

# UW Psychology Internship Program Child Track at Seattle Children's

*Michelle Kuhn, PhD*

January 7, 2025



Seattle Children's®



# Agenda

9:10 – 10:45

- General overview of Seattle Children's and the Child Track
- Greeting, Ray Hsiao, MD – Division Chief, Child Psychiatry & Behavioral Medicine
- Rotation descriptions
  - Outpatient – James Lolley, PsyD
  - Inpatient – Connor Gallik, PhD
  - Consultation/Liaison – Cynta Flynn, PhD
- Q&A
- Meet with residents at 11:00

# UW Psychology Internship Tracks 2024-25

**Training Director:** Ty Lostutter, PhD

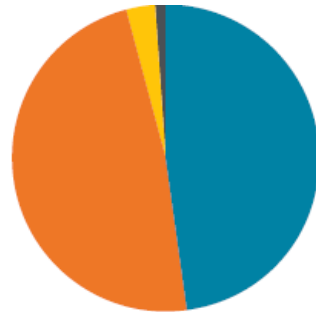
<b>Track</b>	<b>Track Coordinator</b>	<b>Slots</b>
Adult	Adam Carmel, PhD	3
Autism & Developmental Disabilities	Erin Olson, PhD	2
Behavioral Medicine	Ivan Molton, PhD	6
Child	Michelle Kuhn, PhD	4
Rehab Neuropsychology	Ivan Molton, PhD	1

# Seattle Children's Patient Facts & Figures (FY2023)

## Demographics



- 5.6% Two or more races
- 6.7% Black or African American
- 4.6% Other race/ethnicity
- .7% American Indian and Alaska Native
- 19.3% Hispanic/Latinx
- 8.7% Unknown/Refused
- 11.9% Asian
- .4% Native Hawaiian and other Pacific Islanders
- 42.0% White



### Payor Mix (%)

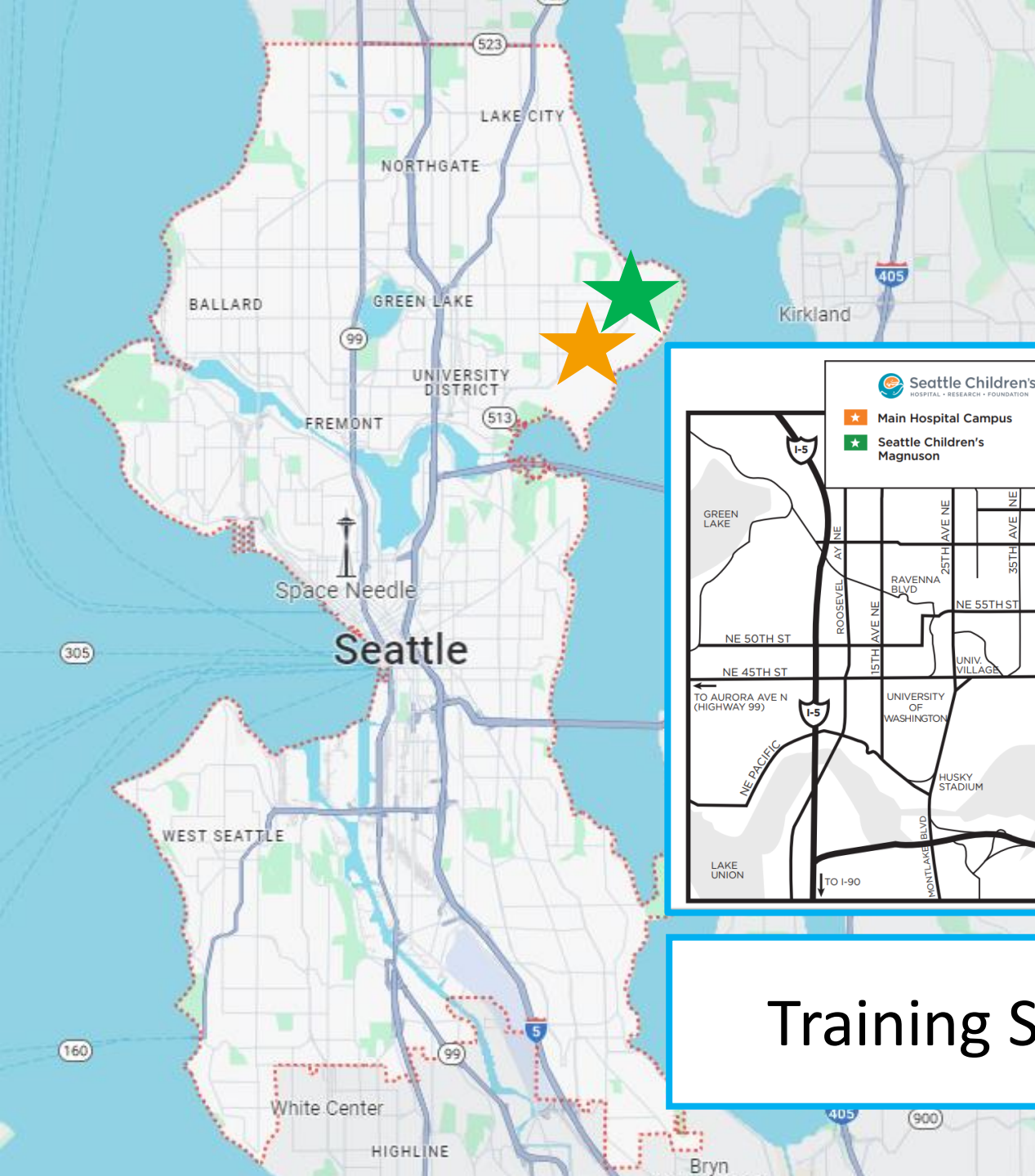
- 48% Medicaid Managed Care Organizations and Medicaid
- 48% Commercial Insurers
- 3% Other Government
- 1% Other

### Top 5 Outpatient Services by Volume

- Rehabilitation Medicine: 83,589
- Psychiatry & Behavioral Medicine: 46,810
- Orthopedics & Sports Medicine: 40,998
- Cardiology: 22,687
- Otolaryngology: 20,860

### Visit Data:

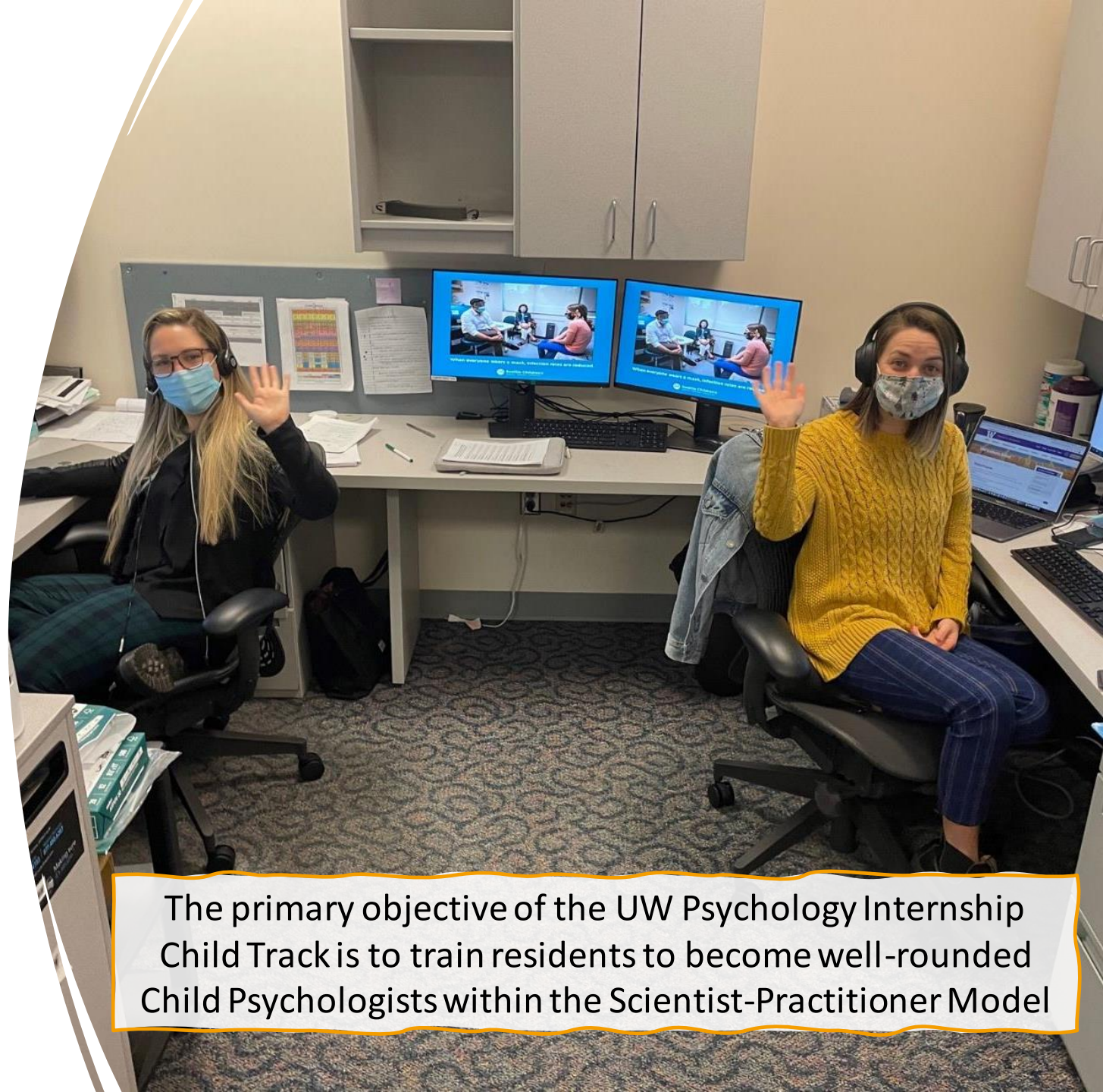
- Emergency Department Visits: 60,469
- Behavioral Medicine Visits: 40,858
- Urgent Care Visits: 57,584
- Short-Stay Visits: 1,478
- Admissions to the Hospital: 16,161
- Patient Days: 111,013
- Average Length of Stay (Days): 6.72



Training Sites

# What to expect on the Child Track

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



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

# Rotation Structure

- **Consultation-Liaison (C/L):**  
3 months
- **Inpatient (Psychiatry & Behavioral Medicine Unit; PBMU):**  
3 months
- **Outpatient Psychotherapy & Assessment:**  
6 months
- ½ day/week **research & grant writing**

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

# Equity & Antiracism

## We acknowledge that:

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

## We commit to:

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

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

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

by Maleeha Syed / December 28, 2022





# COVID Modifications

- Outpatient rotation is a hybrid of in-person and telehealth work; inpatient (PBMU, C/L) rotations are in-person
- PPE (face mask, eye protection) are periodically required during viral surge periods



# Training Program Administration



Michelle Kuhn, PhD – Internship Child Track Coordinator

James Lolley, PsyD – Practicum & Postdoc Training Director

Dave Hall – Psychiatry Clinic Manager

Dell Harris – Psychiatry Department Operations Manager

Kari Williams – Psychiatry Program Coordinator

## Current Residents

Rashed Al Rasheed [rashed.alrasheed@seattlechildrens.org](mailto:rashed.alrasheed@seattlechildrens.org)

Sujin Lee [sujin.lee@seattlechildrens.org](mailto:sujin.lee@seattlechildrens.org)

Christopher Gomez [christopher.gomez@seattlechildrens.org](mailto:christopher.gomez@seattlechildrens.org)

Angelina Tsai [angelina.tsai@seattlechildrens.org](mailto:angelina.tsai@seattlechildrens.org)





## General Child Track Primary Supervisors

**Inpatient Psychiatry (PBMU):** Connor  
Gallik, PhD

**Outpatient:** James Lolley, PsyD  
(therapy, primary)  
Michelle Kuhn, PhD (assessment)

**Consultation/Liaison:** Cynta Flynn, PhD



# Research



4 HOURS

OF DEDICATED RESEARCH TIME PER WEEK



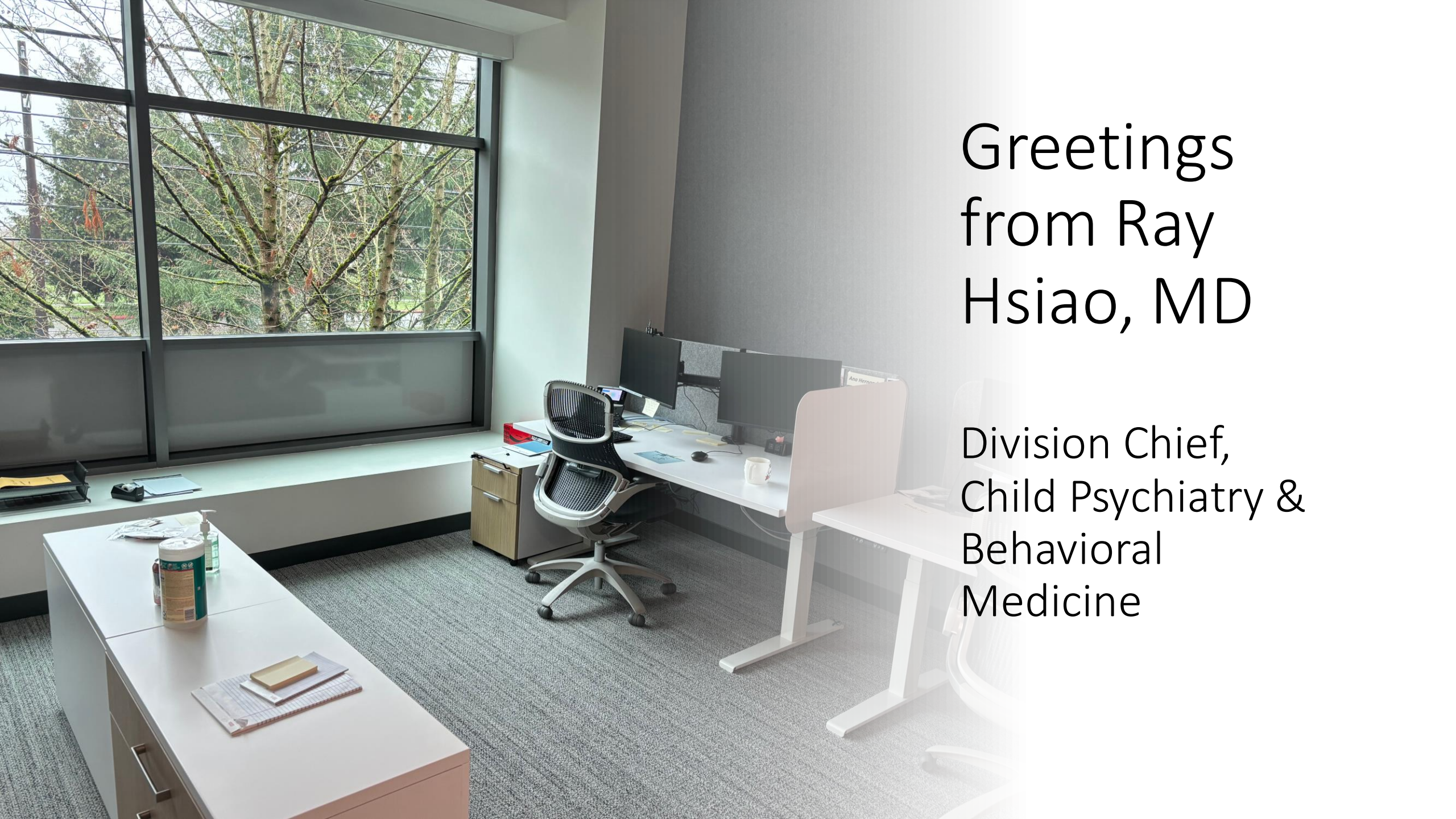
\$2,500

TO SPEND ON TRAVEL, CONFERENCE  
REGISTRATION, AND TRAINING MATERIALS



RESEARCH MENTORSHIP

ASSIGNED RESEARCH MENTOR FOR THE  
ENTIRETY OF THE TRAINING YEAR



Greetings  
from Ray  
Hsiao, MD

Division Chief,  
Child Psychiatry &  
Behavioral  
Medicine



# Outpatient Rotation

Jamie Lolley, PsyD

# Outpatient Psychology Rotation



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



# Your supervisors



Michelle Kuhn, PhD  
Neurodevelopmental Assessment



Brent Collett, PhD  
Early Childhood Clinic



Cindy Trevino, PhD  
CALMA Clinic



Kyrill Gurtovenko, PhD  
DBT



Matt Goldenberg, PsyD  
Gender Clinic



Erin Gonzalez, PhD  
Behavior + Attention Management



Elizabeth McCauley, PhD  
CL + Mood/Anxiety Clinic



Sonia Venkatraman, PhD  
Mood + Anxiety Clinic



Cynthia Flynn, PhD  
CL + Eating Disorders Clinic  
Psychotherapy + Mood/Anxiety Clinic



Jamie Lolley, PsyD

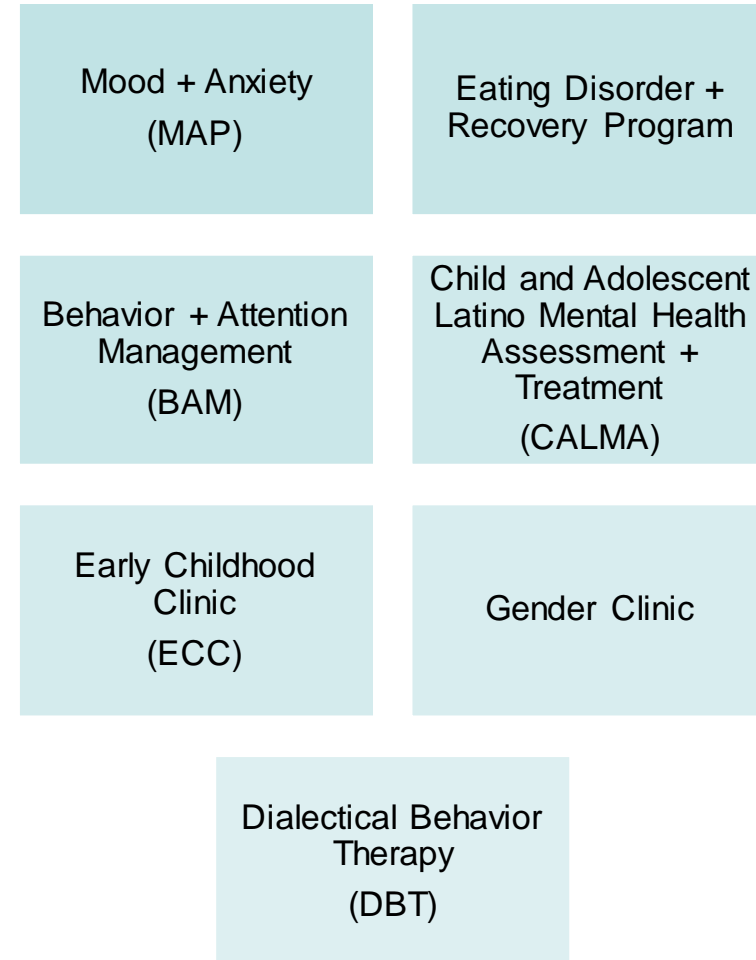


# What do trainees do?

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

# Therapy experiences

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



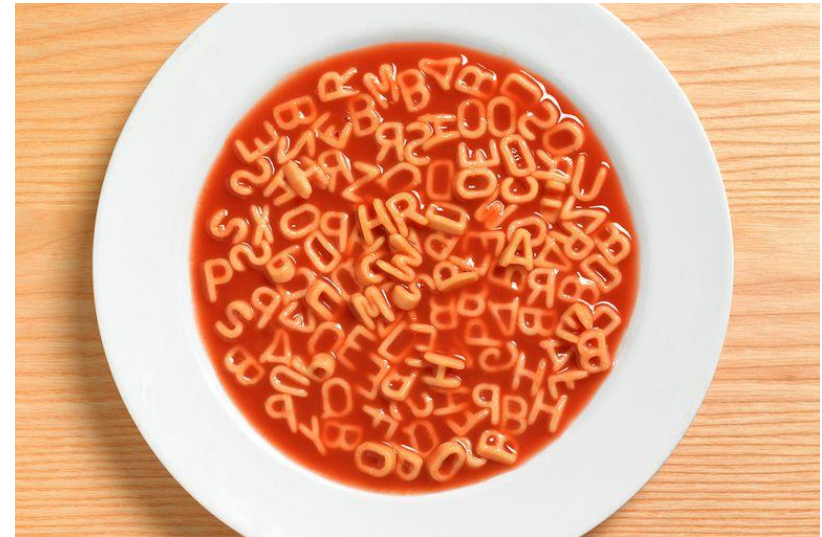
# How we see patients and families

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



# Common modalities

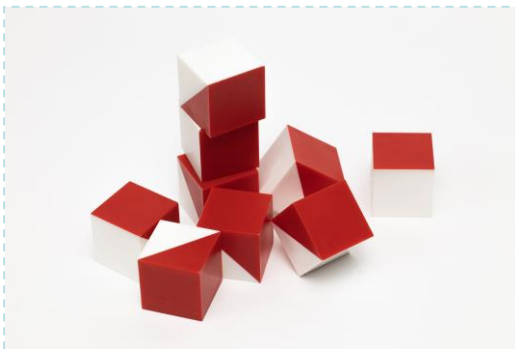
- Exposure/with response prevention (ERP)
- Behavioral parent training (BPT; PCIT, IY)
- Positive behavior support (PBS)
- Organizational skills training
- Cognitive behavioral (CBT, CBT-I)
- Behavioral activation (BA)
- Acceptance and commitment therapy (ACT)
- Dialectical behavior therapy (DBT)
- Family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



# Psychological evaluation

- **Specialized Neurodevelopmental Assessment & Consultation Service (SNACS)**

- 4 sessions
- Children with developmental and behavior concerns and prenatal exposures/early adversity
- School and outside provider consultation
- Documentation: Integrated report

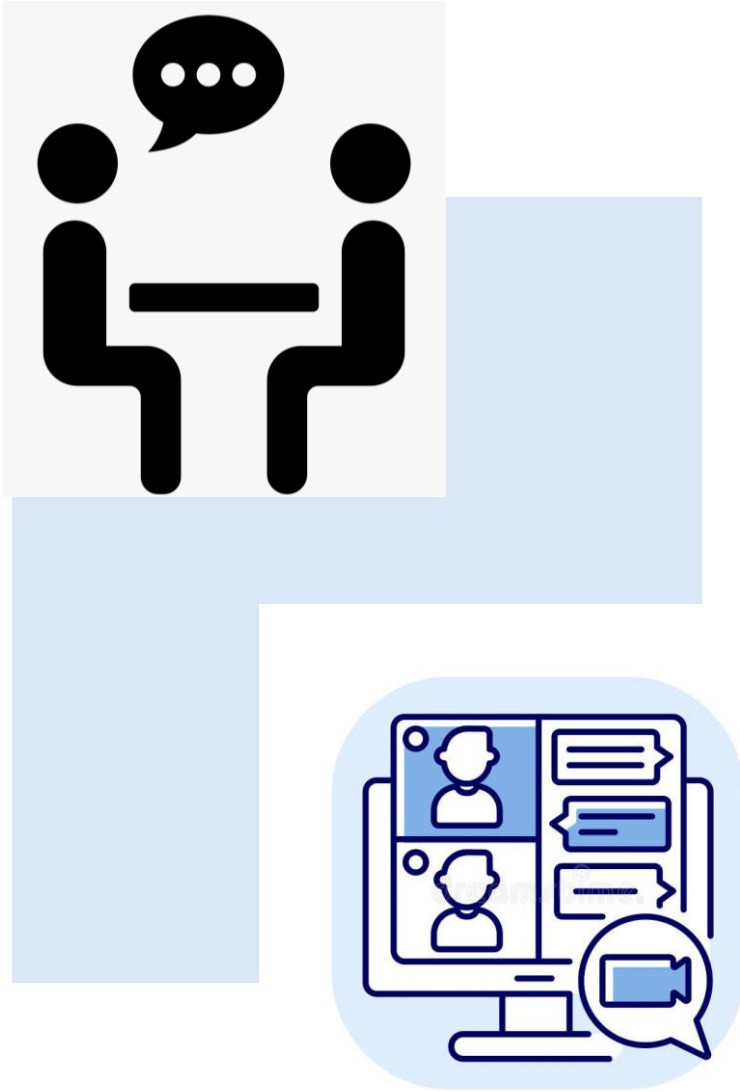


- **Psychological evaluations**

- 2 sessions (intake and feedback)
- Diagnostic clarification or support obtaining school services
- May or may not include direct testing
- Documentation: Integrated report or evaluation summary

- **Diagnostic/Intake interviews**

- One session
- For your new therapy cases
- Documentation: Evaluation summary, treatment plan



# Supervision

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

# Patients & Setting

## Patients

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

## Trainees

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

## Multidisciplinary Outpatient Teams

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





Questions?



# Connor Gallik, PhD Attending Psychologist

The Psychiatry and Behavioral  
Medicine Unit

# The Psychiatry and Behavioral Medicine Unit

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- 41 Beds, patients ages 4-17
- Approximately 1200 patients seen per year
- Average length of stay is 7-10 days, though some patients stay longer due to severity of mental illness or difficulty in finding appropriate discharge plan
- The only inpatient psychiatric unit in the state that sees patients under 12 or on the Autism spectrum
- Multidisciplinary team includes psychiatrists, advanced registered nurse practitioners, master's level mental health therapists, psychologist, trainees from all disciplines, nurses, and floor staff as well as consults to other parts of the hospital



# PBMU Psychology Resident Duties

## Patient Care

- Primary therapist for 1-2 patients
- Run CBT and DBT informed patient skills groups
- Complete cognitive and diagnostic assessment in collaboration with psychologist and multidisciplinary treatment team as needed
- Collaborate with supervising psychologist on behavior intervention plans



# PBMU Psychology Resident Duties



## Other Responsibilities

- Participation in weekly multidisciplinary didactics. Present once on area of expertise over course of rotation.
- Participation in biweekly group supervision.
- Daily individual supervision with psychologist.
- Program Development as opportunities arise.

# Training Objectives

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





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

### Faculty

*Ian Kodish, MD, PhD, Psychiatry Attending/Medical Director*  
*Cynthia Flynn, PhD, Psychology Attending, Primary Supervisor*  
*Eileen Twohy, PhD, Psychology Attending*  
*Elizabeth McCauley, PhD, Psychology Attending*

# Psychiatry/Psychology Consultation in Medical Setting

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

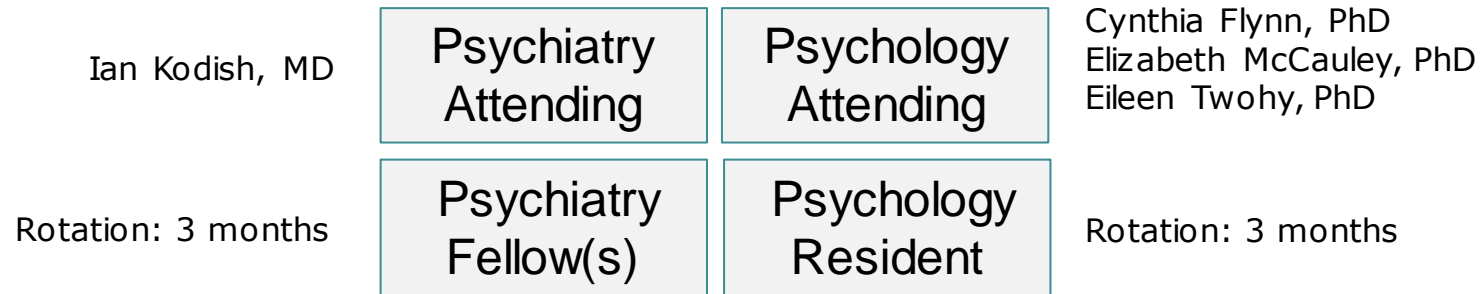


- 30% of medical inpatients present with psychiatric condition
- Delirium in 10% of all medical inpatients
- Psychiatric conditions present in up to 2/3 of high users of medical care
- Psychiatric condition predicts length of hospital stay



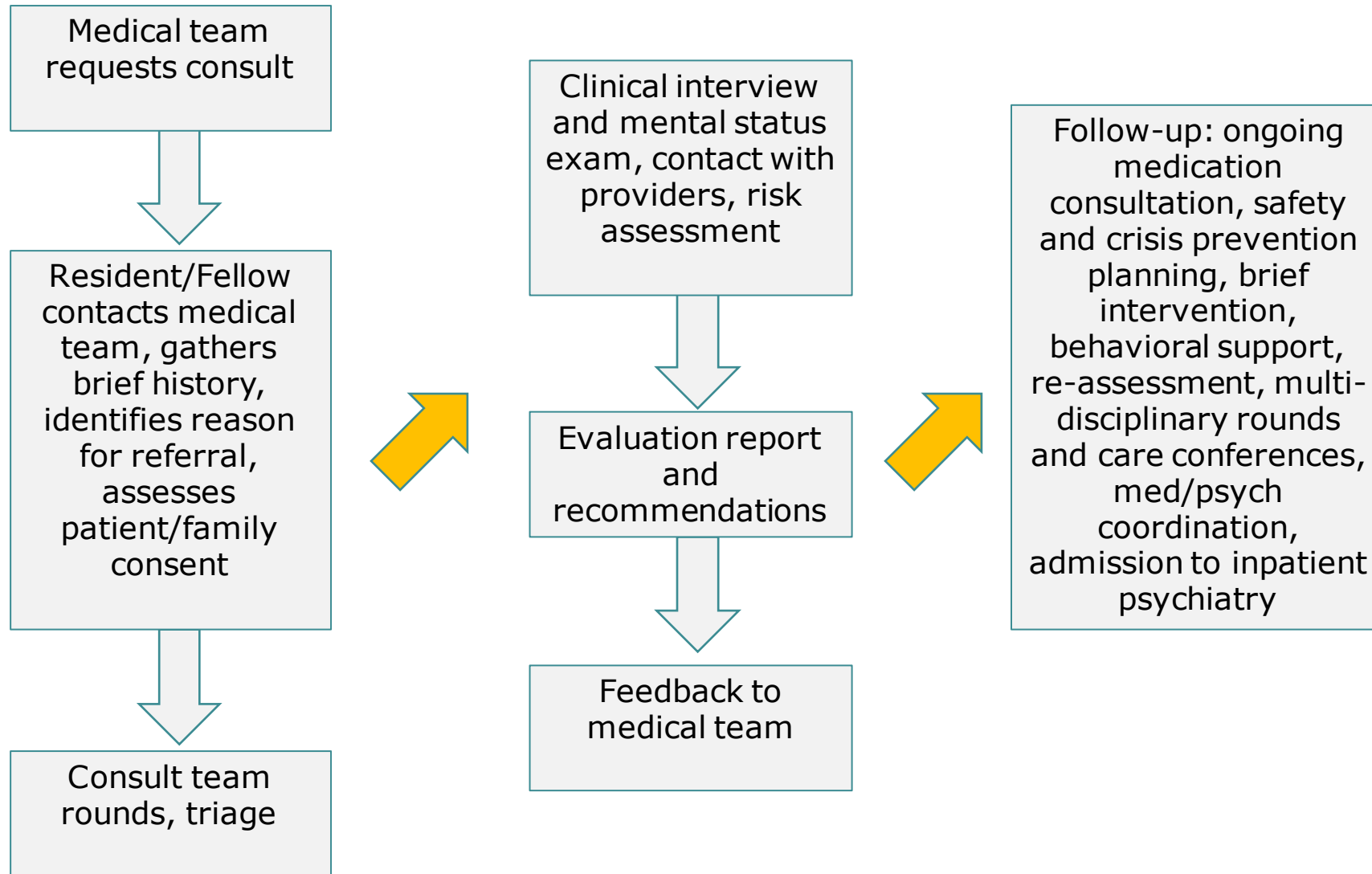
# Psychiatry/Psychology Consult Team

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



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

# Consultation Process



# Common Consultations

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

# Opportunities for Skill Development

## Assessment and Differential Diagnosis

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

## Treatment

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

## Symptom Management

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

## Multi-Disciplinary Collaboration

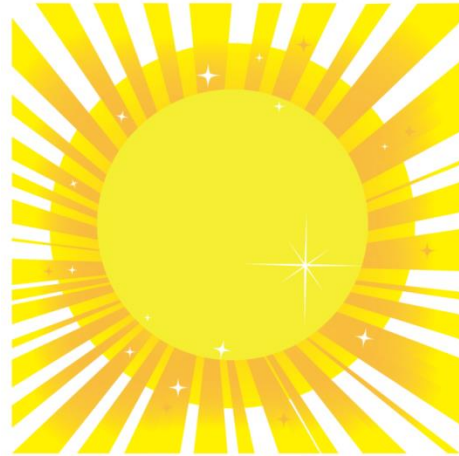
- Communication with medical teams and other consultants
- Develop multi-disciplinary treatment plans

## Research and Program Development

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

## Ethical/Professional Issues

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



# What's next?

## Seattle Children's Post Docs

- 4 total this year
  - UW Leadership in Adolescent Health Education Psychology (LEAH) Fellowship
  - Autism Center (2)
  - Pediatric Oncology Psychology

## UW Post Docs

- T32 Integrated Mental Health Fellowship
- Child Health Equity Research Program
- UW Child Study & Treatment Center (residential clinical post doc)
- UW research post docs with specific focus areas through the department of psychiatry and behavioral sciences

Funding changes year to year, leading to unpredictability in post doc availability. We are unable to guarantee post doc availability for all residents.



Home > Education & Professional Development > Education Programs > Fellowships

## Fellowships

### Center of Neuroscience, Neuroendocrinology, and Clinical Translation Postdoctoral Fellowship

This is a one-year position (with potential for renewal) for individuals seeking postdoctoral training in clinical translational neuroscience focused on examining predictors and mechanisms of treatment non-response during cognitive behavioral therapy for anxiety related disorders. There are opportunities for publication, conference presentations, and grant writing, as well as direct clinical training with clinical populations.



## NIMH T32 Integrated Mental Health Fellowship

The goal of the National Research Service Award (NRSA) Primary Care Psychiatry/Behavioral Health Integration Fellowship is to train physicians and clinical psychologists working at the interface of mental health and primary care who will become academic leaders in primary care/mental health integration research. The program combines mentored research experience, professional development and coursework at the nationally renowned UW School of Public Health, including the option of completing a Master of Public Health.



Home > Child Health Equity Research

## Child Health Equity Research Program for Post-doctoral Trainees

Pediatric Fellowships

## Child and Adolescent Clinical Psychology Postdoctoral Fellowships

Program Coordinators

James Lolley, PsyD and [Erin Olson, PhD](#)

Program Overview

Seattle Children's has an international reputation for excellence in clinical care, research and teaching and serves as the primary tertiary facility for pediatric care in the Pacific Northwest.



Questions?



## Schedule (Pacific Time):

- 11:00 – 12:00 Q&A Panel with current General Child Track residents  
Zoom ID: 943 1614 5635
- 12:30 – 4:20 30min Individual meetings with faculty/staff psychologists  
Virtual tour with current resident  
*Go to Zoom (zoom.us/join), type in Zoom Meeting ID# provided*
- 1:50 – 3:00 *Optional* drop-in room with current residents  
Zoom ID: 943 1614 5635
- 4:30 – 5:00 *Optional* wrap-up Q&A session with Drs. Twohy & Kuhn  
Zoom ID: 627 760 9286

If you get lost today, call Kari Williams at 206-987-1017



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