

Psychology Internship Program 2025-2026



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Our main way of communicating with applicants is through our website: <https://pip.psychiatry.uw.edu>. While this brochure is available for offline review, it might not have the most current information.

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Overview

The University of Washington Psychology Internship program was founded in 1961 with the goal of providing excellent clinical, didactic, and research training firmly rooted in the scientist-practitioner tradition. The program has been continuously accredited by the American Psychological Association (APA) since 1965 and has built a strong national reputation as a leading medical school-based internship, providing training in general adult psychology, general child psychology, autism and developmental disabilities, behavioral medicine, and rehabilitation neuropsychology. Our faculty includes nationally recognized researchers and clinicians with a strong interest in teaching and clinical training. Our program is strongly committed to advancing diversity in the recruitment and training of psychology residents.

The Internship program operates within a very active research context which offers an especially stimulating environment for psychology residents who are considering clinically relevant academic and/or research careers. The Internship program has a membership in the Academy of Psychological Clinical Science, which is associated with the American Psychological Society. The Academy of Psychological Clinical Science is a coalition of training programs that share a common goal of producing and applying scientific knowledge to the assessment, understanding, and amelioration of human problems. The University of Washington School of Medicine ranks first among all public universities in the amount of federal research funds received.

Our psychology resident selection process is weighted strongly toward applicants whose training, experience, and academic accomplishments indicate potential for both clinical and research excellence. Candidates from professional school programs are rarely competitive in our selection process. Successful applicants typically show evidence of scientific contribution, such as publications, presentations, and research activity. They also demonstrate evidence of a high degree of clinical competence and experience in assessment and therapy. We especially welcome applicants who have a combination of excellent clinical skills, strong research interests and potential, and well-developed interpersonal and communication skills that will allow them to flourish in a multidisciplinary environment. Our goal is to provide the highest quality training for residents in a supportive and stimulating academic medical center environment.

The University of Washington Psychology Internship utilizes a scientist-practitioner training model, and we offer "generalist" training program which emphasizes training in assessment and intervention of psychopathology in tracks including general adult, general child, autism and developmental disabilities, behavioral medicine, and rehabilitation neuropsychology. Training sites include medical and psychiatric inpatient and outpatient settings.

The Internship Program Offers

Assessment

Training in the assessment of behavioral, cognitive, social, and psycho-physiological factors related to behavioral disorders, medical and neurological illness, and normal functioning. More specialized training experiences in neuropsychological evaluation can be pursued.

Intervention

Supervised experience with a wide variety of therapeutic interventions that may involve individuals, couples, families, or groups with an emphasis on empirically supported treatments.

Consultation

Opportunities to develop the consultative and communication skills needed for doing professional work in interdisciplinary health care settings.

Behavioral Medicine

Training opportunities in rehabilitation psychology, neuropsychology, primary care, and consultation-liaison with medical-surgical inpatient and outpatient services.

Research

Research activity is very strongly encouraged. Opportunities are provided to increase sophistication in the design and performance of clinical research, usually by collaborating on ongoing faculty projects. Independent projects can be pursued with faculty support.

Grant Writing and Professional Development Seminar

An interdisciplinary research training series of seminars providing didactic and experiential training in grant writing skills under the mentorship of faculty members.

Education

A year-long series of required didactic presentations and journal clubs. Special seminars and tutorials may be arranged. In addition, a spectrum of scheduled courses, colloquia, grand rounds, workshops, and conferences is available throughout the University.

Diversity training

Diversity advancement is a strong priority for the program. Diversity issues are integrated into didactic, clinical and research training, and there is a committee devoted to advancing diversity issues within the internship. Many internship rotation sites provide opportunities to work with diverse populations, with many immigrant and minority groups represented. The Behavioral Medicine Track has been funded by a Graduate Psychology Education grant aimed at improving training in behavioral medicine for underserved populations. Three rotations were added where residents work with a variety of diverse and underserved patients. As one measure of this diversity of clientele, the UW affiliated medical center interpreter services provides interpreters for over 80 languages.

Accreditation

The University of Washington's predoctoral internship program is accredited by the American Psychological Association Commission on Accreditation (APA -CoA). The APA Commission on Accreditation of the American Psychological Association (APA-CoA) can be reached at 750 First Street NE, Washington, D.C. 20002-4242 or by phone: 202-336-5979).

Our internship program provides intensive training in psychology under the auspices of the University's School of Medicine. The program involves four medical centers: The University of Washington Medical Center, Harborview Medical Center, Fred Hutchinson Cancer Center, and Seattle Children's Hospital and their affiliated programs and clinics. Administrative oversight for the internship program is provided by the Department of Psychiatry and Behavioral Sciences.

Program Description

Orientation and Rotation Selection

Psychology residents are oriented to the training program during the first two days of the internship. Depending on the track, rotations can range in length. When possible, residents are assigned to rotations, so they have a planned, graduated experience across rotations. For example, a resident's first rotation may be in a more familiar setting; rotations in less familiar settings may occur later in the year.

Major rotations are typically offered on a continuing basis although changes in rotation availability based on funding are possible. The program maintains the right to change rotations or training experiences due to institutional necessities.

Organization of the Training Track System

The internship training program offers five tracks:

1. General Adult Psychology
2. Autism and Developmental Disabilities
3. General Child Psychology
4. Behavioral Medicine
5. Rehabilitation Neuropsychology

Rotations are primarily located at the University of Washington Medical Center (**UWMC**), Harborview Medical Center (**HMC**), Fred Hutchinson Cancer Center (**FHCC**) and Seattle Children's Hospital (**SCH**).

Outline of the Training Tracks

GENERAL ADULT PSYCHOLOGY (TRACK APPIC/NMS program code = 161913)

Track Coordinator: Adam Carmel, PhD – adultpip@uw.edu

University of Washington Medical Center (UWMC)

- UWMC Outpatient Psychiatry/Psychology Clinic

Harborview Medical Center (HMC)

- HMC Outpatient Psychiatry/Psychology Clinic (5 East Clinic)

Fred Hutchinson Cancer Center (FHCC)

- Psychiatry/Psychology Service

This track is designed to allow residents to experience broad-based psychological work with adults including assessment and intervention with medical and psychiatric patients on outpatient settings. This includes specialized training in dialectical behavior therapy (DBT), evidence-based approaches for trauma-related symptoms (e.g., common elements treatment approach [CETA], prolonged exposure [PE], cognitive processing therapy [CPT]), CBT for psychosis, CBT for insomnia, and other varied and diverse

evidence-based treatments. The clinical rotations are listed above.

AUTISM and DEVELOPMENTAL DISABILITIES (TRACK APPIC/NMS program code = 161916)

Track Coordinator: Erin Olson, PhD – Erin.Olson@seattlechildrens.org

Institute on Human Development and Disability (IHDD)

- UWMC Specialty Clinics, Clinical Training Unit
- Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Program

Seattle Children's Hospital (SCH)

- Autism Center
- Psychiatry and Behavioral Medicine Unit (PBMU)

The Autism and Developmental Disabilities track provides clinical training in autism spectrum disorder (ASD) and related developmental disabilities (DD) across multiple clinical settings. Each resident will rotate through a variety of outpatient and inpatient clinical experiences at Seattle Children's Hospital and the Institute on Human Development and Disability (IHDD) at UW. Residents will receive superior clinical training in outpatient assessment and treatment of ASD and DD at the Seattle Children's Autism Center (SCAC) and UWMC Specialty Clinics at IHDD. Residents will be part of the LEND interdisciplinary training program at IHDD. Residents will also provide specialized consultation and evaluation for patients hospitalized in Seattle Children's Pediatric and Behavioral Medicine Unit (PBMU) referred for concerns regarding ASD/DD.

BEHAVIORAL MEDICINE (TRACK APPIC/NMS program code = 161914)

Track Coordinators: Ivan Molton, PhD – imolton@uw.edu
Jeffrey Sherman, PhD – jeffreys@uw.edu

University of Washington Medical Center (UWMC)

1. Rehabilitation Psychology
 - (a) UWMC Inpatient Rehabilitation
 - (b) UWMC Outpatient Rehabilitation
 - (c) Inpatient Consultation Liaison Service

Harborview Medical Center (HMC)

2. Rehabilitation Psychology
 - a) Inpatient Consultation Liaison Service, Burn Unit & Pediatrics Service
 - b) HMC Inpatient Rehabilitation
 - c) The Madison Clinic
 - d) HMC Outpatient Burn Clinic
 - e) HMC Outpatient Pediatrics Clinic
 - f) HMC Comprehensive Outpatient Rehabilitation Program (CORP)
 - g) HMC Acute Pain Service

Behavioral Medicine Track applicants, please note: All of the stipends in the Behavioral Medicine track are funded with federal grants and have eligibility requirements. To receive this funding, applicants must be U.S. Citizens or nationals or have permanent resident status. The eligibility requirements will be taken into account in our ranking process and may affect our ability to rank applicants who do not meet these requirements.

GENERAL CHILD PSYCHOLOGY (TRACK APPIC/NMS program code = 161912)

Track Coordinator: Michelle Kuhn, PhD – michelle.kuhn@seattlechildrens.org

Seattle Children's Hospital (SCH)

- Psychiatry and Behavioral Medicine Unit (PBMU)
- Consultation/Liaison
- Child and Adolescent Outpatient Psychiatry Program

The general child track placements are at Seattle Children's Hospital. The overall goal of this track is to provide a resident with experiences of broad-based psychological work with children and families including assessment and intervention, short- and longer-term intervention, work with inpatients and outpatients, medical and psychiatric patients. Attention is paid to the integration of science and practice. Each resident will participate in the core rotations; Psychiatry and Behavioral Medicine Unit (PBMU), Consultation/Liaison (C/L), and Child and Adolescent Outpatient Psychiatry.

REHABILITATION NEUROPSYCHOLOGY (TRACK APPIC/NMS program code = 161915)

Track Coordinators: Ivan Molton, PhD – imolton@uw.edu
Jeffrey Sherman, PhD – jeffreys@uw.edu

University of Washington Medical Center – Department of Rehabilitation Medicine

1. Rehabilitation Psychology
 - (a) UWMC Inpatient Rehabilitation
 - (b) UWMC Outpatient Rehabilitation

Harborview Medical Center – Neuropsychology emphasis

1. HMC Inpatient Rehabilitation
2. HMC Comprehensive Outpatient Rehabilitation Program (CORP)

Harborview Medical Center – No specific neuropsychology emphasis

1. Inpatient Consultation Liaison Svc, Burn Unit, Amputee, Pain & Pediatrics Services
2. The Madison Clinic
3. Outpatient Burn Clinic
4. Outpatient Pediatrics Clinic

The Rehabilitation Neuropsychology track was created in order to provide residents with an opportunity to receive more focused training in neuropsychological assessment and neurorehabilitation. Importantly, this track does not consist solely of neuropsychological testing and interpretation. Rather, residents in

this track will receive specific education and training in neuropsychological aspects of typical rehabilitation populations, diagnostic interviewing skills, test selection, test interpretation, report writing, conducting testing feedback sessions and using neuropsychological test results and knowledge about brain-behavior relationships to inform multidisciplinary rehabilitation programming. Residents in the Rehabilitation Neuropsychology track will also receive general training in rehabilitation psychology analogous to those in the Behavioral Medicine Track. The training experiences in this track are designed to be consistent with the Division 40 Houston Guidelines, and to prepare trainees for further postdoctoral study in Clinical Neuropsychology. Prior experience in a medical rehabilitation setting is helpful but not necessary to have a rewarding training experience. Prior experience in neuropsychology is expected for the resident in the Rehabilitation Neuropsychology track. We plan to accept one Rehabilitation Neuropsychology resident per training year.

Supervision & Resident Evaluations

Our program uses the American Psychological Association's Guidelines for Clinical Supervision in Health Service Psychology, which defines "SUPERVISION is a distinct professional practice employing a collaborative relationship that has both facilitative and evaluative components, that extends over time, which has the goals of enhancing the professional competence and science-informed practice of the supervisee, monitoring the quality of services provided, protecting the public, and providing a gatekeeping function for entry into the profession. Henceforth, supervision refers to clinical supervision and subsumes supervision conducted by all health service psychologists across the specialties of clinical, counseling, and school psychology." (APA, 2014).

Each resident receives at least four hours of supervision each week, at least half of which is individual supervision. Many rotations also offer additional structured learning opportunities such as case conferences, interdisciplinary conferences, opportunities to observe faculty interviews or ongoing treatment with patients, and so forth. By the end of the internship year, residents within our program receive at minimum 100+ hours of individual supervision and 100+ hours of group supervision, for a total of 200+ hours of supervision.

At the beginning of each training experience, the psychology resident and supervisor will review and discuss the resident's self-assessment of his/her clinical experiences guided by the American Psychological Association's Commission on Accreditation's (CoA) Professional Wide Competencies (PWC), to guide the resident's training needs during the internship year. Resident's competencies will be assessed on the 9 PWC domains which include:

1. **Research**
2. **Ethical and Legal Standards**
3. **Individual and Cultural Diversity**
4. **Professional values, attitudes, and behaviors**
5. **Communication and interpersonal skills**
6. **Assessment**
7. **Intervention**
8. **Supervision**
9. **Consultation and interprofessional/interdisciplinary skills**

Competencies may be evaluated in one or more of the following ways: formal demonstration of skill or

knowledge; direct observation of daily work; video/audio tape review; case conferences; assessment reports; case studies; process notes; case notes in professional/medical record; during supervision; and, through feedback from others. Residents will receive explicit feedback regarding their performance during their weekly supervision.

Track Faculty will review each resident's PWC progress at their monthly track faculty meetings and faculty feedback on each resident's progress will be reviewed on a monthly basis within the Internship Program monthly meetings (Steering Committee and Track Coordinator meetings).

Track Faculty will meet officially three times over the course of the training year to provide formal written evaluations of a resident's progress. The guiding criteria for evaluation being whether a resident is ready to function as an entry level as a professional psychologist within the context of the training year. After the faculty have completed their formal evaluation, residents and track coordinators or their designee will review the written evaluation within a feedback session designed to help the resident achieve entry level into the profession.

Lectures and Seminars

Every psychology resident participates in a required weekly didactic lecture-seminar series. This series is comprised of modules such as professional and ethical issues, diversity issues, diagnosis and assessment, supervision, consultation-liaison, empirically supported therapies, and psychopharmacology. The content of didactics varies with the changing needs and interests of the residents and faculty. Subjects have included interviewing and diagnostic skills, community psychology, therapeutic methods, neuropsychology, treatment of populations with diverse cultural and personal values, and interprofessional relationships.

In addition, journal clubs in each track meet once a month: general adult psychology, general child psychology, behavioral medicine and rehabilitation neuropsychology. Those residents in the Autism Track typically attend the general child journal club. Residents in the behavioral medicine and rehabilitation neuropsychology tracks will also participate in a weekly neuropsychology seminar. The rehabilitation neuropsychology resident will also participate in bi-monthly fact-finding exercises. Psychology residents are expected to attend ten journal clubs during the course of the year; they can of course attend as many as interest them. The journal clubs meet at various times, as arranged by the coordinator of each journal club.

Psychology residents may attend one or more elective seminars such as: a seminar on Cognitive Processing Therapy (CPT) for Post-Traumatic Stress Disorder by Kristen Lindgren, PhD, or Dialectical Behavior Therapy for Borderline Personality Disorder (Kate Comtois, PhD) or residents may also join the psychiatry residents in seminars on Interpersonal Psychotherapy or Cognitive-Behavioral Therapy taught by various members of the regular and clinical faculty on a rotating basis. Residents are encouraged to attend lectures in the University of Washington community, including the Department of Psychiatry and Behavioral Sciences Grand Rounds.

Theoretical Orientation

Overall, the faculty psychologists use empirically supported assessment and treatment, with most frequently a cognitive-behavioral orientation. Most of our psychiatrists who provide adjunct supervision on many inpatient and C/L rotations have a more biological orientation. Interpersonal and psychodynamically oriented supervision also is available but not widely emphasized by the training faculty.

Additional Internship Opportunities

Research

Research is integral part of the training program such that all residents will be matched with research mentor during their internship year. All psychology residents may apply for one half-day (4 hours) of research release time, per week for research (including dissertation research) with an internship training faculty supervisor.

Psychology residents may apply to participate in a year-long program and seminar on research skills and grant writing training (referred to as the Grant Writing and Professional Development Seminar). The application process is largely for the purpose of ensuring that the resident (1) has clear, achievable goals for their research time, (2) has a plan for mentoring that will help them achieve those goals, (3) is willing to work on writing a grant proposal and discuss it in the seminar, and (4) that writing a grant will not interfere with completing any remaining dissertation-related responsibilities. The vast majority of those who apply are allowed to participate. Participation in this activity includes the provision of 5 hours per week of release time from clinical rotations to participate in a seminar devoted to teaching skills needed for developing and writing grants, as well as related professional development skills (e.g., writing research/teaching statements, how to negotiate salary and start up packages), and to pursue development of a grant proposal or research project under the mentorship of an internship faculty member. Participation in the program is most appropriate for those residents who have either completed or are in the latter stages of their dissertation research, are interested in research areas that can be mentored by faculty members of the internship and are looking towards career choices in which grant writing skills will be needed. Residents are not required to participate.

Committees and Membership

Several committees are actively involved in the planning and organization of the internship training program. Psychology residents typically volunteer for these committees or are elected by their fellow residents at the beginning of the year. Listed below are current committees available for resident participation.

Didactic Planning Committee

Co-Chairs: *Tracy Herring, PhD*
David Sheppard, PhD

Functions

To review, revise, organize and plan didactic modules for the following internship class. This committee

typically meets in the spring.

Resident Participation

Three to five residents serve on the committee, one from each track. Residents work with various faculty members and obtain feedback from fellow residents in the planning and scheduling of prospective didactic modules with specific didactic presentations. Residents can also directly provide or coordinate a presentation to the next year's residents on the internship year experience.

Diversity Advancement Committee

Co-Chairs: *Katherine Walukevich-Dienst, PhD*

Functions

- To encourage conversations about diversity and its role in the training of residents.
- To promote education of residents and faculty on issues of individual and cultural diversity (including ethnic minorities, gender/sexual orientation, physical disabilities, SES, age) as these relate to clinical work, consultation, supervision, and evaluation, and research methods/design.
- To serve as a resource "hub" of information (clinical and social service resources, research, lectures, and expertise at the University of Washington and surrounding community) on diversity issues for everyone involved in the internship.
- To recruit and retain diverse residents, fellows, faculty, and speakers, as well as those interested in diversity issues.

Resident Participation

All interested residents are encouraged to participate; this committee remains active throughout the year.

Professional Development Committee

Chair: *Nickolas Dasher, PhD*

Functions

To provide guidance, information, and support to the residents during the internship year. Example activities include: a Postdoctoral Panel, Career Fair, opportunities to practice job talks or interviewing, feedback on CV's or cover letters, and discussion about licensure or board certification.

Resident Participation

At least two residents serve on the committee each year, ideally, at least one resident from each track. They provide a crucial link to the resident class. The resident representatives can play a very active role in shaping the focus of the committee's work for the year.

Steering Committee

Chair: *Ty Lostutter, PhD*

Co-Chair: *Katie Wright, PhD*

Functions

To assist in the administration, planning, organizing, and functioning of the overall internship training

program.

Resident Participation

Each of three residents serves on the committee for a four-month period which meets once every other month. Residents work with other residents, track coordinators, faculty members, and psychologists in the local community in overseeing the administrative functioning of the internship training program.

Post-Internship Opportunities

A number of post-doctoral positions at the University of Washington are available every year. Psychology residents who become productively involved with research and who exhibit superior clinical performance may compete successfully for these positions. UW-affiliated post-doctoral fellowships in psychology are typically available through the Departments of Psychiatry and Behavioral Sciences, Rehabilitation Medicine, Anesthesiology, Psychology, School of Nursing, School of Social Work, and School of Dentistry. The Psychology Internship does not administer these post-doctoral fellowships. Prospective psychology residents who would like to discuss post-doctoral training possibilities should contact the Psychology Internship Office, psychsom@uw.edu). Alternatively, some residents opt to pursue postdoctoral positions at other Universities, entry-level faculty positions, or other positions, such as Research Scientists.

Listed in the following Table is a summary of positions held by recent graduates of the internship training program.

Post-Internship Position	2020-2021	2021-2022	2022-2023	2023-2024
Post-Doctoral Fellowship Affiliated with UW System	6	2	10	6
Post-Doctoral Fellowship Outside UW System	9	8	6	7
Faculty / Research Scientist	0	2	0	1
Other (Private Practice, Consulting Business)	0	2	0	1
Public Agency Mental Health Services	0	0	0	0
Returned to Complete Dissertation	0	0	0	0

Salary and Benefits

The salary for our psychology resident cohort for the 2025-2026 training year will be \$41,544 plus benefits (includes medical, dental, and life insurance). Psychology residents accrue annual paid personal time (PTO) off (10 hours per month for 11 months), and 2 personal holidays, for an amount of 126 hours of paid personal leave which could be taken over the internship year. The PTO accrued in the month of June (10 hours) will be paid out in salary on the intern's last paid check. A total of 126 hours or the

equivalent of 15.75 days can be used for paid vacation and/or professional leave activities. Because residents are here, for one year only, they are not eligible for leave under the Family Medical Leave Act. However, personal vacation can be taken for family medical emergencies, and we do have the ability to provide Leave Without Pay and to extend the internship training year, if need be, should a personal medical reason need to be taken. Should a resident need to active a Medical/Personal Leave, the Resident, Training Director and the Track Coordinator develop a plan with the goal of trying to assist in the completion of the resident's internship year with minimal disruption for the resident and the program.

The Office of Equal Opportunity and Affirmative Action (EOAA) supports the University's compliance with the law and spirit of equal opportunity and affirmative action as it relates to race, color, creed, religion, national origin, citizenship, sex, age, marital status, sexual orientation, gender identity or expression, disability, or status as a disabled veteran or Vietnam-era veteran, or other protected veterans. Further information regarding these policies and statutes may be obtained through the University of Washington Equal Opportunity Office website.

Rotation Descriptions

This section provides a more detailed description of the training emphasis tracks, and available rotations by institution. Not all rotations will necessarily be offered every year. These descriptions are organized according to the five emphasis tracks in the internship training program. For additional information about a particular rotation, please contact the person whose last name appears in parentheses.

GENERAL ADULT PSYCHOLOGY TRACK (APPIC/NMS program code = 161913)

General Information

(APPIC/NMS program code = 161913)

Track Coordinator: Adam Carmel, PhD: adultpip@uw.edu

UWMC Outpatient Psychiatry/Psychology Clinics

- Psychiatry Clinic (Outpatient) at UW Medical Center – Roosevelt

Adam Carmel, PhD | Kristin Lindgren, PhD | Kate Comtois, PhD | Jonathan Reeves, PhD | Mary Hatch, PhD | Lily Assaad, PhD

HMC Outpatient Psychiatry/Psychology Clinic (5 East Clinic)

- Outpatient Psychiatry/Psychology Clinic (5 East Clinic) at Harborview Medical Center

Barbara McCann, PhD | Susan Collins, PhD | Sarah Kopelovich, PhD

Fred Hutchinson Cancer Center

- Fred Hutchinson Cancer Center's Psychiatry and Psychology Services

Ty Lostutter, PhD | Julia Brechbiel, PhD | Jesse Fann, MD, MPH | Nicole Bates, MD | Julia Ruark, MD, MPH

Rotation Description & Patient Demographics

The University of Washington Medical Center Outpatient Psychiatry Center (OPC) is a standard outpatient specialty care clinic staffed by faculty and residents in psychology and psychiatry. The OPC is located approximately 5 blocks west of the main campus of the University of Washington and approximately 10 blocks from the University of Washington Medical Center. The OPC serves a predominantly middle and lower-middle class population. Patients come from diverse ethnic and cultural backgrounds and sexual orientations. Patients present with a broad range of clinical problems, including mood, anxiety, substance use, adjustment and personality disorders. Portable digital recording equipment is available for faculty and resident use, as well as a room for live observation of sessions. Computers are available in each clinic room, providing access to the scheduling and computerized medical chart systems, e-mail and the Internet.

The Harborview Outpatient Psychiatry/Psychology Clinic (5 East Clinic) is a standard outpatient specialty care clinic staffed by faculty and residents in psychology and psychiatry. The 5 East Clinic is located at 325 Ninth Avenue, between Jefferson and Alder streets in Seattle's First Hill neighborhood. Harborview Medical Center is a comprehensive healthcare facility dedicated to providing specialized care for a broad spectrum of patients, including the most vulnerable residents of King County. Harborview serves as the Level I regional trauma and burn referral center for Alaska, Montana and Idaho and the disaster preparedness and disaster control hospital for Seattle and King County. Patients given priority for care include the non-English speaking poor; the uninsured or underinsured, victims of domestic violence or sexual assault; people incarcerated in King County's jails; people with mental illness or substance abuse problems, particularly those treated involuntarily; people with sexually transmitted diseases; and those who require specialized emergency, trauma or burn care. 5 East Clinic is able to receive referral patients from other specialty mental health clinics located at HMC including patients from the Harborview Medical Center, Mental Health and Addictions Services (HMHAS), Early Psychosis Clinic, Harm Reduction Research and Treatment (HaRRT) Center, Madison Clinic, and the Sleep Center at Harborview to enrich the outpatient training available.

The Fred Hutchinson Cancer Care (FHCC) outpatient clinic is located in Southeast Lake Union and is accessible by a 15-minute shuttle from UWMC, which runs regularly throughout the day. Residents will work at the interface of psychology and oncology and become an integral member of a large multidisciplinary collaborative care team that includes psychiatrists, psychologists, advanced practice practitioners, clinical social workers and patient navigators. The FHCC, the comprehensive outpatient cancer clinic of the University of Washington and Fred Hutchinson Cancer Research Center, provides care for patients with a wide variety of malignancies in various stages of treatment. Residents will provide direct consultation to the FHCC clinics under supervision and will evaluate and treat a range of psychosocial issues that arise in the context of medical illness. They will also participate in a collaborative care model reviewing and managing patient cases using a multidisciplinary team. Examples of presenting problems with which residents will gain experience are: depression, anxiety, demoralization, confusion and cognitive problems, behavioral and compliance issues, issues surrounding grief and end of life, family issues in medical illness, and systems issues unique to working within a multidisciplinary medical setting. With all patient visits lasting a full hour, residents will have the unique opportunity to integrate a variety of psychotherapeutic modalities in the short- and long-term care of medical outpatients. Pertinent directed readings, webinars, and other educational materials are provided on our dedicated Psycho-Oncology training website.

Training Experiences & Treatment Modalities

The educational model of the OPC, 5 East Clinic, and FHCC emphasizes an empirically supported scientist-practitioner approach to psychological assessment and treatment. The psychology faculty at OPC have specialized training in evidence based cognitive-behavioral therapy, including expertise with cognitive processing therapy and exposure therapies for PTSD and other anxiety disorders. The primary modality is individual treatment although group treatments are also provided. There is also a multidisciplinary DBT training clinic that is run out of the OPC. Comprehensive DBT training and CPT training is offered. The faculty at 5 East Clinic has expertise in sleep disorders including insomnia (CBT-I), hypnosis in psychotherapy, Dialectical Behavior Therapy (DBT), Common Elements Treatment Approach (CETA), and Cognitive Behavioral Therapy for Psychosis (CBT-P). The faculty at FHCC have expertise in psycho-oncology, mindfulness-based cognitive behavioral therapy interventions, adjustment disorder, grief, end-of-life issues, and motivational interviewing strategies to increase medication adherence. Computers are available in each clinic room, providing access to the scheduling and computerized medical chart systems, e-mail and the Internet.

Resident Expectations

The training objectives of the OPC/5 East Clinic/FHCC are designed to foster the acquisition of a broad generalist experience from among the following activities:

1. **Treatment:** Individual psychotherapy comprises the majority of the clinical caseload. In coordination with the OPC/5 East Clinic/FHCC Triage Team, we balance residents' preferences for particular training experiences with the needs of the clinic. For example, residents may elect to have the majority of their caseload devoted to specific related disorders, such as anxiety, substance use. However, they are also expected to carry a diverse caseload and be willing to take on cases that need care or that expand their existing skill set. Considerations of differential diagnosis, case conceptualization, and treatment planning continuously evolve over the course of care. Clinic supervisors are predominantly, but not exclusively, cognitive-behaviorally oriented. Training books, manuals, video and audio tapes, and validated measures of therapist adherence and competence in specific treatments may be used to facilitate feedback and learning by the psychology resident. A typical caseload for each day will involve approximately 4-5 hours of direct clinical contact.

Even though a resident is providing individual therapy, many patients receive medication management services from psychiatry residents and faculty in tandem with psychotherapy services provided by the psychology resident. Thus, the resident is part of a treatment team and must coordinate care with other providers across multiple disciplines.

2. **Assessment:** Psychology residents can administer a range of self-report indices in the outpatient clinic or refer/consult with the UWMC/HMC for more comprehensive assessment batteries (e.g., neuro-psychological assessment). The decision to obtain testing and, if so, which tests, is made in consultation with the supervisor on a case-by-case basis. In this way, residents learn the indications for testing and the clinical utility of testing results in treatment planning. There is also an option for the psychology resident to conduct full intake assessments for the clinic, often alongside a psychology or psychiatry attending.

Supervision

UWMC OPC/ HMC 5 East Clinic

Psychology residents will receive individual supervision with two of the attending psychologists. They will also participate in a 1 hour per week combined psychology and psychiatry resident group supervision, moderated by the OPC/5 East Clinic training faculty (one attending psychologist and one attending psychiatrist). Group supervision is a combination of didactic presentations, readings and faculty/peer consultations. Supervisors are also available on an as needed basis. DBT supervision is provided in the form of one-on-one individual supervision with a clinical psychologist and participation in a multi-disciplinary consult team (psychiatry, psychology, social work).

FHCC

Psychology residents will receive individual supervision from one attending psychologist at 1 hour per week. They may also participate in 1 hour per week attending our FHCC collaborative care group meetings, which consist of psychiatrist and social workers patient case review. The social workers have been trained in behavioral activation as the primary intervention to help their clients and the psychology resident can assist with psychological interventions supervision during these team meeting.

Trainees at FHCC are strongly encouraged to participant in the weekly FHCC Psycho-Oncology didactics series which is comprised of interdisciplinary trainees and early career professionals providing educational training focused on oncology issues.

AUTISM TRACK (APPIC/NMS program code = 161916)

General Information

(APPIC/NMS program code = 161916)

Track Coordinator: Erin Olson, PhD: erin.olson@seattlechildrens.org

Our Autism and Developmental Disabilities clinical psychology predoctoral internship track at the University of Washington welcomes two residents annually focusing on autism spectrum disorder (ASD) and related developmental disabilities (DD). Each resident will rotate through a variety of outpatient and inpatient clinical experiences structured in two 6-month rotations at Seattle Children's Hospital and the Institute on Human Development and Disability (IHDD) at UW. Residents will receive superior clinical training in outpatient assessment and treatment of ASD and DD at the Seattle Children's Autism Center (SCAC) and IHDD at UW. Residents will also provide specialized assessment and treatment consultation for inpatients on the Seattle Children's Pediatric and Behavioral Medicine Unit (PBMU) referred for concerns regarding ASD/DD. Each resident will also have protected research time and access to mentors throughout the University of Washington, including researchers outside of the psychology internship program if desired.

Outpatient Clinical Training Opportunities at SCAC and UW IHDD

UW and SCAC boast a large number of interdisciplinary specialty clinics that offer excellent outpatient training opportunities in both assessment and treatment. Each resident will receive in-depth training at the Institute on Human Development and Disability (IHDD) in interdisciplinary assessment of children

who are identified with or at-risk for neurodevelopmental disabilities through a variety of clinics within the Clinical Training Unit at IHDD. The resident will choose from an array of training experiences at SCAC in individual and group therapy, intensive treatment programming, and assessment of children with ASD.

Institute on Human Development and Disability (IHDD)

- Institute on Human Development and Disability

Megan Goldenshteyn, PhD | Kathleen Lehman, PhD

The Clinical Training Unit (CTU) is housed within the IHDD and is an interdisciplinary program that provides training, research, and exemplary services in the assessment and treatment of children with or at risk for developmental disabilities, using a person-centered, community-based, culturally and linguistically responsive approach. CTU includes different training clinics allowing the residents to work within a clinical team composed of a variety of disciplines, including audiology, developmental pediatrics, nutrition, occupational therapy, family advocates, physical therapy, social work, and speech language pathology.

UW is one of 60 Leadership Education in Neurodevelopmental and Related Disabilities (LEND) programs. LEND is an interdisciplinary training program intended to prepare a workforce and train future leaders in the field of intellectual and developmental disabilities. As part of the internship experience, residents will be enrolled for the academic year as LEND trainees in a cohort of 35+ other graduate level trainees from a variety of disciplines, including both professionals and family/self-advocates. As part of LEND, residents will attend seminars and leadership workshops during the academic year, complete advocacy learning experiences, and present a leadership project at the end of the training year—in addition to clinical training experiences at IHDD.

Autism and Developmental Disabilities Residents will spend 1 or 2 days/week in the following clinics/programs at IHDD, depending on the rotation.

UW CHDD		
Clinic	Description	Length of Rotation
Child Development Clinic (CDC)	Interdisciplinary team evaluations for neurodevelopmental disorders.	12 months, Mondays
Down Syndrome Specialty Clinic (DSSC)	Interdisciplinary team evaluation of complex Down Syndrome patients	12 months, Mondays
LEND	Leadership Education in Neurodevelopmental Disabilities core seminars/activities.	9 months, Mondays
Infant Development Follow-Up Clinic (IDFC)	Assessment and monitoring over time of high-risk babies born prematurely and/or with extensive NICU stays.	3 months, Wednesdays

Cardiac Neurodevelopmental Clinic (CNC)	Assessment and monitoring over time of young children with open-heart surgeries in infancy	3 months, Tuesdays
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SCAC

- Seattle Children’s Autism Center

Heather Carmichael-Olson, PhD | Michelle Kuhn, PhD | Andrea Lupas, PhD | Mendy Minjarez, PhD
 Emily Neuhaus, PhD | Erin Olson, PhD | Felice Orlich, PhD

The Seattle Children’s Autism Center is the region’s largest interdisciplinary clinical service center focusing on Autism Spectrum Disorder (ASD). SCAC provides a wide variety of services specific to individuals with ASD, including diagnostic evaluations, comprehensive clinical programs, individual and group therapy in various clinics, psychiatric medication management, medical appointments, parent education classes, and family resource support. SCAC averages approximately 17,000 outpatient visits (~4,300 unique patients) each year.

Autism and Developmental Disabilities Residents will spend 6 months at SCAC providing outpatient care for 3 days/week. Residents can select from a variety of assessment and treatment clinics and specialty programs. Each resident will decide on rotations based on goals and preferences (and schedule to some extent).

Seattle Children’s Autism Center	
Clinic	Description
ASD Diagnostic Evaluation Clinic	Interdisciplinary team evaluations for ASD.
Gender Clinic	Assessment and treatment of children with ASD questioning their gender identity. Clinic operates in collaboration with the Seattle Children’s Gender Clinic.
Mood and Anxiety Clinic	CBT-based intervention clinic for children with ASD, including individual and group therapy. Group experience includes the Facing Your Fears curriculum.
RUBI Clinic	Parent-training program for disruptive behaviors in ASD.
SNACS – Families Moving Forward	Evaluation and potential intervention for children with confirmed prenatal alcohol exposure.
Clinical Program	Description
Biobehavior Program	Behavior assessment and ABA-based treatment program for very challenging behaviors within IDD/ASD populations, including severe aggression and self-injury.
Early Intervention Program	Center-based intervention program using an Applied Behavior Analysis approach for young children with ASD.

Inpatient Training on the PBMU

- Psychiatry and Behavioral Medicine Unit

Emily Neuhaus, PhD | Eric Boelter, PhD

Autism and Developmental Disability residents will each rotate for 6 months, 2 days/week on the Psychiatry and Behavioral Medicine Unit (PBMU) unit at Seattle Children's Hospital. Residents will overlap with the General Child Track residents for this rotation who each spend a full 3 months on the PBMU. The PBMU is a 41-bed acute care psychiatric unit that provides multidisciplinary assessment, crisis intervention and stabilization, short term individual and group therapy, and long-term treatment planning for children and adolescents between the ages of 3 and 17 who are in psychiatric crisis. Children and adolescents seen on the PBMU present with a variety of severe psychological/psychiatric problems, including psychotic, mood, disruptive, anxiety, eating, and developmental disorders, as well as chronic medical problems with concomitant behavioral difficulties. In addition, many youth struggle with significant psychosocial stressors related to child abuse and neglect, and other types of trauma. The PBMU is divided into 3 programs based on the child's age and behavioral needs:

- Child Inpatient Program, for children 12 years and under
- Adolescent Inpatient Program, for teens 13 and older
- Biobehavioral Inpatient Program (BBIP), serving children and teens 3 to 17 who have severe intellectual and developmental disabilities and benefit from specialized behavioral programming

Working in the inpatient setting provides in-depth training in psychiatric comorbidity in the ASD/DD population. Under close supervision from SCAC faculty and providers, residents will provide diagnostic evaluations for pediatric inpatients in the Child and Adolescent Inpatient Programs who present with concerns for DD/ASD, as well as treatment/milieu planning for patients with confirmed DD/ASD diagnoses in these programs. Residents can also contribute and develop ongoing ASD programming for both programs.

Residents have the option to attend rounds and observe in the Biobehavioral Inpatient Program (BBIP), although this is not the focus of the 6-month required inpatient rotation. For some residents with experience and interest, additional training experiences may be available in the BBIP in lieu of one SCAC outpatient clinic experience, with approval from the PBMU clinical lead and track coordinator. BBIP uses a biopsychosocial model to assess and treat children and adolescents with ASD/IDD who engage in severe challenging behavior such as aggression, non-suicidal self-injury, and property destruction. Residents on the BBIP will participate in interdisciplinary rounds with a team consisting of a psychiatrist, clinical psychologist, behavior analysts, nursing, case managers, behavior technicians, and Pediatric Mental Health staff. Residents will also participate in the use of focused Applied Behavior Analysis to assess and treat severe challenging behavior using single-case design methodology and will support the implementation of a Positive Behavioral Support and Interventions (PBIS) milieu.

Rotation Structure

The training year is divided into two 6-month rotations for the Autism and Developmental Disabilities track. One 6-month rotation will include a required schedule of inpatient care on the PBMU for 2 days/week and assessment at IHDD/LEND for 2 days/week. The other 6-month rotation will include the

resident's choice of outpatient treatment and assessment clinics at SCAC for 3 days/week and assessment at IHDD/LEND for 1 day/week. Research and didactics comprise the final 1 day/week. Of note, residents will not be able to participate in every outpatient clinic offered at our training sites- there is just not enough time in the year! We will work with each resident prior to the training year to finalize rotation order and plan for the year, depending on background and interests.

EXAMPLE OF DD/ASD INTERN ROTATION SCHEDULE												
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
Mon AM	LEND/CDC/DSSC											
Mon PM	LEND/CDC											
Tues AM	RUBI						PBMU			CNC		
Tues PM	Mood and Anxiety						PBMU			CNC		
Wed AM	ABA EI Program						IDFC			PBMU		
Wed PM	Mood and Anxiety						IDFC			PBMU		
Thurs AM	Research						Research					
Thurs PM	Didactics											
Fri AM	Gender						PBMU					
Fri PM	Gender						PBMU					

Supervision

Supervision consists of direct observation, case conferences, interdisciplinary team huddles, and weekly individual and group supervision.

Evaluation of Psychology Residents

Psychology residents participate in standard evaluation practices that are part of the overall internship which includes self-evaluation, evaluations by their supervisors, resident evaluation of their supervisors and resident evaluation of the rotation site.

BEHAVIORAL MEDICINE TRACK (APPIC/NMS program code = 161914)

General Information

(APPIC/NMS program code = 161914)

Track Coordinators: *Ivan Molton, PhD & Jeff Sherman, PhD*

For 2025-2026 the behavioral medicine track will accept six residents. All residents will receive extensive training in behavioral medicine within medical/surgical and medical rehabilitation settings. In addition, all residents in the Behavioral Medicine track will have at least some exposure to basic neuropsychological principles and assessment. Previous neuropsychology experience is not required for the Behavioral Medicine track.

Please note that while Behavioral Medicine residents receive some limited exposure to neuropsychological screening and assessment, those wishing for a more intensive neuropsychology training experience should consider the Rehabilitation Neuropsychology track.

UWMC Department of Rehabilitation Medicine Rotation

Ivan Molton, PhD | Tracy Herring, PhD | Sai Narotam, PsyD | Jed McGiffin, PhD | Nick Dasher, PhD
Myron (Moe) Goldberg, PhD | David Sheppard, PhD

Rotation Description

The Behavioral Medicine rotation at UWMC-Montlake provides an array of clinical experiences to train clinical psychologists within a multidisciplinary team framework in a medical setting, and particularly in the specialty care setting of rehabilitation. The rotation provides a mix of inpatient and outpatient psychological assessment and treatment opportunities.

Psychology residents will have an opportunity to evaluate and treat patients with a variety of presenting medical conditions, including spinal cord injury, acquired brain injury (due to trauma, stroke, tumor, aneurysm, hemorrhage, hypoxia, etc.), multiple sclerosis; muscular dystrophy, post-polio syndrome, amyotrophic lateral sclerosis, neurological cancers, and large organ transplant (heart, lung, and liver). Our patients are diverse in terms of medical conditions and problems, ethnic and socioeconomic backgrounds, and ages.

Psychology is an integral part of the medical rehabilitation team, and our psychology residents work directly with physicians, nurses, speech pathologists, physical therapists, occupational therapists, vocational counselors, therapeutic recreation therapists, and social workers to develop and implement treatment plans.

Training Experiences

The training model emphasizes an empirically supported scientist-practitioner approach to assessment and treatment. Psychology residents learn to function as an integral member of an interdisciplinary rehabilitation team. Psychology residents typically cover one team (4 patients) on the acute inpatient rehabilitation unit and follow up to six outpatients in the rehabilitation clinic. Occasionally residents will have an opportunity to assist with the inpatient consultation-liaison service. Typical patients present with need for assessment of psychological and/or cognitive functioning, identification of patient and family concerns, development and implementation of appropriate treatment programs, and mobilization of resources to integrate the patient into the community. Psychology residents are involved in a range of clinical activities, including psychological assessment; utilization of assessment findings in inpatient and outpatient rehabilitation treatment planning; development of behavioral programs; consultation to team members and community agencies; case management of patients; and provision of individual and family therapy. All residents receive training in conducting and utilizing findings from brief inpatient neurocognitive screens.

Participation in weekly rounds and team/family conferences is an important part of the psychology residents' experience. Psychology residents who are involved in the behavioral medicine rotation

participate in a monthly rehabilitation psychology journal club, and have opportunities to attend the Department of Rehabilitation Medicine's Grand Rounds which occurs twice per month and covers various rehabilitation topics, many of which are of interest to residents.

Expectations of Psychology Residents

Behavioral Medicine residents participate in all aspects of the training experiences listed above and can typically expect to follow four inpatient cases, and six outpatient cases weekly. By the end of the rotation, psychology residents are expected to:

1. have an understanding of a psychologist's role on an interdisciplinary rehabilitation team
2. demonstrate an increased awareness of and ability to assess the emotional, behavioral, and cognitive sequelae of various traumatic and chronic medical conditions
3. have a fundamental understanding of the functional implications of neurocognitive screens
4. recommend and implement basic therapeutic interventions with patients and their families
5. apply ethical and legal principles to practice
6. have an awareness of personal strengths and limitations as they relate to providing psychological services to this population

Training Methods

Psychology residents will have an orientation session with tours of the facility. Residents will then have an opportunity to accompany and observe the supervising psychologist(s) performing clinical work. Next, residents will have opportunities to see patients with direct observation and supervision provided. The eventual goal is for psychology residents to work fairly independently with patients and to move towards a co-treatment model. Psychology residents are provided with examples of psychological/neuropsychological evaluation reports, progress notes, and other written communications as models. Residents have access to a training manual and numerous articles and books to supplement their learning experiences. Psychology residents participate in weekly scheduled individual supervision as well as weekly group supervision. Residents have additional opportunities for contact and supervision with the supervisors during weekly rounds and conferences. Residents are encouraged to drop by or page the supervisors with day-to-day questions concerning patients. Supervision is provided by the attending psychologists, and supplemental or informal supervision may be provided by the post-doctoral fellow.

Evaluation of Psychology Residents

Supervisors provide frequent, ongoing feedback on the psychology resident's performance throughout the rotation guided by the Professional Wide Competencies. Psychology residents participate in standard evaluation practices that are part of the overall internship which includes self-evaluation, evaluations by their supervisors, resident evaluation of their supervisors and resident evaluation of the rotation site.

Harborview Medical Center Department of Rehabilitation Medicine

- HMC Department of Rehabilitation Medicine

Training Faculty

Jeffrey Sherman, PhD | Shelley Wiechman, PhD | Dawn Ehde, PhD | Katie Wright, PhD
Carlene Deits-Lebehn, PhD | Jake Bentley, PhD | Gina Formea, PhD, ABPP-CN | Amy Starosta, PhD

General Rotation Description & Patient Demographics

Behavioral Medicine rotations provide training in medical psychology and rehabilitation psychology and operate within several areas of the medical center and related clinics: Inpatient Rehabilitation (Starosta, Wright, Mata-Greve), Comprehensive Outpatient Rehabilitation Program (Formea, Ehde and multiple faculty), Inpatient Consultation Service (Sherman, Mata-Greve, Narotam), Burn and Pediatric Unit (Wiechman, Bentley), Amputation and Burn Clinics (Bentley, Wiechman), Acute Pain Service (Bhalla) and Madison Clinic (Vaswani-Bye). These rotations are described in greater detail below, after the rotations have been described more generally. An important aspect of these rotations is understanding the role of clinical psychologists within an interdisciplinary team framework and within a health care delivery system. Psychology residents work with multidisciplinary teams that include physicians, nurses, speech pathologists, physical therapists, occupational therapists, social workers, and vocational counselors. This site provides abundant opportunities to apply psychological principles in a medical setting with patients experiencing a variety of acute and chronic medical and surgical conditions.

Patients are commonly admitted to HMC due to trauma or acute illness. Psychology residents typically work with patients who have sustained traumatic brain injury, cerebral vascular accidents, spinal cord injuries, severe burn injuries, and multiple traumas. Patients come from diverse backgrounds in terms of ethnicity, socioeconomic status, and geographical location. The Burn Unit provides residents with extensive experience in pediatric consultation and liaison. Psychology residents have a shared, on-site office space with computers, printers, phones, and voice mail provided.

Training Experiences & Treatment Modalities

The mission of the psychologists at the Harborview Medical Center (HMC) rotation is to provide primary psychological care for inpatients on the Rehabilitation Medicine and Burn Units as well as patients followed by the Outpatient Rehabilitation Medicine Service. Also, consultations are provided for inpatients on Neurosurgery, Orthopedic Surgery, Neurology, General Medicine, General Surgery, and all Intensive Care Units at HMC. Psychology residents on the HMC Behavioral Medicine rotation therefore are exposed to a wide variety of consultation and liaison experiences and learn to work on interdisciplinary medical teams in both inpatient and outpatient settings.

Harborview Medical Center is a Regional Level I Trauma Center serving five states with a highly diverse patient mix. Psychologists play a prominent role in the care of these patients. This site provides a unique opportunity to work with a multiethnic patient population and to obtain training from psychologists who regularly integrate clinical and research activities. It also gives the experience of providing psychological services in a fast-paced, intense, but extremely collegial environment.

Psychology residents work closely with a variety of medical and adjunctive medical disciplines such as physical therapy, occupational therapy, speech pathology, nursing, social work, rehabilitation counseling, and therapeutic recreation. Surgery and rehabilitation medicine physicians are our two most prominent medical colleagues. HMC rehabilitation psychologists must rely on treatment modalities that fit well into the trauma setting. As such, there is a heavy emphasis on consultation/liaison, brief psychotherapy, and focused assessment. Behavioral and cognitive-behavioral frameworks are used frequently. More

traditional psychotherapy is practiced through the outpatient rehabilitation and burn clinics as well. Training in hypnosis for pain control and motivational interviewing for substance abuse and treatment adherence is available. The psychologists often rely on a systems approach in which the patient is evaluated and treated within the context of the interdisciplinary health care team and family. Assessing and treating team behaviors is often essential to assisting the patient.

Behavioral Medicine residents at HMC rehabilitation first undergo a group orientation session with tours of the facility. Residents then accompany and observe an attending psychologist doing clinical work. Based on the residents' level of comfort they are then provided with the opportunity to see patients under visual supervision. As the comfort level of residents' further progresses, supervision increasingly takes the form of co-treatment or face-to-face review of cases. Residents meet with attending psychologists for individual supervision on a weekly basis. Group supervision meetings are held on a weekly basis as well. All residents attend the weekly neuropsychology case-based seminar. Generally, there is a minimum of two hours of individual supervision a week, and in addition psychology residents are encouraged to page the supervisors with time-urgent questions about patient management. A psychology resident handbook is provided that contains extensive reading materials pertaining to the patient populations served and resident clinical responsibilities. Model reports, structured evaluation formats and practical clinical care guidelines are also included. Psychology residents typically attend multidisciplinary Rehabilitation and Burn Unit rounds, thereby becoming familiar with the work of other professionals. They continue to attend the regular internship didactics through this rotation as well as specialized seminars on topics of specific importance to residents (e.g., acute pain/stress management techniques, hypnosis for pain and stress, introductions to spinal cord injury, traumatic brain injury, and burn injury as well as sessions on working with interpreters, with multi-ethnic populations, and with medical teams).

Rotations at Harborview Medical Center

Inpatient Consultation Liaison Services, Burn and Pediatrics Unit and Rehabilitation Psychology Consult Services

- Rehabilitation Psychology Consult Service
- Burn and Pediatrics Consult Service

Rehabilitation Psychology Consult Service: Residents on this service are actively involved in a thriving psychology consultation service that provides treatment for the majority of the services in a regional, level 1 trauma center. Frequent clinical issues include facilitating adjustment to hospitalization, injury and the rehabilitation process, assessment and treatment of depression, anxiety and PTSD/ASD and helping to manage acute pain. Our referrals are to nearly every unit in the hospital including Neurosurgery, Neurology, Orthopedics, Medicine, Surgery units and every ICU in the hospital.

This service differs from Psychiatry Consultation/Liaison in that the emphasis is on adjustment to physical trauma and brief psychotherapy as opposed to Psychiatry's emphasis on suicide assessment, treatment of psychosis, and pharmacologic treatments.

Burn and Pediatrics Unit

The Rehabilitation Psychology Burn and Pediatric Consult Service. The Burn Unit is shared with the Pediatric Trauma Unit. These units provide interdisciplinary care on the Intensive Care Unit, the Acute

Care Unit and the outpatient Burn Clinic. Frequent clinical issues include facilitating adjustment to burn injuries, managing acute pain, assessing for reactions to trauma, and behavioral management. Approximately one third of the patient population for this rotation will be with pediatric patients and residents will have the opportunity to work with children, despite previous training. Training with hypnosis and other acute pain management strategies, as well as brief interventions for acute stress is available and often emphasized on this service. While on this rotation, one resident will be assigned to the outpatient Burn Clinic and one resident will be assigned to the outpatient Amputation Clinic. Both of these clinics use an embedded consult model of service and the psychology resident is part of the multidisciplinary team in these clinics.

The Inpatient C&L service and Burn/Pediatric services differ enough so that residents can rotate through both and receive different types of training.

HMC Inpatient Rehabilitation

- [Website](#)

On the inpatient rehabilitation rotation, residents become core members of a multidisciplinary rehabilitation team made up of physicians, nurses, PTs, OTs, SLPs, and others. They learn to engage with racially, ethnically, socioeconomically, and language-diverse medical patients recovering from recent trauma or illness. They will perform biopsychosocial assessments, and lead efforts to manage psychiatric disorders, substance abuse disorders, adherence to treatment issues, and adjustment to disability as well as acute and chronic pain, stress, and insomnia. Residents learn about common cognitive, behavioral, and psychological conditions associated with traumatic injuries such as brain injury and spinal cord injury as well as neurological conditions such as stroke and aneurysms. They learn how to adapt evidence-based treatments for the above conditions to the inpatient rehabilitation setting. They gain experience working on multidisciplinary teams, co-treating patients with rehabilitation colleagues, and working with and through team members to help patients, their loved ones, and rehabilitation team members cope more effectively with the rehabilitation process. Residents may participate in administering, interpreting and reporting on results from a brief neuropsychological testing battery as supervised by their attendings.

The Madison Clinic

- [Website](#)

Harborview Medical Center established an AIDS clinic (later named Madison Clinic) in 1985. Madison Clinic is the largest HIV primary care clinic in the Pacific Northwest providing comprehensive, high-quality, evidence-based, multi-faceted, interdisciplinary primary care to people living with HIV (PLWH). In addition to its primary care services, Madison Clinic has several clinicians who provide specialty care to PLWH, including anoscopy, cardiology, dermatology, hematology/oncology, hepatitis co-infection, metabolic medicine, and neurology services. They also have a robust behavioral health program including 2 psychiatry attendings, 2 psychology attendings, 1 full-time BHIP provider, 1 peer specialist, psychology and psychiatry residency programs, and a psychosomatic fellowship program. In addition, the clinic houses a highly skilled medical social worker team who support patients' psychosocial and structural needs.

The Madison Clinic serves nearly 3,000 PLWH and 500 people at high risk of HIV (PAHR) who are on PrEP and is co-located with and operates a low-barrier, drop-in clinic (MOD) serving around 300 PLWH who have difficulty engaging in care. Additionally, Madison Clinic operates four satellite clinics across a four-county region serving an additional 500 PWH in low resource areas and operates three low-barrier clinics for unhoused and unstably housed PLWH and PAHR across King County (Aurora/SHE Clinic in North Seattle and Engage Health Clinics in Federal Way and Kent).

Psychology residents function as part of an interdisciplinary team to provide brief psychological treatments for a broad range of concerns that PLWH navigate, including (but not limited to) depression, anxiety, alcohol/substance use, PTSD, pain, relationship challenges, and issues related to adjustment to chronic illness, structural vulnerabilities and minoritized identities.

HMC Outpatient Burn Clinic

- [Website](#)

Patients who are discharged from our inpatient burn unit continue to get care from our outpatient burn clinic often for at least two years after discharge. Much like the inpatient burn unit, it serves the surrounding five state region as the only verified burn center in the region. The clinic also accepts referrals for patients not treated on the inpatient burn unit. Given the multitude of issues that burn survivors face, including ongoing pain, high rates of depression, PTSD and body image concerns, the psychologist is a valued member of the multidisciplinary team. The psychologist screens every patient during their clinic appointment, in conjunction with the medical team. Longer interventions are conducted on those patients who screen positive for psychological issues. Training opportunities include the opportunity to conduct brief screens and consult with the larger medical team, as well as providing evidence-based interventions targeted at managing distress (PTSD, depression, sleep disturbance) and adjustment to injury. Finally, trainees get to see the full spectrum of recovery from a serious injury when they can follow a patient from the ICU to the acute floor and on to the outpatient burn clinic.

HMC Outpatient Amputation Clinic

The Amputation Clinic at Harborview Medical Center provides care for patient who are managing acute or chronic amputation as well as those who may be considering amputation due to medical necessity. The patient population is demographically and socioeconomically diverse and includes those with upper- and/or lower-extremity amputations. The rehabilitation psychology resident works within an integrated behavioral health model alongside colleagues from other disciplines and medical specialties.

Opportunities include provision of brief cognitive-behavioral and solution-focused interventions, motivational interviewing for health behavior change, and potential for longer-term CBT and third-wave behavior therapies with a subset of patients as indicated. Common referral questions are related to behavioral pain management, ambivalence regarding medical procedures, post-amputation adjustment, body image concerns, and comorbid mood disturbance (e.g., depression; PTSD). As part of the amputee clinic experience, residents will co-facilitate a weekly virtual amputee support group in collaboration with colleagues from the Wound, Ostomy, Limb Preservation, & Amputation Services team. The amputee support group at Harborview was first established in 1979 and has a rich history of assisting people with re-engaging varied aspects of life in the context of limb loss or difference.

HMC Comprehensive Outpatient Rehabilitation Program (CORP)

- [Website](#)

The CORP program does not represent a stand-alone rotation. Rather, all Behavioral Medicine residents at HMC treat CORP patients. The resident case load of CORP patients depends on their other clinical responsibilities. Within CORP, residents will similarly function as an integral member of an interdisciplinary outpatient rehabilitation medical team that serves outpatients with neurological conditions (brain injury, stroke, spinal cord injury), chronic pain, and other medical/surgical conditions such as amputations. Residents provide a range of psychological services including psychological assessment, consultation, and psychotherapy. Psychotherapy is typically short-term (4-12 sessions) and problem focused. Residents work with the family as well as the patient, consult to team members and community agencies, and utilize neuropsychological test results in treatment planning. Interested residents also have the opportunity to receive training in comprehensive outpatient neuropsychological assessment.

HMC Acute Pain Service

- [Website](#)

The Acute Pain Service (APS) is a specialty consultation-liaison service staffed within the hospital to assist primary teams in managing the needs of patients who have difficulty achieving adequate pain control with traditional methods and require adjunctive and multimodal pain relief through analgesics (ketamine, lidocaine, opioids, gabapentin, acetaminophen, nonsteroidal anti-inflammatory drugs) and nerve catheters (peripheral, epidural). The focus of APS is to stabilize patients' acute exacerbations of pain, typically post-injury and/or surgery (both emergent and elective). APS consists of anesthesiologists, advanced practice providers, pharmacy, rehabilitation psychology, spiritual care, and on some occasions, acupuncture. Psychology supports patient's pain management through patient-facing assessment and psychological interventions, and consultation with APS, primary teams, and other staff and providers. Many patients seen by the service have a history of opioid use and/or chronic pain. Emphasis is often placed on management of pain and substance use disorders to promote overall health and engagement of patients during hospitalization.

HMC Rotations

Within each 4-month rotation residents are typically assigned to two clinical services simultaneously to provide a diverse training experience that includes both inpatient and outpatient training throughout the year. The table below presents rotation combinations that are illustrative. The exact combinations and percent commitment may vary by year and by agreed upon caseload. Rotations are arbitrarily labeled A-F.

Rotation A	Rotation B	Rotation C	Rotation D	Rotation E	Rotation F (For RN resident)
Inpatient Rehab (80%)	C&L Service (80%)	Burn and Pediatric Unit C&L (80%)	Acute Pain Service (80%)	Inpatient Rehab (60%)	Inpatient Rehab (70%)

CORP (20%)	CORP (20%)	Burn or Amputation Clinics (20%)	CORP (20%)	CORP (20%) Madison Clinic (20%)	NP
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General Resident Expectations and Supervision

HMC rehabilitation psychologists seek to train residents in a scientist/practitioner model. In addition, psychology residents learn to provide assessments and treatment within a primarily medical/surgical context. Thus, our objective is that residents are comfortable in acute medical settings in general, as well as rehabilitation and burn unit placements specifically. General skills that are taught during these rotations include clinical assessment of people with acquired physical and cognitive disabilities, DSM-5 diagnosis, behavioral management, hypnosis for pain control, brief interventions for psychological distress related to medical conditions/grief, brief interventions for substance abuse problems, working with adult and pediatric patients with burns, and working with families of people who have had trauma or disability.

Residents provide an initial comprehensive psychological evaluation on each of their rehabilitation patients. Clinical responsibilities with such patients include seeing the inpatients at least once a week and combining their input with those of a multidisciplinary team during weekly rounds. Psychology residents are also expected to attend the burn unit psychosocial rounds each Monday morning and to respond to whatever consults are generated during those rounds. After evaluating patients with burns, residents then report to the general medical team rounds held once or twice weekly on the burn unit. Similarly, residents on the Inpatient Rehabilitation Unit attend team meetings up to three mornings per week and one Patient/Family and Treatment Team Meeting one afternoon per week.

Psychology residents also provide consults on several different floors throughout the hospital. Residents generally carry a caseload of 8-12 outpatient patients and see about six outpatients per week, attend outpatient team rounds, collaborate with multidisciplinary team, and participate in groups. Psychology residents participate in standard evaluation practices that are part of the overall internship which includes self-evaluation, evaluations by their supervisors, resident evaluation of their supervisors and resident evaluation of the rotation site. In addition, residents are provided with feedback throughout the rotation based on observations of treatment, as well as participation in multidisciplinary team rounds. Training is provided by attending psychologists (faculty within the Department of Rehabilitation Medicine) and, frequently, one or two postdoctoral fellows. At least two hours of individual supervision per week is provided by psychology faculty, with additional supervision offered on an as-needed basis. One hour per week of group supervision is required. The neuropsychology faculty holds a weekly neuropsychology/rehab psychology supervision for all residents.

GENERAL CHILD PSYCHOLOGY (TRACK APPIC/NMS program code = 161912)

General Information

(APPIC/NMS program code = 161912)

Track Coordinator: Michelle Kuhn, PhD, Michelle.Kuhn@seattlechildrens.org

Seattle Children's Hospital

Dept. of Psychiatry and Behavioral Sciences Division of Child and Adolescent Psychiatry

Seattle Children's Hospital (SCH) is a private, nonprofit, University-affiliated, 407-bed hospital with numerous outpatient clinics. It is the primary pediatric training site for the University of Washington School of Medicine and is the major regional children's medical center. SCH is also the major training site for the Department of Psychiatry and Behavioral Sciences' Division of Child and Adolescent Psychiatry. The Division of Child and Adolescent Psychiatry at SCH provides a variety of services for children with acute and chronic medical problems that are associated with developmental and psychological consequences as well as for children with primary psychiatric disorders. The psychology resident has an excellent opportunity to engage in a wide range of clinical activities and to become skillful with a variety of assessment methods and treatment modalities. Along with patient contacts and consultation to multidisciplinary teams, residents are expected to become familiar with the literature pertinent to their clinical activities and to attend didactic sessions and conferences on the services assigned. Psychology residents have opportunities to participate in research projects during their rotations at SCH. In the following section, a brief overview of each service is given.

Psychiatry and Behavioral Medicine Unit (PBMU)

- [Website](#)

Connor Gallik, PhD

Rotation Description & Patient Demographics

The Psychiatry and Behavioral Medicine Unit (PBMU) is a 41-bed acute care psychiatric unit that provides multidisciplinary assessment, crisis intervention and stabilization, and long-term treatment planning for children and adolescents between the ages of 4 and 17. The children and adolescents treated on the PBMU present with a variety of severe psychological/psychiatric problems, including psychotic, mood, disruptive, anxiety, eating, and developmental disorders, as well as chronic medical problems with concomitant behavioral difficulties. The PBMU is divided into 3 distinct programs: child (serving youth 12 and under), adolescent (serving youth 13 and up), and biobehavioral (serving youth with severe intellectual and developmental disabilities). In addition, many youth experience significant psychosocial stressors related to child abuse, neglect, and other types of trauma.

Training Experiences & Treatment Modalities

The PBMU is a multidisciplinary unit with routine contributions made by nursing, education, psychiatrists, mental health therapists, board certified behavior analysts, psychologists, case management, nutrition, speech and language pathology, adolescent medicine, pediatrics, art therapy, and music therapy. The PBMU provides children, adolescents, and their families with acute crisis stabilization through solution focused intervention and coordination with community resources. Components of the PBMU Program include: 1) intensive skill building and behavior management, 2) individual and family crisis management and stabilization centered on skill building through the use of evidence informed clinical pathways, 3) medication evaluation, 4) crisis prevention planning and 5) disposition assessment and planning, with

connection to appropriate community resources. The PBMU's model of care is grounded in positive behavior interventions and supports (PBIS).

Resident Expectations & Supervision

Residents primarily work in the child and adolescent programs and are expected to: 1) participate in team care and to function as a team clinician (individual and family intervention) for a range of patients with support and direction from psychology and psychiatry attendings, 2) participate in clinical activities related to diagnostic evaluation/formulation, including administration and interpretation of cognitive and diagnostic assessments, 3) teaching emotion regulation and distress tolerance skills, crisis prevention and safety planning, and disposition planning, 4) leading group therapy on our child and adolescent programs utilizing CBT and DBT skills. Residents review and integrate information from outside sources (school, caseworker, previously involved mental health professionals, current providers, etc.), write reports (daily chart notes, case formulations, support letters, safety plans, CPS reports, assessment reports, etc.) and participate in multidisciplinary treatment planning for patients assigned to their team. Psychology residents receive individual supervision from a psychologist daily, participate in group supervision with psychologists and mental health therapists once per week, and participate in daily clinical rounds.

Evaluation of Psychology Residents

Psychology residents participate in standard evaluation practices that are part of the overall internship which includes self-evaluation, evaluations by their supervisors, resident evaluation of their supervisors and resident evaluation of the rotation site.

Consultation/Liaison (C/L)

Cynthia Flynn, PhD

Rotation Description & Patient Demographics

The Consultation/Liaison Service provides clinical consultations to the inpatient pediatric units and the emergency room at SCH. Primary consultations include safety/risk assessment, eating disorders, medically ill children presenting with needs for behavioral management of pain, somatoform symptoms, psychological distress related to medical conditions, and disruptive or non-adherent behavior.

Training Experiences & Treatment Modalities

The psychology resident will learn how to conduct consultations with patients in the medical setting. Opportunities for limited-term interventions are available. Residents will work closely with a multi-disciplinary team including Nursing, Social Work, Psychiatry, Psychology, and students. They also will liaison with medical teams and participate in multi-disciplinary patient care conferences.

Resident Expectations & Supervision

All consultations are supervised by the attending psychiatrist and attending psychologist on service (Ian Kodish, MD PhD, Elizabeth McCauley, PhD, Cynthia Flynn, PhD, Eileen Twohy, PhD). The resident will receive daily supervision with the Psychology Attending, weekly individual supervision with the primary supervising Psychology Attending and group supervision provided during daily rounds conducted on each patient.

Evaluation of Psychology Residents

Psychology residents participate in standard evaluation practices that are part of the overall internship which includes self-evaluation, evaluations by their supervisors, resident evaluation of their supervisors and resident evaluation of the rotation site.

Child and Adolescent Outpatient Psychiatry

James Lolley, PhD

Rotation Description & Patient Demographics

This rotation provides a mix of intervention and assessment opportunities, within a clinic team that consists of psychologists, psychiatrists, mental health therapists, nurses, and case managers. New and ongoing cases are discussed during regular team meetings. Psychology residents have the opportunity to work in and with a variety of specialty clinics and services including those serving children with ADHD and disruptive behavior disorders, mood and anxiety disorders, acute mental health crisis, OCD, eating disorders, concerns related to navigating gender diversity, early childhood mental health, families with Spanish as their primary language of care, and medical disorders with associated psychopathology (e.g., craniofacial disorders and other genetic syndromes). The rotation includes opportunities to work with younger children through adolescents.

Training Experiences & Treatment Modalities

The psychology resident learns to work collaboratively with other disciplines; e.g., some cases are treated by a combination of medication and psychological interventions. Primary treatment strategies include individual and group-based cognitive-behavioral and behavioral treatment approaches, parent training, and diagnostic interviewing. Interventions are formulated within the context of a developmental model.

Resident Expectations & Supervision

Supervision consists of direct observation, case conferences, and weekly individual and group supervision.

Evaluation of Psychology Residents

Psychology residents participate in standard evaluation practices that are part of the overall internship which includes self-evaluation, evaluations by their supervisors, resident evaluation of their supervisors and resident evaluation of the rotation site.

Specialized Neurodevelopmental Assessment and Consultation Service (SNACS)

Michelle Kuhn, PhD

Rotation Description & Patient Demographics

The SNACS clinic provides comprehensive developmental and psychological testing to children and adolescents with prenatal substance exposure, complex trauma, and adverse childhood experiences. Neurodevelopmental disorders frequently seen include fetal alcohol spectrum disorders, ADHD, autism, learning disabilities, and intellectual disabilities. Referrals come from hospital clinics such as neurodevelopmental, genetics, and the autism center, as well as from community providers. Our clinic serves families with diverse family compositions (kinship, foster, birth, adoptive, and multigenerational

homes), racial and ethnic identities, and family histories, many of which are marginalized or stigmatized. This rotation has a strong focus on collaborative, therapeutic, and empowering evaluation models.

Training Experiences & Treatment Modalities

Psychology residents spend 6 months with the SNACS Clinic. The resident will become competent in chart review, collaboratively developing evaluation goals with the family, conducting parent and youth interviews, selecting an appropriate test battery, conducting or supervising testing, and constructing an accessible report that supports advocacy for the child's developmental and mental health needs. The SNACS model uses motivational interviewing, cognitive behavioral, and positive behavior support principles over SNACS' 4-5 evaluation and consultation sessions. Our primary goals are to help each youth, family, and relevant supports (school, daycare, extended family) understand the child's unique developmental profile, 'reframe' their perspective of the child's challenging behaviors and create useful accommodations to support the youth's developmental differences and prevent unhelpful behaviors. Residents will be paired with a doctoral practicum student for each evaluation, giving them the chance to hone their supervision skills. Residents will gain experience in determining practicum student's strengths and training needs, assigning developmentally appropriate tasks, and reviewing work in a way that supports continued skill development. Supervision of supervision will be provided within weekly supervision meetings with Dr. Kuhn.

Resident Expectations & Supervision

Interdisciplinary consultation, information gathering from a variety of sources, and integration of psychosocial, medical, neurodevelopmental data requires that the psychology resident be well-organized and adaptable. Through supervision and SNACS retreats which involve group discussion of selected readings, the resident is exposed to different theoretical approaches to neurodevelopmental evaluation.

Evaluation of Psychology Residents

Psychology residents participate in standard evaluation practices that are part of the overall internship which includes self-evaluation, evaluations by their supervisors, resident evaluation of their supervisors and resident evaluation of the rotation site.

REHABILITATION NEUROPSYCHOLOGY (TRACK APPIC/NMS program code = 161915)

General Information

(APPIC/NMS program code = 161915)

Track Coordinator: *Jeff Sherman, PhD & Ivan Molton, PhD*

Training Faculty

Nick Dasher, PhD, ABPP-CN | Gina Formea, PhD, ABPP-CN | Myron (Moe) Goldberg, PhD, ABPP-CN
Kati Pagulayan, PhD | David Sheppard, PhD

Overview

The Rehabilitation Neuropsychology track was created to provide residents with an opportunity to receive more focused training in neuropsychological assessment and neurorehabilitation. Importantly, this track does not consist solely of neuropsychological testing and interpretation. Rather, residents in

this track will receive specific education and training in neuropsychological aspects of typical rehabilitation populations, diagnostic interviewing skills, test selection, test interpretation, report writing, conducting testing feedback sessions, and using neuropsychological test results and knowledge about brain-behavior relationships to inform multidisciplinary rehabilitation programming.

The training experiences in this track are designed to be consistent with the Division 40 Houston Guidelines, and to prepare trainees for further postdoctoral study in Clinical Neuropsychology. Prior experience in a medical rehabilitation setting is helpful but not necessary to have a rewarding training experience. Prior experience in neuropsychology is expected for the resident in the Rehabilitation Neuropsychology track. We accept one Rehabilitation Neuropsychology resident per training year.

Importantly, the Rehabilitation Neuropsychology track overlaps considerably with the general Behavioral Medicine track, and residents in the Rehabilitation Neuropsychology track will receive general training in rehabilitation psychology analogous to those in the Behavioral Medicine Track. In this way the track may be seen as an extension or additional specialty within the Behavioral Medicine track, and one that emphasizes neuropsychological assessment and neurorehabilitation in patients living with conditions that affect cognitive function. Many applicants to our program apply for both tracks, depending on their interests and career goals.

Many (most) of our Rehabilitation Neuropsychology residents go on to Div 40 approved 2-year postdoctoral fellowships in Clinical Neuropsychology, and we provide mentorship support during the application process. Others may find that they prefer a career as a neuropsychology-informed general health or rehabilitation psychologist, and do not pursue a neuropsychology focused post-doctoral fellowship. We work with each resident to support their own goals for training and career development.

Rotation Description

Both the Behavioral Medicine and Rehabilitation Neuropsychology residents at the University of Washington complete a total of three, 4-month rotations during the residency year. For the Rehabilitation Neuropsychology resident, two of these rotations will include a focus on neuropsychology and neurorehabilitation within the medical setting. These will include experiences at Harborview Medical Center, or affiliated clinics, and at the University of Washington Medical Center-Montlake. All of these sites afford the resident ample training experiences in evaluating adults with a range of cognitive, central nervous system, and medical disorders, including traumatic brain injury, stroke, brain tumor and systemic forms cancer, multiple sclerosis, neurodegenerative disease, and organ transplant.

The third rotation will not have a neuropsychology focus and is meant to provide more general behavioral medicine/rehabilitation psychology training. This rotation may include training in consult/liaison psychology, in the HMC Burns or Pediatric Clinic, at the Madison Clinic, or in another hospital affiliated clinical service. This rotation structure is designed to give the Rehabilitation Neuropsychology resident a training experience that includes both in-depth work in neuropsychology and exposure to more general behavioral medicine content.

Regardless of specific rotation placement, the Rehabilitation Psychology resident will be offered an array of clinical experiences to train clinical psychologists within a multidisciplinary team framework in a medical setting. Residents will have opportunities to work collaboratively with physicians, nurses, speech

pathologists, physical therapists, occupational therapists, vocational counselors, therapeutic recreation therapists, and social workers, from within the medical center as well as from the community in developing and implementing treatment plans.

Rehabilitation Neuropsychology residents will have an opportunity to evaluate and treat patients with a variety of presenting medical conditions, including spinal cord injury; acquired brain injury due to trauma stroke, tumor, aneurysm, hemorrhage, hypoxia, etc.; multiple sclerosis; muscular dystrophy; post-polio syndrome; amyotrophic lateral sclerosis; cancer; and large organ transplant (heart, lung, and liver). All rotations provide a mix of inpatient and outpatient assessment and treatment opportunities.

Training Experiences & Treatment Modalities (Model)

The training model emphasizes an empirically supported scientist-practitioner approach to assessment and treatment. During inpatient rotations, the Rehabilitation Neuropsychology resident will function as an integral member of an interdisciplinary rehabilitation team, which includes psychology, medicine, speech-language therapy, physical therapy, occupational therapy, nursing, and vocational rehabilitation. The Rehabilitation Neuropsychology resident will typically cover one team (of four patients) on an acute inpatient medical rehabilitation unit, which will include psychological and neuropsychological assessment and utilization of the assessment findings for rehabilitation treatment planning and development of behavioral programs.

Rehabilitation Neuropsychology residents will also be involved in intensive outpatient evaluation experiences, including comprehensive interview, integrative report writing, and feedback. Outpatient psychotherapy training is also an important component of the Rehabilitation Neuropsychology track and all residents in this track will follow outpatients to aid in psychological adjustment. Participation in weekly rounds and team/family conferences will also be an important part of the neuropsychology residents' experience.

Training Experiences

Across rotation sites, typical patients present with need for assessment of psychological and/or neuropsychological functioning, identification of patient and family concerns, development and implementation of appropriate treatment programs, and mobilization of resources to integrate the patient into the community.

As described above, Rehabilitation Neuropsychology residents learn to function as an integral member of interdisciplinary rehabilitation teams. Rehabilitation Neuropsychology residents typically cover one team (4 patients) on the acute inpatient rehabilitation unit and follow outpatients (5-6) weekly in the rehabilitation clinic. Rehabilitation Neuropsychology residents will also participate in both brief inpatient neurocognitive screens and more intensive outpatient neuropsychological evaluation experiences, including interviewing, test selection, administration, scoring, and interpretation, results integration, differential diagnosis, and report writing, as well as feedback to patients, family, and referral sources.

There is also the opportunity to observe or participate in outpatient treatment groups focused on neurorehabilitation. Participation in weekly rounds and team/family conferences is an important part of the psychology residents' experience.

Psychology residents in this track participate in a monthly rehabilitation psychology journal club. All Rehabilitation Neuropsychology residents attend a weekly neuropsychology seminar that involves relevant topic presentations and case reviews. Residents also have opportunities to attend the Department of Rehabilitation Medicine's Grand Rounds which occurs twice per month and covers various rehabilitation topics, many of which are of interest to residents.

Expectations of Psychology Residents

Rehabilitation Neuropsychology residents participate in all aspects of the training experiences listed above. Residents in this track can typically expect to follow four inpatient cases, and 4-6 outpatient cases. Rehabilitation Neuropsychology residents will also be expected to be involved in at least one comprehensive outpatient neuropsychology evaluation case per week.

By the end of the rotation, Rehabilitation Neuropsychology residents are expected to:

1. have an understanding of a psychologist's role on an interdisciplinary rehabilitation team
2. demonstrate an increased awareness of and ability to assess the emotional, behavioral, and cognitive sequelae of various traumatic and chronic medical conditions
3. have a strong understanding of the functional implications of neuropsychological test results in rehabilitation
4. develop the knowledge and skills necessary for basic competence in the neuropsychological evaluation of patients with known or suspected organic brain dysfunction
5. recommend and implement basic therapeutic interventions with patients and their families
6. apply ethical and legal principles to practice
7. have an awareness of personal strengths and limitations as they relate to providing psychological services to this population.

Training Methods

All psychology residents will have an orientation session with tours of the facility. Residents will then have an opportunity to accompany and observe the supervising psychologist(s) performing clinical work. Residents will then have opportunities to see patients with direct observation and supervision provided. The eventual goal is for psychology residents to work fairly independently with patients and to move towards a co-treatment model. Psychology residents are provided with examples of psychological /neuropsychological evaluation reports, progress notes, and other written communications as models. All residents have access to a training manual and numerous articles and books to supplement their learning experiences. Residents participate in weekly scheduled individual supervision as well as weekly group supervision. They have additional opportunities for contact and supervision with the supervisors during weekly rounds and conferences. Residents are encouraged to drop by or page the supervisors with day-to-day questions concerning patients. Supervision is provided by the attending psychologists, and additional supervision may be provided by the post-doctoral fellow.

Evaluation of Rehabilitation Neuropsychology Residents

Supervisors provide frequent, ongoing feedback on the psychology resident's performance throughout the rotation. Psychology residents participate in standard evaluation practices that are part of the overall internship which includes self-evaluation, evaluations by their supervisors, resident evaluation of their supervisors and resident evaluation of the rotation site.

APPLICATION PROCEDURES AND ELIGIBILITY

2025-2026 Application year

Please review the following instructions carefully.

We utilize the online APPIC Application for Psychology Internships (AAPI). Please do not send any materials separately to our program. Consistent with APPIC policies, the only materials accepted will be those uploaded with the AAPI application.

Our deadline for applications is November 3, 11:59 PM EST

Application Instructions

As part of your APPIC application, the applicant must submit a cover letter. See our website for cover letter instructions.

The cover letter is used to identify the specific track (or tracks) to which applicants are applying. The applicant may identify up to 2 tracks of interests. We urge candidates to consider which track(s) fits best with their internship training and academic goals as well as their long-term career goals. Each candidate is evaluated by each track separately. We suggest applying to tracks with similar overlap such as the General Child Track and the Autism & Developmental Disability Track; Behavioral Medicine Track and Neuropsychology Track; or Behavioral Medicine Track and General Adult Track. It is rare applicant whose background and experiences make them a strong candidate for the General Child Track and the General Adult Track or the . Autism & Developmental Disability and General Child Track PLEASE NOTE: If you want to apply to more than two tracks, you MUST contact the Program Coordinator at psychsom@uw.edu for further instructions.

For candidates that apply to 2 tracks, we will do our best to ensure interviews occur at each setting and that you get a sense of each program's structure. However, this also means that the Open House Day will be split between two tracks for interviews in the afternoon. Please note that you will only be able to attend one morning breakout session for one track as these track sessions happen simultaneously.

Applicants are required to follow specific instructions for preparing their cover letter for the track(s) to which they are applying. Please click on the link below to view the specific cover letter instructions for all tracks.

Download the cover letter – All Tracks PDF:

<https://pip.psychiatry.uw.edu/wp-content/uploads/2023/10/CoverLetterApplications.pdf>

Cover Letter Instructions

In addition to your APPI essays, your cover letter is an opportunity for us to get to know more about you. You can use your cover letter to showcase particular clinical experiences, research accomplishments or any other information you feel is pertinent to your fit with the various tracks of our program. You are not required to follow any particular template when crafting your letter; however, we do ask that somewhere in your cover letter you include the following information:

___ Specify which of our 5 tracks (general adult, autism and developmental disabilities, behavioral medicine, rehabilitation neuropsychology, and general child) you are applying. *Please choose no more than 2 tracks.*

___ A brief overview of your experience with evidence-based treatment approaches (you may use commonly accepted acronyms to list specific approaches, e.g., CBT, DBT, ACT, BA, etc.). *If applicable to you*, please also describe your experience with suicide risk assessment and management.

___ Your clinical goals for internship, and how the training experiences (i.e., the specific rotations) offered by each of your specified tracks can help you meet them.

___ Your overall program of research, including what you envision are the next steps in your research that you might pursue during your internship year. If you are interested in the grant writing and professional development seminar, describe how the seminar would help you achieve your research goals.

___ Your long-term career goal(s). When discussing your career goal(s), please address the ratio or "mix" of teaching, clinical service, and research that would be ideal for you.

___ *Optional, but strongly encouraged:* A specific internship training faculty member (or members) who you feel might be an appropriate research mentor, and why they would be appropriate (i.e., how that specific individual's program of research is uniquely suited to help you further your goals). *Whenever possible, if you are invited to our Open House we will try to set up a 1:1 meeting for you with this (these) individual(s); if you do not list anyone, 1:1 meetings will be arranged with faculty on an as-available basis.*

___ *Optional, but strongly encouraged:* A brief description of your academic achievements (e.g., number of peer-reviewed publications [as a first author and co-author], competitive grants/fellowships received during graduate school, etc.). *We do not expect that all applicants will have publications (first-authored or otherwise) or grants/fellowships; however, these types of achievements are considered in evaluations of applicants' overall fit with our program.*

For questions about the ONLINE AAPI please contact APPIC <http://www.appic.org/>

Requirements

Applicants must:

- have completed at least three years of graduate study.
- be in good standing in an **APA or CPA accredited**, scientist-practitioner or clinical scientist PhD or PsyD program in clinical, counseling, or "combined" psychology. For those applying to the either Child or Autism and Developmental Disabilities Tracks, we accept applicant from School Psychology programs which emphasize evidenced-based clinical work.

- have completed comprehensive examinations and have an approved dissertation proposal by the deadline for application to the internship.

Guidelines (not requirements)

- Successful applicants will generally have accrued about 1000 hours (grand total) of practicum experience. The 1000 hours includes support hours, intervention, assessment, and supervision hours. It is not a strict cutoff but rather an overall guideline. We look at a balance of direct patient contact, supervision, and other activities.
- Because our selection process is weighted toward applicants showing promise of future academic and/or clinical research careers, applicants from programs that are primarily geared toward training practitioners are less competitive.
- Because of this program's diversity and its geographic dispersion, it is best suited for individuals who are well organized, self-reliant, and adaptable.

Application Materials

All materials should be included with the online APPIC materials. Nothing should be sent separately to our program. The only materials accepted will be those uploaded with the APPI application.

APPIC requires 3 letters of recommendation; you may submit as many as 4 if you wish.

We do not require or review applicant work samples.

For the diversity question on the APPI application which reads, "Please describe your experience and training in work with diverse populations. Your discussion should display explicitly the manner in which multicultural/diversity issues influence your clinical practice and case conceptualization"; please do more than list your experiences.

Our Programs APPIC/NMS program TRACK codes:

- **General Child Psychology**
(APPIC/NMS program code = 161912)
- **General Adult Psychology**
(APPIC/NMS program code = 161913)
- **Behavioral Medicine**
(APPIC/NMS program code = 161914)
- **Rehabilitation Neuropsychology**
(APPIC/NMS program code = 161915)
- **Autism/Developmental Disabilities**
(APPIC/NMS program code = 161916)

Ratings of Applicants

Our psychology resident selection process is designed to ensure a fair review of all applications. Applications are rated independently by at least two faculty psychologists. Ratings are made on the

quality of academic and clinical training and performance, research potential, personal characteristics, and the apparent goodness of fit between the applicant's interests and our program. We will make every effort possible to notify applicants of their status as soon as possible. Please, do not email or call the program to inquire about your application status unless you think there is a problem. Response time for about a week after the application deadline will be slow as we process applications.

Open House

Applicants still under consideration after December 3rd will be invited to our Virtual Open House / Interviews to be held on **Tuesday, January 7, 2025** on Zoom. You will receive an e-mail with your invitation and Open House information. We coordinate our Open House date with other APA approved internships in this vicinity (e.g., Seattle VA and Western State Hospital).

If you are invited, we encourage you to come to Open House so that you can get the best possible information about our program and how it might fit your training needs. We offer individual appointments with faculty the afternoon of Open House. We do not require applicants to attend Open House or to participate in personal interviews in order to match with us. However, we would like the opportunity to meet with applicants under consideration, either by phone or Skype, prior to submitting ranking lists. This will provide applicants with more information about the program in terms of their individual interests and needs, and allow us to get to know applicants better to evaluate the "goodness of fit" with our program in terms of applicant training interests, background and goals. Just as applicants take all available information into account in ranking programs, all contacts with applicants (including individual meetings) during Open House or in other contexts provides information that we as a program may use in determining rankings of applicants. 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 psychology resident applicant.

Open House Faculty Appointments

We encourage applicants to take advantage of the individual meetings with faculty members during the afternoon of Open House, or to set up phone calls if attendance at our Open House is not possible.

**Appointments will be offered during the afternoon of Open House,
January 7, 2025.**

The Internship will attempt to accommodate requests for meetings by prospective applicants from all tracks who are not able to attend our Open House, but opportunities to evaluate our training resources will be much more limited. Prospective applicants can also potentially meet with members of our faculty at many professional meetings.

If you match with us, we will make every effort to take your preferences into account if there is a choice of rotation sites in your track. However, we reserve the right to assign rotations to meet the constraints of our funding sources. Your appointment may be subject to certain eligibility requirements.

If you match with our program you will be asked to provide information on any criminal history or conviction record at the beginning of the internship year as part of a required background check. All offers of internship are contingent upon successful completion of a criminal background check. All matched applicants must provide documentation of current immunization status and meet all other medical center health requirements, such as TB testing, which will be done at the Medical Center prior to beginning any clinical activities.

Matched candidates are notified of acceptance in accordance with APPIC guidelines, via the [APPIC Internship Matching Program](#) . For information on the National Matching Service please see <http://www.natmatch.com/>. 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 psychology resident applicant.

Our sincere best wishes for a successful match! Thank you for your interest in our program.

References

American Psychological Association. (2014). Guidelines for Clinical Supervision in Health Service Psychology. Retrieved from <http://apa.org/about/policy/guidelines-supervision.pdf>