

UW Psychology Internship Program Child Track at Seattle Children's

Eileen Twohy, PhD

January 3, 2024



Seattle Children's®



Agenda

9:10 – 10:45

- General overview of Seattle Children's and the Child Track
- Greeting, Larry Wissow, MD – Division Chief, Child Psychiatry & Behavioral Medicine
- Rotation descriptions
 - Inpatient – Alysha Thompson, PhD
 - Consultation/Liaison – Cynta Flynn, PhD
 - Outpatient – Michelle Kuhn, PhD
- Q&A
- Meet with residents at 11:00

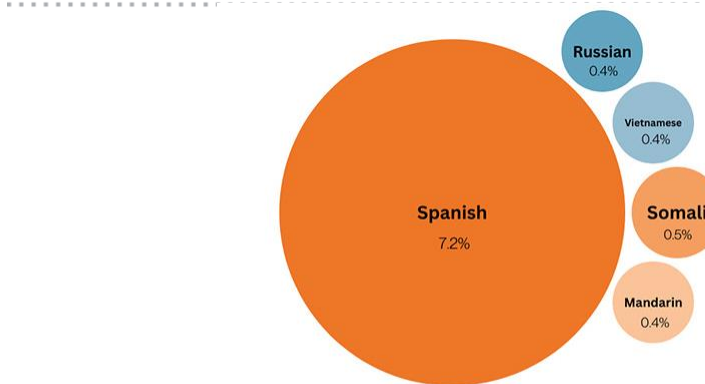
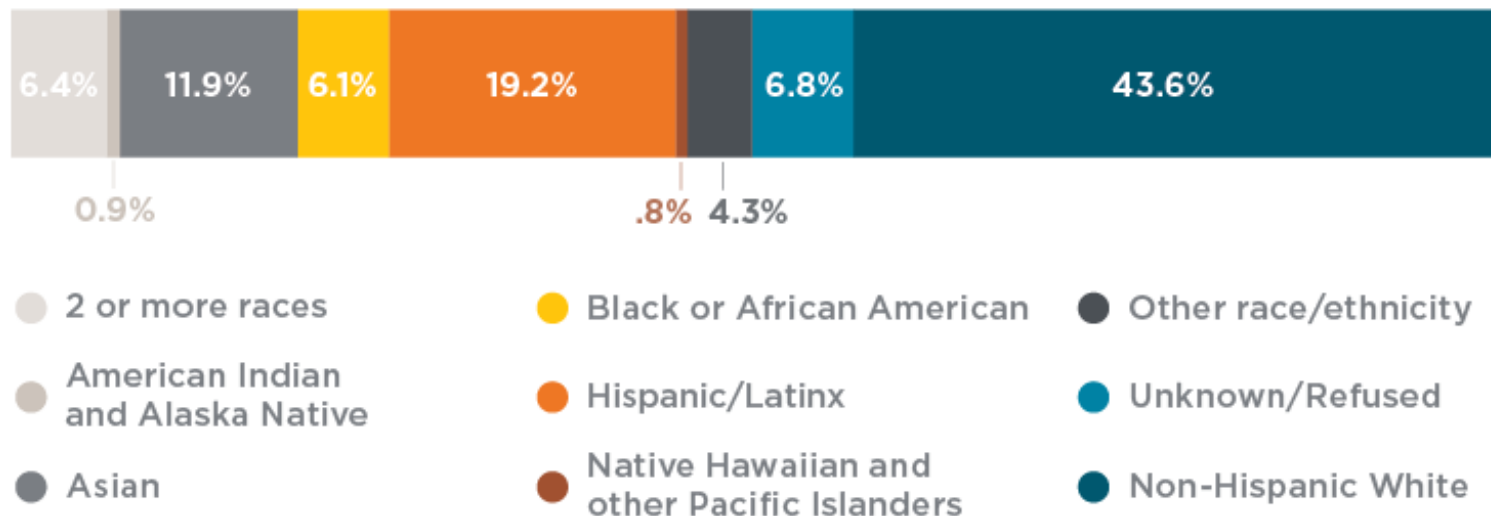
UW Psychology Internship Tracks 2024-25

Training Director: Ty Lostutter, PhD

Track	Track Coordinator	Slots
Adult	Adam Carmel, PhD	3
Autism & Developmental Disabilities	Jen Gerdts, PhD	2
Behavioral Medicine	Ivan Molton, PhD	6
Child	Eileen Twohy, PhD	4
Rehab Neuropsychology	Ivan Molton, PhD	1

Seattle Children's Patient Facts & Figures (FY2022)

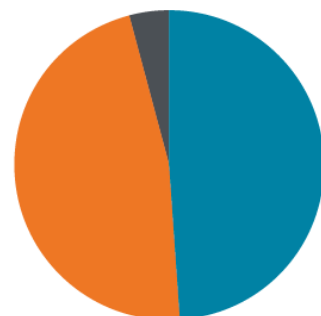
Demographics



Top 5 Outpatient Services

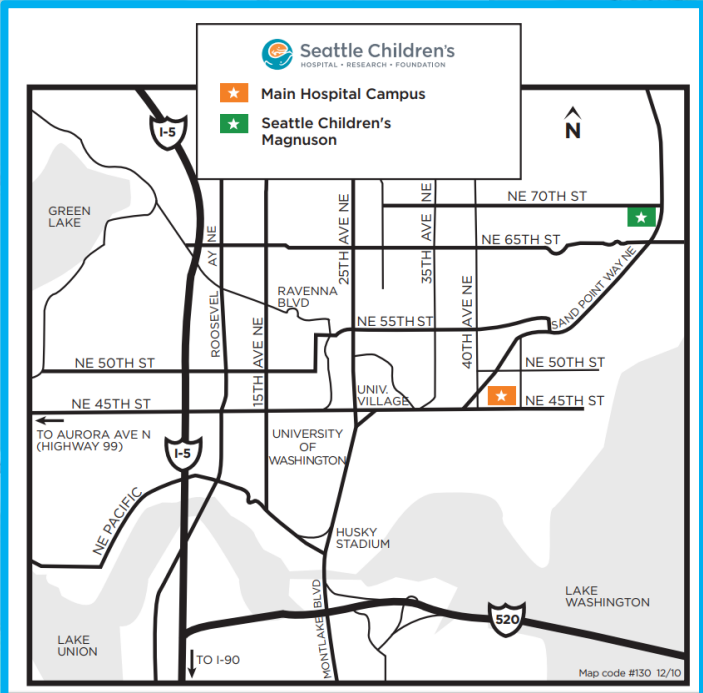
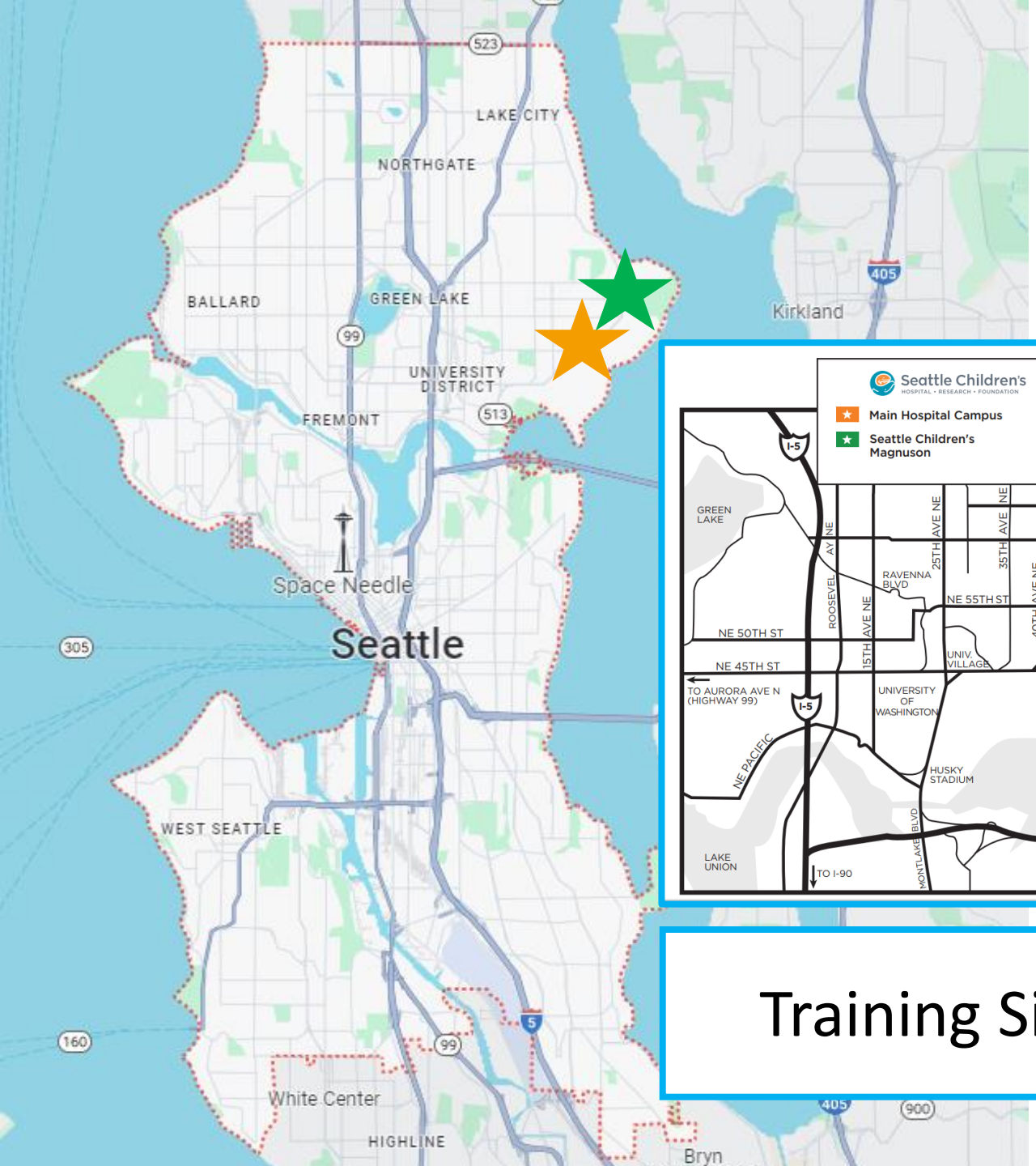
(by Volume of Visits)

- Rehabilitation Medicine: **75,342**
- Psychiatry and Behavioral Medicine: **42,169**
- Orthopedics and Sports Medicine: **38,366**
- Cardiology: **22,050**
- Otolaryngology: **19,788**



Payor Mix (%)

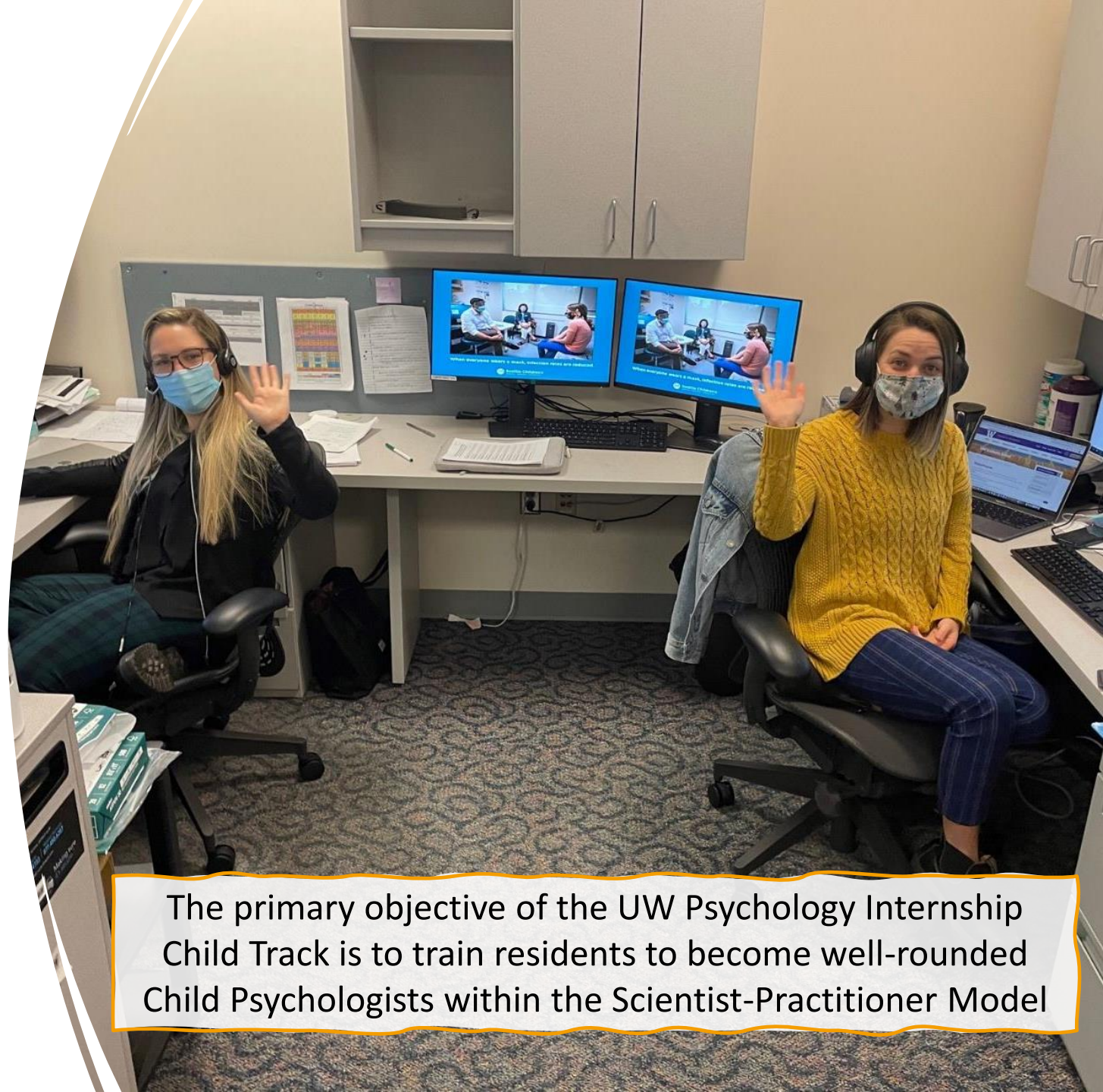
- Medicaid Managed Care Organizations and Medicaid: **49%**
- Commercial Insurers: **47%**
- Other Government: **4%**



Training Sites

What to expect on the Child Track

- **Generalist** training:
 - Assessment, intervention, consultation
 - Short & long-term treatment
 - Group & individual treatment
 - Inpatient & outpatient
 - Psychiatric & medical
 - Early childhood to young adult
- Emphasis on the integration of science and practice



The primary objective of the UW Psychology Internship Child Track is to train residents to become well-rounded Child Psychologists within the Scientist-Practitioner Model

Rotation Structure

- **Consultation-Liaison (C/L):**
3 months
- **Inpatient (Psychiatry & Behavioral Medicine Unit; PBMU):**
3 months
- **Outpatient Psychotherapy & Assessment:**
6 months
- $\frac{1}{2}$ day/week **research & grant writing**

	July – Sep	Oct – Dec	Jan – Mar	Apr – Jun
Resident 1	Inpatient PBMU	C/L	Outpatient	
Resident 2	Outpatient		Inpatient PBMU	C/L
Resident 3	Outpatient		C/L	Inpatient PBMU
Resident 4	C/L	Inpatient PBMU	Outpatient	

Update to rotations for 2024-25

Neuropsychology Rotation will be replaced with the following assessment experiences:

- **Outpatient:** integrative testing & report writing with the Specialized Neurodevelopmental Assessment & Consultation Service (SNACS); psychodiagnostic and psychoeducational assessment
- **PBMU (inpatient psych unit):** integrative testing & report writing for diagnostic clarification



Equity & Antiracism

We acknowledge that:

- our institutions are steeped in cultural racism
- our leadership and supervisors are disproportionately white

We commit to:

- prioritize trainees' experiences
- listen, believe you, and collaboratively address any concerns
- provide opportunities to learn about and promote diversity, equity, and inclusion throughout your training
- continue to work towards antiracism and representation

Is Seattle Children's living up to its antiracist pledge?

Some employees are happy to see the hospital make progress, but still want to see more.

by Maleeha Syed / December 28, 2022



COVID Modifications

- Outpatient rotation is a hybrid of in-person and telehealth work; inpatient (PBMU, C/L) rotations are in-person
- PPE (face mask, eye protection) and vaccines required & provided



Training Program Administration



Eileen Twohy, PhD – Internship Child Track Coordinator

Joy Kawamura, PhD – Practicum & Postdoc Training Director

Dave Hall – Psychiatry Clinic Manager

Dell Harris – Psychiatry Department Operations Manager

Kari Williams – Psychiatry Program Coordinator

Current Residents

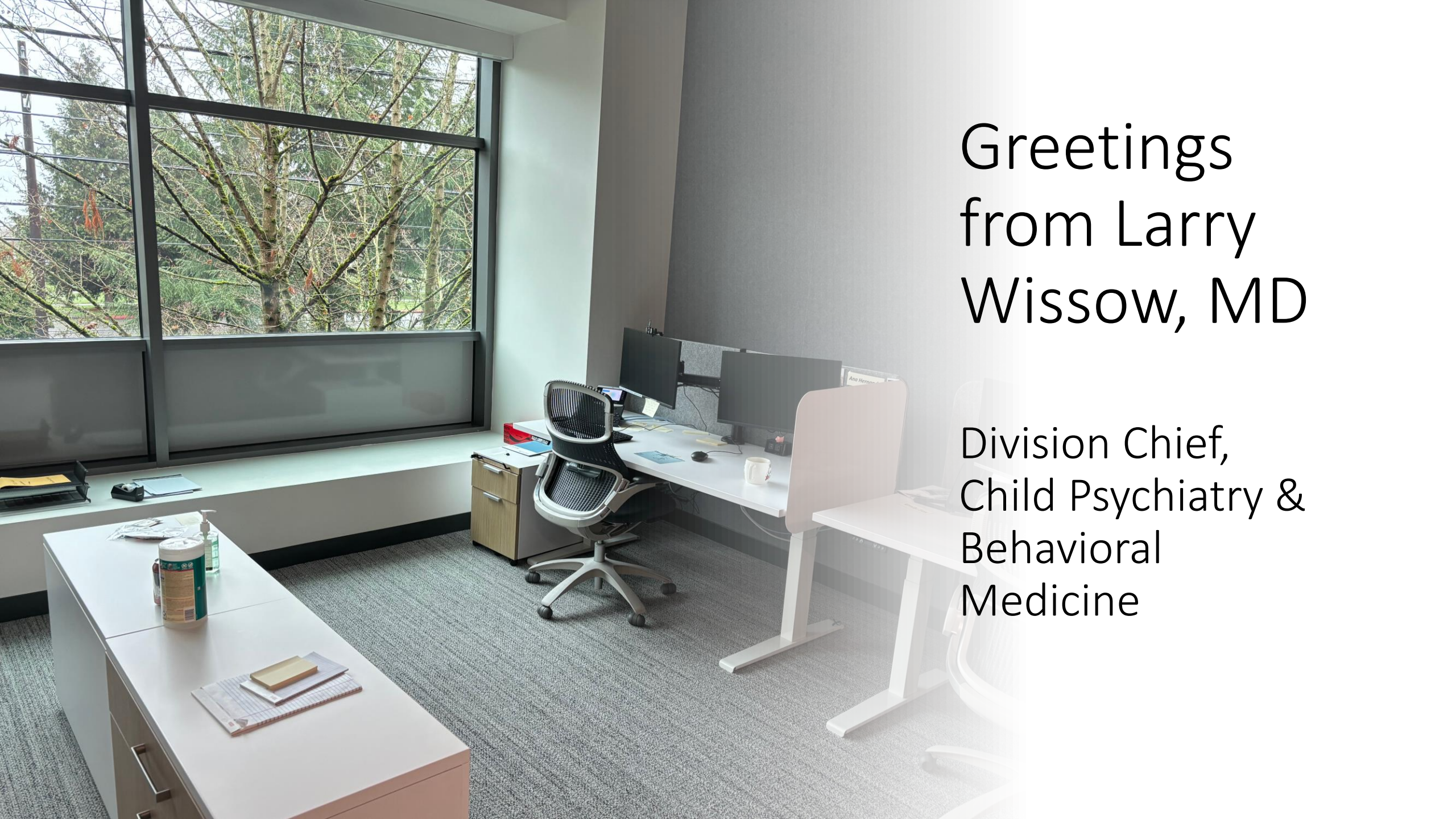
Jess Chong jess.chong@seattlechildrens.org

Mariah Corey mariah.corey@seattlechildrens.org

Ana Hernandez ana.hernandez@seattlechildrens.org

Carlos Yeguez carlos.yeguez@seattlechildrens.org





Greetings
from Larry
Wissow, MD

Division Chief,
Child Psychiatry &
Behavioral
Medicine



General Child Track
Primary Supervisors

Inpatient Psychiatry (PBMU): Alysha Thompson, PhD

Consultation/Liaison: Cynta Flynn, PhD

Outpatient: Michelle Kuhn, PhD

The Psychiatry and Behavioral Medicine Unit

Alysha Thompson, PhD

Clinical Director and Attending Psychologist



The Psychiatry and Behavioral Medicine Unit

- *41 Beds, patients ages 4-17*
- *Approximately 1200 patients seen per year*
- *Average length of stay is one week, though some patients stay longer due to severity of mental illness or difficulty in finding appropriate discharge plan*
- *The only inpatient psychiatric unit in the state that sees patients under 12 or on the Autism spectrum*
- *Multidisciplinary team includes psychiatrists, advanced registered nurse practitioners, master's level mental health therapists, psychologist, trainees from all disciplines, nurses, and floor staff as well as consults to other parts of the hospital*



PBMU Psychology Resident Duties

Patient Care

- *Primary therapist for one case at a time.*
- *Work with the psychodiagnostic assessment team to complete structured diagnostic assessments and case conceptualizations for patients.*
- *Expert consult with Clinical Director on complex cases.*
- *Provide additional individual or family therapy for complex cases.*
- *Create and run group therapy curriculum.*
- *Create individualized behavior plans.*
- *Complete more in depth diagnostic assessments as needed.*



PBMU Psychology Resident Duties



Other Responsibilities

- *Tiered supervision of psychology practicum students.*
- *Work closely with psychology post-doctoral fellow.*
- *Participation in weekly multidisciplinary didactics. Present once on area of expertise over course of rotation.*
- *Participation in biweekly group supervision.*
- *Daily individual supervision with psychologist and psychiatrist.*
- *Program Development as opportunities arise.*

Training Objectives

- Appreciation of a multidisciplinary/systems perspective in formulation of and intervention with child's presentation
- Familiarity with child welfare system
- Familiarity with pediatric psychiatric medications
- Skillful documentation: Comprehensive, succinct, useful
- Experience with severe mental illness
- Skill in crisis intervention and safety planning
- Skill in helping youth building emotion regulation, distress tolerance, and social problem-solving skills
- Appreciation of strengths and limitations of acute care settings
- Program development for acute care settings





Seattle Children's Hospital Psychiatry/Psychology Consult & Liaison Service

Faculty

Ian Kodish, MD, PhD, Psychiatry Attending/Medical Director

Cynthia Flynn, PhD, Psychology Attending, Primary Supervisor

Eileen Twohy, PhD, Psychology Attending

Elizabeth McCauley, PhD, Psychology Attending

Psychiatry/Psychology Consultation in Medical Setting

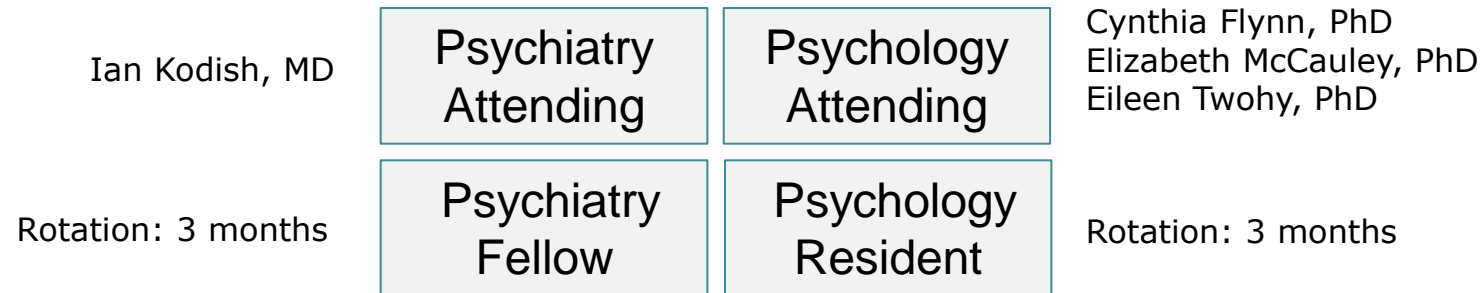
- Psychiatric condition presenting in a general medical setting, e.g. depressed adolescent presents with chronic abdominal pain
- Psychosocial factors contributing to a medical condition, e.g. anxiety about illness can exacerbate diseases like Crohn's or diabetes
- Psychiatric symptoms arising from a medical condition, e.g. child with renal failure becomes depressed
- Psychiatric condition comorbid with a medical condition, e.g. child with ADHD and cancer
- Psychiatric condition causing medical condition, e.g. bradycardia resulting from eating disorder, medical consequences of suicide attempt



- 30% of medical inpatients present with psychiatric condition
- Delirium in 10% of all medical inpatients
- Psychiatric conditions present in up to 2/3 of high users of medical care
- Psychiatric condition predicts length of hospital stay

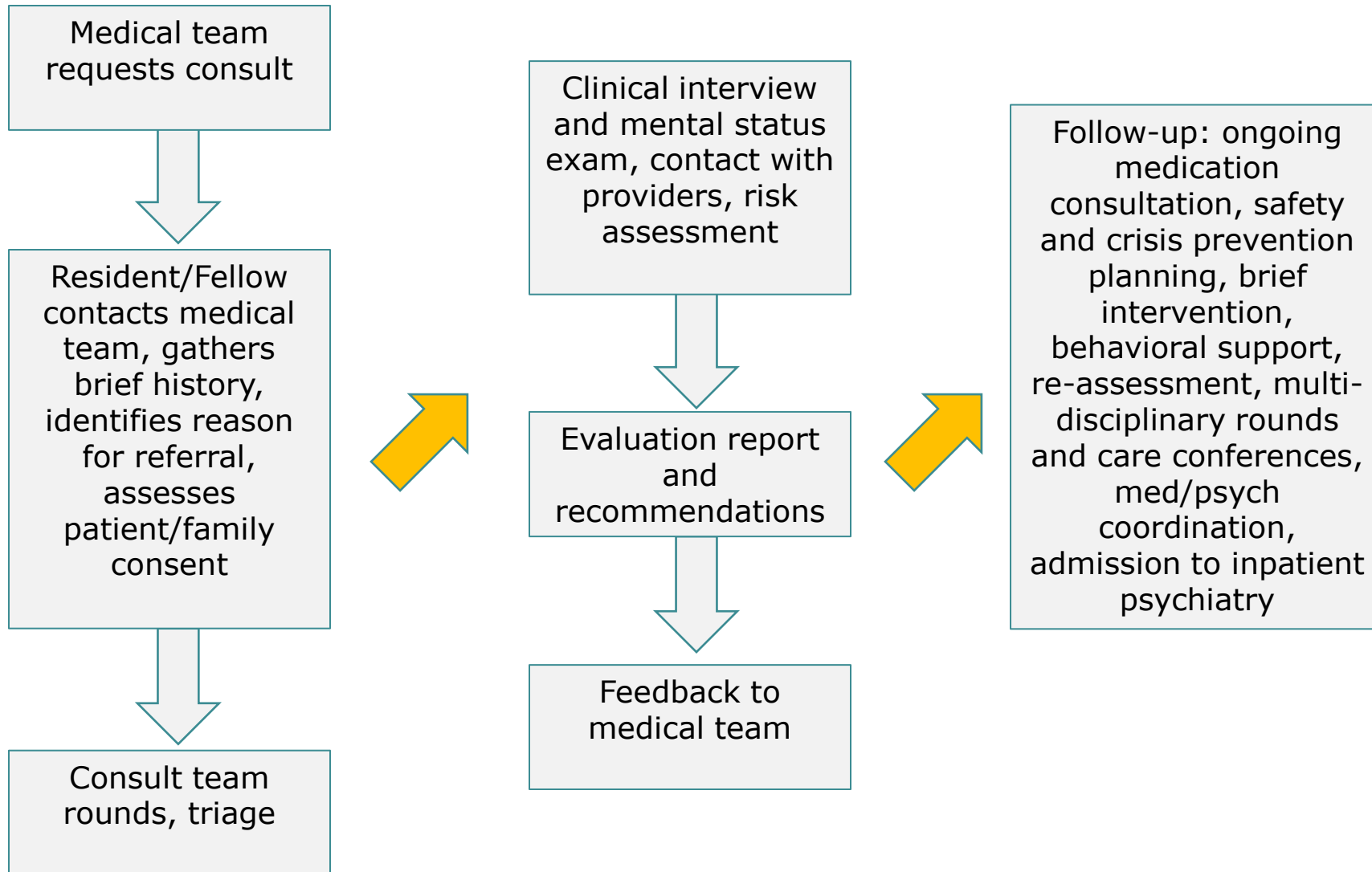
Psychiatry/Psychology Consult Team

- As consultants to inpatient medical teams, provide evaluation and mental health treatment recommendations and serve as liaisons between the medical team, family, and other systems of care (e.g., inpatient and outpatient mental health providers)
- Provide brief intervention, behavioral support, and collaboration during hospitalization
- Treatment plan decision-making remains with medical team



- Consult team includes MD Attending, PhD Attending, Psychiatry Fellow, Psychology Resident, *and* ARNP, Family Advocate Case Managers, Administrator, other trainees (e.g., pediatric residents, medical students)
- Consults are staffed by at least 1 Attending and Resident/Fellow
- Residents/Fellows conduct consults with both Psychiatry and Psychology Attendings
- Residents/Fellows alternate "first call" M-F, 8-5
- Triage order in which consultations are completed based on urgency, question being asked, projected discharge date, etc.

Consultation Process



Common Consultations

- Risk/safety assessment following suicide attempt/self-harm
- Assessment and assistance for patients hospitalized with medical complications secondary to eating disorder
- Difficulty adjusting to medical diagnosis (e.g., symptoms of depression or anxiety beyond expected reaction)
- Functional Neurological Symptom Disorder
- Acute change in mental status, behavioral dysregulation interfering with care on the medical floor
- Atypical or amplified pain along with related psychiatric symptoms
- Poor adherence to medical recommendations (e.g., compliance with diabetes care)
- Complex psychosocial cases and disposition challenges

Opportunities for Skill Development

Assessment and Differential Diagnosis

- Exposure to a variety of pediatric medical conditions
- Exposure to less common psychiatric diagnoses
- Delirium, altered mental status exams
- Unexplained somatic symptoms and somatoform disorders
- Influence of psychosocial factors on medical conditions
- Medical conditions with significant psychological repercussions or comorbidities

Treatment

- Brief intervention strategies
- Increase knowledge of psychopharmacology
- Family support
- Facilitate referral to ongoing outpatient care

Symptom Management

- Helping child cope with distress and pain
- Psychoeducation re: diagnosis, medical procedures
- Stress and pain management strategies
- Ongoing medication consultation as needed
- Engaging hospital resources—child life, art therapy, OT/PT, school program
- Work with parents and medical staff on strategies for responding to child's behaviors

Multi-Disciplinary Collaboration

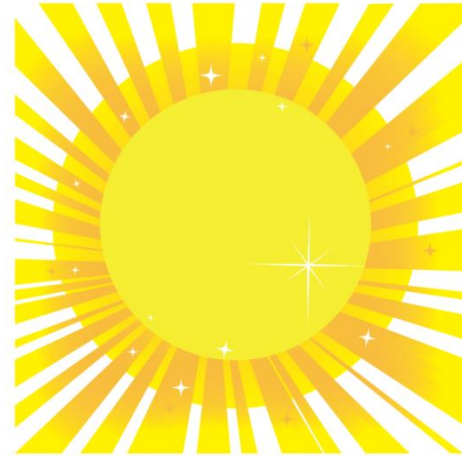
- Communication with medical teams and other consultants
- Develop multi-disciplinary treatment plans

Research and Program Development

- Participate in continuous process improvement and program building
- Participate in consult service self-assessment

Ethical/Professional Issues

- Cultural considerations
- Informed consent
- Help to shape the manner in which care is provided, with attention to the best interest of the child/family
- Patient's right to make decisions about health care
- End of life decisions
- Communication issues





Outpatient Rotation

Michelle Kuhn, PhD

Outpatient Psychology Rotation



- 6-months, full time
- General work hours 8/9:00 to 5/6:00
- About 14 direct clinical hours per week
- Telehealth and in-person visits
- Seattle Children's Magnuson Clinic

Your supervisors



Michelle Kuhn, PhD
Primary Outpatient Supervisor



Brent Collett, PhD
Early Childhood Clinic



Cindy Trevino, PhD
CALMA Clinic



Kyrill Gurtovenko, PhD
DBT



Matt Goldenberg, PsyD
Gender Clinic



Erin Gonzalez, PhD
Behavior + Attention Management



Elizabeth McCauley, PhD
Mood + Anxiety Clinic



Sonia Venkatraman, PhD
Mood + Anxiety Clinic



Sarah Danzo, PhD
Mood + Anxiety Clinic



Kalina Babeva, PhD
Mood + Anxiety Clinic



What do trainees do?

- ♦ Training clinic therapy cases
- ♦ Outpatient clinic electives
- ♦ Psychological evaluation
- ♦ Supervision



Therapy experiences

- ♦ Training Clinic Cases
 - ♦ From waitlist and referrals
 - ♦ Generalist training
- ♦ Outpatient clinic electives
 - ♦ ‘Major’ - full clinic day, taking part in all clinic activities
 - ♦ ‘Minor’ - 2-3 hours of groups, individual therapy, or evaluation patients

Mood + Anxiety
(MAP)

Behavior + Attention
Management
(BAM)

Child and Adolescent
Latino Mental Health
Assessment + Treatment
(CALMA)

Early Childhood Clinic
(ECC)

Gender Clinic

Dialectical Behavior
Therapy
(DBT)

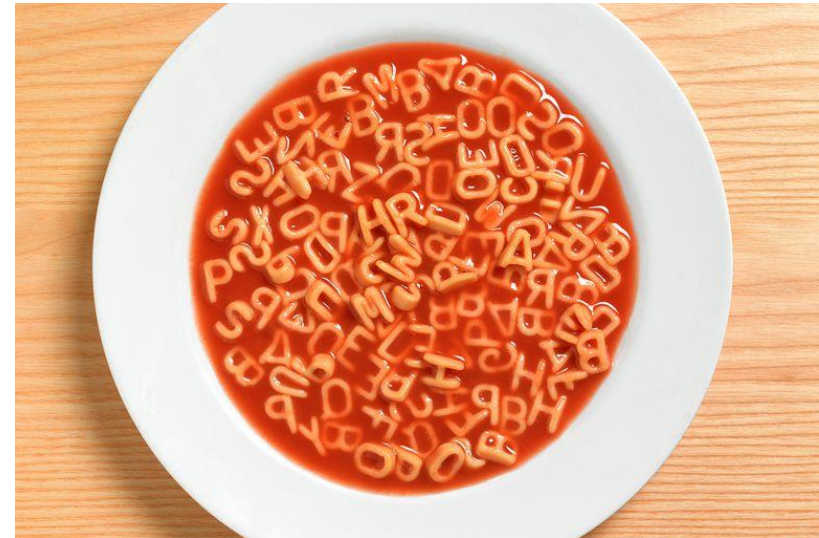
How we see patients and families

- ◆ Telehealth
 - ◆ Evaluation intakes and feedbacks
 - ◆ Almost all group therapies
 - ◆ Few individual therapy cases
 - ◆ Supervisor present for part of session - role planned together ahead of session
- ◆ In-Person
 - ◆ At Magnuson Clinic
 - ◆ Most individual therapy patients
 - ◆ Direct psychological testing
 - ◆ Supervisor generally not present except for intake session



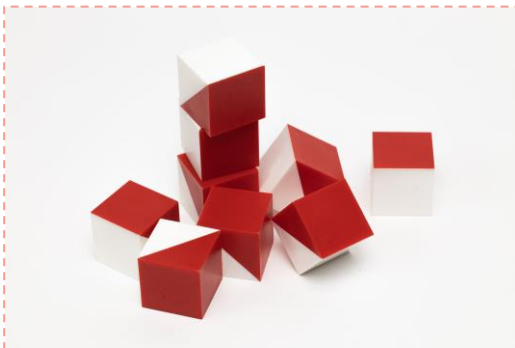
Common modalities

- ♦ Exposure / with response prevention (ERP)
- ♦ Behavioral parent training (BPT; PCIT, IY)
- ♦ Positive behavior support (PBS)
- ♦ Organizational skills training
- ♦ Cognitive behavioral (CBT; TF-CBT, CBT-I)
- ♦ Behavioral activation (BA)
- ♦ Acceptance and commitment therapy (ACT)
- ♦ Dialectical behavior therapy (DBT)
- ♦ Family based treatment (FBT)
- ♦ Motivational interviewing (MI)
- ♦ And others...



Psychological evaluation

- ♦ **Specialized Neurodevelopmental Assessment & Consultation Service (SNACS)**
 - ♦ 4 sessions
 - ♦ Children with developmental and behavior concerns and prenatal exposures/early adversity
 - ♦ School and outside provider consultation
 - ♦ Documentation: Integrated report



- ♦ **Psychological evaluations**
 - ♦ 2 sessions (intake and feedback)
 - ♦ Diagnostic clarification or support obtaining school services
 - ♦ May or may not include direct testing
 - ♦ Documentation: Integrated report or evaluation summary
- ♦ **Diagnostic/Intake interviews**
 - ♦ One session
 - ♦ For your new therapy cases
 - ♦ Documentation: Evaluation summary, treatment plan



Supervision

- ♦ 1 hour assessment supervision
- ♦ 1 hour therapy supervision
- ♦ 1 hour from elective supervisors
- ♦ Group supervision in electives
- ♦ As needed professional and research mentorship

Patients & Setting

Patients

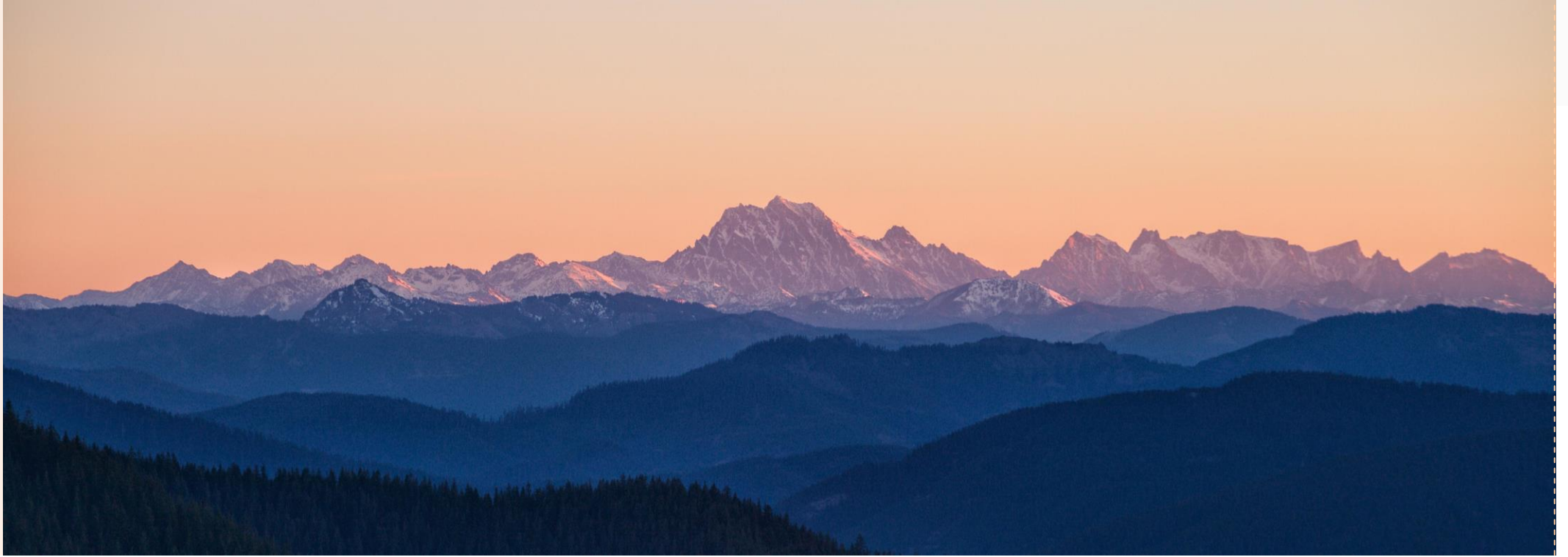
- Mostly ages 2-18
- Presenting for treatment in specialty clinics
- Many families are served under state insurance
- Specialty care not available in community or need multidisciplinary team
- Care is generally targeted and involves parents to at least some extent
- All care uses evidence-based approaches

Trainees

- Child Psychology Residents, Post-Doctoral Fellows, practicum students
- Child and Adolescent Psychiatry Fellows, General Psychiatry Residents, and medical students

Multidisciplinary Outpatient Teams

- Mental Health Therapists
- Psychiatrists
- Nursing
- Behavior analysts
- Substance use disorder treatment specialists



Questions?

Schedule (Pacific Time):

- 11:00 – 12:00 Q&A Panel with current General Child Track residents
Zoom ID: 907 429 0064
- 12:30 – 3:40 30min Individual meetings with faculty/staff psychologists
Virtual tour with current residents
Go to Zoom (zoom.us/join), type in Zoom Meeting ID# provided
- 1:50 – 3:00 *Optional* drop-in room with current residents
Zoom ID: 907 429 0064
- 4:00 – 4:30 *Optional* wrap-up Q&A session with Drs. Twohy & Kawamura
Zoom ID: 806 533 8284

If you get lost today, call Kari Williams at 206-987-1017 or Eileen Twohy at 206-987-1605



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Questions?

