Loye Masterson  
Kent State University**

**Danielle Rosnov  
University of Kansas**

**Amanda Thompson  
University of Pittsburgh**

**2005-2006**

**Caitlin Dunning  
Loyola College, MD**

**Michelle Nuttall Eakin  
University of Houston**

**Michelle Harwood  
University of Florida**

**Dahra Jackson  
University of Miami**

**William Sharp  
University of Mississippi**

**2004-2005**

**Meredith Dreyer  
University of Kansas**

**Colleen Lukens  
Ohio State University**

**Meredith Lutz  
Drexel University**

**Steven Reader  
University of Florida**

**Julie Simons  
University of Miami**

**2003-2004**

**Roger Harrison  
Brigham Young**

**Lori Listug-Lunde  
Univ. of North Dakota**

**David Schwartz  
Univ. of Delaware**

**Oni Seymour  
GSSP/Argosy Univ**

**Past interns have obtained post-doctoral or faculty positions at places such as Brown University, Children's Hospital of Philadelphia, Columbus Children's Hospital, Nemours Children's Clinic in Jacksonville, Florida, University of Florida, Texas Children's Hospital, and Children's Mercy Hospital.**